

CPME 120

STANDARDS AND REQUIREMENTS FOR ACCREDITING COLLEGES OF PODIATRIC MEDICINE

COUNCIL ON PODIATRIC MEDICAL EDUCATION

**Adopted October 2019
Implementation Date: July 1, 2020**

This document is concerned with ensuring the quality and improvement of colleges of podiatric medicine. A college or school is the academic unit that functions within an educational institution as an autonomous professional educational enterprise with dedicated resources that are within its control. As such, this academic unit is provided the commitment of the institution in terms of recognition as an autonomous discipline within the health professions. A college also may be a free-standing institution.

STANDARDS AND REQUIREMENTS FOR ACCREDITING COLLEGES OF PODIATRIC MEDICINE

Council on Podiatric Medical Education

TABLE OF CONTENTS

	Page
Introduction.....	2
About This Document.....	5
Standard 1. Mission and Planning	6
Standard 2. Governance	9
Standard 3. Administration	13
Standard 4. Curriculum.....	18
Standard 5. Faculty	25
Standard 6. Students.....	31
Standard 7. Resources	37
Standard 8. Educational Program Effectiveness	41
Document Reviews	44
Glossary of Terms.....	45
Appendix.....	48

INTRODUCTION

Accreditation Overview

Accreditation is a non-governmental process conducted by representatives of institutional and specialized agencies. As conducted in the United States, accreditation focuses on the quality of institutions of higher and professional education and on the quality of educational programs within institutions. Two forms of accreditation are recognized; one is institutional accreditation and the other is specialized accreditation. Institutional accreditation concerns itself with the quality and integrity of the total institution, assessing the achievement of the institution in meeting its own stated mission and goals/objectives. Specialized accreditation is concerned with programs of study in professional or occupational fields.

Accreditation Purposes

Accreditation by the Council on Podiatric Medical Education (CPME or Council) is intended to accomplish at least five general purposes:

1. To inform the public of the purposes and values of accreditation and of the colleges of podiatric medicine that meet established standards and requirements
2. To assess the extent to which colleges of podiatric medicine meet established accreditation standards and requirements
3. To hold colleges of podiatric medicine accountable to the profession, consumers, employers, academic institutions, and students by ensuring that these colleges have established mission statements, goals/objectives, and outcomes that are appropriate for preparing individuals to enter postgraduate podiatric medical education
4. To evaluate the college's success in achieving its mission, goals/objectives, and outcomes
5. To enhance student learning opportunities by fostering the continuing improvement in colleges of podiatric medicine—and thereby in professional practice

Council on Podiatric Medical Education

The Council on Podiatric Medical Education is an autonomous, professional accrediting agency that evaluates and accredits colleges and schools in the specialized field of podiatric medicine. The mission of the Council is to promote the quality of doctoral education, postdoctoral education, certification, and continuing education. By confirming these programs meet established standards and requirements, the Council serves to protect the public, podiatric medical students, and doctors of podiatric medicine.

CPME is designated by the American Podiatric Medical Association (APMA) to serve as the accrediting agency for podiatric medical education. CPME is recognized by the Council for Higher Education Accreditation (CHEA) and by the US Department of Education. These two agencies recognize institutional and specialized/professional accrediting bodies that meet or exceed specific criteria. CPME also holds membership in the Association of Specialized and Professional Accreditors (ASPA) and supports and follows the principles addressed in the ASPA *Code of Good Practice*.

All of the existing colleges of podiatric medicine recognize and accept the Council as the agency authorized to evaluate and accredit professional podiatric medical education programs. Because the

accreditation process is a voluntary enterprise, the colleges of podiatric medicine are viewed to have a cooperative relationship with the Council in seeking ways to improve and enhance the educational program for podiatric medical students.

A college of podiatric medicine may be free-standing. In the case of free-standing professional schools, professional accreditation may attest to the quality of not only the college and its relevance to professional practice, but also to the overall quality of the institution. As such, the professional accrediting agency may be viewed as serving both as the professional accrediting agency and as the institutional accrediting agency. Ordinarily, free-standing institutions such as those in podiatric medicine, law, medicine, or arts and music will have their primary accreditation with the appropriate professional accrediting agency.

Accreditation by CPME serves as the current best statement of good educational practice in the field of podiatric medicine. Accreditation visits are useful to the institution in that they serve as a basis for continuing or formative self-assessment as well as for periodic or summative self-assessment through which the program, personnel, procedures, and services of the institution are improved. The results of such assessments form the basis for planning and priority-setting at the institution.

An accreditation-related evaluation consists of a review of the college's mission, goals/objectives, and outcomes, and the performance of the college in achieving the mission, goals/objectives, and outcomes through the most effective use of available resources: programs, administration, personnel, finances, and facilities. The evaluation process stresses the review of evidence concerning the application of these resources in assisting the students in attaining their educational outcomes.

In evaluating a college for accreditation, the Council assesses carefully the requirements presented in this publication. A self-study conducted by the institution prior to the evaluation provides the data indicating the extent to which the college has satisfied the requirements and ultimately whether the college has complied with the overall standards for accreditation. The Council takes into consideration an assessment of the entire institution in determining accreditation.

The Council is the final authority in deciding the accredited status to be accorded to a college of podiatric medicine.

Accreditation Scope

The currently defined scope of the Council with respect to its accreditation activities extends to higher education institutions throughout the United States and its territories.

Procedures for Accrediting Colleges of Podiatric Medicine

The Council formulates and adopts its own accreditation procedures. These procedures have been reviewed by the Council for Higher Education Accreditation and the US Department of Education. The accreditation procedures are stated in CPME 130, *Procedures for Accrediting Colleges of Podiatric Medicine*. This publication may be obtained at cpme.org or by contacting the Council on Podiatric Medical Education.

Accreditation Guide

The Council has developed and makes available CPME 125, *Accreditation Guide*. This publication includes information about conducting the self-study process and offers questions that assist colleges of podiatric medicine, on-site evaluators, and others in understanding the standards and requirements for

accreditation. This publication may be obtained at cpme.org or by contacting the Council on Podiatric Medical Education.

Goals for CPME Accreditation of Colleges of Podiatric Medicine

In developing the educational standards for determining accreditation of the colleges of podiatric medicine, the Council has formulated the following goals on which the standards are based.

1. Assess whether colleges of podiatric medicine function consistently in accordance with their own stated mission and goals/objectives and in accordance with the expectations of the profession to adequately prepare individuals for postgraduate podiatric medical education, life-long learning, and ultimately professional practice as demonstrated by each college's educational outcomes
2. Foster and increase the involvement of colleges of podiatric medicine in research, scholarship, and patient care
3. Assist the colleges by fostering self-evaluation for continuous improvement of the educational programs through planning and resource development
4. Encourage colleges to achieve academic excellence and to foster environments in which innovative teaching, learning, and assessment occur
5. Acknowledge and respect the autonomy of colleges within the context of broader professional expectations
6. Ensure the public and the profession that colleges provide environments in which the art and science of podiatric medicine can grow, and in which requisite information can be developed to provide the best possible podiatric medical service to the public
7. Encourage colleges to foster community awareness and public information as to the best possible podiatric medical care
8. Provide the public a list of colleges of podiatric medicine accredited by a recognized authority and which merit public approbation and support
9. Enhance public understanding of the functions and values inherent in the accreditation process
10. Enable the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards, requirements, and policies and in determining the reliability of the conduct of the accreditation process itself
11. Ensure in its accreditation practices consistency, peer review, agency self-assessment, availability of due process, identification and avoidance of conflict of interest, and an assurance of appropriate confidentiality
12. Establish and implement an evaluation and accreditation process that is efficient, cost-effective, and cost-accountable with respect to the college community
13. Encourage colleges to achieve diversity, cultural competency, and interprofessional collaboration among their administration, students, faculty, and staff

ABOUT THIS DOCUMENT

This publication describes the standards and requirements for accrediting colleges of podiatric medicine, including the eligibility requirements for accreditation (see cpme.org for most current eligibility requirements) . The standards and requirements along with the procedures for accreditation serve as the basis to evaluate the quality of the institution and the education offered and to hold the institution accountable to the educational community, the podiatric medical profession, and the public. The standards and requirements have been approved by CPME. Compliance with the standards promotes good educational practice in the field of podiatric medicine and thus enables CPME to grant or confirm accreditation.

This entire document constitutes the accreditation standards for colleges of podiatric medicine. Each standard is accompanied by requirements that taken together determine compliance with the standard. Each requirement is accompanied by questions for the institution to address in the self-study which, when viewed with the requirement, provide the evidence by which a determination can be made by the institution, evaluation team, and accrediting agency regarding compliance. Colleges may provide other evidence they find relevant to their mission and activities. Some types of evidence suggested by the Council may not be appropriate for all colleges; therefore, the absence of a specific type of evidence does not in and of itself mean that the organization fails to meet a requirement.

Each requirement also identifies supporting documentation either to be included in the self-study appendix or available on-site for the evaluation team. Additional documentation may be provided as needed either in the self-study or on-site.

This format is intended to clarify the meaning and application of standards for both those responsible for educational programs and those who evaluate these programs for the Council.

Under no circumstances may the standards and requirements for accreditation by the Council on Podiatric Medical Education supersede federal or state law.

Terms Used in This Publication

The Council serves as both the specialized accrediting agency for the accreditation of academic units (i.e., colleges and schools) within educational institutions and the institutional accrediting agency for single-purpose institutions (i.e., free-standing colleges). Thus, the terms “college,” “school,” and “institution” are used interchangeably throughout this document. For definitions of these and other terms used in this publication, the reader is directed to review the Glossary of Terms included at the end of the document.

STANDARD 1. MISSION AND PLANNING

The podiatric medical college has a clear and appropriate mission statement and has established a meaningful and continuous strategic planning process.

Interpretation

The mission of a college of podiatric medicine is expected to reflect the established precedents, traditions, and contemporary definition of podiatric medicine and be appropriate in serving the interests of the public. All aspects of a college of podiatric medicine are based upon a clear statement of mission and goals/objectives that are appropriate for colleges of podiatric medicine. The Council on Podiatric Medical Education does not prescribe the mission statement, goals/objectives, or specific curricular content for colleges seeking accreditation. Throughout the evaluation process, colleges are obliged to demonstrate in tangible and concrete ways how the mission, goals/objectives, and curricular content are correlated to the expectations of the podiatric medical profession and to sound professional education practice.

A college may define its mission to include roles and functions that derive from the purposes of its parent institution (if applicable), that reflect its own aspirations, and that are responsive to changing health needs and demands of populations in what it defines as its service region. The Council emphasizes the evidence of consistency between the mission and the goals/objectives of the college (and between the college and the parent institution if applicable).

The Council expects that the strategic planning process is designed to provide the following information:

- Review of the college's mission statement
- A set of goals/objectives and strategies
- The action plans devised to implement the proposed goals/objectives and strategies
- The timeline for the completion of action plans, reflecting the priorities of the college, and the university (if applicable)
- The plans for assessment of achievement of the strategic plan

The mission and goals/objectives should identify in specific terms what this particular college has set out to accomplish through its instructional, clinical, and scholarly activities. The mission and goals/objectives of a college should prioritize the activities of the college in ways that permit the rational allocation of resources and evaluation of outcomes. Each college is evaluated based on its own mission, goals/objectives, strategic planning, and ongoing evaluation processes.

As part of the strategic planning process, the college must continuously evaluate the extent to which the college is achieving its mission and goals/objectives. The college must demonstrate how the results of this ongoing evaluation process are used for improving the college. Evaluation and planning are interrelated functions that need to be ongoing and explicit.

- a. **Mission Statement** – The mission statement is concise, widely disseminated, and consistent with the expectations of the podiatric medical profession.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the mission statement of the college, and if applicable, the parent institution?
- Is the mission statement clear, concise, and easily understood?

- Is the college’s mission statement consistent with the contemporary definition of podiatric medicine?
- How does the college’s mission correlate with the mission of the parent institution?
- How is the mission statement reviewed, revised, and adopted?
- Does the mission development process include broad representation of the college community?
- How is the mission statement utilized in developing the goals/objectives of the college?
- How is the mission statement disseminated (e.g., publications such as the college catalog, student handbook, faculty handbook, and employee manual)?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team:

- Publications that include the mission statement.

- b. **Strategic Planning** - The strategic planning process is inclusive and is a continuum that includes development of specific goals/objectives to both achieve the mission and improve the college.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the college’s strategic planning process, and who are the participants?
- Does the strategic planning process include broad representation of the college community?
- How does the plan focus on the ongoing improvement of the college?
- How does the plan utilize data and information gathered during the ongoing evaluation process to develop goals/objectives?
- What is the process established to periodically evaluate and report on the achievement of the plan’s objectives?
- How are critical decisions made about what contributes to advancing the mission of the institution, and what is the process for establishing priorities and periodically assessing the priorities?

Information that must be included in the self-study appendices:

- A current strategic planning document incorporating, at a minimum, the elements identified above and demonstrating the uses of these results.

Information to be available on-site for the evaluation team:

- Instrument(s) used to solicit input from various college constituencies.
- Cumulative summaries of the written input from each constituent.
- Previous strategic planning document and progress report(s).
- Previous academic/fiscal year minutes for the strategic planning committee.

- c. **Goals/Objectives** - The goals/objectives derived from the strategic plan are measurable and designed to achieve the mission of the college of podiatric medicine.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the goals/objectives, and how were they developed?
- Describe ways in which the goals/objectives reflect realistically upon the resources and capabilities of the institution.
- How do the goals/objectives stimulate and encourage the college to improve?
- How is achievement of the goals/objectives measured and evaluated?
- In what manner are the goals/objectives monitored and periodically revised?
- In what manner are the goals/objectives disseminated throughout the college community and made available to the public?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team: None

- d. **Ongoing Evaluation Process** - The strategic planning process includes ongoing evaluation that assesses the achievement of the mission and goals/objectives, and overall institutional effectiveness.
-

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the ongoing evaluation process utilized by the college?
- How does the evaluation process inform the strategic planning process?
- Describe the assessment instruments (e.g., student and patient satisfaction surveys) used by the college to determine the achievement of mission and goals/objectives, and overall institutional effectiveness.
- In what ways does the evaluation process measure the extent to which the desired outcomes of the college (including assessments of student learning and evaluation of the effectiveness of the curriculum) are being achieved?
- Who is responsible for data collection, analysis, and dissemination?
- In what manner are resultant changes (e.g., revisions in the curriculum or modification of faculty and student policies and procedures) implemented, evaluated, documented, and communicated?
- Has the evaluation process revealed trends over time? Give examples of these trends along with how the college responded to the trends.
- What are the major findings and actions resulting from on-going evaluations?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team:

- Assessment instruments (e.g., student and patient satisfaction surveys) used in the on-going evaluation process and summary of assessment data.
- Minutes of meetings at which mission, goals/objectives, and the evaluation process are discussed.

STANDARD 2. GOVERNANCE

The podiatric medical college has an effective system of governance that includes a governing body with sufficient autonomy to assure institutional integrity and to fulfill its responsibilities of policy and resource development, consistent with the mission of the college.

Interpretation

A college of podiatric medicine must be a nonprofit organization with the legal authority to grant a doctor of podiatric medicine degree to those students who successfully complete the designated degree requirements. Within the framework of the college's rules and regulations, the administration and faculty have sufficient prerogatives to assure the integrity of the college and to enhance the potential for fulfillment of the college's stated mission and goals/objectives. College administration and faculty have formal opportunities for input in decisions affecting admission and progress, resource allocation, faculty recruitment and promotion, curriculum design and evaluation, scholarly and service activities, and degree requirements. Students have opportunity to provide input in policy and decision making within the college.

The Council expects that a college that is part of a parent institution will have a relationship that allows for an independent and effective college of podiatric medicine and for participation of the college in the working structure of the parent institution. College administration and faculty should represent organizational views and interests in policy and decision making regarding degrees awarded by the parent institution.

The college or parent institution should have a governing body that consists of public-spirited men and women, podiatric physicians, and individuals of diverse interests and abilities. Governing body members should be aware of their responsibilities and take an active interest in the service and development of the college. No single interest group should predominate the membership and members of the governing body act with authority only as a collective entity. Members must not derive any personal financial benefit arising from relationships in the operation of the institution or its associated hospitals or clinics. Colleges that are part of a parent institution should have some mechanism (e.g., advisory group or elected members) for providing input to the governing body of the parent institution.

The role of an effective governing body (board of trustees, board of directors, or board of governors) for a college of podiatric medicine is to focus its attention on evaluating the work of the chief executive officer, establishing institutional policy, engaging in a strategic planning process, ensuring the financial integrity of the institution, fundraising, and assisting the institution to develop and achieve the mission and goals/objectives. The governing body receives regular and frequent reports from the chief executive officer on the status of the institution and the achievement of its mission and goals/objectives.

- a. **Nonprofit Status** - The nonprofit status is identified within the incorporation documents of the institution.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What legal document identifies the nonprofit status of the institution?
- When and by whom was the institution incorporated as a nonprofit institution?

- Is the institution required to undergo periodic review of its nonprofit status and, if so, what are the most recent results of this process?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team:

- Legal document(s) that identifies the nonprofit status of the institution.

- b. Relationship with Parent Institution** - A college of podiatric medicine that is part of an academic health center or that functions within a university has a relationship that requires an effective, autonomous, independent college of podiatric medicine and participation within the working structure of the parent institution.

As part of the self-study narrative, the institution should consider addressing the following questions:

- Is the doctor of podiatric medicine program offered by an autonomous unit organized as a school or college of podiatric medicine within the parent organization?
- How is the college of podiatric medicine afforded the autonomy to manage the professional program within published policies and procedures, as well as applicable state and federal regulations?
- What are the lines of accountability with the parent institution?
- Do the lines of accountability demonstrate an autonomous and independent college of podiatric medicine?
- How does the college deal with its own identity regarding names, titles, and internal organization?
- What procedures are utilized by the parent institution to determine budgeting and resource allocation, budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for development?
- What is the role of the parent institution in personnel recruitment, selection, and advancement of administration, faculty, and staff?
- How does the parent institution establish academic standards and policies, including oversight of curricula?
- Are any processes for the college of podiatric medicine different from those for other components within the parent institution?
- Which agency recognized by the US Secretary of Education accredits the parent institution?

Information that must be included in the self-study appendices:

- Organizational chart(s) of the parent institution indicating reporting lines, and the college's relationship to the parent institution and other components of the institution.
- A list of activities, committees (including members), and other working structures through which college administration, faculty, staff, and students contribute to the activities of the parent institution.

Information that must be available on-site for the evaluation team: None

- c. Legal Authority** - The authority to offer the Doctor of Podiatric Medicine degree is granted in accordance with the applicable state law.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What legal document confirms the authority of the institution to offer the Doctor of Podiatric Medicine degree?
- Is the college required to undergo periodic review of its authority and, if so, what are the most recent results of this process?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team:

- Legal document(s) that confirms the authority of the institution to offer the Doctor of Podiatric Medicine degree.

- d. **Governing Board** - The governing board has the authority to direct policy formation, engage in strategic planning, and be sufficiently autonomous from the administration.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the qualifications of the members of the governing board?
- How does the board exercise its responsibility to the public to ensure that the organization operates legally, in accord with established bylaws, and with fiscal honesty?
- How does the board enable the college's chief administrative personnel to exercise effective leadership?
- If the college of podiatric medicine is part of an academic health center or university, has an advisory board been established to provide guidance?
- How does the membership of the governing board represent diverse interests and does it include public members?
- What are the membership terms, and criteria and process for electing new members?
- What is the committee structure of the governing board?
- How does the committee structure support the board's functioning?
- What is the meeting structure of the governing board and its committees, how often are meetings held, and what is the attendance? How are minutes of meetings of the governing board and its committee maintained?
- What mechanisms (e.g., retreats, internal seminars) exist to allow members of the governing board to better understand the college?
- How does the governing board participate in strategic planning and the formulation of institutional policies?
- How does the governing board evaluate achievement of the institution's mission and goals/objectives?
- How does the governing board demonstrate fiscal responsibility?
- To what extent do members of the governing board participate in fundraising for the college of podiatric medicine?
- What is the conflict of interest policy for board members?
- What is the process used by the governing board to evaluate the chief executive officer?
- What is the mechanism and how often does the governing board receive reports from the chief executive officer on the status of the institution and the achievement of its mission and goals/objectives?

Information that must be included in the self-study appendices:

- A list of the members of the governing board and their qualifications.
- Board bylaws.
- Conflict of interest policy if it is not included in the bylaws.
- A list of board committees and their membership.

Information that must be available on-site for the evaluation team:

- Minutes of board meetings for the past three years.

e. **Reporting to CPME** - The college of podiatric medicine reports to the Council on Podiatric Medical Education regarding the conduct of the college in a timely manner and at least annually. The college follows all procedures identified in CPME 130.

-
- The college reports to the Council office on institutional data, its faculty, and its students utilizing the CPME annual report form, and other information requested by the Council and/or the Accreditation Committee.
 - The college reports annually to the Council office on any new strengths, limitations, and/or objectives identified by the college during the past year, and the institution's efforts toward improving the college as based upon ongoing self-study and continued compliance with the Council's requirements.
 - The college responds in a timely fashion to any request from CPME or Accreditation Committee for special reports or other requested information.
 - The college receives prior approval from the Council before implementing a substantive change.
 - The college informs the Council office in writing within 30 calendar days of changes in areas including, but not limited to, significant affiliated training sites; resignation, termination, or appointment of a member of the college administration (i.e., chief academic officer, clinical education director, or department chair); and a significant increase or decrease in faculty.

STANDARD 3. ADMINISTRATION

The podiatric medical college is autonomous, with a system of administration that is effectively organized and staffed to facilitate the accomplishment of its mission and goals/objectives.

Interpretation

The college's administrative leaders should function as a unified team and be responsible for accomplishing the mission and goals/objectives of the college. The Council expects that colleges have a full-time administration comprised of appropriately credentialed individuals with clear lines of authority and responsibility. The administration should have experience in higher education and provide leadership in carrying out the mission of the college.

The administrative structure of the parent institution typically includes a chief executive officer (CEO) and other administrators such as a chief academic officer (CAO) and a chief financial officer. This administrative structure collectively participates in guiding the college to achieve its mission and goals/objectives. As individuals, each provides oversight for the various administrative services of the college, which may include academic programs, finance and operations, student services, research and planning, instructional technology, public relations, and others.

In independent colleges, the CEO is designated as the principal officer of the college. In colleges that are part of a parent institution, the CAO is designated as the principal officer of the college. The CEO/CAO should have the assistance and full support of the administrative leaders of the college's organizational units and adequate staff support to accomplish the responsibilities identified in this standard. The CEO/CAO must be responsible for compliance with CPME's accreditation standards, policies, and procedures. In the event that remedial action is required to bring the college into compliance with the Council's standards, the CEO/CAO must take the necessary steps to ensure compliance in a timely and efficient manner.

Whether the college of podiatric medicine is an independent college or a college that is part of a parent institution, the CAO must be a podiatric physician, have faculty status, and have experience in health-care education. The CAO has sufficient access to and reports to either the CAO of the university/parent institution or the CEO of the university/parent institution charged with final responsibility for the podiatric medical education program and to other officials in order to fulfill the CAO's responsibilities. The CAO should exhibit effective leadership in the areas of curricular development, planning and budget, professional development, and scholarly activity. The CAO also should be capable of facilitating change and personnel management.

The administrative structure of the college must have an individual designated as the clinical education director. The clinical education director must be a podiatric physician, have an understanding of current podiatric medical practice, and have experience in clinical teaching. The clinical director is responsible for the planning and assessment of the clinical education program and ensuring the consistency of clinical education at all clinical sites. Staff support should be provided for the administrative leaders to ensure their effectiveness. Seminars, programs, mentors, and other activities designed to ensure the growth and development of the administrative capabilities of both the administration and the support staff should be provided.

The administration must be aware of the day-to-day operations of the college in order to be effective in advancing the institution's mission. The administration also needs sufficient contact with students to understand their concerns and perspectives.

- a. **Administration** – The college employs an adequate and appropriately credentialed, full-time administration.

As part of the self-study narrative, the institution should consider addressing the following questions:

- Are clear lines of authority, responsibility, and communication present within the administrative organization?
- What are the qualifications and experience of the members of the administration?
- If the college employs a chief executive officer, what are the credentials and experience of this individual?
- What are the procedures and criteria used to evaluate members of the administration?
- In what ways does the administration ensure effective development, delivery, and improvement of the curriculum?
- How does the senior administrative leadership demonstrate experience and training in higher education and medical education?
- How do the college's administrative structure and processes function in relation to: general college policy development; planning; budget and resource allocation; student recruitment, admission, and awarding of degrees; faculty recruitment, retention, promotion, and tenure; academic standards and policies; scholarly activity; and service expectations?
- How does the administration ensure that comprehensive and effective systems are in place for assessment and evaluation?
- Are faculty and staff afforded the opportunity and encouraged to participate in the system of governance of the college? If so, how?
- Describe how faculty have opportunity to evaluate the administration.
- How is a search conducted for an open administration position?
- What is the conflict of interest policy for members of the administration?

Information that must be included in the self-study appendices:

- Position descriptions for the members of the administration of the institution.
- Description of the college's administrative, governance, and committee processes, particularly as they affect the following:
 - Review of the college's mission statement
 - General college policy development
 - Planning
 - Budget and resource allocation
 - Student recruitment, admission, and award of degrees
 - Faculty recruitment, retention, promotion, and tenure
 - Academic standards and policies
 - Scholarly activity
 - Service expectations
- A list of all standing and ad hoc committees with a statement of charge and composition for each.
- A list of all changes and reasons for the changes in the employment status of the members of the administration since the previous on-site evaluation.

Information that must be available on-site for the evaluation team: None

- b. **Chief Academic Officer (CAO)** – The chief academic officer of the college is a podiatric physician with senior faculty status and understanding of contemporary podiatric medical education. The chief academic officer is the dean of the college or school and reports to either the CAO of the university/parent institution or CEO of the university/parent institution.
-

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the CAO's qualifications, educational background, and experience in higher education?
- Is the chief academic officer a podiatric physician?
- What is the faculty status of the CAO?
- To whom does the CAO report?
- How does the CAO participate at the level of senior faculty, including the capacity to participate in the most sensitive aspects of peer review and shared governance (e.g., merit, promotion, or tenure decisions)?
- How does the CAO maintain an understanding of higher education and contemporary clinical practice?
- How does the CAO demonstrate effective leadership in the following areas?
 - Vision of podiatric medical education
 - Curriculum content, design, and evaluation
 - Professional development
 - Interpersonal and conflict-management skills
 - Facilitating change
 - Planning, budgeting, funding, faculty status, college status, employment and termination, space, and appropriate academic and professional benefits
 - Strategic planning
 - Service to the college or profession
 - Management of human and fiscal resources
 - Lifelong learning
 - Institutional governance
- What is the role of the CAO in evaluating faculty in the areas of teaching, scholarly activity, and service, as well as, where appropriate, administration, leadership, and fulfillment of other special roles?
- What is the responsibility and authority of the CAO in fiscal planning, allocation of resources, and long-term planning?
- What mechanisms does the CAO use to communicate with college faculty and other individuals and departments (admissions, library, etc.) involved with the college?
- What opportunities are provided the CAO related to professional development?
- What is the process utilized to assess the CAO as an effective leader?

Information that must be included in the self-study appendices:

- CAO curriculum vitae.

Information that must be available on-site for the evaluation team:

- Evaluations of the CAO from multiple sources (e.g., students, clinical education faculty, and academic faculty).

- c. **Clinical Education Director** – The clinical education director is a podiatric physician and faculty member with an understanding of contemporary podiatric medical practice, quality clinical education, and the health-care delivery system.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the qualifications of the director related to academic background, clinical activity, clinical teaching, and clinical coordination?
- What are the administrative and teaching responsibilities of the clinical director?
- What is the relationship of the director to clinical department heads?
- What is the process utilized to assess the effectiveness of the director in planning, developing, facilitating, and assessing the clinical education program?
- How does the clinical director work with the faculty to address the needs of students?
- What mechanisms are used to communicate information about clinical education with faculty, clinical education sites, and students?
- What is the role of the director in the assessment of student performance?
- How does the director determine if the clinical faculty meets the needs of the college?
- How does the director participate in the assessment of education provided by faculty at external clinical sites?

Information that must be included in the self-study appendices:

- Clinical education director curriculum vitae.

Information that must be available on-site for the evaluation team:

- Evaluations of the clinical education director from multiple sources (e.g., students and clinical education faculty).

- d. **Professional Staff** – An adequate and appropriately credentialed professional staff is employed to ensure the success of the college.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the number and credentials of the professional staff?
- Is the professional staff sufficient to meet the needs of the administration, faculty, and students? Please provide evidence of sufficiency of professional staff.
- What policies have been published that define the terms of employment for professional staff?
- Are professional development activities available to staff?
- Is there an adequate number of support staff to enable accomplishment of position descriptions?

Information that must be included in the self-study appendices:

- List of all professional staff that includes titles and credentials.
- Results of any recent employee satisfaction or climate surveys.

Information that must be available on-site for the evaluation team:

- Any updated results of recent employee satisfaction or climate surveys.

STANDARD 4. CURRICULUM

The podiatric medical college offers a curriculum that provides the learning experiences required for graduates to enter into residency training.

Interpretation

The curriculum must be based on a set of competencies, which are the learning outcomes necessary for graduates to enter into residency training. The faculty ensures that the curriculum provides content of sufficient breadth and depth to prepare podiatric medical students for entry into any CPME-approved podiatric medical residency program. The college should periodically assess changes in residency requirements and the practice of podiatric medicine to assure the continued relevance of its educational program. The domains and competency statements were developed in part by the American Association of Colleges of Podiatric Medicine and approved by the Council on Podiatric Medical Education. The following required domains include, but are not limited to:

(Suggested competencies are located in the [Appendix](#).)

Domain I: Medical Knowledge

Competency Statement: Apply current and emerging knowledge of human structure, function, development, pathology, pathophysiology, and psychosocial development to patient care. The knowledge obtained provides a foundation in clinical training, residency training, and practice in podiatric medicine.

Domain II: Patient Care

Competency Statement: Provide effective and compassionate patient-centered care (with emphasis on the lower extremity) that promotes overall health to diverse populations. Exhibit cultural awareness to ensure that the patient and the patient's family are provided the highest quality of care that demonstrates respect for diverse cultures.

Domain III. Research and Scholarship

Competency Statement: Apply scientific methods and utilize clinical and translational research to further the understanding of contemporary podiatric medicine and its application to patient care.

Domain IV: Interpersonal and Interprofessional Communications

Competency Statement: Demonstrate communication and interpersonal skills that result in relevant and professional information exchange and decision-making with patients, their families, and members of the healthcare team.

Domain V: Professionalism

Competency Statement: Exhibit the highest standards of competence, ethics, integrity, and accountability. Place the patient's interest above oneself.

Domain VI: Interprofessional Collaborative Practice

Competency Statement: Demonstrate the ability to work as an effective member of a health-care team.

Domain VII: Social Determinants of Health and Addiction

Competency Statement: Demonstrate an understanding of common societal problems (e.g., issues of addiction or abuse) and their impact on patients and their families.

The competencies should be related to the college's mission and goals/objectives, and objectives of the learning experiences should be related to the stated competencies of the college. The relationship between competencies and learning objectives (the incremental learning experiences at the course and experiential levels that lead to the development of the competencies) should be explicit. The articulation of learning objectives through which competencies are achieved is central to the educational process. At the completion of the curricular requirements, students who have achieved the college's stated competencies receive the degree of Doctor of Podiatric Medicine.

The podiatric medical curriculum must require a minimum of four years of academic study with at least 30 academic weeks in each academic year, and must be completed in a maximum of six academic years in the podiatric medical program. The curriculum, including the academic calendar, must be published in college documents (such as the college catalog) available to prospective students, enrolled students, faculty, administration, and accreditation bodies.

The placement of the pre-clinical and clinical learning experiences in the curriculum should be such that there is a progression from simple to complex, that there is a rationale for their sequencing, and that they achieve the expected competencies. The curricular structure should allow for the integration of pre-clinical and clinical learning experiences. Instruction is expected to provide the core knowledge in the pre-clinical sciences to adequately prepare students for clinical instruction. Clinical instruction is expected to provide the knowledge, skills, and attitudes in the clinical sciences necessary for: diagnosing and evaluating the overall health status of children and adults; working as part of an interprofessional health-care team; making appropriate referrals within the health-care delivery network; and diagnosing, managing, and preventing pathologies of the lower extremity. Clinical instruction must provide a sufficient number and variety of experiences in supervised patient care, and these experiences should be arranged with as wide a range of clinical sites as possible.

The learning experiences in the curriculum must also foster the development of professional judgment, ethical awareness and appreciation of moral aspects of patient care, and adherence to practice regulations. They must address research design and methodology, critical thinking, self-directed learning, cultural competence, and the competencies needed to work as a member of an interprofessional health-care team.

There must be a syllabus for each learning experience (a learning experience is any required pre-clinical course, clinical course or clinical clerkship/rotation that is part of the curriculum). The format for syllabi should be consistent throughout the pre-clinical and clinical instruction. Each syllabus should contain the learning experience name and number, description of the learning experience, the number of credit hours, method of instruction and schedule, the name(s) of the instructor(s), learning objectives, method of evaluation, and the titles of required/recommended textbooks. Syllabi must be made available to students, faculty, administration, and those individuals involved with the assessment of the curriculum.

The Council expects that faculty assume responsibility for development, organization, delivery, and assessment of the curriculum. The curriculum committee or equivalent should serve as the central body for the faculty to manage the curriculum. In managing the curriculum, the committee should strive for:

- systematic assessment and revision of the curriculum;
- optimal sequencing, integration, and coordination of pre-clinical and clinical learning experiences;

- balanced loads of learning experiences in each academic year;
- faculty awareness of pre-clinical and clinical learning experiences;
- use of proven teaching and learning methodologies and the introduction of innovative teaching/learning techniques to promote optimal learning; and
- consistency of syllabi.

Colleges are encouraged to experiment in the design and delivery of the curriculum. Development of innovative learning experiences and teaching methodologies should be encouraged and be based on sound educational principles and the best evidence in educational practice. The development of critical thinking and problem-solving skills should be supported through the application of computer and other technologies, case studies, guided group discussions, simulated patients, standardized patients, and other practice-based exercises. Students should be encouraged to participate in the education of other students, patients, and other health-care providers.

A college, in cooperation with other accredited degree-granting units, may offer joint or dual degrees. The required curriculum of the podiatric medical component of these joint degrees must be comparable to the podiatric medical curriculum in the separate degree.

a. Structure - The podiatric medical curriculum for the pre-clinical and clinical sciences:

-
- is based upon an achievable set of competencies and programmatic outcomes;
 - consists of pre-clinical and clinical learning experiences that ensure the achievement of the required competencies;
 - results in the conferring of the degree of Doctor of Podiatric Medicine;
 - is at least four academic years in length with each academic year consisting of at least 30 weeks;
 - must be completed in a maximum of six academic years in the podiatric medical program; and
 - includes a syllabus for each learning experience.

As part of the self-study narrative, the institution should consider addressing the following questions:

- Is completion of the course of professional study recognized by conferring the degree of Doctor of Podiatric Medicine, which is awarded only to individuals who have fully complied with the requirements stated in the college catalog?
- Is four years the minimum length of the curriculum in podiatric medicine? Is each academic year at least 30 instructional weeks? Is six academic years the maximum length of time for completing the curriculum in podiatric medicine? Is the curriculum of appropriate breadth to cover the essential education required?
- How do the organization, sequencing, and integration of learning experiences facilitate student achievement of the expected competencies?
- Is the number of courses per semester or academic year reasonable for the achievement of the competencies?
- How does the curriculum integrate pre-clinical and clinical science instruction?
- Are there learning objectives that articulate the expectations for students in each learning experience?
- How is the following subject matter incorporated into the curriculum?
 - Research design and methodology
 - Ethics and values
 - Problem-solving

- Critical thinking
 - Self-directed learning
 - Cultural competence
- Does each syllabus include a title and number, credit hours, instructor information, description, method of instruction, schedule, method of evaluation, learning objectives, and required/recommended textbooks?
 - How are syllabi made available to students, faculty, administration, and those involved with assessment of the curriculum?
 - What is the method for determining credit hours, and is it applied uniformly for all learning experiences? Is the method compliant with federal regulations?
 - What instructional methods are used in the curriculum, and what is the rationale for their use?
 - What innovative teaching methods are employed in the curriculum?
 - How often are the syllabi and curriculum as a whole reviewed and/or revised?
 - What is the process and timing of student evaluation across the curriculum, including didactic, laboratory, and clinical experiences?
 - How are students encouraged to assume responsibility for their own learning?
 - To what extent do students participate in the education of others?
 - Does the institution publish a current catalog or other document that articulates the curriculum and academic calendar for the college?
 - What is the process to keep the catalog current either by a new publication or by supplements?
 - How is the catalog made available to all applicants, candidates, students, and others who have an interest in the college of podiatric medicine?
 - Are any significant changes in the curriculum planned for the next five years?

Information that must be included in the self-study appendices:

- Comprehensive schedule for the entire curriculum.
- Current college catalog or other college documents that describe the curriculum.
- Current credit hour policies and procedures, and records of this activity in a format that will permit sampling by the on-site evaluation team.

Information that must be available on-site for the evaluation team:

- Syllabus for each pre-clinical course, clinical course, and clinical clerkship/rotation, organized by academic year.

- b. Competencies** – The college has established competencies that include but are not limited to those suggested by CPME (see [Appendix](#)). The competencies are the learning outcomes that include the knowledge, skills, and attitudes to be achieved by the student prior to graduation.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the college's competencies, and how were they developed?
- Are the competencies consistent with the college's mission, the requirements for residency training, and podiatric medical practice?
- Does the college assess the changes in residency requirements and the practice of podiatric medicine when revising the competencies for its educational program?
- Are the competencies published and made available to appropriate parties?

- What is done to assist students who are not accomplishing the competencies of the college?

Information that must be included in the self-study appendices:

- The college's competencies.

Information that must be available on-site for the evaluation team: None

c. Faculty Involvement – The faculty develops, delivers, assesses, and revises the curriculum.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the faculty's role in developing, organizing, and delivering the curriculum?
- How does the faculty participate in the assessment and revision of the curriculum?
- How does the faculty participate in the development of learning objectives, instructional methods, and syllabi?
- Is there a curriculum committee or some equivalent entity responsible for the management of the curriculum? What is the committee structure, and how does it function?

Information that must be included in the self-study appendices:

- Meeting minutes of the curriculum committee or comparable committee/entity.

Information that must be available on-site for the evaluation team: None

d. Pre-clinical sciences – Pre-clinical science instruction consists of learning experiences that serve as the foundation for clinical science instruction.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the learning objectives for the pre-clinical learning experiences?
- How are the learning objectives for the pre-clinical sciences linked to the overall competencies and programmatic outcomes?
- To what extent do the learning experiences in the anatomical, biological, and physiological sciences provide the knowledge base necessary for achievement of the learning objectives in the pre-clinical sciences?
- How do the learning objectives for the pre-clinical learning experiences provide an appropriate knowledge base for the clinical learning experiences?
- How do the learning objectives for the pre-clinical learning experiences provide the foundations for clinical training in podiatric medicine and residency training?

Information that must be included in the self-study appendices:

- Learning objectives for the pre-clinical learning experiences.

Information that must be available on-site for the evaluation team: None

- e. **Clinical Sciences** – Clinical science instruction consists of learning experiences that result in achievement of the required competencies and programmatic outcomes.
-

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the learning objectives for the clinical science learning experiences?
- How do the clinical science learning objectives prepare graduates for entry-level residency training?
- How does the college ensure the attainment of the knowledge, skills, and attitudes to prevent, diagnose, and manage diseases and disorders of the lower extremity?
- How does the college ensure the attainment of the knowledge, skills, and attitudes to assess medical conditions and refer, as appropriate, those patients with conditions identified during the evaluation?
- How does the college ensure student understanding of practicing with professionalism, compassion, and concern and in an ethical manner?
- How does the college ensure the attainment of the knowledge, skills, and attitudes to be able to communicate and work collaboratively with others and to function in a multidisciplinary and interprofessional manner and/or in an interdisciplinary setting?
- How does the college ensure the attainment of the knowledge, skills, and attitudes to practice and manage patient care in a variety of communities, health-care settings, and living arrangements?
- How does the college ensure that students demonstrate the ability to understand research methodology and other scholarly activities?
- Are there a sufficient number and an appropriate variety of supervised live patient encounters for students to develop the clinical skills and knowledge necessary for achievement of the competencies?
- What are the policies of the institution that ensure the safety, privacy, and dignity of patients while being treated within college and affiliated clinical training sites?
- Is the level of faculty supervision of students adequate in all clinical settings?
- Has there been any significant change in the volume of clinical material over the past three years?
- What is the ratio of patients to students and ratio of students to clinical instructors in each clinical setting?
- Is there an orderly progression in the responsibilities of the students in their clinical experiences?
- What settings are used for supervised patient care (e.g., private practices, clinics, hospitals, and ambulatory surgery centers)? Is there appropriate diversity in clinical sites? What formal agreements exist between the college and these external clinical sites?
- What are the college's policies and procedures regarding the selection of clinical sites (including criteria for selection of clinical sites, selection of clinical faculty, faculty supervision, and methods of assessing students)?
- What process is used to ensure there are current written agreements between the institution/college and the clinical education sites?
- What methods are used by the college to assign students to external clinical sites?
- How many students are provided training at each external clinical site?
- Are external clinical sites consistent with the clinical learning objectives?
- How are external clinical sites evaluated in terms of achieving the learning objectives?
- How do the external clinical sites provide comparable quality of clinical experiences for the students?
- In all clinical settings, to what degree do students participate in direct patient care?
- How does the clinical science instruction support and enhance the research component of the institution's mission?

- How does the college ensure that clinical instruction is not disrupted by students' residency placement search activities?

Information that must be included in the self-study appendices:

- Learning objectives for the clinical learning experiences.
- List of all external clinical sites, including location, on-site coordinator, faculty, schedule, number of students, and number of patients.

Information that must be available on-site for the evaluation team:

- Formal agreement between the institution/college and each external clinical site identifying the teaching, patient care, and financial responsibilities of each party.

- f. **Curricular Evaluation** – The curriculum is evaluated and revised on an ongoing basis to ensure achievement of the competencies and programmatic outcomes.

As part of the self-study narrative, the institution should consider addressing the following questions:

- How is the curriculum evaluated and revised based on achievement of the competencies and programmatic outcomes?
- How do faculty members and the curriculum committee or equivalent committee/entity participate in the evaluation and revision of the curriculum?
- From what groups is data collected for curricular evaluation, and what type(s) of data is collected from each group?
- How is student feedback utilized in evaluation of the curriculum?
- What are the results of the most recent evaluation of the curriculum, and what changes were made? What curricular changes have been made within the last three years, and what data was used in making the changes?
- How does the evaluation process consider the changing roles and responsibilities of the podiatric physician and the dynamic nature of the profession and the health-care delivery system?

Information that must be included in the self-study appendices:

- The tools utilized for evaluation of the curriculum.
- Summary of data collected in the past three years.
- Summary of the outcome of the most recent curricular evaluation (including identified strengths and weaknesses).

Information that must be available on-site for the evaluation team:

- Minutes of meetings in which curriculum evaluation is addressed.

STANDARD 5. FACULTY

The podiatric medical college has a faculty that is qualified to provide instruction in podiatric medical education, to provide service, and to engage in scholarly activity.

Interpretation

The Council expects that the faculty, as a college resource, is qualified and sufficient in numbers to meet the mission, goals/objectives, and learning objectives of the college. Faculty roles in the areas of teaching, scholarly activity, and service to the college need to be identified explicitly and correlated with the mission and goals/objectives, professional standards, and guidelines adopted by the college.

Faculty should be qualified by education and experience for their roles in the educational program. To assure a broad perspective, there should be faculty who have professional experience outside the academic setting and have demonstrated competence in podiatric medical practice. Colleges should regularly involve podiatric practitioners and other individuals involved in podiatric medical practice to assure the relevance of the curriculum and individual learning experiences to current and future practice needs and opportunities.

Faculty adequacy, quantitatively and qualitatively, relates to a number of factors. The faculty of a college may draw broadly from the many disciplines that contribute substantially to health-care education and must, in particular, be able to support the podiatric medical concentration. While teaching resources may be drawn from other parts of the institution (if applicable, and from professionals in practice settings as well as other medical professionals), there must be a core of regular faculty to sustain the curricular requirements.

The number of full-time faculty must be sufficient, without the need for a major contribution from the college's administrators, to ensure time for:

- effective organization and delivery of the curriculum through classroom, small group, laboratory, practice simulation, and experiential education;
- student advising and mentoring;
- scholarly activities;
- faculty development as educators and scholars;
- service and podiatric medical practice;
- participation in college and university committees; and
- assessment and evaluation activities.

The student-to-faculty member ratio for the clinical experience components of the curriculum should be adequate to provide individualized instruction, guidance, and evaluative supervision. Important factors to be considered are the number of students each faculty member is assigned during the introductory clinical experiences in podiatric medicine and, particularly, during the advanced clinical experiences in podiatric medicine, the nature of the clinical setting, and the character of instructional delivery.

A faculty that reflects the diverse demographic characteristics of the population can help to overcome educational barriers and provide incentives for enrollment, matriculation, and achievement of students from diverse demographic groups. The policies, procedures, and practices of a college should encourage the inclusion of faculty members who contribute to the diversity of the faculty complement.

Policies, procedures, and operational guidelines related to conditions of employment should be established and made available to all members of the faculty, provide for fair and equitable treatment of faculty, and be consistently applied. Criteria for advancement should reflect the college's mission. The college should provide opportunities to enhance the teaching capabilities of faculty and otherwise support their professional growth and development. If the college makes part-time, adjunct, clinical, or other faculty appointments, the responsibilities, and privileges of these categories should be made explicit. Procedures for evaluating faculty competence and performance, particularly in the area of teaching, should be in place and applied consistently.

The faculty should have an organized academic body that contributes to the growth and development of the college and allows for participation in the governance of the college. The faculty organization should have operational guidelines, a definition of its composition, elected officers, and defined agendas for its meetings.

Scholarly activities should be consistent with the college's mission and should complement stated teaching and learning objectives. The college should provide an environment that is conducive to research and scholarly inquiry by faculty. Such endeavors may involve basic and applied topics and appropriately include various forms of scholarship aimed at improving the practice of podiatric medicine.

a. Qualifications – Faculty member qualifications are appropriate for the subject area taught.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the qualifications (degrees, experience, and board certification) for each member of the faculty?
- What is the process utilized to recruit and retain qualified faculty?
- Who are the faculty responsible for each learning experience?
- How do faculty members integrate perspectives from clinical practice into their teaching?
- How do the faculty roles correlate with the mission, goals/objectives, and educational outcomes of the college?

Information that must be included in the self-study appendices:

- Table or chart of pre-clinical and clinical science faculty, including, but not limited to the following: professional rank, tenure status, percent of time devoted to the program, earned degrees, universities at which these degrees were earned, disciplinary area of degree, area of teaching responsibility, area of research interest, and selected demographic data (e.g., gender, ethnicity).

Information that must be available on-site for the evaluation team:

- Curriculum vitae for each faculty member.

b. Size – Sufficient faculty members exist to meet the instructional, administrative, service, and scholarly activity needs of the college.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the current number of full-time, part-time, and adjunct faculty?

- What are the college's definitions of full-time, part-time, and adjunct faculty?
- How do the part-time and adjunct faculty integrate with and complement the full-time faculty?
- How are workloads established for faculty in terms of teaching, administration, student advising, service to the college, and scholarly activity commitments?
- Is the ratio of faculty to students adequate in each learning experience?
- What is the faculty attrition rate since the last accreditation visit?

Information that must be included in the self-study appendices:

- List of all changes in the faculty and the reasons for the changes since the previous on-site evaluation.

Information that must be available on-site for the evaluation team: None

- c. **Diversity** – Diversity is present within the faculty to ensure that appropriate role models are available to students.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What percentage of the faculty are members of a racial or ethnic minority?
- What percentage of the faculty are women?
- Are appropriate role models present for student mentoring?
- What is the educational background (undergraduate, graduate, and residency) of the faculty and does the composition of the faculty demonstrate diversity?
- What has the institution done to promote diversity (e.g., proactive hiring practices, student involvement, and inclusion of diversity training in the curriculum)?

Information that must be included in the self-study appendices:

- Demographic data on the college's faculty.
- Description of policies and procedures regarding the college's commitment to providing equitable opportunities without regard to age, gender, race, disability, religion, sexual orientation, or national origin.

Information that must be available on-site for the evaluation team: None

- d. **Policies** – The college has established policies related to faculty recruitment, evaluation, promotion, and retention that contribute to the growth and development of the faculty.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the contract or tenure system for the faculty?
- How are faculty members offered reasonable security in their positions?
- What are the policies, procedures, and criteria for faculty retention and promotion, and by whom are they formulated?
- What is the salary scale and fringe benefit program for faculty?
- Does the institution offer opportunities for clinical faculty to maintain or participate in a geographic practice plan, and, if so, what does the plan entail?

- Is there a faculty handbook?
- How was the faculty handbook developed?
- What is the process for review, revision, and approval of the faculty handbook, and how often does it occur?
- Does the faculty handbook describe contracts, salary scale, fringe benefits, and other personnel policies affecting faculty?

Information that must be included in the self-study appendices:

- Faculty handbook or other written document that outlines faculty rules and regulations.

Information that must be available on-site for the evaluation team: None

- e. **Organization** – The faculty has established an organized academic body that is recognized by the college.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the faculty organization; what are its purposes, rights, authority, and limitations; and what are its composition and mode of operation?
- How does the institution ensure academic freedom for faculty?
- How does the faculty organization contribute to the growth and development of the college?
- What bylaws have been established that delineate the faculty structure and the mechanism for faculty governance?
- When are faculty meetings held, what are the major agenda items, and what is the level of attendance?
- How are minutes of faculty meetings maintained and distributed?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team:

- Faculty bylaws.
- Minutes of meetings of the faculty organization for the past three years.

- f. **Governance** – The faculty participates in the governance of the college.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the lines of communication among the faculty, administration, and governing board?
- What is the faculty's role in the admission, evaluation, promotion, and discipline of students?
- What is the faculty's role in the selection, promotion, evaluation, and discipline of faculty?
- What is the faculty's role in the selection of academic officers?
- What criteria and procedures are used to appoint department chairs and division heads? How are the criteria and procedures objective?
- How are faculty members made aware of the institution's mission, institutional objectives, and educational outcomes?

- How does the faculty participate in the process of determining the resources necessary to accomplish the competencies and programmatic outcomes?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team: None

- g. Faculty Evaluation** – The college utilizes a formal process for the evaluation and advancement of faculty members and department chairs.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the process and/or method by which faculty (i.e., full-time, part-time and adjunct faculty) are evaluated by students, department chairs, peers, and the CAO?
- What is the process for promotion of faculty?
- What is the process for faculty tenure, if available?
- What criteria are utilized in the evaluation of faculty teaching, patient care, service, scholarly activity, and ethical conduct?
- How are the results of the evaluation process used to improve faculty performance and the quality of instruction?

Information that must be included in the self-study appendices:

- Sample and completed evaluation instruments.

Information that must be available on-site for the evaluation team:

- None.

- h. Professional Development** – The college encourages and supports faculty professional development.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the institution's professional development program?
- How does the institution encourage and support professional development of the faculty?
- Are seminars on teaching, curriculum, and student evaluation offered to the faculty?
- What support is offered to faculty members to attend scientific, educational, and professional meetings?

Information that must be included in the self-study appendices:

- List of professional development programs attended by faculty in the last year.

Information that must be available on-site for the evaluation team: None

- i. Scholarly Activity** – The college fosters and supports faculty participation in scholarly activities, which include research, professional presentations, publications, etc.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the institution's definition of and overall plan for research?
- What are the results of the research program over the past three years?
- What grants or other extramural sources for research have been obtained over the past three years, and what research grants and monies are currently being pursued?
- How does the institution encourage and support faculty participation in research?
- How are individual achievements in research and publication considered in recruiting new faculty and in evaluating, retaining, and promoting established faculty?
- Who is responsible for the development and coordination of research?
- How does the faculty encourage student participation in research, and to what extent are students involved in research?
- How are research productivity, publications, and professional presentations utilized in determining faculty workload?
- Other than research, in what scholarly activities are the faculty involved?

Information that must be included in the self-study appendices:

- A description of the college's research activities, including policies, procedures, and practices that support research and scholarly activities.
- A list of research activities, including funding sources and amounts, over the last three years.
- Publications and professional presentations of the faculty over the last three years.

Information that must be available on-site for the evaluation team: None

STANDARD 6. STUDENTS

The podiatric medical college has appropriate student policies and adequate student services.

Interpretation

The college should recruit individuals who have the educational prerequisites, interest, and motivation for undertaking a career in podiatric medicine. As a component of its assessment plan, the college should utilize a longitudinal analysis of admission procedures and policies and attrition studies to select applicants with the qualifications that have been shown to be successful in the educational program. Colleges should have plans to recruit, admit, and graduate students from groups that are disadvantaged or underrepresented in podiatric medicine. A college of podiatric medicine should take into consideration its resources and the availability of clinical sites, in addition to the maximum enrollment figure established by CPME, when determining the maximum size of the incoming class and the total enrollment.

The college implements and makes available to prospective students criteria, policies, and procedures for admission. Admission materials must clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional standards for graduation.

Each college should have a student handbook that contains essential information, such as tuition and fees, refund policies, student services, academic policies, curriculum, methods of evaluation, and graduation requirements. Information regarding tuition and fees should be current and the amount should be reasonable with respect to the education received. The refund policy should be clear and readily available to incoming students, students taking leave, and returning students.

The college should provide adequate and appropriate services to meet the educational and personal needs of the students. Students should receive academic, career, personal, financial aid, and debt management counseling; information on housing; health insurance information; explanation of their professional liability insurance coverage; and assistance in residency placement. The college should ensure that students satisfy all state and governmental health and safety requirements. An orientation program should be provided for incoming students to familiarize them with available services and the college's policies.

Students should participate in appropriate aspects of evaluation including assessment of teaching, research and service opportunities, field experiences, and counseling and placement procedures. Administrative mechanisms should permit appropriate student involvement in college policy formulation and review. Standing and ad hoc committees, with explainable exceptions, should include student members.

A college of podiatric medicine must have accurate student records and a secure way of maintaining the records. A college must monitor the default rates of its students, submit default rates in the college's annual report, and report to CPME in a timely and appropriate manner if the default rates exceed federal limitations.

- a. **Admission Policies** – The college publishes admission policies that are designed to secure the most qualified students.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the institution's admission policies, how were they established, and are they appropriate?

- In what institutional documents are the admissions policies published?
- Are students required upon admission to have completed courses and programs demonstrating a balanced undergraduate experience, including a minimum of 90 semester hours or equivalent of baccalaureate credit earned in accredited institutions?
- What are the results of the most recent longitudinal analysis of admission policies?
- Are there policies on accepting transfer students and advanced standing students? Is admission of transfer or advanced standing students based on the same standards of achievement required of students regularly enrolled in the college?
- Are there policies regarding the technical or physical standards needed to enter the college, and are they appropriate?
- What academic and non-academic criteria are used for selection of applicants? On what basis are exceptions made?
- What is the interview process for applicants? Are interviews conducted of all qualified applicants who are under consideration for matriculation?
- How effective is the admissions system in marketing, recruiting, processing, and selecting applicants?
- Does the college review and ensure the accuracy of all promotional and recruitment materials, advertising, and other literature used to attract students to the college?
- Does a mechanism exist for public correction of misleading or incorrect information?
- How does the college inform prospective students that placement into residency is not guaranteed?

Information that must be included in the self-study appendices:

- Description of the college's recruitment policies and procedures, with examples of recruitment materials.
- Quantitative information on the number of applicants, acceptances, and admissions over the last three years.
- Identification of outcome measures including, but not limited to, a longitudinal admissions analysis, by which the college may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the college against those measures over the last three years.
- Policies and procedures on transfer and advanced standing students.
- Description of policies, procedures, and plans to achieve a diverse student population.

Information that must be available on-site for the evaluation team: None

- b. **Maximum Enrollment** – The college determines the number of students to be enrolled with consideration given to the capacity and appropriateness of resources, size and quality of the faculty, number of administrative personnel, volume and diversity of clinical teaching material, availability of external clinical sites, and availability of graduate training opportunities. This number may not exceed the maximum number identified by CPME. (Please refer to CPME 130 for the definition of maximum enrollment and headcount.)

As part of the self-study narrative, the institution should consider addressing the following questions:

- How does the college determine the number of students in its incoming class?

- What factors play a role in establishing the enrollment (e.g., resources, number of faculty, number of administrative personnel, volume and diversity of clinical teaching material, and availability of external clinical sites)?
- How does tuition factor in determining the number of students to be enrolled?
- What is the institution's student attrition rate over the past three years?
- Does the attrition rate have any relationship to admissions policies?

Information that must be included in the self-study appendices:

- Table/chart identifying attrition and enrollment for the past three years.

Information that must be available on-site for the evaluation team: None

- c. **Tuition and Fees** - Tuition and fees assessed students are commensurate with the education received.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the tuition and fees assessed to students, and how are they determined?
- Are the tuition and fees reasonable with respect to the education received?
- What is the tuition refund policy, and is it appropriate?
- How is information on tuition and fees and refund policies made available to students?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team: None

- d. **Handbook** – A comprehensive student handbook is developed and distributed, reviewed, revised, and approved annually.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the roles of the students, faculty, administration, and governing board in the development, review, revision, and approval of the student handbook? Does the college's governing board approve the handbook?
- What information essential to students is contained in the student handbook (e.g., student evaluation, promotion, graduation, tuition and fees, counseling services, disciplinary action, appeal processes, housing assistance, financial aid, scholarships, library services, student complaint procedure, accommodations, etc.)?
- How is the student handbook distributed to students? Is it distributed prior to or at the start of each academic year?
- How and when are students informed of revisions to the student handbook?
- Do students find the handbook to be a useful resource?
- Does the handbook include contact information for the Council?

Information that must be included in the self-study appendices:

- Student handbook.

Information to be available on-site for the evaluation team: None

- e. **Services** – The college has established appropriate services to meet the educational, professional, personal, and other needs of the student.

As part of the self-study narrative, the institution should consider addressing the following questions:

- Does the college provide incoming students an orientation program, and if so, what is the content of the program?
- What services are available to students (e.g., personal and academic counseling, career guidance and counseling, financial aid counseling, debt management counseling, housing assistance, and health services)?
- Are students counseled annually regarding debt management, including the amount of loans, repayment, and the consequences associated with default?
- What guidance and assistance are offered students seeking housing?
- How does the college determine whether students perceive these services to be effective?
- Who is responsible for coordinating student services?
- Does the institution ensure that students satisfy health and safety requirements?
- Does the institution require that students have health insurance? Is health insurance provided to students?
- Does the institution ensure all students are informed of the potential health risks associated with the environment within which their medical education occurs?
- How does the institution ensure that students in external clinical programs have professional liability insurance?
- What efforts are made to make reasonable accommodations or special services available for minority and handicapped students?
- How does the college provide services and resources for students with special needs?
- How is Title IX information provided to students, and do students know where to receive support related to Title IX issues?
- Does the institution have a Title IX officer?
- What roles do students play in governance? What roles do formal student organizations play in governance?
- How are students provided information regarding professional licensure requirements, professional credentialing, and ethical practice?
- How does the institution provide assistance to students seeking placement in residency programs?

Information that must be included in the self-study appendices:

- Description of the advising and counseling services provided by the college.
- Documents regarding student government and organizations.
- Completed student satisfaction surveys.

Information that must be available on-site for the evaluation team:

- Any updates to completed student satisfaction surveys.

- f. **Organization** – Students have an organizational structure that allows for student governance, communication with the faculty and administration, and student co-curricular activities.

As part of the self-study narrative, the institution should consider addressing the following questions:

- How is the student body organized?
- How does the organizational structure of the student body allow for communication with the faculty and administration?
- What co-curricular activities are students involved in, and how does their organizational structure support these activities?

Information that must be included in the self-study appendices:

- Documents indicating the organization of the student body and student organizations.

Information that must be available on-site for the evaluation team: None

- g. Records** – The institution has an adequate system for maintaining and securing student records.

As part of the self-study narrative, the institution should consider addressing the following questions:

- Does each student record include the complete admission application (including transcripts) and a complete academic record?
- Where, how, and by whom are the records maintained?
- How are student records secured properly?
- Are non-academic records maintained (e.g., immunization records)?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team:

- Random sampling of student files.

- h. Complaints** – A confidential record is maintained of formal student complaints submitted for the past five years.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the mechanism for handling a formal student complaint?
- What is the method of filing a formal student complaint?
- How are the records of formal student complaints maintained?
- Does the record specify the name of the student, the nature of the complaint, the process used in review of the complaint, and the final disposition of the complaint?
- How does the institution ensure due process is afforded in a formal student complaint?
- Are the steps in the formal complaint process readily available to students? Is the information contained in the student handbook?
- If a student wants to file a formal complaint to the Council, has the college provided the contact information for CPME to the student?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team:

- Record of formal student complaints for the past five years.

- i. **Default Rates** – The institution identifies and administers a process to monitor the default rates related to federally provided loan programs under Title IV of the Higher Education Act and Title VII of the US Public Health Service Act in which its podiatric medical students participate.

As part of the self-study narrative, the institution should consider addressing the following questions:

- Does the institution report to the Council regarding its default rates for Title IV and Title VII programs in its annual report?
- Does the institution report to the Council within 30 days of receipt of notification that the college's latest cohort default rates for Title IV and Title VII programs equal or exceed federal limitations?
- Has the college developed an institutional plan that shows how corrections will be made when default rates for Title IV and Title VII programs equal or exceed federal limitations?

Information that must be included in the self-study appendices: None

Information that must be available on-site for the evaluation team: Most recent Title IV and Title VII default rates.

STANDARD 7. RESOURCES

The podiatric medical college provides resources for a student learning environment that is in keeping with the mission and goals/objectives of the college.

Interpretation

The resources of a college of podiatric medicine should be adequate to achieve its stated mission, goals/objectives, and outcomes. Physical facilities should be allocated for administrative and faculty offices, classrooms, library facilities and holdings, laboratories, clinical sites used for instruction and research, student services, and college support areas. The facilities should be sufficient in number and adequate in size to meet the needs of the institution-specific CPME-authorized maximum number of students as well as the needs of the staff, faculty, and administration. The facilities should be adequately equipped, well maintained, provide a reasonably attractive environment for teaching and learning, and meet the federal, state, local, and legal standards for disabled individuals. Faculty offices should provide privacy for study and for counseling and advising students. Adequate space should be available for support staff, including space for clerical and receptionist duties, copying services, and the housing of equipment and supplies. Space should be available to support a favorable environment for student life and co-curricular activities, such as meeting rooms, study areas, and lounges.

Teaching facilities, laboratories, offices, patient-care areas, library, and college support areas should be adequately equipped to support the college's mission and goals/objectives. Electronic technologies, instrumentation, and laboratory equipment should be available to provide individual learning experiences and should be available in a quantity sufficient so that each student has opportunity for participation. Physical facilities, instrumentation, and supplies should be adequate to support research and scholarly activities of the college and its professional faculty development program.

The library should have the appropriate technological resources, holdings, equipment, staffing, and services to provide the necessary support for the educational and scholarly needs of the faculty, staff, and students.

Information technology and services of the college should be sufficient to support the faculty, staff, and students in the achievement of the educational outcomes, and support the college's mission and institutional objectives.

The Council expects that specific examples of financial support, administrative resources, and faculty, staff, and student support will be provided in the self-study, including examples of support shown by the parent institution to the college if applicable. Examples provide evidence that the college possesses adequate resources to achieve its mission and goals. The college also is expected to have a history of financial stability, independent audits with no areas of concern and realistic plans to eliminate any accumulated deficits and to build sufficient reserves to support long-term viability.

The college must operate with a budget that is planned, developed, and managed in accordance with sound and accepted business practices. Financial resources must be deployed efficiently and effectively to:

- support all aspects of the mission, institutional objectives, and strategic plan;
- ensure stability in the delivery of the college;
- allow effective faculty, administrator, and staff recruitment, retention, and development;
- maintain and improve physical facilities, equipment, and other educational and research resources;

- enable innovation in education, scholarly activities, and practice;
- measure, record, analyze, document, and distribute assessment and evaluation activities; and
- ensure an adequate quantity and quality of practice sites and faculty to support the curriculum.

The college, with the support of the university (if applicable), should develop and maintain a broad base of financial support, including a program to acquire extramural funds through private giving, endowments, grants, contracts, and other fund-raising mechanisms. Administrators and staff responsible for the college should have a clear understanding of the resource needs of the professional degree program, such as the need to support scholarship and research and the requirements of library and educational resources and experiential education. Resources obtained from extramural sources should be free of restrictions that may interfere with sound educational and ethical policies, and such resources should be used in a manner that maintains the integrity of and supports the mission.

- a. **Physical Plant** – Classroom, laboratory, patient care, study, office, and college support areas are quantitatively and qualitatively adequate for students, faculty, staff, and administration.

As part of the self-study narrative, the institution should consider addressing the following questions:

- How do the physical facilities reasonably and practically accommodate the class size?
- What is the quality and quantity of the space allocated for classrooms, laboratories, offices, patient care, student activities, and college support areas?
- What space is used for scholarly activities, and does it meet the needs of the faculty and students?
- What plan and budgetary allocations are available for the maintenance, repair, and renovation of facilities?
- Is there sufficient space available for student studying and co-curricular activities? Is the space available on a schedule that meets the students' needs?
- Is there sufficient storage space in close proximity to classrooms and laboratories for equipment and teaching aids?
- Is there an animal research facility, and is the space suitable and maintained in accordance with state and federal standards?
- Are patient care facilities sufficient and maintained in compliance with state and federal requirements?
- Are adequate security systems in place at all locations and published policies and procedures implemented to ensure faculty, staff, and student safety and to address emergency and disaster preparedness?

Information that must be included in the self-study appendices:

- A comprehensive statement or chart that identifies the amount and location of space available to the college by purpose (offices, classrooms, laboratories, common space for student use, etc.).

Information that must be available on-site for the evaluation team: None

- b. **Equipment** - Laboratory, patient care, instructional, and office equipment exist in sufficient quantity and quality for the educational program and scholarly activity.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the quality and quantity of laboratory, instructional, and office equipment used for the educational program and scholarly activity? Is this equipment available and accessible to serve the needs of the educational program and scholarly activity?
- How does equipment in the laboratory, patient-care areas, instructional areas, and offices accommodate the class size?
- What plan and budgetary allocations are available for the repair, replacement, or upgrading of equipment?

Information that must be included the self-study appendices: None

Information that must be available on-site for the evaluation team: None

- c. **Library** – The college has a library with appropriate technological resources, equipment, and services to support the instructional, patient care, and scholarly activities of students and faculty.

As part of the self-study narrative, the institution should consider addressing the following questions:

- Are students provided an orientation on library utilization, and if so, how is it structured?
- What is the faculty’s role in developing library policies and selecting library materials?
- What are the qualifications of the library staff?
- Are the size and resources of the library adequate to accommodate the class size?
- Are library services and hours adequate?
- What types of books, periodicals, and other publications are maintained in the library, and are they up-to-date?
- Does the library have appropriate technological resources, equipment, and services to support the instructional and scholarly activities of students and faculty and to ensure achievement of the educational objectives?
- Do faculty and students have remote access to library resources?
- What learning aids are available, and are they sufficient for the needs of the faculty and students?
- What statistics are maintained on utilization of library services, and how are the statistics used?
- What online college educational resources are available to students both on and off campus?
- What percentage of the educational budget is allocated for library expenses? Is this percentage appropriate in consideration of the perceived instructional and research needs of faculty and students?

Information that must be included in the self-study appendices:

- Listing of the library holdings including books, programs, and other media.

Information that must be available on-site for the evaluation team: None

- d. **Electronic Information Resources** – Information technologies and services are available to faculty, staff, and students and are of the quality, quantity, and currency to support the college’s mission and objectives and enable achievement of the required competencies.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What types of information technology and services are available to faculty, staff, and students, and at what sites within or outside the college are they available?
- What types of hardware, software, and network resources are available and utilized by faculty, staff, and students?
- How often are electronic information resources assessed for currency and upgraded accordingly?
- What support and training are provided to assist faculty, staff, and students in using information technologies?

Information that must be included in the self-study appendices:

- A list that identifies the computer facilities and other technological resources (amount, location, and type), and services available for students, faculty, administration, and staff.

Information that must be available on-site for the evaluation team: None

- e. **Financial Support** – Adequate financial support exists to sustain the operations of the college, enable achievement of the mission and goals, and provide for future development.

As part of the self-study narrative, the institution should consider addressing the following questions:

- Does the institution have sound financial management and demonstrate fiscal stability?
- What is the financial relationship between the college and its parent institution?
- What percentage of the funding of college operations is derived from tuition, clinic-based revenue, and other sources? How is the annual budget for funding of college operations developed, and who is involved in the process?
- How is information from the college's strategic plan used in the budgetary process?
- How is information from the college's assessment plan used in the budgetary process?
- What method is used to determine the funds allocated for the educational program, scholarly activity, and service activities of the college, and if the funding is sufficient?
- Are there any significant changes in the annual budget over the past three years or planned for the forthcoming three years?
- Does the institution prepare an annual financial statement audited by a certified public accounting firm?
- What efforts are used by the institution to generate private gifts and government grants? How successful have the efforts been?
- Does the institution have a capital campaign project, and are its objectives realistic?
- Is there alumni support and participation in the development of the institution?
- How is the alumni association organized, and what is its size?

Information that must be included in the self-study appendices:

- A clearly formulated college budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last three years, whichever is longer.
- Most recent certified audit.

Information that must be available on-site for the evaluation team:

- Certified audits for the last three fiscal years including management letters.

STANDARD 8. EDUCATIONAL PROGRAM EFFECTIVENESS

The podiatric medical college assesses the effectiveness of the educational program.

Interpretation

The goal of the CPME accreditation process is to assess and help enhance the quality of podiatric medical education. In order to accomplish this goal, the Council, in evaluating a college of podiatric medicine, takes into account not only the inputs into the educational process (such as available fiscal resources, faculty and student qualifications, library, and so forth) and the utilization of these inputs, but also evaluates whether the institution has developed a means of assessing the effectiveness of the educational program. The Council expects the effectiveness of a college of podiatric medicine to be reflected in the outcomes of its educational program. The mission, institutional objectives, and professional standards and guidelines should all be considered in determining the college's defined outcomes.

The college should have an assessment plan that includes regular data collection mechanisms. This data aids the college in determining the extent to which stated outcomes have been achieved. The assessment plan should provide for participation of the college's major constituent groups, including administration, faculty, students, alumni, and the community. A variety of methods for achieving their input should be utilized. Information should be obtained on a regular basis from alumni concerning careers in podiatric medicine, their accomplishments since graduation, and current and future needs for professional education.

The Council expects students and faculty to provide regular and timely input regarding their educational experience at the college. Planning should reflect the college's accommodation to changes in health-care needs of populations and in society and institutional responses to such change. The Council expects that assessment of educational effectiveness is ongoing; the results of this evaluation process must be linked and utilized systematically in the college's planning process. Evaluation of outcomes provides the college important information that can be used in evaluating whether the mission and objectives are realistic and whether resources and their utilization are sufficient. Results of efforts to improve the quality of the educational program should be relayed to the community of interest.

A college awards or recommends the award of a degree only when the student has demonstrated sufficient achievement of the competencies defined by the college. Procedures for measuring attainment of competencies and learning objectives may include course tests and examinations, evaluation of performance in clinical experiences, written project reports or theses, comprehensive examinations, portfolio assessments, etc. Successful completion of a set of required courses is not, in and of itself, sufficient evidence that a student has achieved the competencies defined by the college. A professional curriculum is more than a set of required courses and the judgment about the success of an individual student should include an assessment of the student's achievement of competencies defined by the college.

Programmatic outcomes deal with the qualifications students need for the educational program and what students are capable of achieving once they have completed the educational program. Methods to evaluate programmatic outcomes include longitudinal admissions analyses, graduation rates, residency placement studies, national board examinations, licensure examinations, and surveys of graduates regarding hospital privileges obtained and specialty board certification.

The Council has no specific requirements regarding acceptable methods or procedures for the college to employ in evaluating the effectiveness of the educational process. The suggestions listed here represent

only a sampling of possible methods. The Council encourages each institution to develop and employ innovative methods best suited for its specific podiatric medical education program.

- a. **Assessment Plan** – The college has an assessment plan to determine the achievement of its competencies outcomes and programmatic outcomes.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What is the college's assessment plan?
- Does the plan identify the methods of assessment, individuals responsible, the reporting and analysis of assessment data, and the actions taken by the college?
- How does the analysis of assessment data and actions taken feed into the college's strategic planning process?
- How does the institution use the data accumulated from the various methods of assessment to make adjustments and improvements in the educational program, and are these adjustments and improvements documented? If so, how?

Information that must be included in the self-study appendices:

- The college's overall assessment plan identifying the methods of assessment, individuals responsible, the reporting and analysis of assessment data, and the actions taken by the college.

Information that must be available on-site for the evaluation team: None

- b. **Assessment of Competencies**– The college has established methods to assess competencies that include the knowledge, skills, and attitudes to be obtained by the student prior to graduation.

As part of the self-study narrative, the institution should consider addressing the following questions:

- What methods are used to evaluate the student's achievement of the competencies, and are the methods valid and reliable?
- Do the evaluation methods adequately assess student competency necessary for graduation and placement in a residency program?
- How are the evaluations from all external clinical sites used in evaluating achievement of competencies?

Information that must be included in the self-study appendices:

- The college's assessment plan, identifying the methods by which the college judges the extent to which it achieves the competencies.
- A matrix that identifies the learning experiences during which the competencies are met.
- Remediation policy.
- Data regarding the competencies over the last three years.

Information that must be available on-site for the evaluation team: None

- c. **Assessment of Programmatic Outcomes** – The college identifies program outcomes and methods for assessment.
-

As part of the self-study narrative, the institution should consider addressing the following questions:

- What are the college's programmatic outcomes, and how were they developed?
- How are the programmatic outcomes reviewed and revised?
- What instruments does the college use to determine achievement of programmatic outcomes (e.g., national board examinations, licensure examinations, residency placement studies, graduation rates, longitudinal admissions analyses, and scholarly activities)?
- What is the data regarding the programmatic outcomes over the last three years? The college must use, but is not limited to, data related to graduation rates, licensure examination pass rates, and residency placement rates.
 - Graduation rates: The college maintains a four-year graduation rate of at least 70 percent. If the three-year average falls below 70 percent, the college must conduct a formal analysis and create a report containing information on measures being taken to improve completion rates. If the college does not meet the average three-year threshold for three consecutive years, the college would be considered noncompliant.
 - Licensure examination pass rates: The college is expected to demonstrate a licensure examination pass rate for first-time test takers, averaged over the most recent three years, of at least 75 percent on APMLE Part I and 80 percent on both parts of APMLE Part II.
 - Residency placement rates: The college is expected to demonstrate a residency placement rate of eligible graduates, averaged over the most recent three years, that is consistent with the mission of the college, as well as national trends as determined by annual reporting mechanisms.

Information that must be included in the self-study appendices:

- The college's programmatic outcomes.
- The college's formal assessment plan, identifying methods by which the college judges the extent to which it achieves its programmatic outcomes.

Information that must be available on-site for the evaluation team: None

DOCUMENT REVIEW

This document is subject to a comprehensive review six years following completion of its last comprehensive review. The comprehensive review is completed by a CPME-appointed *ad hoc* advisory committee comprised of representatives from the community of interest. The results of the comprehensive review are transmitted to the Council. Before any changes become final, the Council disseminates proposed revisions in accreditation policies, standards, requirements, and procedures to the community of interest for comment. Along with the comprehensive review, an interim review of this document occurs three years after the last comprehensive review. The interim review is completed by the CPME Accreditation Committee. The next scheduled reviews for CPME 120 are:

Next Scheduled Comprehensive Review – 2025

Next Scheduled Interim Review – 2022

GLOSSARY OF TERMS

Academic Health Center: Academic health centers bring together programs of instruction and research in the health sciences and the delivery of health services. The Association of Academic Health Centers (AAHC) defines an academic health center as consisting of an allopathic or osteopathic school of medicine, at least one other health-professions school or program, and one or more owned or affiliated teaching hospitals, health systems, or other organized health-care services. The AAHC also notes that the organization and structure of these institutions may vary. Academic health centers function either as component units of public or private universities, of state university systems, or as free-standing institutions.

Academic Year: An academic year is defined as containing at least 30 instructional weeks. The college is expected to articulate its curriculum for each academic year, identifying semesters, courses, and precise clock or credit hours.

Assessment: The systematic use of a variety of methods to collect, analyze, and use information to determine whether a podiatric medical student has acquired the competencies (e.g., knowledge, skills, and attitudes) that the profession and the public expect of a podiatric physician and to determine whether the college has achieved established programmatic outcomes.

Branch Campus: A location of an institution that is geographically apart and independent of the main campus of the institution and is permanent in nature; offers courses in educational programs leading to a degree, certificate, or other recognized educational credential; has its own faculty and administrative or supervisory organization; and has its own budgetary and hiring authority.

Chief Academic Officer: The chief academic officer is the dean of the college or school.

Chief Executive Officer: The chief executive officer is the president (or a comparable title) of an institution.

Clinical Education Director: The individual responsible for planning, coordinating, facilitating, monitoring, and assessing the clinical education component of the curriculum. The clinical education director is a podiatric physician and faculty member with an understanding of contemporary podiatric medical practice, quality clinical education, the clinical community, and the health-care delivery system.

College: A college or school is the academic unit that functions within an educational institution as an autonomous professional educational enterprise with dedicated resources that are within its control. As such, this academic unit is provided the commitment of the institution in terms of recognition as an autonomous discipline within the health professions. A college also may be a free-standing institution.

Community of Interest: The community of interest includes all parties that may be affected directly or indirectly by the accreditation process. Generally, these parties are: podiatric medical educators and practitioners, students and their families, employers, and individuals who will be the recipients of professional podiatric medical care.

Competencies: Competencies reflect the knowledge, skills, and attitudes to be learned, all of which lead to intended outcomes for entry into postgraduate training and, ultimately, professional practice. Competencies should reflect reasonable and attainable ends in light of present and projected means of the college.

Credit Hour: For purposes of Standard 4.A, a credit hour is defined by the regulations of the US Secretary of Education at 34 CFR 600.2 – Except as provided in 34 CFR 668.8(k) and (l), a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than:

- One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one-quarter hour of credit, or the equivalent amount of work over a different amount of time; or
- At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

Curriculum: All planned didactic and clinical educational experiences under the direction of the college that facilitate student achievement of expected outcomes.

Full-time Faculty: A full-time member of the faculty is considered to be anyone who has a contracted commitment for 32 hours or more per week.

Goals/Objectives: Goals/Objectives are the conditions, values, and priorities that the institution expects to achieve or accomplish for the institution, its faculty and students, and for the college of podiatric medicine.

Graduation Rate: The total number of students who graduated from a school or college of podiatric medicine within four years, divided by the number of new (not repeat) students attending at the two week point at the beginning of the first year/first semester.

Information Technology Resources: According to the Higher Education Information Resources Alliance, information technology resources include information technologies and services such as computer hardware and software, communications networks, databases, scholarly information in electronic form, access and delivery systems, transaction processing systems, computer applications, computer and information professionals, and other related resources.

Institution: An institution is a university, academic health center, or a private, single-purpose, independent college.

Institutional Integrity: An institution that sponsors a podiatric medical college is expected to be sensitive to the needs of its constituents, including students, faculty, staff, the health-care community, and the general public. The institution is expected to be honest, ethical, and open with its constituents and operates in an environment that encourages intellectual and academic freedom. The institution is expected to be well-managed and fiscally stable.

Learning Objectives: Learning objectives reflect general and specific ideas about knowledge to be gained. They also reflect the knowledge, skills, and attitudes to be learned, all of which lead to intended competencies for entry into postgraduate training and, ultimately, professional practice. Learning objectives should reflect reasonable and attainable ends in light of present and projected means of the college.

Mission Statement: A strong statement of mission includes information about the nature and scope of the institution, the environmental context or community in which the institution exists, and the range of services provided. The mission puts forth the college's educational philosophy and embraces the

universally and readily accepted intentions, philosophy, and scope of practice for the profession of podiatric medicine, all in pursuit of the public good. The mission statement should be composed following the institution's decisions regarding its priorities, goals, and expectations of students.

Parent Institution: The university, academic health center, or college that has overall responsibility and accountability for the program. CPME requires that the parent institution be accredited by an accrediting agency recognized by the US Secretary of Education.

Postgraduate Programs: Includes continuing education, residency programs, and fellowship programs. The institution's involvement in continuing education, residency training, and fellowship training should in no way have a negative effect on student instruction.

Professional/Support Staff: Resource personnel who support the functioning of the institution and its educational programs.

Program Outcomes: Statements of expected and actual achievements of graduates in the aggregate. Program outcomes are mission-driven, reflect best practices, are consistent with standards and guidelines in podiatric medicine, and consider the needs of the community of interest. Assessment of outcomes is considered to be an essential means of determining whether the institution meets its own stated mission and goals.

Research: In its broadest definition, research is the pursuit of knowledge through the design and implementation of experiments or tests to judge and analyze the efficacy of a proposition or seek answers to new questions. Research may be clinical, focusing on the design, implementation, and results of bench and clinical experiments, or it may be sociological, socio-economic, or educational, focusing on the design, implementation, and results of the evaluation of hypotheses concerning people, social systems, or groups. Research also may include reviews and critiques of completed and published research findings or analysis and presentation of interesting or unusual case studies. Both qualitative and quantitative methods may be employed in the pursuit of research objectives provided the method chosen is appropriate for the data being collected.

Residency Placement Rate: The total number of students in a graduating class placed in a residency program divided by the total number of graduates.

Sufficient Number and Variety of Live Patient Encounters (e.g., Case Mix, Age, Gender): Student access, in both ambulatory and inpatient settings, to a sufficient mix of patients with a range in severity of illness and diagnoses, ages, and both genders to meet medical educational program objectives and the learning objectives of specific courses, rotations, and clerkships.

Syllabi: Syllabi contain the purpose of the course as it relates to the overall curriculum; objectives of the course written in specific terms (where appropriate, the relationship of each to intended outcomes are indicated); content of class and laboratory instruction in enough detail to permit the student to see its full scope; the method of instruction; requirements of the course with dates of major quizzes, papers, and examinations; total contact and credit hours; required textbooks; type of grading system to be used; and recommended bibliography.

Technical Standards: Requirements for admission to or participation in an educational program or activity and the academic and non-academic standards, skills and performance requirements demanded of every participant in an educational program. Academic standards include courses of study, attainment of satisfactory grades, and other required activities. Nonacademic standards include those physical, cognitive, and behavioral standards required for satisfactory completion of all aspects of the curriculum and development of professional attributes required at graduation.

APPENDIX

COMPETENCY DOMAINS

The following **suggested** competencies include, but are not limited to:

Domain I: Medical Knowledge

Competency Statement: Apply current and emerging knowledge of human structure, function, development, pathology, pathophysiology, and psychosocial development to patient care. The knowledge obtained provides a foundation in clinical training, residency training, and practice in podiatric medicine.

1. Describe normal development, structure, and function of the body with emphasis on the lower extremities.
2. Explain the genetic, molecular, biochemical and cellular mechanisms important to maintaining the body's homeostasis.
3. Relate the altered development, structure, and function of the body and its major organ systems to diseases and pathological conditions with emphasis on the lower extremity.
4. Apply knowledge from pre-clinical and clinical sciences, including knowledge of pharmacology, microbiology, and immunology in simulated and clinical settings to patient care.
5. Use current and emerging knowledge of health and disease to identify and solve problems in patient care.

Domain II: Patient Care

Competency Statement: Provide effective and compassionate patient-centered care (with emphasis on the lower extremity) that promotes overall health to diverse populations. Exhibit cultural awareness to ensure that patients and their families are provided the highest quality of care that demonstrates respect for diverse cultures.

1. Apply medical knowledge to distinguish between wellness and disease.
2. Perform and interpret comprehensive and problem-focused histories and physical examinations.
3. Perform lower extremity exams required for the diagnosis and management of disorders and conditions.
4. Formulate a prioritized differential diagnosis based on chief complaint, history, physical examination, and clinical assessments.
5. Perform and/or interpret clinical, laboratory, imaging, gait and biomechanical analyses, and other diagnostic studies required for management and treatment.

6. Participate actively in the performance of treatment techniques using medical and surgical means.
7. Recommend referrals of patients ensuring continuity of care throughout transitions between providers or settings, and determining patient progress.
8. Develop and implement patient-specific management plans and prevention strategies.
9. Recognize patients with life-threatening emergencies and institute initial therapy.
10. Demonstrate knowledge of public health, health promotion, disease prevention, and clinical epidemiology.
11. Recognize evidence of mental or physical impairment of oneself or others in order to protect patients from harm.
12. Formulate strategies of pain management that minimize the occurrence of substance abuse, including, but not limited to, the use of opioids.
13. Demonstrate awareness of issues related to culture, religion, age, gender, sexual orientation, and mental and physical disabilities.
14. Engage patients and their families in shared decision-making through counseling and education.
15. Use information technology to access online medical information, manage information, and assimilate evidence from scientific studies to patient care.
16. Perform ongoing self-assessment to optimize patient outcomes.

Domain III. Research and Scholarship

Competency Statement: Apply scientific methods and utilize clinical and translational research to further the understanding of contemporary podiatric medicine and its application to patient care.

1. Identify responsible practices and ethical behaviors used in research.
2. Retrieve and interpret medical and scientific literature.
3. Apply knowledge of the principles of research methodology and its relevance for clinical decision making.
4. Investigate opportunities that enhance life-long learning and contribute to the body of knowledge in podiatric medical research and scholarship.

Domain IV: Interpersonal and Interprofessional Communications

Competency Statement: Demonstrate communication and interpersonal skills that result in relevant and professional information exchange and decision-making with patients, their families, and members of the health-care team.

1. Communicate effectively utilizing oral, digital, and written formats.
2. Communicate effectively (including non-verbal cues) with patients, families, and other health-care professionals, especially when special barriers to communication exist.
3. Interact appropriately with peers, faculty, staff, and health-care professionals in academic and health-care settings.
4. Exhibit behavior that demonstrates the capacity to establish a doctor/patient relationship.

Domain V: Professionalism

Competency Statement: Exhibit the highest standards of competence, ethics, integrity, and accountability. Place the patient's interest above oneself.

1. Apply theories and principles that govern ethical decision-making to the practice of medicine and research.
2. Recognize potential conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine, in medical education and research.
3. Practice the standards that ensure patient privacy and confidentiality.
4. Demonstrate dependability, commitment, and reliability in interactions with patients and their families and other health-care professionals.
5. Recognize, and address in a constructive manner, unprofessional behaviors in oneself and others with whom one interacts.
6. Demonstrate personal behaviors that promote patient safety and infection control and prevent medical errors.
7. Identify personal deficiencies in knowledge and skills, and address them by implementing methods for improvement.
8. Employ strategies for seeking and incorporating feedback from patients, peers, and other health-care professionals to improve personal and patient outcomes.
9. Demonstrate knowledge of state and federal laws governing the practice of the profession.
10. Demonstrate knowledge of the principles of bioethics including customary and accepted standards of professional practice.

11. Demonstrate knowledge of health-care insurance products, third-party reimbursement, and jurisprudence.

Domain VI: Interprofessional Collaborative Practice

Competency Statement: Demonstrate the ability to work as an effective member of a health-care team.

1. Demonstrate an understanding of and respect for other health-care professionals and work collaboratively with them in caring for patients.
2. Perform effectively in diverse health-care delivery settings and systems.
3. Describe the structure and function of health-care delivery and payer systems used in the United States.
4. Identify resources for patients in situations in which social and economic barriers limit access to affordable health care and information.

Domain VII: Social Determinants of Health and Addiction

Competency Statement: Demonstrate an understanding of common societal problems (e.g., issues of addiction or abuse) and their impact on patients and their families.