

The Republic of the Union of Myanmar
Myanmar Nurse and Midwife Council (MNMC)



**Criteria for Program Accreditation of
Nursing and Midwifery Education Program**

MNMC (2018)

Criteria for Program Accreditation of Nursing and Midwifery Education Program

Standard	Criteria	Total number of Areas to be assessed
Standard 1: Governance and Management	(1.1) Institution vision, mission, philosophy and objectives	1
	(1.2) Program's vision, mission and objectives	2
	(1.3) Academic autonomy	3
	(1.4) Organizational policies	2
	(1.5) Policy and educational outcomes of the program	1
	Sub-total	9
Standard 2: Program Resources	(2.1) Appropriate and adequate teaching/learning materials	3
	(2.2) Computer facilities and internet	4
	(2.3) Nursing and Midwifery Skills lab	1
	(2.4) Clinical placement: hospitals and community centers	1
	(2.5) Healthy and safe environment	6
	(2.6) Support for staff and students	5
	Sub-total	20
Standard 3: Human Resources	(3.1) Faculty staffing and credentialing	5
	(3.2) Staff recruitment and performance policy	2
	(3.3) Staff professional development	3
	Sub-total	10
Standard 4: Curriculum	(4.1) Curriculum	15
	(4.2) Nursing and Midwifery Skills Lab	5
	(4.3) Clinical placement	14
	Sub-total	34

Standard 5: Student Admission Policy	(5.1) Student selection, recruitment and admission	1
	(5.2) The number of students enrolled	1
	(5.3) The entry requirement	1
	Sub-total	3
Standard 6: Student Assessment	(6.1) The examination policies	1
	(6.2) Examination board and it's function	1
	(6.3) External examiners	1
	(6.4) Assessment methods and tools	2
	(6.5) Student Performance Improvement Plan	2
	(6.6) Student performance result	2
	Sub-total	9
Standard 7: Program Evaluation	(7.1) Regularly evaluate the Vision, mission, philosophy, objectives and course outcomes	1
	(7.2) Process for curriculum development, review and revision	1
	(7.3) Process for regular evaluation of classroom and clinical teaching.	2
	(7.4) System for monitoring and mentoring of teachers and preceptors	1
	(7.5) System for evaluation of courses and over all programs	4
	(7.6) Evaluation of faculties	1
	(7.7) Systematic evaluation of all levels of nursing and midwifery curricula	1
	(7.8) Maintenance and upgrading the facilities and learning resources	1
	(7.9) Master plan/ Academic calendar	1
	(7.10) Clinical rotation plan for students learning experience at different clinical settings	1
	Sub-total	14

Standard 8: Continuous Quality Improvement Activities	(8.1) Collection of information relating to program implementation on a regular basis	2
	(8.2) Assessment and identification of deficiencies in program implementation and prioritization for improvement	2
	(8.3) Staff performance evaluation for improvement	1
	(8.4) Continuing professional development (CPD) of faculties	1
	Sub-total	6
Total		

Standard 1: Governance and Management

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
1.1	Institution vision, mission, philosophy and objectives	1.1.1 Institution has the well-defined vision, mission, philosophy and objectives.	<ul style="list-style-type: none"> • Provide vision, mission, philosophy and objectives of institution. 	<ul style="list-style-type: none"> • Evidence of vision, mission, philosophy and objectives. • List of Committees. 				
1.2	Program's vision, mission and objectives	1.2.1 The vision and mission of the program are clearly defined, well versed and consistent with institutional vision and mission.	<ul style="list-style-type: none"> • Describe how the program's vision and mission are made consistent with that of the institution. 	<ul style="list-style-type: none"> • Evidence stating the consistency of the vision and mission between the program and the institution. 				
		1.2.2 Vision, mission, philosophy of the institution, and objectives of the	<ul style="list-style-type: none"> • Describe how it is made available to internal and external stakeholders. 	<ul style="list-style-type: none"> • Interview the faculty staffs and students. 				

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		nursing and midwifery educational programs, which are communicated to its internal and external stakeholders.						
1.3	Academic autonomy	1.3.1 The university has the authority and responsibility in designing and defining the academic programmes, curricula and teaching.	<ul style="list-style-type: none"> Describe the evidence of autonomy in academic policy 	<ul style="list-style-type: none"> Evidence of written documents and records. Faculty interview. 				
		1.3.2 The faculty and administrators determine resources required for the	<ul style="list-style-type: none"> Describe how the programme determines availability of teaching resources. 	<ul style="list-style-type: none"> Forms/requests for resources, list of books in library. Faculty interview. 				

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		implementation of the curriculum.						
		1.3.3 The educational approach and methodology as utilized by faculty are reviewed to determine if evidence-based, best practice methodologies are consistently employed.	<ul style="list-style-type: none"> Describe how educational approaches and methodologies are reviewed. 	<ul style="list-style-type: none"> Records of feedback, evaluation forms. 				
1.4	Organizational policies	1.4.1 Organizational Policies which include: <ul style="list-style-type: none"> Organization chart of institution which indicates functional relationships and 	<ul style="list-style-type: none"> Describe the organizational chart. 	<ul style="list-style-type: none"> View organizational chart, policy manual, job descriptions for positions. 				

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		<p>formal lines communication</p> <ul style="list-style-type: none"> • Written documentation of policy, procedures, roles, functions, job descriptions • Policy of functional committees (administrative committee, academic committee, quality assurance committee, research committee, ethical committee...) • Policy on financial resources and budget allocation for the 	<ul style="list-style-type: none"> • Provide the written documentation. • State policy documents of structuring committee. • State the policies on financial resources and budget allocation. 	<ul style="list-style-type: none"> • View the policy of functional committee. <p>View the strong evidences of financial resources.</p>				

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		benefit and advancement of nursing and midwifery education and practice						
		<p>1.4.2 Academic Policy which includes:</p> <ul style="list-style-type: none"> • Policy on teaching and learning program • Policy on the use of external nurse and midwife experts for the improvement of nursing and midwifery education • Policy regarding students' assessment (examination) 	<ul style="list-style-type: none"> • State the related evidence. 	<ul style="list-style-type: none"> • Verify with evidence cited Policy manual. 				

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		<ul style="list-style-type: none"> • Policy regarding student affairs committees • Policy on administration and management that include curriculum design, staff development, student enrollment, and program evaluation • Policies on collaboration with other educational institutions and credit transfer of the courses 						

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1.5	Policy and educational outcomes of the program	1.5.1 Educational outcomes of the curriculum are consistent with the regulation requirement of MNMC.	<ul style="list-style-type: none"> Describe how the program ensures policy and educational outcomes meet the regulation requirements of MNMC. 	<ul style="list-style-type: none"> Verify the program policy and educational outcomes against MNMC regulation requirement. 				
TOTAL STANDARDS:								
TOTAL STANDARDS OBSERVED:								
TOTAL STANDARDS ACHIEVED:								

Supporting documentations for Standard 1

- ✓ Vision, Mission, Philosophy of the institution and expected program outcomes.
- ✓ Program advertising and promotional materials directed at prospective students.
- ✓ The organizational chart displaying the organizational structure and their relationships.
- ✓ Appointment of committees and their functions.
- ✓ Meeting minutes.
- ✓ Related rules, regulations, announcements and guidelines on administration.
- ✓ Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.
- ✓ Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including (among other things) academic calendar, recruitment and admission policies, grading policies, and degree/post-graduate certificate program completion requirements.
- ✓ Strategic plan?
- ✓ Documentation of curriculum management

Standard 2: Program Resources

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
2.1	Appropriate and adequate teaching /learning materials	2.1.1 Teaching/ learning materials for the student's population and appropriate materials for effective teaching and learning (audio visual aids, white/black boards, PA system if required and projectors) are adequate.	<ul style="list-style-type: none"> Describe the adequacy and appropriateness of available teaching learning resources. 	<ul style="list-style-type: none"> Tour, Interview and Observe to assess the appropriateness and adequacy of teaching learning material. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
		2.1.2 Library resources: texts, journals, reference books, updated texts and professional journal (within five to ten years publications) are available.	<ul style="list-style-type: none"> Describe how library resources are allocated and updated. Describe the system for maintaining and updating references and databases. 	<ul style="list-style-type: none"> Order forms, inventory forms, budget line. Tour: spot check for textbook dates, check for journals. 				
		2.1.3 Library is easily accessible /available for student use.	<ul style="list-style-type: none"> Schedule of hours that library is opened. 	<ul style="list-style-type: none"> Observe the evidence of schedule and interview to students. 				
2.2	Computer facilities and internet	2.2.1 Adequacy of computer lab with at least one functional computer for every ten students.	<ul style="list-style-type: none"> Describe the ratio of computers to students and how the school ensure maintain that ratio. 	<ul style="list-style-type: none"> Tour, observe and check. 				

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			<ul style="list-style-type: none"> State the name of IT/computer lab in-charge and job description. 	<ul style="list-style-type: none"> Interview with IT in charge of computer lab. 				
		2.2.2 Administrative staff and faculty members are able to access computers and internet.	<ul style="list-style-type: none"> Describe the equipment that staff and faculty have accessed. (e.g. printer, computer, stationary) 	<ul style="list-style-type: none"> Observe the equipment. Assess the functioning and reasonable access. 				
		2.2.3 Students are able to access computers and internet.	<ul style="list-style-type: none"> Describe availability of computer and internet intended for students' use. 	<ul style="list-style-type: none"> Tour, interview, observe and check. 				
		2.2.4 On-line and off-line facilities for students and	<ul style="list-style-type: none"> Describe the availability of on/offline sources. 	<ul style="list-style-type: none"> Observe and interview to students. 				

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		academic staff to perform literature searches. (e.g., Mosby's Nursing Consult, WHO Hinari, ProQuest Nursing)						
2.3	Nursing and Midwifery Skills lab	2.3.1 The skills laboratory room must be equipped with basic and essential facilities to practice nursing and midwifery core competencies.	<ul style="list-style-type: none"> • Provide inventory list of basic and essential facilities to procedure and practice. 	<ul style="list-style-type: none"> • Review the essential equipment. • Observe and check on student's performance documentation. 				
2.4	Clinical placement: hospitals and	2.4.1 Schools are affiliated with clinical sites such as	<ul style="list-style-type: none"> • Describe the affiliated clinical sites. 	<ul style="list-style-type: none"> • Review agreements with sites. (letter of understanding) 				

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	community centers	primary, secondary, tertiary setting.		<ul style="list-style-type: none"> • Review the list of affiliated clinical sites. • Relevant evidences. • Interview clinical staff, teachers and students. 				
2.5	Healthy and safe environment	2.5.1 Plans for Fire Escape, First Aid, and referral are exist.	<ul style="list-style-type: none"> • Indicate where these plans can be accessed. 	<ul style="list-style-type: none"> • Tour and observe the evidence. 				
		2.5.2 Facilities for emergencies, such as basic first aid facilities, are present for more serious problem.	<ul style="list-style-type: none"> • Describe the mechanism for emergency response. 	<ul style="list-style-type: none"> • Observe the facilities for emergency response. 				
		2.5.3 Lecture rooms have adequate space with seating capacity (1.5-meter square per	<ul style="list-style-type: none"> • No narrative necessary. 	<ul style="list-style-type: none"> • Tour and observe space and seating appropriateness. 				

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		student), adequate lighting, good ventilation and room temperature maintenance.						
		2.5.4 Health, safety measures and related policies are implemented.	<ul style="list-style-type: none"> Describe the safety measures as developed and how it is made aware. 	<ul style="list-style-type: none"> Review Health and Safety policies. Interview the students. 				
		2.5.5 Students, lecturers and all staff of educational institution are oriented health, safety measures and related policies.	<ul style="list-style-type: none"> Explain the induction mechanism of health and safety policy. 	<ul style="list-style-type: none"> Review the evident documents used in orientation about health and safety measures. Interview with students and lecturers. 				
		2.5.6 Students have vaccination and	<ul style="list-style-type: none"> Describe how it is ensured all students 	<ul style="list-style-type: none"> Review the documents and records. 				

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		record; prevention of infection and work place injuries; and incident reports.	are free from injuries, infection and incident.	• Observe and check.				
2.6	Support for staff and students	2.6.1 Rooms for small group discussion; table and chairs for small groups.	• Describe the number and capacity of rooms and its facilities defined for small group discussion.	• Tour and observe.				
		2.6.2 Offices with appropriate space and adequate facilities.	• Describe the number and capacity of offices and its facilities.	• Tour of office space for administrative staff and faculty.				
		2.6.3 The rooms for student affairs meeting and activities.	• Describe the rooms available for that purpose.	• Tour and observe.				

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		2.6.4 Toilet facilities, bedrooms, kitchens, reading rooms, guest rooms, dining rooms, etc. with enough space are adequate.	<ul style="list-style-type: none"> No narrative necessary. 	<ul style="list-style-type: none"> Tour to check off the requirements of standard. 				
		2.6.5 Recreation facilities for outdoor and indoor activities.	<ul style="list-style-type: none"> Briefly describe the facilities and availability. 	<ul style="list-style-type: none"> Tour to observe. 				
TOTAL STANDARDS:								
TOTAL STANDARDS OBSERVED:								
TOTAL STANDARDS ACHIEVED:								

Supporting documentations for Standard 2

- ✓ Budget for the current and previous two fiscal years.
- ✓ Documentation of institutional policies and practices for resource allocation
- ✓ Annex 1, Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”
 - The office with appropriate space and facilities for administrative staff and faculty members.
 - Computers and other required resources
 - Library and texts, journals
 - Student 's dormitories assigned with wardens, furnished with required facilities
 - Lecture rooms and teaching facilities
 - Skill lab facilities
 - Clinical practice areas.
 - Student's clinical experiences record

Standard 3: Human Resources

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
3.1	Faculty staffing and credentialing	3.1.1 Academic staff and administrative staff meet the required qualifications stated in MNMC guideline.	<ul style="list-style-type: none"> Brief the qualifications of staff. (Number of degree holder etc.) 	<ul style="list-style-type: none"> Review staff CV and qualifications. 				
		3.1.2 Number of academic staff and administrative staff are adequate according to MNMC criteria.	<ul style="list-style-type: none"> Describe the percentage calculation of existing academic and administrative staff, and vacancies with compare to the allowed number. 	<ul style="list-style-type: none"> Review the organization structure. Calculate staff to student ratio to check against compliance with MNMC criteria. 				
		3.1.3 Trained librarian or responsible person is available.	<ul style="list-style-type: none"> Describe how librarian is prepared to staff and manage the library and its resources. 	<ul style="list-style-type: none"> Evidence of Librarian's qualification. (at least Diploma/ Certificate) 				

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		3.1.4 Student Dormitories have a responsible person(s)/warden(s).	<ul style="list-style-type: none"> Describe the persons responsible for students' dormitories. 	<ul style="list-style-type: none"> Observe the school organization set up. Job description for warden. 				
		3.1.5 Other required supportive staff (Office and IT staff, Engineering and maintenance staff and lab-technician) are present.	<ul style="list-style-type: none"> Describe the persons responsible. 	<ul style="list-style-type: none"> Observe the school organization set up. Review the job description. 				
3.2	Staff Recruitment and Performance Policy	3.2.1 Recruitment policy and procedures are present.	<ul style="list-style-type: none"> Describe how the recruitment to the staff is operated and how it is ensured. 	<ul style="list-style-type: none"> Review the recruitment procedures. Interview with authorized person. 				

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		3.2.2 A system of Staff performance evaluation conducted on annual basis.	<ul style="list-style-type: none"> Brief the performance evaluation system. 	<ul style="list-style-type: none"> Review the reports and records of staff performance evaluation. 				
3.3	Staff's Professional Development	3.3.1 Clearly define the policy/procedure for local and international exchange program for the staff.	<ul style="list-style-type: none"> Describe if there was written procedure for staffs' exchange program. 	<ul style="list-style-type: none"> Review the policy for exchange program. 				
		3.3.2 Required continuing professional development of faculty is assured.	<ul style="list-style-type: none"> Describe the document of CPD activities. 	<ul style="list-style-type: none"> Review the evidence of continuing professional development of faculty according to the CPD guideline by MNMC. (Training Register) 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
		3.3.3 Supportive system for continuing professional development activities of faculties (at state, region, district, township and institutional level) is in place.	<ul style="list-style-type: none"> Describe the supportive system for CPD activities. 	<ul style="list-style-type: none"> Review the evidence of supportive system for continuous professional development activities. (at state, region, district, township and institutional level) 				
TOTAL STANDARDS:								
TOTAL STANDARDS OBSERVED:								
TOTAL STANDARDS ACHIEVED:								

Supporting documentations for Standard 3

- ✓ Annex 1 (staff and student ratio 1:40), Annex 2, Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”
- ✓ Profile of administrative staff and faculty and their performance evaluation.
- ✓ Training registration and management system.
- ✓ Current curricula vitae of the chief administrator and faculty.
- ✓ Selection Criteria
- ✓ Appointment, promotion, and tenure policies or other documents defining faculty expectations.
- ✓ Annex: Table Attachment for Standard 3, Faculty Qualifications

Standard 4: Curriculum

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
4.1	Curriculum	4.1.1 Philosophy of program.	<ul style="list-style-type: none"> Describe the philosophy of program. 	<ul style="list-style-type: none"> Review the curriculum. (philosophy) Observe whether philosophy reflects the Institution's philosophy. 				
		4.1.2 The curriculum must define the level of required skills reflecting MNMC core competencies level of program.	<ul style="list-style-type: none"> Describe the Core competency level of program. 	<ul style="list-style-type: none"> Review the curriculum (Core competency level) and clinical logbook. 				
		4.1.3 The curriculum must have a structure with clearly written components for each	<ul style="list-style-type: none"> Describe the program structure of the curriculum. 	<ul style="list-style-type: none"> Review the Curriculum Structure. Review whether the credit units for the 				

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		program that based on MNMC educational guideline.	<p>(focus on credit system utilization)</p> <ul style="list-style-type: none"> • Describe the Curriculum components with the 2 Categories: Basic Science, Essential Science. (Basic Science, Behavioral Science and Nursing & Midwifery Sciences) • Describe the percentage allocation of 	<p>program followed the guideline set by MNMC or not.</p> <ul style="list-style-type: none"> • Review the Curriculum components with the 2 Categories: Basic Science, Essential Science. (Basic Science, Behavioral Science and Nursing & Midwifery Sciences) • Review the percentage allocation of curriculum 				

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			curriculum components based on respective program.	components based on different degrees and courses.				
		4.1.4 Duration of the program related to period defined by MNMC guideline.	<ul style="list-style-type: none"> Describe the duration of program. 	<ul style="list-style-type: none"> Review and check the duration of program in accordance with the period set by the MNMC guideline. Review and check the semester system. 				
		4.1.5 Defining credit hours.	<ul style="list-style-type: none"> Describe the credit system total credit for practical and theory. Describe Credit Units for respective 	<ul style="list-style-type: none"> Review and check the credit system against the period set by the MNMC guideline. Review Credit Units for respective program (theory and 				

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			<p>program. (theory and practical)</p> <ul style="list-style-type: none"> • Describe ratio of theory and practical credit hours. 	<p>practical) against the period set by the MNMC guideline.</p> <ul style="list-style-type: none"> • Review ratio of theory and practical credit hours against the period set by the MNMC guideline. 				
		4.1.6 Curriculum Component, Syllabuses and course outlines are used in each course	<ul style="list-style-type: none"> • Describe syllabuses and course outlines as mentioned in MNMC guideline. 	<ul style="list-style-type: none"> • Review the lesson plan and syllabuses if necessary. • Interview with the faculties. 				
		4.1.7 Course title, description, synopsis, objectives/ outcomes and contents.	<ul style="list-style-type: none"> • Describe the course title, description, synopsis, and objectives/outcomes 	<ul style="list-style-type: none"> • Review and check the course title, description, synopsis, objectives/outcomes. 				

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			<ul style="list-style-type: none"> Describe how the course objectives reflect the curriculum objectives. 	<ul style="list-style-type: none"> Review course objectives against the curriculum objectives. 				
		<p>4.1.8 The course learning outcomes must emphasize the cognitive (K), psychomotor (S) and affective (A) domains to ensure the ability to communicate effectively and provide safe, competent, and holistic nursing and midwifery care.</p>	<ul style="list-style-type: none"> Describe how the curriculum is emphasized on assuring the specific competencies, which reflects to each particular knowledge (K), skills (S) and attitudes (A). 	<ul style="list-style-type: none"> Review the course learning outcomes. Review the table that links curriculum and essential competencies. Review the curriculum mapping. 				

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		4.1.9 Learning opportunities to develop and demonstrate all competencies.	<ul style="list-style-type: none"> Describe the feedback received and action plan developed. 	<ul style="list-style-type: none"> Review the progress of actions response to feedback. 				
		4.1.10 Review and revise the curriculum, if required, to address the professional and health needs of the country (every 5 years, or sooner as required).	<ul style="list-style-type: none"> Describe the record of curriculum review and revision. 	<ul style="list-style-type: none"> Records of curriculum review and revision. Interview with faculty and students. Records of evaluation from students 				
	Curriculum development and review	4.1.11 The curriculum committee includes faculties, senior students, representatives from regulatory body and	<ul style="list-style-type: none"> Describe curriculum committee. 	<ul style="list-style-type: none"> Review meeting minutes and records that shows participation of the team in curriculum development. 				

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		diverse stakeholders from relevant ministries and institutions.		<ul style="list-style-type: none"> • Faculty (and/or students) interview. • Records of school involvement in curriculum development/revised 				
	References in curriculum Teaching/ Learning Strategies	4.1.12 Use of updated references based on evidence within 5 years.	<ul style="list-style-type: none"> • Describe the use of updated references based on evidence for curriculum within 5 years. 	<ul style="list-style-type: none"> • Review and observe the references in curriculum. • Interview the faculty (and students). 				
		4.1.13 Various teaching methods, which promote students' creativity and lifelong learning, are used.	<ul style="list-style-type: none"> • Describe the relevancy of teaching, learning methods used. 	<ul style="list-style-type: none"> • Review, tour and observe the lesson plan and teaching, learning strategy. 				

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		4.1.14 Self-learning and student-centered teaching that promotes critical, analytical thinking and clinical decision making on patient care.	<ul style="list-style-type: none"> Describe how the teaching methods ensure the self-learning and student-centered teaching. 	<ul style="list-style-type: none"> Review the Master plan. Interview with the faculty (and students). 				
		4.1.15 Teaching/learning strategies create learning opportunities to develop and demonstrate all competencies stated in the core competencies for MNMC registered nurses and midwives.	<ul style="list-style-type: none"> Explain how it provide the learning opportunities to meet MNMC core competencies requirement. 	<ul style="list-style-type: none"> Interview the faculty (and students). Review the master plan. 				

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4.2	Nursing and Midwifery Skills Lab	4.2.1 Skills lab management system is in place and functioning.	<ul style="list-style-type: none"> • Describes skills lab management team, roles and responsibilities. 	<ul style="list-style-type: none"> • Tour to observe the skills lab. • Interview members about their roles and responsibilities. • Review the skills lab functionality assessment. 				
		4.2.2 Teacher student ratio for practice in skills lab is 1:10.	<ul style="list-style-type: none"> • Describe recent teacher student ratio and the management in the skills lab to be in line with MNMC guideline. 	<ul style="list-style-type: none"> • Tour, observe and check Skills lab schedule and attendance. • Interview with students. 				
		4.2.3 Students have opportunities to practice.	<ul style="list-style-type: none"> • State open hours, duty assignment, 	<ul style="list-style-type: none"> • Observe Skills practice logbook and 				

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			schedules and any other system to encourage self-directed learning activities.	Skills lab opening schedule. • Interview students.				
		4.2.4 Mock wards/simulated patient setting provide opportunities to practice.	• Describe the simulation lab layout and arrangement.	• Interview students. • Observe the evidence of case scenario/ Checklists.				
		4.2.5 Students' practices are documented at the skill lab utilization form.	• Describe the sample skills lab utilization record.	• Tour and check. • Review the document of skills lab usage.				
4.3	Clinical placement	4.3.1 Affiliated clinical sites match learning objectives.	• Describe the clinical site.	• Review letter of agreement and observe clinical site				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
				learning objectives document.				
		4.3.2 The school manage to meet the required minimum clinical experiences as stated by MNMC.	<ul style="list-style-type: none"> Describe the actual clinical experiences according to the MNMC statement. 	<ul style="list-style-type: none"> Review the logbooks and master plan. Interview with principal and faculty. 				
		4.3.3 Theory followed by practice.	<ul style="list-style-type: none"> Describe how it is assured the clinical placement followed after theory. 	<ul style="list-style-type: none"> Review the master plan on theory and clinical placement. 				
		4.3.4 Clinical placement objectives are communicated to the students and clinical practice site.	<ul style="list-style-type: none"> Describe the document. 	<ul style="list-style-type: none"> Interview to preceptors and students. Review the document 				
		4.3.5 Clinical instructor/preceptor to	<ul style="list-style-type: none"> Describe in <u>Standard 4, Table 1:</u> 	<ul style="list-style-type: none"> Review <u>Standard 4, Table 1.</u> 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
		student ratio is 1: 10 in facility and RHC.	Illustration of clinical site.	<ul style="list-style-type: none"> • Observe. 				
		4.3.6 The number of students per community health center is not more than 20.	<ul style="list-style-type: none"> • Describe in <u>Standard 4, Table 1:</u> Illustration of clinical site. 	<ul style="list-style-type: none"> • Observe and Check. • Interview. 				
		4.3.7 The ratio of students to patients is 1:5 in facility.	<ul style="list-style-type: none"> • Describe in <u>Standard 4, Table 1:</u> Illustration of clinical site. 	<ul style="list-style-type: none"> • Review <u>Standard 4, Table 1.</u> • <u>Tour and observe.</u> 				
		4.3.8 The number of student per shift per ward is not more than 15 students.	<ul style="list-style-type: none"> • Describe in <u>Standard 4, Table 1:</u> Illustration of clinical site. 	<ul style="list-style-type: none"> • Observe and interview. 				
		4.3.9 One clinical instructor/preceptor	<ul style="list-style-type: none"> • Describe in <u>Standard 4, Table 1:</u> 	<ul style="list-style-type: none"> • Observe and interview. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
		covers maximum two wards.	Illustration of clinical site.					
		4.3.10 The rooms for student case discussion and case conference are available.	<ul style="list-style-type: none"> Describe the clinical sites, which provide rooms for the students' discussion. 	<ul style="list-style-type: none"> Tour, observe and check. 				
		4.3.11 The equipment and supply needed for students during clinical placement are adequately supplied.	<ul style="list-style-type: none"> Describe how the institute ensure the sufficiency of necessary equipment and supply during the clinical placement. 	<ul style="list-style-type: none"> Interview with faculty, preceptor and student. Find the evident records. 				
		4.3.12 Clinical placement plan is documented.	<ul style="list-style-type: none"> Describe the plan for clinical placement. 	<ul style="list-style-type: none"> Review and observe. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
		4.3.13 Transportation for the student's clinical placement is available.	<ul style="list-style-type: none"> Describe the school arrangement of transportation. 	<ul style="list-style-type: none"> Observe. Interview students. 				
		4.3.14 Minimum student attendance must be 90% in clinical placement.	<ul style="list-style-type: none"> Describe the students' attendance record. 	<ul style="list-style-type: none"> Observe the evidence of students' attendance. 				
TOTAL STANDARDS:								
TOTAL STANDARDS OBSERVED:								
TOTAL STANDARDS ACHIEVED:								

Supporting documentations for Standard 4

- ✓ Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”
- ✓ Core Competencies for MNMC Registered Nurses and Midwives
- ✓ Skills Competency Checklist
- ✓ Examples of assignments and/or course content reflecting incorporation of professional nursing standards and guidelines in curriculum.
- ✓ Documentation of master plan
- ✓ Clinical learning objective, clinical placement plan
- ✓ Letter of Agreement
- ✓ Teaching and learning plans for the entire programme.
- ✓ Documentation of curriculum management.
- ✓ Annex 1: Nursing and Midwifery Skills Laboratory, Guideline on “Standards and Criteria for Accreditation of Nursing and Midwifery Education Programs in Myanmar”
- ✓ Students’ clinical logbook (30% sample).
- ✓ Annex: Table Attachment for Standard 4, Illustration of clinical site rotation
- ✓ Annex: Checklist for Assessment on Skills Lab Functionality

Standard 5: Student Admission Policy

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
5.1	Student selection, recruitment and admission	5.1.1 Clearly defined policy and procedures on student selection, recruitment and admission.	<ul style="list-style-type: none"> • State the students' admission policy and criteria • Describe the compliance of that policy. 	<ul style="list-style-type: none"> • Review the students' admission policy and criteria in line with MNMC guideline for student admission policy. 				
5.2	The number of students enrolled	5.2.1 Number of students enrolled must abide by the standard and guideline set by MNMC and respective nursing/ midwifery institution.	<ul style="list-style-type: none"> • State the number of students recruited per year. 	<ul style="list-style-type: none"> • Review the students' registration document. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
5.3	The entry requirement	5.3.1 Students are selected according to the entry requirement stipulated by MOHS/ University Council/Senate and MNMC accreditation guideline.	<ul style="list-style-type: none"> Describe the criteria for student enrollment provided by MOHS, University Council/Senate and MNMC. 	<ul style="list-style-type: none"> Check and observe the records on students' recruitment process for compliance with admission criteria. 				
TOTAL STANDARDS:								
TOTAL STANDARDS OBSERVED:								
TOTAL STANDARDS ACHIEVED:								
<u>Supporting documentations for Standard 5</u>								
✓ Admission criteria.								

Standard 6: Student Assessment

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
6.1	The examination policies	6.1.1 The exam policy procedures are stated in academic policy.	<ul style="list-style-type: none"> Describe the detail policy and procedures for examination. 	<ul style="list-style-type: none"> Review exam policy and procedures Interview with faculty. (and students) 				
6.2	Examination board and it's function	6.2.1 An examination board is established with clearly defined functions.	<ul style="list-style-type: none"> Describe how the exam board is established; its member selection and functions. 	<ul style="list-style-type: none"> Review the meeting minutes. Review the documents relating exam board functions. 				
6.3	External examiners	6.3.1 External examiners whose appointments are determined by the university/nursing and midwifery training schools.	<ul style="list-style-type: none"> Describe the process of external examiner selection. 	<ul style="list-style-type: none"> Review the documents recorded. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
6.4	Assessment methods and tools	6.4.1 Student assessment methods and tools are based on outcomes and core competencies.	<ul style="list-style-type: none"> Describe the development of assessment tools and which way students are assessed. 	<ul style="list-style-type: none"> Interview the faculty (and students). Review meeting minutes/records of assessment tools development. 				
		6.4.2 Assessment tools for summative assessment are validated by a team/committee.	<ul style="list-style-type: none"> Describe the process of assessment tool validation. 	<ul style="list-style-type: none"> Review the records/meeting minutes. 				
6.5	Student Performance Improvement Plan	6.5.1 Plan for student improvement and how feedback is given (Formative assessment).	<ul style="list-style-type: none"> Describe how the formative assessment implicate feedback mechanism and student improvement. 	<ul style="list-style-type: none"> Interview students. Review the evidence of feedback mechanism and improvement plan. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
		6.5.2 A mentoring system has been established for continuous student progress and achievement in knowledge, skills and attitude.	<ul style="list-style-type: none"> • Describe the mentoring system. 	<ul style="list-style-type: none"> • Review the evidence of mentoring system. • Interview with faculties and students. 				
6.6	Student performance result	6.6.1 Grading criteria and quality points are followed as stated by MNMC.	<ul style="list-style-type: none"> • Describe how the grading criteria and quality points are defined. 	<ul style="list-style-type: none"> • Review the grading criteria. • Review and check the exam records. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
		6.6.2 Student performance results are documented centrally within the program and in a confidential manner.	<ul style="list-style-type: none"> • Explain the mechanism regarding documentation of student performance results. 	<ul style="list-style-type: none"> • Observe and interview with students and faculty. 				
TOTAL STANDARDS:								
TOTAL STANDARDS OBSERVED:								
TOTAL STANDARDS ACHIEVED:								
<u>Supporting documentations for Standard 6</u> <ul style="list-style-type: none"> ✓ Documentation of graduation rates and other measures of student success. ✓ Attach policy guideline as needed. ✓ Student performance evaluations (both didactic and clinical). ✓ Examination policy as needed. 								

Standard 7: Program Evaluation

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
7.1	Regularly evaluate the Vision, mission, philosophy, objectives and course outcomes	7.1.1 A process is in place for regular review and evaluate the mission, philosophy, objectives and course outcomes.	<ul style="list-style-type: none"> Describe the process for evaluating mission, philosophy, objectives and course outcomes. 	<ul style="list-style-type: none"> Policy review. Meeting minutes. Interview with faculty and staff. 				
7.2	Process for curriculum development, review and revision	7.2.1 The process of development, review and revision of curriculum are evaluated.	<ul style="list-style-type: none"> Describe about the evaluation of curriculum development/review process by PEC/CQI. 	<ul style="list-style-type: none"> Evidence of the evaluation regarding curriculum development, review and revision. 				
7.3	Process for regular evaluation of classroom and	7.3.1 Process for teaching and learning is evaluated.	<ul style="list-style-type: none"> Describe how the teaching and learning process is evaluated. 	<ul style="list-style-type: none"> Review the evidence of evaluation for teaching and learning. Students' feedback. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
	clinical teaching.	7.3.2 Students' attendance of clinical practice and theoretical classes are evaluated.	<ul style="list-style-type: none"> Describe how the students' attendance are documented and evaluated. 	<ul style="list-style-type: none"> Attendance percentage Records. (Clinical and Theory) 				
7.4	System for monitoring and mentoring of teachers and preceptors	7.4.1 System for monitoring and mentoring of teachers/preceptors is active.	<ul style="list-style-type: none"> Describe how monitoring and mentoring system is implemented. 	<ul style="list-style-type: none"> Evidence of monitoring and mentoring system. Interview with faculty 				
7.5	System for evaluation of courses and over all programs	7.5.1 Each Program has a comprehensive plan for objectives and functions to be regularly self-evaluated.	<ul style="list-style-type: none"> Describe functions of PEC/CQI committee and their plans for the regular review of program functions. 	<ul style="list-style-type: none"> Interview with faculty Evidence of CQI and roles and responsibilities 				
		7.5.2 A committee (evaluation committee/internal	<ul style="list-style-type: none"> Describe the compositions and standard operating 	<ul style="list-style-type: none"> Verify with the evidence of SOP of PEC/ CQI. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
		quality improvement committee) to review and evaluate the program activities.	procedures of program evaluation committee/CQI committee.					
		7.5.3 Record of feedback regarding implemented program from multiple sources: students, alumni, consumers/ employers and faculties.	<ul style="list-style-type: none"> • Mention if there had feedback collection and response mechanism. 	<ul style="list-style-type: none"> • Interview with students, alumni, consumers/ employers and faculties. • Observe the records if applicable. 				
		7.5.4 PEC/CQI schedule for the programs (courses, overall programs, faculties) is present.	<ul style="list-style-type: none"> • Describe the schedule of Internal Program Review. 	<ul style="list-style-type: none"> • Evidence of written schedule. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
7.6	Evaluation of faculties	7.6.1 System for evaluation of faculties is present.	<ul style="list-style-type: none"> Describe how the faculties are evaluated. 	<ul style="list-style-type: none"> Review performance appraisal. Review the evidence of classroom audits. Review the students' feedback to faculties. 				
7.7	Systematic evaluation of all levels of nursing and midwifery curricula	7.7.1 Students' assessment in all levels of nursing and midwifery curricula is systematically evaluated.	<ul style="list-style-type: none"> Describe how the students' assessment in all level of nursing and midwifery curricula is evaluated. 	<ul style="list-style-type: none"> Evidence of documents. (Student assessment forms, exam documents) 				
7.8	Maintenance and upgrading the facilities and learning resources	7.8.1 Maintenance and upgrading system of the facilities and learning resources are present.	<ul style="list-style-type: none"> Describe the maintenance and upgrading system. 	<ul style="list-style-type: none"> Evidence of the process. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
7.9	Master plan/ Academic calendar	7.9.1 Yearly schedule of master plan (theoretical, clinical practices, vacation and examination) is evaluated.	• Describe how the master plan/ academic calendar is evaluated.	• Related documents.				
7.10	Clinical rotation plan for students learning experience at different clinical settings	7.10.1 Clinical rotation plan for all levels of students is evaluated.	• Describe how the rotation plan was evaluated.	• Evidence of evaluation of clinical rotation plan.				
TOTAL STANDARDS:								
TOTAL STANDARDS OBSERVED:								
TOTAL STANDARDS ACHIEVED:								

Supporting documentations for Standard 7

- ✓ Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.
- ✓ Documentation of curriculum management.
- ✓ Documents (e.g., minutes, memoranda, reports) that reflect decision-making or improvements related to curriculum and teaching learning practices.
- ✓ Teaching and learning plans for the entire programme.
- ✓ Student and faculty evaluations of clinical sites.
- ✓ Preceptorship Operational Manual
- ✓ SAR Report.
- ✓ Aggregate student outcome data.
- ✓ Documentation of ongoing and systematic programme evaluation, survey response and summary of the data.
- ✓ Documentation of policies regarding the review and maintenance of records of student (dis)satisfaction and complaints.
- ✓ Program policies related to formal complaints.
- ✓ Course/faculty evaluations.
- ✓ Summary of aggregate faculty outcomes for the past three years with an analysis of aggregate faculty outcomes in relation to expected faculty outcomes.

Standard 8: Continuous Quality Improvement Activities

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
8.1	Collection of information relating to program implementation on a regular basis	8.1.1 Committee or unit to implement CQI of educational institution is formed.	<ul style="list-style-type: none"> Describe the composition and SOPs of CQI from which CQI activities are developed as a follow-on. 	<ul style="list-style-type: none"> Evidence of required documents on set up of Committee. (including Nursing/Midwifery leaders) Interview with committee members. 				
		8.1.2 Regular function of CQI is present.	<ul style="list-style-type: none"> Describe the role of committee; and how its actions are scheduled in order to support regular QI activities. Describe the outputs of the committee in 	<ul style="list-style-type: none"> Observe the QI plan based on the requirement of the MNMC guideline and progress update. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
			terms of reporting and recommendations.					
8.2	Assessment and identification of deficiencies in program implementation and prioritization for improvement	8.2.1 Gaps are assessed and identified in program implementation and prioritization for program improvement.	<ul style="list-style-type: none"> Describe how the QI committee find out gaps in program implementation and prioritized for actions. 	<ul style="list-style-type: none"> Review the evidences. (monitoring results, plan of actions for future improvement) 				
		8.2.2 Plan are developed and implemented for quality improvement.	<ul style="list-style-type: none"> Describe the improvement plan and its follow up. 	<ul style="list-style-type: none"> Review the evidence of corrective actions according to the weaknesses. 				

No	Criteria	Indicator	Instruction for SAR	Verification Required for Site Visit	Satisfactory	Satisfactory (need monitoring)	Unsatisfactory	Comment
8.3	Staff performance evaluation for improvement	8.3.1 Staff performances are evaluated on a regular basis (annually) to make action.	<ul style="list-style-type: none"> Describe the process of staff performance evaluation and its implication. 	<ul style="list-style-type: none"> Review the evidence of action responded to performance evaluation. 				
8.4	Continuing professional development (CPD) of faculties	8.4.1 Continuing professional development (CPD) of faculties are performed.	<ul style="list-style-type: none"> Describe how the continuing professional development (CPD) of faculties are performed. 	<ul style="list-style-type: none"> Review the CPD points. Interview with faculties. 				
TOTAL STANDARDS:								
TOTAL STANDARDS OBSERVED:								
TOTAL STANDARDS ACHIEVED:								

Supporting documentations for Standard 8

- ✓ Annual programme reports.
- ✓ Record of formal complaints, if any, for the past three years, and any action(s) taken to foster program improvement.
- ✓ Examples of use of aggregate data to foster program improvement when indicated.
- ✓ Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to assessment of program outcomes.
- ✓ Academic staff's performance assessment forms.
- ✓ Research studies, papers published or presentations by academic staff.

Annexes

Table Attachment for Standard 3, Faculty Qualifications

	Yes	No	Explanation/comment as appropriate
Head of University/Institutions (Rector/Dean/Director)			
• MNMC registered nurse with active license			
• MNSc or above			
• History of Management experience			
• Myanmar citizen			
• ≥ 7 years teaching, management experience in nursing education			
• Evidence CPD for academic & administrative staff			
• Evidence publications or presentations			
• Clearance of departmental penalties			
Principal (Nursing and Midwifery Training School)			
• MNMC registered nurse with active license			
• MNSc/BNSc and management experience			
• Myanmar citizen			
• ≥ 7 years teaching, management experience in nursing education			
• Clearance of departmental penalties			
Teachers			
Certificate level (If applicable)			
• MNMC registered nurse/midwife with active license to practice, clinical experience ≥ 2 years			
• Qualified with at least Bachelor in nursing/midwifery education			
• Certificate in teaching methodology (Certificate in educational science) from recognized institution for continuing nursing education			
Diploma program (If applicable)			
• MNMC registered nurse/midwife with active license to practice, clinical experience ≥ 2 years			
• Qualified with at least Bachelor in nursing/midwifery education			
• Certificate in teaching methodology(Certificate in educational science) from recognized institution for continuing nursing education			
Degree program (If applicable)			
• MNMC registered nurse/midwife with active license to practice, clinical experience ≥ 2 years			

<ul style="list-style-type: none"> • Qualified with at least Masters or Basic degree with 2 years teaching experience and 2 years clinical experience in relevant areas 			
<ul style="list-style-type: none"> • Certificate in teaching methodology(Certificate in educational science) from recognized institution for continuing nursing education 			
Master program (If applicable)			
<ul style="list-style-type: none"> • MNMC registered nurse/midwife with active license to practice, clinical experience \geq 2 years 			
<ul style="list-style-type: none"> • PhD or Doctorate in Nursing/Midwifery degree or MNSc with > 7 years teaching experience and 2 years clinical experience in relevant area 			
PhD or Doctor of Nursing program (If applicable)			
<ul style="list-style-type: none"> • MNMC registered nurse/midwife with active license to practice, clinical experience \geq 2 years 			
<ul style="list-style-type: none"> • PhD or Doctor in Nursing/Midwifery Sciences 			

Instructions:

1. *Only* complete sections of the table for types of program offered at school. (certificate, diploma, etc.)
2. If some teachers do not meet qualifications, explain briefly in 3rd column.
3. Be ready to show evidence of criteria for site visit.

Standard 4, Table 1: Illustration of clinical site rotation

Illustration of clinical site rotation from _____ to _____, numbers are just for examples. Clinical site should meet Accreditation Standards requirements.

Clinical site	Practice area/ discipline	Average patient number available* for students	Number of students per clinical rotation	Preceptor: Students	Total number of students at site (all cadres) at time of rotation**
Hospital Sites Note type: general, district, teaching					
Hospital A	Pediatrics ward	28	10	10	30
Hospital A	Maternity ward	14			20
Hospital B	Etc...				
Community Health Center Sites					
Urban Health Center A	Maternity	40 outpatient (initial and revisit)	5	5	15

Rural Health Center A	Well baby/child	50/day	6	6	10
Urban Health Center B	Etc....				

Instructions for completing table

1. Include all clinical sites in use by the midwifery program.
2. Please use numbers from most recent year.

*Average number of patients that could *be seen by students*, eg, on days students are present
average number of patients that fit the level of student, clinical objectives, etc

**On a typical rotation at the site, note how many students from every school using the site. For example there may be 3 schools and more than one cadre (midwives, nurses, medical students etc) all using the unit at the same time.

Checklist for Assessment on Skills Lab Functionality

School: _____ Date Observed: _____ Assessed by:

Standard	Verification Criteria	Y/N	Remark
1. Skills lab has required infrastructure.	1. Skills lab can accommodate 15-20 students.		
	2. Skills Lab has adequate light (natural or artificial).		
	3. Skills Lab is well ventilated. (has fan, air conditioned)		
	4. Skills lab has models, equipment and supplies listed in national standard (Annex)		
	5. Educational materials, Job aids, skills checklists are accessible at the skills lab.		
	6. Materials for safety and security are accessible.		
	7. Storage with lockers for models, supplies and drugs are present.		
Standard	Verification Criteria	Y/N	Remark
2. Skills Lab is well organized.	1. Skills stations are set up with necessary models, equipment and items listed for each station including infection prevention practices.		
	2. Appropriate infection prevention (IP) supplies and equipment for hand washing (running water into sinks or buckets) are present.		
	3. The anatomical models are covered appropriately and there are screens to practice privacy during simulation.		
Standard	Verification Criteria	Y/N	Remark
3. The skills lab is accessible for skills development.	1. Skills lab schedule including opening hours and days is in place.		
	2. Skills lab is accessible according to skills lab schedule except certain special circumstances.		
	3. Students can access skills lab for independent skills practices.		

	4. Supplies, equipment and models are accessible for skills practices.		
	5. Skills Lab is accessible for students after school/office hours.		
Standard	Verification Criteria	Y/N	Remark
4. Skills Lab is used for skills development.	1. Skills lab is used for demonstration (demonstration and return demonstration).		
	2. Coaching happens in the skills lab during additional practices (other than coaching during return demonstration.)		
	3. Skills lab is used for independent skills practices.		
	4. Skills Lab is used for skills assessments. (formative and summative assessments)		
	5. The skills practices are performed systematically with reference to the standardized checklists.		
Standard	Verification Criteria		Remark
5. Skills lab management including maintenance and safety precaution is functional.	1. Organogram of Skills lab management team is present.		
	2. There are clear role and responsibilities for skills lab coordinator, skills lab assistant and skills lab helper.		
	3. Skills lab coordinator, skills lab assistant and skills lab helper are aware of their roles and responsibilities.		
	4. Code of behavior is clearly stated and well informed.		
	5. Skills lab utilization is well documented.		
	6. Skills lab inventories are up to date.		
	7. Equipment manuals are well organized.		
	8. There is mechanism for checking functionality of skills lab items as		

	well as the mechanism for replacing damaged/ lost items.		
	9. There is mechanism for replenishing consumables items.		
	10. Skills lab activities and documentation are monitored regularly for functionality and improvement.		

Remark -----

Annex: List of tools and equipment for Nursing and Midwifery

	Item	Quantity
1	Equipment for Fundamental Nursing	1
2	Equipment for Maternal and Child Health Nursing	1
3	Equipment for Community Health Nursing	1
4	Equipment for Anatomy and Physiology	1