



PERFORMANCE STANDARDS FOR HEALTH-RELATED TRAINING INSTITUTIONS IN LIBERIA

*APPROVED BY THE LIBERIAN BOARD FOR NURSING & MIDWERY AND THE LIBERIAN MEDICAL AND DENTAL COUNCIL
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Bendu M.K. Sarno, Director of Nursing Services, JFKMC

Ruth S. Cooper, Director of Midwifery Training Program, South Eastern Region

Deddeh B. Beyan, Director of Nurses, Curran Lutheran Hospital

Comfort J. Gebeh, Director, Esther Bacon School of Nursing and Midwifery

Thomas K Nagbe, EPI Program, MOHSW

E. Wilmot Jackson, Sr., President, PA Association

Bob M. Singbeh, Administrative Assistant to the Administrator, TNIMA

Dr. Benjamin Vonhm, Director, National Aids Control Program

Kerkulah N. Kollie, Director School of EH, TNIMA

James K. Sorsor, Sr., Director of School of Nursing and Midwifery, TNIMA

H. Calvin Momolu, Director School of PA, TNIMA

Ellen G. Williams, Executive Director, CHAL Representative LBNM for Pre-service Education

Helena Nuahn, Director, Phebe Training Programs

D. Gayduobah Beyan, Mother Pattern College of Health Sciences (MPCHS)

Rev. Sodey Lake, Director of Training Unit, MOHSW

Claudette Bailey, Capacity Building Team Leader, RBHS

Dr. Jill John-Kall, Mentor Initiative (DCD-T)

Dedeh F. Jones, Chief Nursing Officer, Nursing and Midwifery Division, MOHSW

Sarah B. Kollie, Acting Administrator, TNIMA

Joseph M. Daniel, Division of Environmental Health, MOHSW

Olive Hunter Dwana, President, Liberian Nurses Association

Dr. Henry A. Konuwa, Jr., Medical Director, Curran Lutheran Hospital

The contributions of the following individuals who helped to develop these standards are also noted:

Udaya Thomas, Jhpiego—adaptation, development, and revisions

Peter Johnson, Jhpiego—reviewer

Alishea Galvin and Rachel Rivas, Jhpiego—editing

Renata Kepner and Young Kim, Jhpiego—formatting

Norris G. David, Chairman, PA Board

Tamba Boima, Community Health Services, MOHSW

Lucy W. Barh, President, Liberian Midwifery Association

Tabadeh P. Collins, National Malaria Control Program, MOHSW

Cecelia Morris, Chairperson, Liberian Board for Nursing and Midwifery

Yah S. Dolo, Family Health Division, MOHSW

Dr. Z'Sherman Adams, A. M. Dogliotti Medical College University of Liberia

Daniel S. M. Wessih, Jr, Community Health Services, MOHSW

Shelly A. Wright, United Methodist University School of Nursing

Joseph Peters, Instructor, SON/ UMU

M. Abraham Gbeh, Instructor, Smythe Institute—Nursing Division

Abraham Massaquoi B., Instructor/Assistant Director, TNIMA

Jasper I. Mason, Primary Health Care Coordinator, Mather Patern College

Ada C. B. Wraynee, Instructor, TNIMA

Abraham Johnson, Training Officer, Training Unit, MOHSW

Sarah V. Lonfay, Instructor, Phebe Hospital Training Programs

Prof. Emmanuel 'Dipo Otolorin, Country Director, Jhpiego Nigeria and Chief of Party, ACCESS Program

Martha Serwah Appiagyei, Jhpiego Ghana

Nowai Q. Johnson – Gray, Education and Training Assistant, RBHS

Marion Subah, Education and Training Advisor, RBHS

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Andritte Phillips Woods, UMU
Ansumana Camara, Redemption Hospital,
Bettie Queateh, MTP/ SER
C. Lawuo Gwesa, MMCHS
Cecelia Morris, LBNM
Daniel Wah, LAMLT
Deddeh Jones, LBNM
Dr. Billy Johnson, JFKMC
Dr. Mark Kieh, LMDC
Dr. Shalom M.S. Nimene, Ruth Ramstrand
Dr. Yatta Walpoh, JDJ
Edwin Quoibia, Complimentary Medicine
Elizabeth D. Yelegor, NCCC
Erhuvwu Korotu Kollie, AUWA
Gloria Stevens, LNA
Humphrey G. Loweal, PTP
J. Kota Kesselly, Cuttington University
Josephine Snorton, BCCC
Mary Tiah, LBNM
Micheal Aidoe, PMI
Musu Washington, LBNM
Nowai Johnson, RBHS
Rev. Edwin Suwon, MOHSW
Saturday Quellie, LAMLT
Soday Lake, JFD Hospital
T. Ruston Yarnko, Smythe
Zerias G. Flomo, G.B.C.C

Angela J. Sawyer, WACN
Antoinette Nah, MPCHS
Blossomy Hodges, CUJC
Cecelia Flomo, LBNM
Cefene Kanneh-Kesselly, LCCC
Darboi Korkoyah, LBNM
Dr Abraham Borbor, JFKMC
Dr. Joel Jones, MOHSW
Dr. Moses Pewu, LMDC
Dr. Sonii, S.D. Copper
Duyan P. Molewoi, MJPSE
Elizabeth B. Slewion, LBNM
Emmanuel Elcyeiell, JFKMC
Etta Acolatse-Kie, Tubman University
Henry Langford, LAMLT
Iona Thomas, Tubman University
Joseph Moore, JFKMC
Marion Subah, RBHS
Matthias Akoi, LMDC
Mona Sankoh, US Embassy
Neima Candy, LBNM
Peter G. Kwehmie, EBSNM
Sarah Kollie, TNIMA
Sengbe Opati, LAMLT
T. Henry Kohan, NMCP
Yeakeh Salebia, Traditional Medicine
Julia Bluestone, STTA, Jhpiego
Emmanuel Otolorin, STTA, Jhpiego

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Update- 2014

BACKGROUND AND INTRODUCTION

The Rebuilding Basic Health Services (RBHS) project, funded by the United States Agency for International Development (USAID), is the United States Government's major initiative in support of the Liberian Ministry of Health and Social Welfare (MOHSW). RBHS is implemented through a partnership amongst John Snow, Inc. (JSI) Research and Training, Jhpiego, the Johns Hopkins University Center for Communication Programs (JHU CCP) and Management Sciences for Health (MSH). Implementation of RBHS is over a 5-year period and is guided by a three-pronged strategic approach: 1) strengthening and extending service delivery through performance-based grants to nongovernmental organization (NGO) partners; 2) strengthening Liberia's health system in the areas of human resource management, infrastructure, policy development, and monitoring and evaluation; and 3) preventing disease and promoting healthier behaviors through behavior change communication and community mobilization. In addition, RBHS has specific responsibilities in the areas of maternal Neonatal and child health, family planning/reproductive health (FP/RH), malaria, HIV & TB, and water and sanitation.

Through its pre-service education initiative, RBHS adapted the Standard-Based Management and Recognition

(SBM-R) approach developed in 2005 by Jhpiego is being used to improve the performance of two educational institutions, the Tubman National Institute of Medical Arts (TNIMA) and the Esther Bacon School of Nursing and Midwifery (EBSNM), as well as the six health facilities (JFK Medical Center, Hydro MERCI Clinic, Dupont Road Health Center, Curran Lutheran Hospital, Sucromu Clinic and Fessibu Clinic) serving as clinical sites for training students from both institutions. Standards based Management and Recognition (SBM-R) is a system for the assessment, monitoring, implementation and improvement of quality. Though SBM-R is primarily used to measure progress, it also serves as a clear and explicit statement of the manner in which education and training services should be

conducted. It states the standards for desired performance and provides guidance toward achieving those standards. The standards describe desired performance in all areas of education for health related training institutions. SBMR is a four step process of **Setting standards of performance in an operational way, Implementing the standards through a streamlined and systematic methodology, Measuring progress to guide the improvement process toward these standards and Recognizing the achievement of the standards.** It focuses on desired level of performance and quality to be attained



Under RBHS, Standards-Based Management and Recognition (SBM-R) was introduced as a method to improve the performance of both educational institutions. SBM-R is a quality improvement process developed in 2005 by RBHS partner, Jhpiego that has proven effective in improving the learning experience at training institutions in several countries. Through SBM-R, educators and health professionals actively participate in crafting educational standards and a process for their incorporation with the learning environment, guided by both international and national guidelines. Though SBM-R is primarily used to measure progress in improving quality in education, it also serves as a clear and explicit statement of the manner in which educational programs should be conducted. It states the standards for desired performance and provides guidance toward achieving those standards.

As one of its first activities in the initiative, RBHS led an exercise, beginning with 2 workshops, in April 2009, involving diverse stakeholders

(over 40 persons) from health related education and training institutions training health workers (PAs, CMs, RNs, EHTs), regulatory bodies, professional associations, MOHSW, health facilities, administrators/management, in developing a set of pre-service educational standards based on the world Federation of Medical Education and WHO pre-service education standards describing desired performance in the four specific areas: 1) Classroom, Practical Instruction & Assessment; 2) Clinical Instruction, Practice, and Assessment; 3) Institution Infrastructure and Training Materials; and 4) Institution Management. These standards were then finalized and the baseline assessments of TNIMA and EBSNM were done by a team comprising members of the Education and Training National Working Group. Action Plans were developed and implemented for quality improvement through RBHS. The pre-service academic standards were adopted by the Liberian Board of Nursing and Midwifery as national pre-service academic standards for nursing and midwifery education in Liberia and in this light, these standards are being used for accreditation of all nursing and midwifery programs in Liberia as well as for the only PA and EHT training programs in the country through TNIMA. The LBNM is not only using the standards for accreditation but also for assessment at institutions desirous of initiating nursing and or midwifery training programs. Using the tools, the LBNM is assessing the institutions ability to meet the standards and is able to provide specific and timely feedback to these institutions. Therefore, these standards not only served as a job aid or a tool for self and peer assessment, but also, as evidence of requirements for accreditation or operating a nursing or midwifery program in Liberia.

In the process of strengthening health care service delivery at a health facility serving as clinical sites for the training institutions, RBHS in collaboration with the MOHSW, initiated the process of developing clinical standards for promoting quality of care through a process of continuous Quality Assurance (QA) at all health facilities supported by RBHS starting with use in 103 RBHS-supported facilities.

The MOHSW, in efforts to improve quality performance, decided to extend the QA process to all facilities and requested RBHS and partners to explore the concept of

core standards in the context of shortening and simplifying the current assessment instrument, thus making it more appropriate for scaling up nationally and institutionalizing QA in a more effective and efficient manner. In the process, a smaller number of standards with more direct clinical relevance in terms of outcome that would enable the results of the assessment to focus more precisely on case management; simplify supportive supervision; and enable easier onsite quality improvement monitoring, were selected as “Core Standards.” With the basic principles that with a smaller number of overall standards, and hence, lower number of standards per clinical content area, a facility must meet 80% of the standards in a clinical area to ensure quality case management. The MOHSW also adapted a four step quality improvement process of defining quality, measuring quality, improving quality and recognizing quality. The MOHSW pretested the tool in the 2011 accreditation, institutionalized them as part of accreditation in 2012 and has initiated a process of integrating them into the supportive supervision process at both county and central levels (The Clinical Standards are included in the National Clinical Standards for Health Facilities Serving As Clinical Sites)

IMPROVING THE QUALITY OF HEALTH RELATED TRAINING INSTITUTIONS

USING A STANDARDS-BASED MANAGEMENT APPROACH

Instructions for Utilization of the Assessment Tool

Purpose

The purpose of this orientation package is to provide basic information and tools on how to improve the quality of education using a Standards-Based Management (SBM-R) approach.

Content

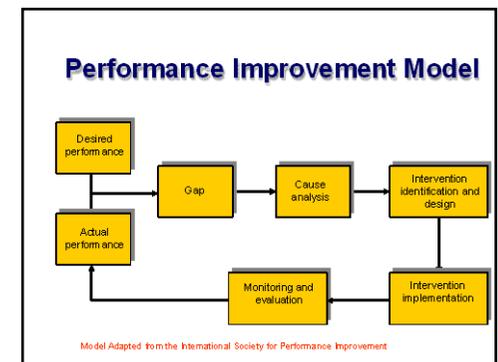
- I. Introduction to SBM-R approach*
- II. The assessment tool and instructions on how to use it*
- III. Types of assessments*
- IV. Development of action plans and organization of teams*
- V. Attachments:*
 - A. Operational plan*
 - B. Assessment tool*

I. Introduction to Standards Based Management Approach

The **standards** tell providers
what they should do,
The **verification criteria** tells
the provider
how to do it

The pre-service education standards tell the instructors/administrator/staff what they should do. The assessment tools tell them how to do it. The statement of desired performance begins a process of performance improvement which is illustrated in the model shown above. By knowing desired performance, the providers and administrators can set goals for improving the quality of the clinical site for both the educational program and for service delivery. A recognition element, to boost motivation of health workers and create more favorable conditions for change, is also an essential part of the process. The approach defines a series of steps for improvement:

- 1. Comparison of actual performance with desired performance by use of the assessment tool in this package*
- 2. Definition of gaps in performance, by comparison of actual and desired performance*
- 3. Analysis of the obvious and underlying causes of those performance gaps*
- 4. Design of interventions to address causes and thus close the gaps*
- 5. Monitoring of program progress through reassessment of the program to determine if gaps are being closed and performance being improved.*
- 6. Recognition and rewarding of achievements related to significant improvement in compliance with standards.*



II. THE ASSESSMENT TOOL AND INSTRUCTIONS ON HOW TO USE IT

Description of the Tool

The performance assessment tool:

- *Lists key performance standards organized by area of program support. Performance standards are good practice for improving performance in education institutions*
- *Each performance standard has verification criteria easily observable with “YES”, “NO”, and “NOT APPLICABLE“ answer options*
- *Verification criteria show, as reference, detailed steps for meeting the standard.*
- *Objectively establishes the desired level of performance*
- *Measures actual level of performance when applied to an institution/facility*
- *Helps identify performance gaps*

III. Types of Assessments

A baseline assessment follow by a continuous measurement of progress is used as a mechanism to guide the process, inform programmatic decisions, and reinforce the momentum for change. Through continuous measurement, administrators, providers, and communities can monitor the process, assess success of interventions, identify new gaps, and introduce necessary adjustments to their plans. Measurement also makes it possible to present administrators and providers with quantitative targets. Achieving and making sustained progress on these targets has an important motivating effect for those involved in the improvement process.

Continuous measurement is based on the periodic implementation of assessments using the performance assessment tool. The assessments can be:

- **Self-assessments:** *are those conducted by the faculty team on their own work. The provider or manager uses the assessment tool as a job aid to verify if she/he is following the recommended standardized steps during the education process. These assessments can be performed as frequently as desired or needed.*
- **Internal assessments:** *are those implemented internally by staff. These can adopt the form of **peer assessments** when staff uses the assessment tool to mutually assess the work among colleagues or **internal monitoring assessments** when administrators and/or providers use the tool more comprehensively to periodically assess the area being improved. It is recommended that this latter assessment occurs every three to four months.*

- **External assessments:** are those implemented by persons external to the facility or institution. These assessments are usually conducted by the, regulatory body and/or MOHSW and their collaborating partners. They can take the form of **non-binding assessments** when the purpose of the visit is to provide support for identification of performance gaps and interventions, or **binding assessments** when the purpose of the visit is to confirm compliance with recommended standards for recognition purposes. In case of non-binding assessments it is desirable that representatives of the clients and communities served are involved in the process in an appropriate way. For instance, they could have representatives in the team conducting the assessment of the program. It is not usual to include other representatives in binding assessments.

How to Use the Assessment Tool

The assessment tool should be used for conducting assessments in the training facilities and teaching institutions. In each area the standards have specific instructions about how and where to collect/verify the information needed, and the number of observations required. There are basically three methods for data collection:

- Direct structured observation
- Document review
- Interviews

When using direct structured observation:

- Introduce yourself and explain the reason of the assessment
- The assessment tool must be used to guide the observation
- Feedback should not be provided during the assessment
- Be objective and respectful during the assessment

When doing document review:

- Introduce yourself and explain the reason of the assessment
- Identify correct sources of information (e.g., administrative forms, statistical records, service records)
- Review the documents using the assessment tool
- Question individuals responsible for these areas to supplement and/or clarify information
- Be objective and respectful during the assessment

When conducting interviews:

- *Introduce yourself and explain the reason of the assessment*
- *Identify the staff that typically carries out the activities or procedures*
- *Interview the staff or students using the assessment tool*
- *Use open questions to get the precise information, do not assume responses*
- *Ask the person to show documents, equipment, or materials as appropriate*
- *Be objective and respectful during the assessment*

How to fill-out the assessment tool:

- *Immediately register the information collected*
- *Register “Y”, “N”, or “NA” in the correspondent column. Do not leave any verification criteria blank*
- *In the comments column, write down all pertinent comments, in a concise form, highlighting relevant issues and potential causes. Remember to note comments as this will help you to be more specific with feedback.*
- *Register “Y” if the procedure is performed correctly or the item exists as it is described in the verification criteria.*
- *Register “NA” when the item requires a condition that **should not be there and is not there** or when a task is not performed because it **should not be performed at that level or in that setting** or when a condition/situation **should not be present and it is not, present** at this level.*
- *Register “N” if the procedure is not performed that should be performed or it is performed incorrectly or if a required item that should be present is not or does not exist or the steps of a procedure are not followed by the provider according to the verification criteria or if any of the requirements to be met in a verification criteria is not meet*

How to score the assessment tool and summarize the results

Scoring using the assessment tool:

- *Each standard is worth one point*
- *For each standard to be met, all of the verification criteria should be “Yes” or “Not Applicable”*
- *When all verification criteria is answer “yes” or “Not applicable” the standard is met and one point is given for meeting the standard*

How to Summarize the Results

- *Summarize the results using the summary at the end of each section*
- *Write the number of standards achieved per area and in total*
- *Calculate and write the percentage of standards achieved per area and in total by dividing the number of standards achieved by the total number of standards in each area, and multiplying the results by 100 (e.g.; $7/14 \times 100=50\%$). Apply the same process for the general total, divide total number of standards achieved by the total number of standards (e.g.; $32/59 \times 100=54\%$)*

Presentation of Feedback

Immediate and specific feedback is to be given to each institution at the end of the assessment process before departure.

- *At the conclusion of the observations, the assessors should meet to prepare for the feedback session by reviewing each area, determining standards met and not met and note the specific points to be shared in the feedback*
- *Each team member should plan for speaking about each content area for not more than 5 minutes. The Team should decide who will start the feedback session and should practice as much as possible*
- *After this preparation, the assessors along with the management of the institution should gather all the staff to hear the preliminary findings of the assessment and receive feedback*
- *An assessor should start off by thanking all staff for the day and commending them, noting some cross cutting things met, such as the management of institution or any other thing that was good that may not even be a standard*
- *Discuss some cross-cutting missed criteria such as have no lesson plan and use these examples to identify “quick fixes” to meet certain criterion.*
- *State the total number/percentage of standards not met*
- *Review the specific standards that were not met and state a few of the verification criteria that were not met as reasons why the standard was not met*
- *For each area, state the standards that were almost met and state the one criteria that was not met and how meeting that one would cause the standard to be met.*
- *Next, state the total number of standards met, the specific standards that were met and state a few of the verification criteria that had a yes answer and commend the staff*
- *Leave a completed assessment instrument with the institution.*
- *Inform the staff of any action planning session or any other follow up.*

All programs will be monitored and assessed by the quality assurance teams and external assessments as requested. All programs will be given a reasonable amount of time and support for the implementation of these standards. This process will also support the existing accreditation program that is in progress by the Liberian Board of Nursing and Midwifery (LBNM)

IV. Development of Action Plans and Organization Of Teams

After every assessment, the staff should develop operational plans in order to implement the improvement process. These plans are relatively simple tools (see attachment B) that outline what are the gaps and the causes that need to be eliminated, the specific intervention to be conducted, the person(s) in charge, the deadline for the task, and any potential support that may be needed. The identification of quality improvement liaison(s) and the setting of the deadline are extremely important because they allow better follow up of the activities included in the plan. Operational plans should be developed upon analysis of the results of the baseline or follow-up monitoring assessments by teams of staff and faculty working in the different areas that are being improved.

It is important to understand that the process is usually initiated by a small group of committed persons because it is very infrequent to find widespread support for a new improvement initiative. It is, therefore, vital to identify committed champions for the initiative and incorporate them in the initial improvement efforts.

A key task of the initial group of committed persons is to organize teams for the implementation of the improvement process. Most processes do not depend on the action of single individual, they are the result of team efforts, and therefore, it is important to expand the group of committed people beyond champions. Teams should be organized by specific area of the assessment tool. Each area team should analyze the results of the performance assessment in their respective area, develop an operational plan accordingly, and implement and monitor improvement activities.

It is desirable to work with networks of national programs and institutions that support the attached pre-service institution. Working within networks of similar programs, which can exchange experiences and provide mutual support usually favors the achievement of positive changes.

In addressing the identified gaps, the teams should remember that there are capability, resources/opportunity and/or motivation gaps

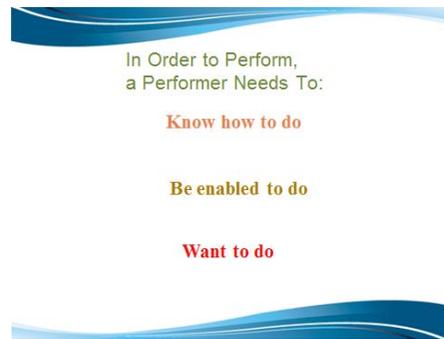


- Determining the cause of the gap is more important than the gap itself. Interventions must address the cause of the gap in the three areas
- Determine type of gaps:
 - gaps that do not require significant cause analysis because the solution is obvious and simple (e.g. designation of a person in charge of a task, minor purchases to replace broken pieces of equipment, minor relocation of supplies and equipment to make them more available at point of use)

- *gaps that are likely to be caused by factors that under local/facility control and could be eliminated with the mobilization of local resources (e.g. modification of some internal procedures, redistribution of workload within the facility, internal reallocation of resources, some types of training, implementation of some types of incentives)*
- *gaps that are likely to be caused by factors that are outside local/facility control and that usually require the mobilization of significant external resources (e.g. changes in policies, salary increases, increases in the number of staff, provision of additional budgets, physical plant remodelling/construction)*

As mentioned above, teams should begin with the easier gaps “low hanging fruit”. Begin with those that are obvious, under local control and progress to the more complex ones.

Remember that:



AREA 1: CLASSROOM AND PRACTICAL INSTRUCTION, AND ASSESSMENT OF LEARNING

NAME OF INSTITUTION: _____

ASSESSORS: _____

DATES: _____

SIGNATURE OF ASSESSORS: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
SECTION A: CLASSROOM INSTRUCTION				
Area 1-01 Instructor comes to class prepared.	Verify through direct observation and review of documents listed whether:			
	01	Instructor is assessed twice a year		
	02	Instructor developed a lesson plan to guide teaching, including learning objectives		
	03	Instructor prepared, or uses prepared, appropriate visual aids during the class		
	04	Instructor is prompt and on time		
Area 1-02 Instructor is teaching according to the curriculum and related learning resource materials.	During classroom instruction, observe whether the instructor:			
	01	Specifies which topic is being taught		
	02	Refers to the correct reference books for the topic		
	03	Uses the learning materials for the topic		
	04	Ensures that students use the learning materials for the topic		
	05	Displays topic and date on the board at start of class		
Area 1-03 Instructor introduces the class effectively.	During classroom instruction, observe whether the instructor:			
	01	States the objectives for the session		
	02	Relates the topic to content previously covered or related topics, and answers questions students may have		
	03	Introduces the topic in a participatory and interesting manner		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
Area 1-04 Instructor uses effective presentation and questioning techniques.	<i>During classroom instruction, observe whether the instructor:</i>			
	01	<i>Projects her/his voice clearly</i>		
	02	<i>Maintains eye contact with students</i>		
	03	<i>Uses visual aids during lecture segments</i>		
	04	<i>Ensures sequential delivery of topic</i>		
	05	<i>Asks questions relevant to the topic</i>		
	06	<i>Acknowledges correct responses</i>		
	07	<i>Provides constructive feedback</i>		
	08	<i>Rewords questions to elicit correct responses</i>		
	09	<i>Uses at least one activity (e.g., role plays, case studies, group work, exercises) during the classroom session</i>		
	10	<i>Ensures interactive learning</i>		
11	<i>Moves around the class; not at the desk the entire time</i>			
Area 1-05 Instructor summarizes at the end of presentation or session.	<i>During classroom instruction, observe whether the instructor:</i>			
	01	<i>Summarizes the main points of the lesson</i>		
	02	<i>Relates summary to the objectives</i>		
	03	<i>Provides an opportunity for and encourages student questions and discussion</i>		
	04	<i>Refers students to relevant reference material</i>		
Area 1-06 Instructor facilitates group activities.	<i>If there is a group activity, observe whether the instructor:</i>			
	01	<i>Prepared the group activity in advance</i>		
	02	<i>Clearly explains the purpose of the activity</i>		
	03	<i>Gives clear instructions for activity</i>		
	04	<i>Encourages the use of learning materials</i>		
	05	<i>Moves among groups during the activity to offer suggestions and answer questions</i>		
	06	<i>Brings students together to discuss activity at the end</i>		

SECTION B: PRACTICAL INSTRUCTION—SKILLS LABORATORY				
Area 1-07 <i>Instructor uses the skills laboratory/simulation center effectively for demonstrating clinical skills.</i>	<i>Observe whether the instructor introduces new skills by:</i>			
	01	<i>Ensuring that all students have the necessary learning materials (e.g., supplies, models, learning guides, etc.)</i>		
	02	<i>Describing the skill and why the skill is important</i>		
	03	<i>Describing steps involved in the skill, using the relevant learning guide</i>		
	04	<i>Demonstrating the skill as follows:</i>		
		• <i>Simulates clinical setting as much as possible</i>		
		• <i>Proceeds in a step-by-step manner</i>		
		• <i>Demonstrates skill accurately</i>		
		• <i>Demonstrates skill from beginning to end, without skipping steps</i>		
		• <i>Interacts with students, asking and answering questions</i>		
		• <i>Uses all the necessary supplies and equipment</i>		
• <i>Demonstrates so that all students can see</i>				
• <i>Ensures that each student follows, using the correct learning guide</i>				
• <i>Summarizes and asks students if they have questions</i>				
Area 1-08 <i>Instructor uses the skills learning laboratory/simulation center effectively for student practice of clinical skills.</i>	<i>Observe whether instructor uses learning lab to foster practical learning by:</i>			
	01	<i>Allowing students to practice the skill in small groups, taking turns with different roles (i.e., practicing, observing, giving feedback, simulating role of patient)</i>		
	02	<i>Ensuring that each student practices on a model</i>		
	03	<i>Observing students practicing and providing constructive and positive feedback</i>		
	04	<i>Questioning students in order to check their knowledge and problem-solving skills</i>		
	05	<i>Summarizing the session at the end</i>		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A		COMMENTS
Area 1-09 Instructor uses the skills laboratory/simulation center effectively for assessing student performance of clinical skills.	<i>Observe whether the instructor uses the skills lab to assess the achievement of clinical competence in desired skills by:</i>				
	01	<i>Ensuring that students are aware that they will be assessed for specific skill competence using the skills checklist</i>			
	02	<i>Preparing assessment station with all necessary supplies and equipment</i>			
	03	<i>Evaluating assessments in an objective manner using a rating scale where necessary</i>			
	04	<i>Providing appropriate feedback on student performance</i>			
	05	<i>Recording results of the assessment on the results sheet</i>			
	06	<i>Keeping copies of the results in the student group file</i>			
	07	<i>Providing opportunity for re-assessment (if the student does not pass) by making students aware of alternate arrangement for another assessment</i>			
SECTION C: ASSESSING LEARNING					
Area 1-10 Instructor plans and administers knowledge assessments properly.	<i>Review institution records and interview 2 students to verify whether:</i>		S1	S2	
	01	<i>Formative knowledge assessments are administered at least 2 times in each semester to assess students' progress</i>			
	02	<i>Students are informed at the beginning of the school year of assessment and evaluation methodology</i>			
	03	<i>Summative knowledge assessments were administered at the end of each semester</i>			
	04	<i>Students are informed at least 2 weeks in advance of assessments</i>			
	<i>Review institution records of the last final exam administered to verify whether:</i>				
	05	<i>Questions related to learning objectives in courses were covered</i>			
	06	<i>Questions were constructed clearly</i>			
	07	<i>Questions used included at least 2 formats (e.g., multiple choice, open-ended, case study)</i>			
	08	<i>Question bank exists as a teacher's resource</i>			
	09	<i>Questions are kept under lock and key</i>			
10	<i>Instructions are clear for each type of question</i>				
11	<i>Questions structure is not ambiguous</i>				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A		COMMENTS
	<i>Verify through discussions or interviews with at least 2 instructors whether:</i>		11	12	
	12	<i>Questions are reviewed before the end-of-semester examinations to determine reliability, fairness, and validity</i>			
	13	<i>Student papers were graded/scored consistently (e.g., using answer key, marking scheme)</i>			
Area 1-11 <i>Written exams are administered fairly.</i>	<i>Verify through direct observation or by interviewing the instructor whether:</i>				
	Direct observation				
	01	<i>Clear instructions are given at the beginning regarding the time allowed to complete the test</i>			
	02	<i>Clear instructions are given at the beginning regarding how and where to record answers</i>			
	03	<i>There is a proctor(s)/instructor(s) in the room to monitor the students</i>			
	04	<i>The room is kept quiet</i>			
	OR				
	Interview				
	01	<i>Ask the instructor if he/she includes the following instructions at the beginning of a knowledge assessment:</i>			
		<ul style="list-style-type: none"> • <i>The time allowed to complete the test</i> 			
		<ul style="list-style-type: none"> • <i>How and where to record answers</i> 			
	02	<i>Ask the instructors how he/she monitors the students during the examinations:</i>			
		<ul style="list-style-type: none"> • <i>A proctor/instructor is present in the room to monitor the students</i> 			
<ul style="list-style-type: none"> • <i>The room is kept quiet</i> 					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A		COMMENTS
Area 1-12 Results of knowledge assessments and exams are recorded and reported.	Verify through a record and other document review and by interviewing the classroom instructor whether:			
	01 Index numbers are used so that scoring is anonymous			
	02 Assessment results are accurately recorded and returned promptly (within 1 week)			
	03 Results are posted anonymously			
	04 Opportunities are offered for students to discuss mid-semester examinations and view and keep their graded papers			
Area 1-13 Teaching is routinely monitored for effectiveness at least 2 times per year.	Through interviews with 1 instructor and 1 student, and by review of administrative records, verify that all instructors are evaluated by students and management at mid-term and at the end of the course:	I1	S1	
	01 Evaluation form assesses:			
	• Teaching skills			
	• Interpersonal and communication skills			
	• Technical knowledge and skills (course content)			
	• Relevance of teaching to course objectives			
	• Relevance of knowledge and skills assessments to course objectives			
02 The results of both students' and management's performance assessments are used in monitoring effectiveness of teaching				
03 Instructors with highest approval rating are recognized publicly yearly				
Area 1-14 Instructor appears neat and modestly dressed.	Verify through observation of 2 instructors whether they are:	I1	I2	
	01 Wearing appropriate uniform, as determined by the institution			
	02 Wearing correct type of footwear			

TOTAL NUMBER OF STANDARDS	14
Total standards observed	
Total standards achieved	
Percentage achievement (standards achieved / standards observed)	

Action Plan

<i>GAPS/CAUSE</i>	<i>INTERVENTIONS</i>	<i>BY WHOM</i>	<i>SUPPORT NEEDED</i>	<i>BY WHEN</i>

AREA 2: CLINICAL INSTRUCTION, PRACTICE AND ASSESSMENT

NAME OF INSTITUTION: _____

ASSESSORS: _____

DATES: _____

SIGNATURE OF ASSESSORS: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS	
SECTION A: ENVIRONMENT				
Area 2-01 <i>The number of clinical practice sites meets requirements of the curriculum.</i>	<i>Determine by interviewing and observing clinical preceptors, and visiting clinical practice sites whether:</i>			
	01	<i>The number of sites is sufficient so that no more than 6 students are practicing in a particular service-delivery area during one shift</i>		
	02	<i>School liaises with clinical sites to plan and coordinate a schedule</i>		
Area 2-02 <i>The variety of clinical sites meets requirements of the curriculum.</i>	<i>Determine by observation, interviewing school administrator and clinical preceptors, and reviewing administrative records whether:</i>			
	01	<i>Clinical practice sites are available for:</i>		
		<ul style="list-style-type: none"> • <i>Antenatal care</i> 		
		<ul style="list-style-type: none"> • <i>Birth preparedness and complication readiness</i> 		
		<ul style="list-style-type: none"> • <i>Prevention of mother-to child transmission of HIV (PMTCT)</i> 		
		<ul style="list-style-type: none"> • <i>Labor/assessment of patients presenting with signs of labor</i> 		
		<ul style="list-style-type: none"> • <i>Delivery and the management of delivery complications</i> 		
		<ul style="list-style-type: none"> • <i>Newborn care and management of newborn problems</i> 		
		<ul style="list-style-type: none"> • <i>Postpartum care</i> 		
		<ul style="list-style-type: none"> • <i>Management of incomplete abortion/procedure room</i> 		
		<ul style="list-style-type: none"> • <i>Family planning</i> 		
		<ul style="list-style-type: none"> • <i>General gynecological care</i> 		
		<ul style="list-style-type: none"> • <i>Child health/pediatric care, including Extended Program on Immunization (EPI) and integrated management of childhood illness (IMCI) care</i> 		
		<ul style="list-style-type: none"> • <i>Emergency care</i> 		
		<ul style="list-style-type: none"> • <i>Out-patient department (OPD) and in-patient services</i> 		
		<ul style="list-style-type: none"> • <i>Dental services</i> 		
	<ul style="list-style-type: none"> • <i>Eyes, ears, nose, throat services</i> 			
	<ul style="list-style-type: none"> • <i>Orthopedics</i> 			
	<ul style="list-style-type: none"> • <i>Adolescent health services</i> 			
	<ul style="list-style-type: none"> • <i>Mental health services</i> 			
	<ul style="list-style-type: none"> • <i>Communicable disease control, including malaria, HIV/AIDS, tuberculosis, leprosy</i> 			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
		<ul style="list-style-type: none"> Environmental health sites, i.e., food services, water supply, industry, port health, etc. 	Only for EH schools	
	02	Clinical practice sites represent the variety of types of facilities in which graduates can be expected to work, including:		
	<ul style="list-style-type: none"> A hospital 			
	<ul style="list-style-type: none"> Poly clinic, health centers 			
	<ul style="list-style-type: none"> Reproductive and child health (RCH) clinics 			
	<ul style="list-style-type: none"> Maternity homes 			
	<ul style="list-style-type: none"> Ports of entry 	Only for EH schools		
	<ul style="list-style-type: none"> Food services locations 	Only for EH schools		
<ul style="list-style-type: none"> Industry 	Only for EH schools			
<ul style="list-style-type: none"> Water supply sites 	Only for EH schools			
Area 2-03 The infrastructure of the clinical practice area is conducive to clinical practice.		Observe in the clinical practice site whether it:		
01	Has sufficient space in each clinical area to accommodate 6–12 students working alongside staff			
02	Has space where preceptors and students can meet to review objectives and discuss practice			
Area 2-04 Clinical work load at the clinical practice sites is adequate for student learning.		Determine by reviewing statistical records whether there is sufficient clinical work load:		Attach copy of labor ward data for previous year
01	Total number of deliveries is at least 20 per student in midwifery programs and sufficient to achieve competency for other skills throughout the full duration of the program			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS	
Area 2-05 <i>The school has an agreement with the clinical practice sites that allows students to learn.</i>	<i>Verify with the school administrator whether:</i>				
	01	<i>There is a written agreement between the school and the clinical practice sites, which states that each clinical practice site has a policy that allows students to directly participate in supervised clinical care of patients</i>			
	02	<i>There is a written agreement with each of the following types of facilities:</i>			
		• <i>Tertiary hospital</i>			
		• <i>Regional hospital</i>			
		• <i>District hospital</i>			
		• <i>Health center/Poly clinic</i>			
• <i>Health post</i>					
• <i>Maternity home</i>					
Area 2-06 <i>The clinical practice sites are prepared for student teaching.</i>	<i>Verify by interviewing the clinical practice site coordinator/supervisor and reviewing records whether:</i>				
	01	<i>Clinical practice facilities have been assessed prior to student placement</i>			
	02	<i>Course coordinator and hospital personnel meet regularly to discuss issues related to clinical practice of students</i>			
	<i>Observe that clinical practice sites have equipment and supplies for use by all cadres of health workers, such as:</i>				
	03	<i>Stethoscope and sphygmomanometer</i>			
	04	<i>Examination gloves and sterile or high-level disinfected (HLD) gloves</i>			
	05	<i>Personal protective equipment (e.g., plastic apron, eye protection, masks)</i>			
	06	<i>Fetoscope and/or Doppler</i>			
	07	<i>Forms and documents including partograph and others, e.g., antenatal card</i>			
	08	<i>Scales</i>			
	09	<i>Otoscope and other assessment tools</i>			
10	<i>Other, e.g., veronica bucket, safety box, screen, chlorine, hand towels, resuscitation equipment for newborns and adults, water-testing supplies, sanitation and disinfectant supplies, etc.</i>				
Area 2-07 <i>Schedules have been developed to distribute students across clinical</i>	<i>Verify with clinical preceptors whether:</i>				
	01	<i>Schedule for each class of students exists and has been distributed in all the clinical practice sites</i>			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A				COMMENTS
<i>practice areas evenly.</i>	02	<i>Schedule ensures that groups of students (from different classes) are assigned to same unit at the same time</i>					
	03	<i>Schedule identifies preceptor responsible for each ward or time a student group is in a unit</i>					
	04	<i>Schedule is organized so that students move from basic to more complex skills over time</i>					
	05	<i>Instructors from various schools meet and have a collaborative schedule to ensure that all students achieve skill competencies</i>					
Area 2-08 <i>Transportation to and from clinical practice sites is assured.</i>	<i>Verify with the school administration, students, and clinical preceptors whether transportation:</i>						
	01	<i>Has been arranged</i>					
	02	<i>Is reliable</i>					
	03	<i>Maximizes the safety of students—at a minimum, has certificate of road worthiness, and insurance</i>					
Area 2-09 <i>Students are given regular breaks for meals while on duty in clinical practice sites.</i>	<i>Verify with two students and two clinical preceptors whether:</i>		<i>S</i>	<i>S</i>	<i>P</i>	<i>P</i>	
	01	<i>Students who are at a site for more than 5 hours, 30 minutes are given a break</i>					
Area 2-10 <i>Clinical preceptors have the necessary teaching materials to effectively guide students in clinical practice.</i>	<i>Verify with 2 clinical preceptors whether:</i>		<i>P1</i>		<i>P2</i>		
	01	<i>There is a set of learning resource/teaching materials (e.g., learning guides, checklists, etc.)</i>					
	02	<i>There are learning objectives for skills practice</i>					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A				COMMENTS	
SECTION B: CLINICAL PRACTICE								
Area 2-11 Clinical preceptors have been appropriately selected.	Verify with the school administration and clinical preceptors through interviews and a review of documents whether practical/clinical preceptors:							
	01	Have evidence of training (e.g., degree, diploma, or licensure)						
	02	Are experienced RNs, CMs/CNM, Pas, EHTs						
	03	Have evidence of a total of 2 years of clinical/practical experience within the past 5 years for each clinical preceptor OR						
	04	Chose to become preceptors						
	05	Have received knowledge and skills update in special clinical/practical area (at least once in past 3 years)						
	06	Have participated in teaching skills or preceptor skills workshop (in last 3 years)						
Area 2-12 Students are prepared for clinical/practical practice prior to their departure for clinical/practical sites.	Verify with the school administration and clinical/practice program coordinator by document review and interviews whether:							
	01	A clinical/practical preceptor or teacher meets with students prior to their departure for clinical/practical sites						
	02	Students are oriented to the use of a personal clinical experience logbook						
Area 2-13 Students are prepared for clinical/practice upon their arrival at clinical/practical sites.	Verify with at least 2 students and 2 clinical/practical preceptors if:		S	S	P	P		
	01	On arrival, students are oriented to and informed about:		I	2	I		2
		<ul style="list-style-type: none"> The areas of the facility including the pharmacy, laboratory, and out-patient department 						
		<ul style="list-style-type: none"> Admission, discharge and other operational procedures 						
		<ul style="list-style-type: none"> Medication administration and other activities and recordings 						
		<ul style="list-style-type: none"> Patient emergency procedures and equipment 						
		<ul style="list-style-type: none"> Safety and security procedures 						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A		COMMENTS
Area 2-14 <i>Students and preceptors use appropriate learning and assessment tools.</i>	<i>Observe in the clinical/practical site if:</i>				
	01	<i>Students at the clinical/practical sites have their personal learning resources (e.g., learning guides, checklists, etc.)</i>			
	02	<i>Clinical/practical preceptors are recording observations, comments, and achievement of competence in the students' learning resources</i>			
	03	<i>Clinical/practical preceptors and students are using the clinical experience logbooks for recording the attainment of skills. (Check at least 3 logbooks.)</i>			
Area 2-15 <i>Clinical/practical preceptors begin practice sessions by providing clear instructions.</i>	<i>Observe whether the clinical/practical preceptors:</i>				
	01	<i>Present clearly the objectives for the clinical practice session</i>			
	02	<i>Describe the tasks to be performed by students</i>			
	03	<i>Demonstrate or reinforce clinical/practical skills, if necessary</i>			
	04	<i>Demonstrate skills on actual patients or with actual procedures whenever possible, or use simulation if necessary</i>			
Area 2-16 <i>Clinical/practical preceptors monitor student performance and give feedback.</i>	<i>Observe whether the clinical/practical preceptors:</i>				
	01	<i>Protect client/patients' rights by:</i>			
		<ul style="list-style-type: none"> • <i>Informing the client/patient of the role of students and preceptors</i> 			
		<ul style="list-style-type: none"> • <i>Obtaining the patient's permission before students observe, assist with, or perform any procedures</i> 			
		<ul style="list-style-type: none"> • <i>Ensuring that an officially recognized environmental health technician, doctor, RN, PA or midwife is always present</i> 			
		<ul style="list-style-type: none"> • <i>Respecting the right to bodily privacy whenever a patient is undergoing a physical exam or procedure</i> 			
	<ul style="list-style-type: none"> • <i>Observing the confidentiality of clients/patients and their information, including ensuring other staff and patients cannot overhear, or by not discussing cases by the patient's name</i> 				
	02	<i>Supervise students as they work and do not leave students unsupervised for extended periods of time (i.e., more than 2 hours)</i>			
	03	<i>Provide feedback to students by:</i>			
<ul style="list-style-type: none"> • <i>Providing praise and positive reinforcement during and/or after practice</i> • <i>Correcting student errors while maintaining student self-esteem</i> 					

<i>PERFORMANCE STANDARDS</i>	<i>VERIFICATION CRITERIA</i>	<i>Y, N, or N/A</i>		<i>COMMENTS</i>
Area 2-17 <i>Clinical/practical preceptors meet with students at the end of clinical practice sessions.</i>	<i>Observe whether the clinical/practical preceptors:</i>			
	01	<i>Review the learning objectives</i>		
	02	<i>Discuss cases seen that day, particularly those that were interesting, unusual, or difficult</i>		
	03	<i>Provide opportunities for students to ask questions</i>		
	04	<i>Ask students to discuss their cases or care plans for patients</i>		
Area 2-18 <i>The school develops and implements structured practical examinations.</i>	<i>Verify with the school administration, instructors, and students through interviews and a records review whether:</i>			
	01	<i>Structured practical examinations are held for each student at the end of each semester</i>		
	02	<i>Students are provided information about the process to reduce their anxiety level</i>		
	03	<i>Patients are selected and participate with consent, as appropriate</i>		
	04	<i>Checklists or other tools are used to document observations of students in structured practical examinations</i>		
	05	<i>Results are provided to students once the exam is completed</i>		
	06	<i>Results are kept in the administration for recordkeeping</i>		

<i>TOTAL NUMBER OF STANDARDS</i>	<i>18</i>
<i>Total standards observed</i>	
<i>Total standards achieved</i>	
<i>Percentage achievement (standards achieved / standards observed)</i>	

Action Plan

<i>GAPS/CAUSE</i>	<i>INTERVENTIONS</i>	<i>BY WHOM</i>	<i>SUPPORT NEEDED</i>	<i>BY WHEN</i>

AREA 3: INSTITUTION INFRASTRUCTURE AND TRAINING MATERIALS

NAME OF INSTITUTION: _____

ASSESSORS: _____

DATES: _____

SIGNATURE OF ASSESSORS: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
Area 3-01 <i>The institution has the basic infrastructure to function effectively.</i>	<i>Observe whether the institution has:</i>			
	01	<i>Classrooms adequate for 45 students</i>		
	02	<i>Conference room</i>		
	03	<i>Learning/skills laboratory for 12–15 students with models</i>		
	04	<i>Library space for 60–100 persons</i>		
	05	<i>Administrative offices for director, administrator, finance, admission and records</i>		
	06	<i>Instructor and staff common room</i>		
	07	<i>Areas for students to gather for eating and socializing</i>		
	08	<i>Modern kitchen and dining room for total student and faculty functions (400-500 persons)</i>		
	09	<i>Toilet facilities for instructors and support staff</i>		
	10	<i>Toilet facilities for students</i>		
	11	<i>Photocopy machine</i>		
	12	<i>Computers in offices and library</i>		
	13	<i>Childcare room (or in hostel if same compound)</i>		
	14	<i>Assembly hall (well-furnished with PA system) for single gathering of all students, faculty and staff and visitors for graduation programs and other mass group activities</i>		
	15	<i>Computer laboratory with internet connectivity</i>		
	16	<i>Communication facilities (e.g., telephone, fax)</i>		
17	<i>Fans in classrooms and air conditioners in offices</i>			
Area 3-02 <i>Institution facilities are clean.</i>	<i>Visit the institution facilities to observe the absence of dust, soil, trash, insects, and spider webs in the following areas:</i>			
	01	<i>Classrooms</i>		
	02	<i>Conference room</i>		
	03	<i>Learning/skills laboratory/simulation center</i>		
	04	<i>Library</i>		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A		COMMENTS
	05	<i>Administrative space (offices)</i>			
	06	<i>Areas for students to gather for eating and socializing</i>			
	07	<i>Toilet facilities</i>			
	08	<i>Photocopy machine area</i>			
	09	<i>Computers in offices</i>			
	10	<i>Childcare room</i>			
	11	<i>Computer laboratory</i>			
	12	<i>Assembly hall</i>			
	13	<i>Kitchen and dining hall</i>			
	14	<i>Grass is cut and lawn is well-manicure</i>			
	15	<i>Campus is clean; visible trash cans and no trash/litter on campus</i>			
Area 3-03 <i>The institution compound is safe and secure.</i>	<i>Observe whether:</i>				
	01	<i>There are physical barriers to the institution facilities (e.g., locked doors or gates, fence, etc.)</i>			
	02	<i>There is a security person assigned to each active entrance/exit</i>			
	03	<i>Staff are available to handle any disturbance at all times students are present</i>			
	04	<i>There are no broken windows or doors</i>			
	05	<i>Marked entry and exits signs are visible</i>			
	06	<i>Fire extinguishers are available</i>			
	<i>Verify with 2 students whether:</i>		<i>SI</i>	<i>S2</i>	
07	<i>They feel safe and secure on the compound</i>				
Area 3-04 <i>Classrooms are comfortable and properly equipped for teaching.</i>	<i>Observe whether the classrooms have:</i>				
	01	<i>Adequate light, either natural or electrical</i>			
	02	<i>Adequate ventilation (e.g., open windows or fan, air conditioner, fans)</i>			
	03	<i>Chairs in sufficient numbers for the largest class size</i>			
	04	<i>Desks in sufficient numbers for the largest class size</i>			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
	05	<i>Adequate and flexible space for group learning activities</i>		
	06	<i>Blackboard or whiteboard</i>		
	07	<i>Chalk or whiteboard markers</i>		
	08	<i>Source of electricity</i>		
	09	<i>Modern, electronic media for teaching (e.g. LCD or overhead projector with voltage stabilizer)</i>		
	10	<i>Functioning clock</i>		
	11	<i>Flip chart and tripod (as needed)</i>		
	12	<i>Notice board</i>		
	13	<i>Waste bin</i>		
	14	<i>Displayed learning resources, including partograph, weight-for-height charts, etc.</i>		
Area 3-05 <i>The clinical skills laboratory/simulation center is comfortable and properly equipped for practical learning sessions.</i>	<i>Observe that clinical skills laboratory/simulation center has:</i>			
	01	<i>Adequate light, either natural or electrical</i>		
	02	<i>Adequate ventilation (e.g., open windows, air conditioner, fans)</i>		
	03	<i>Tables to place models</i>		
	04	<i>Blackboard or whiteboard</i>		
	05	<i>Chalk or whiteboard markers</i>		
	06	<i>Cabinets with locks for supplies and drugs</i>		
	07	<i>Anatomic models</i>		
	08	<i>Instrument kits (family planning, e.g., intrauterine device [IUD], dressing, delivery, resuscitation, etc.)</i>		
	09	<i>Consumable medical equipment and supplies</i>		
	10	<i>Appropriate infection prevention (IP) supplies and equipment for handwashing (i.e., running water into sinks or buckets)</i>		
	11	<i>Plastic buckets for decontamination, soiled linen, and waste</i>		
	12	<i>Educational posters and anatomical charts</i>		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A		COMMENTS
	13	<i>Clinical skills and learning guides</i>			
	14	<i>Selection of CD-ROMs</i>			
	15	<i>Urinals, bed pans</i>			
	16	<i>Hospital beds</i>			
	17	<i>Waste bins</i>			
	18	<i>Learning models and simulators for fundamentals skills lab</i>			
	19	<i>Birth stimulators</i>			
	20	<i>Medication cupboard</i>			
	21	<i>Bedside table</i>			
	22	<i>Multi-systems manikins</i>			
	23	<i>Skeletons</i>			
	24	<i>Infant, child, and adult resuscitation manikins</i>			
	25	<i>Scales for pediatrics and adults</i>			
	26	<i>Height board</i>			
	27	<i>Water-testing kits (EH)</i>			
	28	<i>Water sample collection kits (EH)</i>			
	29	<i>Spray cans (EH)</i>			
	30	<i>Markers and glasses</i>			
	31	<i>Safety goggles</i>			
	32	<i>Rain boots (EH)</i>			
Area 3-06 <i>The clinical skills laboratory/simulation center is accessible for independent practice.</i>		<i>Verify whether there is:</i>			
	01	<i>A system that allows student and staff member access after hours</i>			
	02	<i>An existing system of accountability to ensure security of materials</i>			
		<i>Verify with 2 students whether:</i>	<i>S1</i>	<i>S2</i>	
	03	<i>They can access the skills lab after hours</i>			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
Area 3-07 <i>The clinical skills laboratory/simulation center's anatomic models are in a functional state.</i>	<i>Observe whether Zoë pelvic models:</i>			
	01	<i>Are draped appropriately and/or stored safely</i>		
	02	<i>Have intact or repaired skin</i>		
	03	<i>Are complete and intact</i>		
	<i>Observe whether the Obstetric Simulator models:</i>			
	04	<i>Are draped appropriately and/or stored safely</i>		
	05	<i>Are complete and intact</i>		
Area 3-08 <i>The clinical skills laboratory/simulation center has sufficient anatomical models.</i>	<i>Observe whether the lab/simulation center has:</i>			
	01	<i>A bony pelvis and fetal skulls (1 pelvis and 1 fetal skull per 5 students in a group)</i>		
	02	<i>A cloth pelvis and fetus, Zoë pelvic model, uterus, breast models (1 per 20 students in a group)</i>		
	03	<i>Cervical dilation model (at least 1)</i>		
	04	<i>Adult manikin (at least 1)</i>		
Area 3-09 <i>The library space is appropriately equipped and organized.</i>	<i>Observe whether the library space has:</i>			
	01	<i>Lockable cabinets for storing books and materials</i>		
	02	<i>Furniture to allow for reading or studying</i>		
	03	<i>A system for recording and cataloguing materials</i>		
	04	<i>Audiovisual equipment for use by students (e.g., TV, VCR, DVD, computer for interactive CD-ROMs and DVDs)</i>		
		<ul style="list-style-type: none"> • <i>This verification item can be met if the campus has a separate computer room or if TV/VCR is available elsewhere</i> 		
		<ul style="list-style-type: none"> • <i>Photocopier, computers with internet connectivity, printers, etc.</i> 		
05	<i>An existing system of accountability for ensuring security of materials and books</i>			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
Area 3-10 The library has appropriate reference materials.	Observe whether the library has:			
	01	A copy of all current reference materials described in the curriculum (Attach list of all books in standardized curriculum.)		
	02	Subscription to at least one journal related to nursing, midwifery or BPHS areas		
Area 3-11 The library is open to students on demand.	Verify with the person in charge of the library whether:			
	01	There is a schedule showing library hours		
	02	Schedule shows that library is accessible to students for at least 2 hours per day outside of class hours		
	03	There is a display of rules and regulations for library		
Area 3-12 The hostel (dormitory) is adequately furnished and suitable for students.	Observe whether dormitory:			
	01	Has rules and regulations		
	02	Has a responsible person, e.g., hostel manager ¹		
	03	Is secure, especially at night		
	04	Has beds with mattresses		
	05	Has cupboards/wardrobes in which students can lock personal belongings		
	06	Has clean and functional bathing and toilet facilities		
	07	Has kitchen facilities		
	08	Has security personnel present during the day when students are absent		
	09	Has a space for students to see visitors		
	10	Has ventilation for warm weather (e.g., open windows, fans, air conditioner)		
	11	Has adequate and regular water supply		
	12	Electricity is available at least for 8 hours during night		
	13	Has a dining room/common room (TV optional)		
14	Has quiet study area			

¹ This may be a trainer whose job description includes this responsibility.

<i>PERFORMANCE STANDARDS</i>	<i>VERIFICATION CRITERIA</i>		<i>Y, N, or N/A</i>		<i>COMMENTS</i>
	15	<i>Has a utility facility (e.g., washing, ironing, cleaning, etc.)</i>			
	16	<i>There is fire-fighting equipment in case of emergency (e.g., sand, bucket, fire extinguishers)</i>			
Area 3-13 <i>Nutritious meals are provided to students.</i>	<i>Observe the nutrition/kitchen unit and interview 2 students to verify whether nutritious meals:</i>		<i>S1</i>	<i>S2</i>	
	01	<i>Are provided at regular hours</i>			
	02	<i>Are prepared in a clean and hygienic manner</i>			
	03	<i>Provide a varied and balanced diet</i>			
	04	<i>Breakfast, lunch, and dinner are available for dormitory students everyday</i>			
	05	<i>Meals are arranged with input from students</i>			

<i>TOTAL NUMBER OF STANDARDS</i>	<i>13</i>
<i>Total standards observed</i>	
<i>Total standards achieved</i>	
<i>Percentage achievement (standards achieved / standards observed)</i>	

Action Plan

<i>GAPS/CAUSE</i>	<i>INTERVENTIONS</i>	<i>BY WHOM</i>	<i>SUPPORT NEEDED</i>	<i>BY WHEN</i>

AREA 4: INSTITUTION MANAGEMENT

NAME OF INSTITUTION: _____

ASSESSORS: _____

DATES: _____

SIGNATURE OF ASSESSORS: _____

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
Area 4-01 <i>Student composition reflects national human resources (HR) and regulatory bodies' policies regarding education for health care workers.</i>	<i>Verify in the ledger with record of student data whether:</i>			<i>Attach record of student data</i>
	01	<i>Students include both females and males</i>		
	02	<i>Students are 18 years of age or older, and not more than 55 years of age, for nursing and midwifery</i>		
	03	<i>There is a letter of acceptance, signed declaration, and a bond</i>		
	04	<i>Each student has passed and has the minimum requirements of Liberia Board of Nursing and Midwifery(LBNM) and other boards</i>		
	05	<i>Each student has completed a medical exam and been declared fit for the course</i>		
	06	<i>Institutions have ensured that students' names on institution certificate match with that on official identification document</i>		
	07	<i>Institutions have verified students' results from West African Examination Council (WAEC) with passing scores in biology and other sciences</i>		
Area 4-02 <i>Class size is consistent with national HR policy and local capacity.</i>	<i>Through a review of institution records, verify that the class size does not exceed recommendations from LBNM and other boards:</i>			
	01	<i>Teacher-to-student ratio does not exceed recommendations:</i>		
		<ul style="list-style-type: none"> • <i>Overall teacher-to-student ratio—1:8</i> 		
		<ul style="list-style-type: none"> • <i>For theoretical sessions—1:50</i> 		
		<ul style="list-style-type: none"> • <i>Small group/practical—1:12</i> 		
	<ul style="list-style-type: none"> • <i>Clinical—1:10</i> 			
02	<i>There is an adequate number of classrooms that accommodate all students on the physical space of the campus</i>			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A				COMMENTS
Area 4-03 Institution has developed and implemented effective student recruitment and admission strategies according to Ministry of Health (MOH) policy.	Through interviews with 2 administrative staff and 2 students, verify that:		A 1	A 2	S 1	S 2	
	01	Institution allocates 70% of admissions to students in that region and 30% to students from other regions					
	02	Institution has developed and implemented effective student recruitment and admission strategies according to training institutions' admission policy					
	03	Institution has a selection committee					
	04	Institution has a copy of admission brochure					
	05	There is clinical rotation/internship plan/schedule for students					
Area 4-04 Institution academic policies exist and are applied.	Verify through interviews with the administration and a review of records whether:						
	01	Institution academic policies are present and they include the following topics:					
		<ul style="list-style-type: none"> Attendance of students 					
		<ul style="list-style-type: none"> Attendance of teachers 					
		<ul style="list-style-type: none"> Dress code 					
		<ul style="list-style-type: none"> Professional conduct in class, clinical areas, and on campus 					
		<ul style="list-style-type: none"> Disciplinary action procedures (e.g., probation, suspension, termination, expulsion) 					
02	Randomly interview 2 instructors and 2 students to verify whether:	I 1	I 2	S 1	S 2		
	<ul style="list-style-type: none"> Instructors and students are aware of the institution academic policies 						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A				COMMENTS
Area 4-05 Institution has a clear academic calendar.	Verify that the institution has a written academic calendar that includes:					
	01 Start and end dates of the academic year					
	02 Approximate dates of holidays and student breaks, according to National Policy and curriculum					
	03 Dates of examinations					
	04 Date after which students will not be admitted to the program					
Area 4-06 Institution has a functioning organogram.	Verify with staff whether:					
	01 Organogram is displayed on notice boards					
	02 Verify with 2 instructors and 2 students that:	I	I	S	S	
	• They have been oriented to the organogram	I	2	I	2	
Area 4-07 Institution board and functional committees exist.	Interview 2 instructors and 2 students to verify the existence of the following committees and governing board and how regularly they meet:	I	I	S	S	
	01 Academic/examination committee; meets monthly	1	2	1	2	
	02 Welfare/food committee; meets twice a semester					
	03 Student welfare committee; meets monthly					
	04 Disciplinary committee; meets when necessary					
	05 Quality assurance committee; meets bi-monthly					
	06 Maintenance committee; meets quarterly					
	07 Student council; meets monthly					
	08 Instructor welfare committee; meets monthly					
	Inspect minutes books to verify accurate minutes are recorded for meetings of:					
	09 Monthly academic/examination committee					
	10 Welfare/food committee					
	11 Disciplinary committee					
	12 Quality assurance committee					
13 Maintenance committee						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A			COMMENTS
	14	Instructor welfare committee				
Area 4-08 Written job descriptions exist for all staff at the institution.	Verify whether the following staff have written job descriptions on their file:					
	01	Instructors				
	02	Preceptors				
	03	Administration staff				
	04	Domestic and other support staff				
	Verify that the description is based on national government policy for:					
	06	Instructors				
	07	Preceptors				
	Verify by randomly asking 1 administrative staff and 1 support staff whether:			AI	DI	
08	They have received their job descriptions					
Area 4-09 An allowance structure exists to pay preceptors and visiting instructors on time.	Through interviews with administration, 1 instructor, and 1 preceptor, and a review of administrative documents, verify whether:		AI	II	PI	
	01	An allowance structure exists to pay preceptors and visiting lecturers				
	02	Staff are paid in accordance with the allowance structure				
	03	Staff are paid monthly				
Area 4-10 The curriculum is available to administrators, instructors, and students.	Verify through interviews whether:					
	01	Scheme of work is given to administrator and students				
	02	Administrators can locate the curriculum and learning resource package				
	03	Teachers can locate the curriculum and learning resource package				
	04	Curriculum and relevant text books are available at the library				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
Area 4-11 Original copies of handouts, procedure manuals, etc. exist for duplication.	Verify whether:			
	01	Administrators/program coordinators can locate the master copy of the learning materials that accompany the curriculum		
	02	The master copy of handouts, procedure manuals, etc. are of good quality for duplication		
Area 4-12 A staff performance evaluation system exists.	Verify through interviews with administration and staff, and a review of administrative documents whether:			
	01	Staff performance is measured on semi-basis		
	02	Evaluations of performance are conducted using a standardized format		
	03	The evaluations are documented in writing		
	04	Staff participate in the process and sign written evaluations to show that they agree/disagree with their content		
	05	Feedback to staff includes student evaluations		
	07	Students randomly evaluate instructors performance at the end of the semester		
Area 4-13 A program for ongoing staff/teacher education exists.	Verify with instructors and principal whether:			
	01	Staff have opportunities every 2 years to participate in professional updating		
	02	Staff must work a minimum of 240 hours per year in clinical area to maintain their skills		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A				COMMENTS	
Area 4-14 Student academic performance standards exist and are known by students and teachers.	Verify through a review of administrative documents that academic performance and advancement standards exist and include:						
	01	Percentage achievement on all written examinations					
	02	Achievement on practical and clinical examinations					
	03	Value of quizzes, practical exams, and final exam toward final score					
	04	Minimum student performance for each semester/phase					
	05	Criteria for demotion and dismissal on academic grounds					
	Verify through interviewing 2 instructors and 2 students whether:		I	I	S		S
	06	Instructors are aware of standards	I	2	I		2
07	Students are aware of standards						
Area 4-15 Student performance results are documented centrally and in a confidential manner.	Through record reviews and interviews with administration, verify whether:						
	01	There is a central recordkeeping system to track students' clinical assessment results (at the institution)					
	02	Only instructors, coordinators, and administrators know the student results					
	03	Students know their individual results					
	04	Opportunities for student counseling are available					
	05	A policy for students to file grievances regarding results exists					
Area 4-16 Graduation requirements are explicit and are met before any student can graduate.	Through record reviews, verify whether:						
	01	Graduating requirements are explicitly stated, and students are informed of such requirements					
	02	All students who have graduated during the last teaching cycle have met the graduation requirements					
	03	Student who have not met the graduation requirements are offered a time-limited tutorial plan to help them achieve the requirements					

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A				COMMENTS
Area 4-17 Institution administrators and teaching staff meet regularly.	Through record reviews and interviews with 2 administrators and 2 instructors, verify whether:	A 1	A 2	I 1	I 2	
	01 Meetings that include all instructors and staff occur regularly (at least once a month)					
	02 Instructors can provide input and influence decision-making about education					
	03 Student and teaching results are discussed and areas for improvement identified					
	04 Clinical preceptors meet with institution staff regularly					
Area 4-18 A teaching coordinator visits clinical practice sites and meets with clinical preceptors.	Verify through a document review and interviews with the teaching coordinator and 2 clinical preceptors whether:	C1	P1	P2		
	01 There is a schedule of regular meetings/visits between a clinical course coordinator and clinical preceptors					
	02 Student performance is discussed					
	03 Problems are discussed, solutions are identified, and action is taken to resolve problems					
Area 4-19 Staff and students have access to medical care.	Verify, through interviews with 1 instructor and 1 student, whether they can access a health center/clinic that offers:	I1		S1		
	01 First aid services					
	02 Sexual and reproductive health services (including voluntary counseling and testing [VCT] and family planning [FP])					
	03 Primary health care					

TOTAL NUMBER OF STANDARDS	19
Total standards observed	
Total standards achieved	
Percentage achievement (standards achieved / standards observed)	

Action Plan

<i>GAPS/CAUSE</i>	<i>INTERVENTIONS</i>	<i>BY WHOM</i>	<i>SUPPORT NEEDED</i>	<i>BY WHEN</i>