
ACCREDITATION GUIDE

for

CPME On-site Evaluators

and

Colleges of Podiatric Medicine

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PREFACE

The Council on Podiatric Medical Education's (CPME or the Council) *Accreditation Guide* was developed for use by administrators and educators at colleges of podiatric medicine as well as CPME on-site evaluation team members as they undertake their responsibilities for the accreditation process. The guide covers important aspects of the CPME accreditation process and provides information about team members' roles and responsibilities before, during, and after an on-site evaluation. The council appreciates the opportunity to review and utilize training materials developed by other accrediting agencies.

Documents to be used in conjunction with this guide include CPME publications 120, *Standards and Requirements for Accrediting College of Podiatric Medicine*, and CPME 130, *Procedures for Accrediting Colleges of Podiatric Medicine*.

This publication represents the sixth edition of the *Guide*. With continued experience, and realization of strengths and weaknesses inherent in the evaluation process, future revisions and additions will be required. The publication is to be used as an introduction to the CPME evaluation process. Clearly, this manual cannot stand alone as the tool for orienting the evaluator. Combined with effective evaluator training and a productive exchange of questions and discussion, the *Guide* should be valuable to both experienced and new evaluators. The reader is encouraged to continue his/her reading on the topic of accreditation as well as to become intimately familiar with the policies and procedures as described in the various CPME publications.

INTRODUCTION

The field of accreditation is rich in research and literature, suggesting that a wide range of issues and nuances exist related to the accreditation process. In an effort to offer a brief overview to the field, the following discussion is presented to improve the reader's understanding of the purpose and value of the accreditation process.

Unique to postsecondary education in the United States is the voluntary accreditation process, which involves evaluation of the quality and integrity of universities, colleges, and/or professional schools in accordance with established standards. The recognition accorded by an accrediting body is an indication of confidence to the educational community and the public it serves.

Accreditation is premised upon a peer review process from which judgments are made by individuals about the relative quality of educational institutions and programs. This peer review process is facilitated by the institution's completion of a self-study in which officials of the institution (or college) conduct a thorough and honest, introspective self-analysis of the strengths and limitations of the institution and/or college under consideration. Although the self-study process is paramount to a productive accreditation visit, it is ultimately an excellent beginning for directing institutional and/or programmatic planning.

Two forms of accreditation are practiced in the United States - institutional accreditation and specialized or professional accreditation. Nongovernmental agencies that have either regional or national authority conduct institutional accreditation. Institutional accrediting bodies are concerned with the quality of the total institution as based upon attainment of objectives established by the college or university. Institutional accrediting agencies encourage development of innovative objectives as long as such objectives are not opposed to the educational standards established by the accrediting body.

The primary purpose of specialized or professional accreditation, which also is conducted by nongovernmental agencies, is to assure the public that, based upon standards established by a profession, a creditable educational program is offered. Unlike institutional accreditation, specialized accreditation is oriented largely toward the interests of a profession, such as podiatric medicine, law, or engineering. Because of this orientation, a great deal of tension may often exist between a particular profession and the institutions that prepare its practitioners. Although it is the mission of specialized accreditation to uphold standards that the profession believes are in the best interest of society, accreditors also must realize their responsibility to be sensitive to the problems of resources and curricular patterns that exist within institutions.

CPME is a specialized/professional accrediting agency; however, it often takes on the function of performing the responsibilities of an institutional accrediting agency. This situation is a result of the phenomenon in podiatric medicine in which one of the nine CPME-accredited colleges of podiatric medicine are free-standing, that is, not part of a larger institution or university. In the case of free-standing professional schools, specialized accreditation attests not only to the quality of the program and its relevance to professional practice, but also to the quality of the institution in which the program is conducted.

Whenever possible, the council collaborates with regional agencies in conducting evaluation visits, providing the council opportunity to utilize the expertise of academic administrators from universities and colleges external to podiatric medicine. These individuals are highly valued in the evaluation process; especially in those aspects related to institutional governance, planning, and finance.

The nature of accreditation is, in theory, a voluntary enterprise. There is, however, a strong relationship between accreditation and institutional eligibility for Federal funding. States also have come to rely upon accreditation processes to carry some of the regulatory burden. In the law, engineering, and health-related professions, accreditation is linked inextricably to eligibility requirements for professional licensure. Consequently, because of these various relationships, the voluntary nature of accreditation is compromised.

CPME ACCREDITATION

The Council on Podiatric Medical Education receives its authority from the American Podiatric Medical Association (APMA) through the bylaws adopted by the association's House of Delegates. The council is autonomous in developing its own evaluation and accreditation standards, requirements, procedures, and policies as well as in deliberating all accreditation decisions.

The mission of the council is to promote the quality of graduate education, postgraduate 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.

The council is itself assessed and recognized as the accrediting body for professional degree programs in podiatric medicine by two external bodies. The council is evaluated and recognized by the Council for Higher Education Accreditors (CHEA), a national advocate and institutional voice for self-regulation of academic quality through accreditations. CHEA is an association of 3,000 degree-granting colleges and universities and recognizes 60 institutional and programmatic accrediting agencies. A formal evaluation of the council is conducted by CHEA at least once every seven years.

In order to enable the continuing eligibility for federal funds by colleges of podiatric medicine, a full United States Department of Education (USDE) recognition review takes place every five years. USDE staff conducts the review based on communication with the accreditor, a written report from the accreditor and a visit to the accreditor (through attending a college site visit, attending a meeting of the Accreditation Committee and/or Council, and an office visit). USDE staff and the National Advisory Committee on Institutional Quality and Integrity (NACIQI), an appointed group of educators and public members, each make a recommendation concerning the recognition of an accreditor to the senior Department official (SDO). The final recognition decision is made by the US Secretary of Education.

CPME is governed by an 11-member council that meets twice each year and has final decision-making authority to grant, withhold, extend, or withdraw accreditation. Accreditation by the council assures quality and promotes excellence and continuous improvement in podiatric colleges. The CPME accreditation process endorses and supports diverse paths to achieving high quality education. Since its establishment, the council has worked to develop practices that are consistent with the recognition set forth by the US Department of Education and in accord with good practices for accrediting bodies, as promulgated by ASPA.

Accreditation by the 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 and their families by ensuring that these colleges have established mission statements, institutional 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, institutional objectives, and outcomes.
5. To enhance student learning opportunities by fostering the continuing improvement in colleges of podiatric medicine -- and thereby in professional practice.

CPME ACCREDITATION PROCESS

Procedural Overview

The accreditation process related to colleges of podiatric medicine, as described in the procedures document, consists of the following five steps:

1. The institution completes a self-study (self-assessment), which generates a document that addresses both the extent to which the institution is in compliance with the standards for accreditation and the institution's strengths and areas for improvement.
2. An evaluation team of peers is appointed by the council chair to visit the institution in order to validate the findings of the self-study and to assess compliance with the standards and requirements for accreditation. Acting as a fact-finding body, the team prepares a report for the institution and council.
3. After the institution is provided opportunity to respond to the report of the team, the Accreditation Committee reviews the team's report along with the self-study report and any other information that the institution wishes to provide following the on-site evaluation.
4. The council, based upon a recommendation from the Accreditation Committee, decides whether to grant, withhold, withdraw, or reaffirm accreditation. If accreditation is withheld or withdrawn, the institution is accorded opportunities to seek review of the decision.
5. The council periodically reviews the institution between accreditation visits in order to determine continued compliance with CPME standards and requirements as well as progress in improving the quality of the educational program.

This five-step process is reinitiated every eight years or sooner depending on the success of the institution in demonstrating continuing compliance and improvements in the quality of the educational program.

The On-site Evaluation

An integral part of the CPME accreditation process is the on-site evaluation team, which is composed of volunteers adept in the accreditation process and representative of the podiatric medical college community. By linking the college's self-study analysis to the council's assessment of quality relative to the established standards and requirements, the on-site evaluation provides an opportunity for collegial interaction between members of the evaluation team and representatives of the college.

The on-site evaluation visit to podiatric medical colleges occurs typically over a four-day period, including the exit interview on the final day of the visit but excludes the initial executive session of the team held at the hotel the evening preceding the visit. Evaluators participating in their first

evaluation are required to attend a formal training session the afternoon preceding the executive session. The duration of the evaluation may be shorter or longer if special circumstances dictate the need for less or more time to accomplish the work of the evaluation team.

Depending on the structure of the college and the specific issues to be addressed, the team will meet separately on-site with a broad representation of college constituents, including university officials (if applicable), college administrators, staff, faculty, and students. Team members, as a group or individually, will meet with program constituents in settings that foster candid discussions and ensure confidentiality.

Types of On-site Evaluations

Candidate Status	Provisional Accreditation	Comprehensive/ Accreditation	Focused
<ul style="list-style-type: none"> • Conducted after all eligibility requirements are met and a complete candidate status application is submitted. • Self-study that addresses plans for complying with all standards is reviewed. • Comprehensive three-four-day visit is conducted. • Subsequent visits throughout the candidate status period may be conducted as needed. 	<ul style="list-style-type: none"> • Conducted after candidate status is granted and students enrolled in the first year. • Self-study that addresses how the college either complies with or plans to comply with all standards is reviewed. • Comprehensive four-day visit is conducted. • Subsequent focused visit may be conducted before the first accreditation visit is conducted. 	<ul style="list-style-type: none"> • For accredited colleges, eight-year cycle with self-study; accreditation retained until withdrawn by CPME. • For provisionally-accredited college, is conducted late in the third year or early in the fourth year. • An updated self-study is reviewed. • Comprehensive four-day visit is conducted. 	<ul style="list-style-type: none"> • Conducted at the direction of the Council. • Specific requirements reviewed are determined following review of an on-site evaluation team report, progress report, or annual report, or resulting from substantive change or enrollment increase request. • One-two day visit is conducted.

Composition of Evaluation Teams

CPME evaluation teams typically consist of five members. CPME evaluation teams are comprised of representatives of the podiatric medical college community and other individuals experienced in accreditation in other fields. A staff person normally attends each site visit to serve as a resource to the team, to observe and evaluate CPME practices, and to ensure that established policies and procedures are being followed.

In addition to one member of the council and/or one member of the Accreditation Committee, teams may include the following types of members:

The generalist, whether a council member or appointed by the appropriate regional accrediting body, is a full, participating member of a team that visits a college of podiatric medicine. Although this individual is not expected to have special knowledge about podiatric medicine, he or she makes major contributions related to broader educational issues. Frequently, the generalist assists the team in assessing such aspects as the college’s relationships with the larger university, methods of financing, and the institutional milieu.

The practitioner contributes an essential perspective to the team's deliberations - the relevance of the instructional program to the world of podiatric medical practice. The practitioner also should be able to assess the appropriateness of college service activities to the community and the profession. Although the practitioner will have knowledge about podiatric medicine in general and knowledge in at least one area of board certification, he or she may not have extensive knowledge about educational institutions.

The academician, or educator, will have depth of knowledge in podiatric medical education and will be familiar with colleges of podiatric medicine. He or she will be helpful to the team in understanding the special nature of podiatric medicine. Academicians frequently assist the team in evaluating curricula, faculty qualifications, internal governance, student services, and research.

In any case, the composition of a comprehensive evaluation team must include at least one member from each of the following categories:

- **Practitioner** - someone directly engaged in a significant manner in the practice of podiatric medicine
- **Educator** - someone currently or recently directly engaged in a significant manner in an academic capacity at an accredited college of podiatric medicine who may not be an academic dean
- **Academic** - someone currently or recently directly engaged in a significant manner in postsecondary education and/or research
- **Administrator** - someone currently or recently directly engaged in a significant manner in a postsecondary podiatric medical program or institutional administration.

Selection of Evaluation Teams

The Council chair appoints the evaluation team and team chair based upon recommendations and advice offered by the chair of the Accreditation Committee and Council staff. Individuals are selected to serve on CPME evaluation teams based on their academic, administrative, and/or practice experience and expertise. All CPME evaluators must undergo formal training by CPME prior to participating on an evaluation team.

The council seeks evaluators who are competent by virtue of experience and training; sensitive to the needs of the institutional mission; and impartial, objective, and without conflict of interest. In accordance with good accreditation practice, CPME appoints team evaluators who meet the following standards:

- academicians and practitioners who are known and recognized by their peers and whose judgment is respected within the profession.
- responsible and experienced educators who have demonstrated professional competence in podiatric medicine and who are able to assess the relevance of educational efforts to the world of practice.
- individuals who have a broad perspective of podiatric medical education and who are able to knowledgeably address multiple aspects of the profession.

- individuals who demonstrate mature judgment, fairness, and effective written and oral communication.

CPME staff is responsible for inviting and confirming the participation of evaluators and for informing evaluators about the dates of the on-site visit, the length of time for which their participation will be required, their responsibilities in preparation for the visit, reimbursement of expenses, and CPME's policy regarding conflicts of interest. One member of each evaluation team will be designated as the team leader and will have responsibilities for coordinating and leading the review process.

The council's review process affords colleges an opportunity to request that certain areas of expertise are represented on their teams. The council makes every effort to accommodate such requests.

Several months before the visit is to take place, council staff proposes to the CEO/CAO a roster of evaluators to serve on the team. Information about each person's current institutional affiliation and position, areas of professional expertise, and experience with the council accompany the roster. The team is carefully selected by council staff, mindful of the college being visited as well as the council's commitment to equity and diversity in the composition of teams. The college may express concerns or reservations about proposed team members and definitely should indicate any potential conflicts of interest. The council makes every effort to alleviate serious concerns about a proposed team member, but the council reserves the right to make the final choice of all team members. The college is consulted on subsequent changes to an approved team caused by scheduling conflicts and emergencies.

Conflicts of Interest

Once colleges are advised of the proposed team composition, they are provided an opportunity to identify any conflicts of interest. If a conflict of interest exists, CPME will seek a replacement for that team member. A listing of the final team with each evaluator's name, address, and professional affiliation is sent to the college at the earliest possible date.

In appointing evaluators to teams, the council attempts to avoid even the appearance of a conflict of interest with the college under review. This is absolutely necessary to maintain the credibility of the accreditation process. However, all relationships between evaluators and colleges cannot possibly be known to the council. The responsibility to determine any possible conflict, actual or apparent, lies equally with the college and the individual evaluators. Examples of possible conflicts of interest are:

- current or previous affiliation with an institution (as an administrator, faculty, staff, employee, appointee, etc.);
- an individual who lives in geographic proximity to the college under evaluation;
- current or recent service as a consultant to the institution; and
- a relative of someone who is affiliated with or has a relationship to the institution.

CPME evaluators are entrusted with the highest form of professional confidence. Consequently, team members should be aware that the entire process is confidential from two perspectives:

- Perceptions expressed to the team by individuals interviewed during the visit are confidential to the team.
- Team members may discuss the visit and the written materials only with each other, CPME staff and, in the case of the team leader, the council's Accreditation Committee.

PLANNING AND PREPARATION – ATTENDING TO LOGISTICAL ARRANGEMENTS

Choosing the Dates for the Visit

Establishing the dates for the team's visit early in the process enables the college to develop a well-conceived design, strategy, and timeline for the self-study process. Typically, the organization provides a preferred date and an alternative. The council makes every effort to give preference to the college's first choice of dates.

Budgeting for the Evaluation Process

The institution to be evaluated by the council is responsible for paying the full and actual costs associated with the on-site evaluation visit, including team travel and meal expenses, team hotel and hotel meeting space, travel expenses for CPME staff, costs related to any planning meeting in preparation for the visit, and costs related to the attendance of the team chair at the meeting of the Accreditation Committee. Institutions are asked to submit payment for a \$10,000 pre-assessment fee approximately 90 days prior to the evaluation visit. The institution is sent a final assessment after the evaluation visit based upon the combined actual costs of all fees related to the visit. Alternatively, a refund is provided the institution of any amount that is overpaid as part of the pre-assessment fee.

Team members are expected to pay for their own expenses associated with visits, including travel, lodging, and food, and to seek reimbursement from the council. Unless special arrangements are made with CPME staff, a college should not attempt to establish a master bill for the team or to pay bills that clearly belong to the team; such attempts simply lead to misunderstandings that interfere with the visit. A college is not obligated to transport the team during the visit, but if it does provide transportation, it absorbs those costs.

Team members do not expect gifts, and colleges should not offer them. A souvenir, such as a mug, might be an appropriate memento; however, the council expects that its teams will not be offered gifts that could in any way be perceived as influencing their objectivity.

Establish and Maintain Good Communication with the Team

In most situations, the team chair will establish contact with the organization's CEO/CAO once the team is complete. The college should not contact individual team members until it has established communication with the chair. Communication primarily flows through the CEO/CAO, the team chair, and CPME staff. Neither the organization's employees nor team members should contact one another individually.

Clarify the Role of a Self-Study Coordinator

If the college elects to appoint a self-study coordinator, the CEO/CAO and the coordinator need to maintain open and effective communication channels. The council sends all official documents (proposed team roster, final team roster, and council materials for the visit) to the CEO/CAO. If the CEO/CAO chooses to have the self-study coordinators work directly with the council on some matters, those documents need to be routed to them. Moreover, council staff should be informed in writing that the self-study coordinators, on behalf of the organization, may agree to items such as team member replacements or team arrangements. Whatever the relationship, it is important for the college to establish early links with CPME staff and the team chair. At that point, CPME staff should know whom to contact to receive assistance in arranging team accommodations and travel, determining the schedule for some of the team's interviews and meetings, and ensuring that the team will have the on-site support it needs.

Hotel Accommodations

CPME staff, working with the team chair, will make the necessary lodging reservations for all team members. Lodging information will be provided the team, i.e., name, address and telephone number of the hotel where the team will stay, so team members can provide this information to employers and families. Reservations will be made for Sunday through Wednesday evenings. Team members who need to extend their stays prior to or after the normal visit due to flight arrangements or personal reasons are asked to notify CPME staff.

Travel and Reimbursement

Team members are responsible for making their own transportation arrangements to and from the institution being evaluated. The council does not pay honoraria for the services of the team members. It does, however, reimburse team members for expenses associated with the on-site visit. Council staff distributes travel guidelines and a travel reimbursement form to each team member and is available for consultation about travel policies.

After the on-site evaluation, each evaluator should submit to the council the completed reimbursement form with original receipts, for travel and expenses incurred in connection with the visit. Requests for reimbursement should be made as soon as possible after the on-site evaluation. Each evaluator is reimbursed typically within two weeks, and the council invoices the college for the total cost of the visit.

Meeting and Resource Room

The team will expect support through a physical resource room that includes easy online access, with exhibits clearly identified and appropriately referenced in the self-study report. The college provides the team secure space on the campus that is adequate to serve as a meeting room, workroom, and resource room. The space reserved for the team should accommodate the organization's resource materials; workspace with furniture; and technology support, including ready access to photocopier, telephone, and Internet access.

Staff Support

Once on campus, the team may need the assistance of a person who can help with the scheduling of interviews. Sometimes the team does not find all the materials it needs in the resource room; it will need assistance in identifying the location of the materials and how best it can have access to them. The team may need some technical support, particularly if resources are web based.

Announcing the Visit

Campus notice. It is important that the campus community knows about the visit. However, the college should not share the names of team members prior to their arrival on campus, or their place of lodging during the visit. If special groups ask to meet with the team, the college should share that request with the chair and abide by the chair's decision. Because teams need flexibility, it is important for the college to:

- announce the dates of the visit to all constituent groups;
- announce the dates in the publications it traditionally uses to reach its various publics;
- publicize the schedule of the team's open meetings;
- contact students, employees, and other constituents who may be invited to participate in the visit, and arrange tentative time frames for access; and
- be receptive to times for team members to interact informally with members of the organization

Third party comment. As part of its ongoing effort to make the accreditation process responsive to a broad range of constituents, the council integrates the federally required third-party comment process into its regular accrediting processes. The council requires colleges scheduled for an evaluation to publish basic information about the visit in appropriate publications and invite the public to provide written comments to the council. The council forwards these comments to the team to include in its evaluation. Third-party comment may be submitted in letters or via e-mail to the council.

Accommodating Special Circumstances

Contingency planning. Good planning always involves thinking about how to handle the unexpected. Sometimes significant campus leaders are called away for personal or professional reasons. Consider who can serve as backup or whether teleconferencing might make an important interview possible with an unexpectedly absent representative of the organization.

Observers. Occasionally, a college asks whether observers may be present during the visit. From time to time, the council may want to include an observer from a quality assurance agency; the U.S. Department of Education may want to observe a comprehensive visit. Council staff may want to observe a visit as part of their orientation and training. The CPME director considers each request on a case-by-case basis. The team chair, the college, and the council must agree that the observer may be present. The team chair must ensure that the observer does not participate in the team's deliberations.

TEAM MEMBER ROLES AND RESPONSIBILITIES

The importance of the role of the on-site evaluation team in the CPME accreditation process cannot be overemphasized. The primary role of the team is to analyze the college of podiatric medicine objectively and to verify that it is pursuing effectively its mission and meeting the established CPME standards and requirements. The team obtains facts by examining the self-study and attachments as well as other materials provided the team, and by interviewing college representatives on-site. CPME staff is available for consultation throughout the review process.

CPME evaluators understand that every accreditation visit is different. The differences may come from several sources: a) the uniqueness of each institution along with the individuality of the college under review; b) the changing composition of the visiting teams sent to institutions; c) the clarity, comprehensiveness, and organization of the self-study materials; and d) individual interpretations by team members in attempting to determine operationally whether a requirement is met. Evaluators are expected to give full and objective attention to the work of the evaluation team during the on-site visit. While some of the following suggestions may be obvious, they are intended to be helpful to evaluators.

- Evaluators should be prompt for meetings and interviews and should remain for the entire visit. Departure from the setting should not be scheduled until after the exit interview on the final day of the visit.
- To avoid even the appearance of conflicts, socializing with institutional representatives is to be avoided to the maximum extent possible. There may be situations in which some social contact is appropriate (e.g., a working luncheon provided by the college) but this activity should be minimized.
- Although college representatives likely will be eager to please the evaluation team, special care must be taken not to exploit this tendency by using the on-site evaluation as an opportunity for the development of personal relationships or for professional advancement.
- The material provided in advance of or during the visit is confidential and shared only among members of the evaluation team and with CPME staff.
- Evaluators should not plan to use any portion of the visit to meet with friends, relatives, or colleagues. There is a strict daytime agenda; time in the evening is always reserved for the team's executive session, usually conducted during dinner, and report writing. If evaluators want to sightsee or socialize with friends or relatives in town, they might consider arriving earlier or staying later at their own expense.
- Evaluating programs usually provides team members with new ideas and incentives for changing things back at home, but a team member should not allow the need to gather new ideas, brochures, forms, etc., to interfere with his or her task of self-study validation. Doing so may create a false impression of the purpose of the team's evaluation.

Prior to the on-site visit, team members receive materials from CPME staff and the college. Evaluators should be thoroughly familiar with the college's self-study and self-study appendices. The accreditation standards, procedures, and other materials listed below also are sent to team members in advance of the visit. The college makes other materials available to the team for on-site review based partially on documentation requested by the council. The following chart identifies what teams should expect to receive and at what point in the review process.



Evaluators should retain documents and notes pertaining to the on-site evaluation, until the council takes final action on the college's accreditation status.

Preparing for the Visit

Accept and carry out your individual assignments during the visit. The chair will make assignments before the visit and during the initial executive session. While the full team is responsible for assessing compliance with all standards, writing assignments will be divided among the members. You will be assigned responsibility for drafting major conclusions about selected standards.

Disclose any conflicts of interest you have in regard to this particular college as early as possible, preferably at the time you are invited to serve on the team. The college may challenge a team member based on a conflict of interest; obviously it is best to avoid such a situation. If you are in doubt, discuss the potential conflict with CPME staff.

Arrange your travel plans to arrive in time for an executive session of the team the evening before the on-site visit. Departures should be scheduled after the exit interview, the last item on the site visit agenda.

Become familiar with CPME's accreditation standards and requirements. The standards and requirements were developed over a long time and with extensive involvement of affected parties. Your task is to determine whether and how well the college meets the standards and requirements.

Read all materials carefully, especially the self-study document, which is mailed to you at least six weeks before the on-site visit. Evaluators are expected to have read the self-study (and attachments) thoroughly and to have prepared a list of questions and concerns for discussion by the entire team during the initial executive session, typically the evening before the first day of the evaluation. Doing this enables the team to have a fruitful pre-visit meeting in preparation for an effective on-site evaluation. (Nothing is more embarrassing to a team than for a team member to ask college administration for documentation already provided in the self-study.)

During the Visit

Ask questions about CPME's procedures and processes. This is one of the important reasons for the initial executive session. The team leader is always an experienced CPME evaluator and can help you understand the on-site visit in the context of the total accreditation process. He or she also can be helpful in interpreting the accreditation standards and requirements. If you are in doubt about any aspect of the visit or your responsibilities, ask the team leader or CPME staff.

Be attentive throughout the visit. Your responsibility is to elicit information that will validate the college's self-study. The discussions will be intense throughout the visit, but it is important to keep your attention focused on the issues that are of most importance to the college. Keep in mind that this visit is critical to the institution and your level of interest in the discussions should reflect that importance.

Avoid combative questioning whenever possible. While it may be absolutely necessary to ask the hard or controversial questions, this questioning usually can be done in a positive manner.

Be open minded and careful not to promote your own ideological or pedagogical preferences unnecessarily. There are many ways to accomplish the same ends. Remember that the college is being evaluated on how well it meets its own mission. Look for the results.

Avoid effusive praise of the college or the manner in which it carries out its activities. Such praise can lead the institution to unrealistic expectations regarding the site team report and the accreditation decision.

Avoid questioning the appropriateness of CPME accreditation standards and requirements in the presence of college constituents. The council welcomes your opinions about the standards and requirements but urges you to express these as part of your written evaluation after the visit rather than during a site visit discussion.

Avoid comparison with another college. While as a point of reference it is sometimes useful to describe the manner in which another college operates, it is never appropriate to imply that there is a single model to be pursued. The college being evaluated must be assessed on how effectively it complies with CPME standards.

Offer helpful guidance to the college if possible. Site visitors sometimes are confronted with a dilemma: whether to function as evaluators to assess the college or as consultants to assist the college. The council believes that the entire accreditation process, including the on-site visit, should be helpful to the college. The consultative role should not be pursued if it interferes with the team's major objective of verifying the self-study and assessing compliance with the accreditation standards or if it compromises the ability of the team to make independent and honest judgments. Fortunately, this dilemma is rare, and most visits can accomplish both tasks.

Explore whether and how well a college has responded to criticisms in the last accreditation report. Problems identified in prior years, but which have not been remedied take on greater importance. Conversely, where the college has corrected prior deficiencies, the team should acknowledge the progress.

Participate actively in the team's decision-making processes. As in all group work, evaluation team members must formulate their own opinions regarding program strengths, weaknesses, and recommendations. These opinions may differ slightly or dramatically; however, it is the responsibility of each team member to remember that a single group report will be submitted to the Council. A consensus must be reached, which may mean compromises on the part of individual team members. There are no provisions for minority reports from team members.

Do not relate to the college the team's thoughts regarding the accreditation decisions to be made by the Accreditation Committee and the council. While the council relies on the site visit team for its major assessment about the college, the role of the team remains advisory to the council. The team does not recommend an accreditation action.

Complete your writing assignments while on site. The written assignment should be a clear statement that assesses how the college complies with a particular standard and provides evidence supporting that conclusion. Your written assignments become the basis for the exit interview and are subsequently used by the team leader and staff in preparing the draft report.

Provide accurate feedback to the college during the exit interview. The team's findings should be summarized succinctly by the leader. The content should be straightforward and should include sufficient detail that the college will know what to expect in the written report. The exit interview is the time to report the findings, not to debate the issues or to receive new information. The college will have ample time and occasion to respond to the team's findings and conclusions after receipt of the team's written report.

Avoid allowing a disgruntled program constituent, such as a staff or faculty member, to draw the team into a disagreement on the relative merits of specific approaches to certain problems/situations.

After the Visit

Carefully review and comment on the team's draft report, which will be mailed to you after the visit. Except in unusual situations, you will have at least two weeks in which to complete this task. It is important that revisions and corrections are incorporated so that the report accurately reflects the team's perceptions.

Promptly complete and return the evaluation questionnaire that will be sent to you following the visit. The evaluations are useful in the ongoing effort of the council to improve the accreditation process.

Treat the team report as confidential, both before and after council action. The report, after its adoption by the Council, becomes the property of the institution and may be distributed, giving fair and accurate representation of the contents, only by that institution. Similarly, it is inappropriate to discuss the details of the visit with your colleagues back home. While the self-study document is public and may be shared among colleges, you have access to confidential information. It would be a breach of trust to discuss publicly the problems of the college based upon that privileged information.

Finally, and most important, please be assured that the council appreciates your contributions to the accreditation process. The council relies on the team for major input to the accreditation decision. Council member depend on the team report and the institution's written response to ensure a well-informed and fair decision.

REVIEWING THE SELF-STUDY

Because each college is governed by its own mission, goals, institutional objectives, and outcomes, all of the standards and requirements do not apply in equal proportion to all colleges. When reviewing the self-study report, team members should bear in mind that each college is expected to address in its self-study, within the framework of accreditation standards such questions as:

- What are the college's mission, goals, institutional objectives, and outcomes and what educational obligations has it assumed?
- Are these appropriate in its present time and place and for its present constituency?
- Are all the college's activities consistent with its mission, goals, institutional objectives, and outcomes?
- Are its programs and activities designed to achieve its goals?
- Is there solid evidence that they are being achieved?
- Are the human, physical, and fiscal resources needed to achieve institutional aims available now? Are they likely to be available for the foreseeable future?

The effective self-study will:

- emphasize the role of planning and assessment (Standards 1, 4, and 8) in achieving the college's mission and in advancing and renewing itself;
- include research questions that link the accreditation standards to the college's specific mission and context; and
- use existing documentation for reference and analysis as much as possible.

Team members should prepare in advance the questions for use during the team visit. In reviewing the self-study, evaluators should consider questions such as these:

- Did the institution involve at least its internal constituents throughout the self-study process? The involvement of external constituents also may be considered appropriate.
- What else is there to know about the college, and where on campus should additional information be sought?
- Are all operations - such as affiliated clinical sites - addressed sufficiently?
- What are the institution's strengths and weaknesses?
- Is the evidence on outcomes, including the assessment of student learning, adequate to support a judgment on the institution's effectiveness in achieving its objectives?
- Are assessment processes, strategic planning, and the budget linked appropriately?
- How do the parts of the document fit together?
- At what point(s) does the self-study need further interpretation or elaboration?
- Are there inconsistencies that need clarification?
- Who are the people to be interviewed? What additional information should they provide?
- What additional documents should be examined?

If a team member requires additional information or clarification before the visit, the team member should consult with the chair and CPME staff to discuss the nature of the request and the process for making the request to the college.

In addition to the documentation identified in CPME 120 that must be either included as appendices to the self-study or made available on-campus, the following materials also should be made available on-site for the use of the evaluation team. In general, the materials should include any items referenced in the self-study document that were not included in the appendices, and any other information that provides evidence of compliance with the accreditation standards and their requirements.

- Progress reports submitted to, and evaluation team reports received from, CPME and the applicable regional accrediting agency and/or state agency since the last comprehensive evaluation visit.
- Correspondence about accreditation received from CPME and the applicable regional accrediting agency and/or state agency since the last comprehensive evaluation visit.
- Summary data regarding faculty teaching loads.
- Summary data regarding the number and size of classes.
- Collective bargaining agreement, if applicable.
- Institutional advertising directed at prospective students.
- One complete copy of the self-study report.
- Peer evaluation (if applicable).
- Student assessment of faculty/courses/experiences.
- Volume of clinical patients at each site utilized for educational purposes and patient surveys completed.
- Other materials as necessary to be determined by the team leader.

Reminders for Team Chairs

- Conduct a conference call with staff and college officials to establish the evaluation schedule and request any additional information, at least four weeks prior to the self-study due date.
- Conduct a briefing with the entire evaluation team relative to the philosophy of the CPME on the approach, purpose, and methodology of the conduct of the team on the evening prior to the first day of the site visit.
- Conduct an orientation session with team members who have not participated previously as a CPME college evaluator on the afternoon prior to the first day of the site visit.
- Carefully organize all conferences and meetings of the evaluation team reviewing the college of podiatric medicine, including those which occur during the team's executive sessions.
- Determine in advance what will be accomplished at each working session.
- Do not monopolize the discussions but give firm leadership.
- Call upon each team member for a brief report, encourage discussion, and ensures that all comments are germane to the issue under consideration.
- Establish in advance, and adhere to, a reasonable time to conclude evening meetings.
- Ensure that the team is making progress toward completing its assigned campus interviews as the visit proceeds in order to make certain that the range of people to be interviewed is as complete as possible and that no one who must be seen is omitted.
- Offer guidance to team members through the team conferences and throughout the visit.
- Remind the team that they must apply the standards in CPME 120 in light of the stated mission, goals, institutional objectives, and outcomes of the college.
- Indicate to team members that they will be expected to offer their critiques as specialists and to incorporate their notes into the team's report, but their focus as CPME representatives always relates to the institution/college.
- Set a deadline for team members to submit their reports to the chair.
- Remind evaluators to identify specific documents or other evidence as justification for all observations, conclusions, and recommendations and to list all individuals interviewed.
- Prepare the team for what is expected during the final team meeting.

Reminders for CPME Staff

- Correspond with the college regarding composition of the evaluation team and schedule for the on-site evaluation.
- Accompany team leader on the preliminary visit or participate in the conference call to develop proposed on-site evaluation schedule and determine the need for additional information.
- Advise evaluation team members of evaluation procedures and methodology.
- Ensure that hotel arrangements have been made for members of the evaluation team.
- Obtain self-study report and pre-evaluation materials from the college and arrange for distribution to members of the evaluation team.
- Develop detailed draft schedule for the evaluation visit in consultation with the college and team chair; prepare final schedule for distribution to evaluation team and college staff.
- Accompany the evaluation team to the extent necessary to facilitate the evaluation process.
- Based upon individual evaluation team member contributions, coordinate preparation of first draft of evaluation report and send to evaluation team; edit second draft based on suggested comments and changes and send to college chief executive officer. Edit final draft for distribution to the council for review.
- Notify college of council accreditation action.
- Distribute final report to the college and to the college's board of trustees, after approval by the council.

CHAIR ORGANIZATIONAL TEAM MEETING (“THE BRIEFING”)

Generally, the team meets privately in a briefing session held in the evening before the site visit begins. The team uses the briefing session to:

- get acquainted;
- discuss writing assignments and responsibilities for pursuing particular lines of inquiry;
- review the on-site agenda;
- share impressions about the college;
- discuss information needing further clarification;
- discuss questions that have arisen from the review of the self-study document;
- address the program’s responsiveness to the previous accreditation report, if any;
- identify documentation to review on-site; and
- finalize logistical needs (availability of computers /printer for use on-site, departure times, etc.)

Each team member will share his/her analysis of the documents and issues that need to be further examined on-site (e.g., breadth and depth of training, involvement of faculty in governance, quality of students and the outcomes of their training experiences) and for each such issue, the best source(s) of information from which to review that aspect of the program (e.g., interviews with administration, course outlines, comprehensive exams, clinical evaluations and patient records.) Team members address plans for reconciling any areas of conflicting opinion during the visit. This discussion should not draw conclusions but should be used to establish working hypotheses to guide team consensus building.

At the briefing, the team chair:

- Encourages team members to approach their work as “colleagues” and “peers” rather than “inspectors.”
- Reminds the team to keep its attention on assessing the program in relation to the council’s standards and requirements.
- Emphasizes the team's central responsibility to approach its review of the college in terms of its mission, institutional objectives, and outcomes.
- Discourages the team from seeing only flaws or weaknesses or comparing everything to one's home campus.
- Reminds the team that all evaluation materials, meetings, conclusions, and recommendations must be kept confidential.
- Instructs the team to make clear to the faculty, administration, board, students, and alumni of the college that the team members, as CPME representatives, do not prescribe specific practices regarding such issues as academic freedom, teaching loads, class size, budgets, and due process.
- Emphasizes that whatever an individual’s own personal biases may be, team members should be neither advocates nor adversaries of any particular approach to these issues.
- Insists that the team respect schedules and timelines for interviews and other scheduled activities.

CONDUCT OF THE ON-SITE EVALUATION

Throughout the on-site evaluation, team members seek information to validate the self-study document prepared by the college. In meetings with administrators, faculty, students, staff, and other groups, the team explores issues identified by the team during its executive sessions and seeks open and frank discussions that clarify and expand upon information in the self-study document. The team reviews materials requested by the team to verify information in the self-study document and to assess the manner in which the college interacts with and represents itself to its various constituents. Based on their findings and observations, team members should assess the extent to which the program meets each CPME standard, taking into consideration the college's compliance with the requirements related to the standard. In doing so, the team also identifies strengths, weaknesses, and areas/plans for improvement.

Throughout the on-site evaluation, the team convenes on its own in executive session. During executive sessions, the team chair evaluates the progress of the team and may make additional or revised assignments.

The On-Site Interviewing Process

The on-site evaluation process consists primarily of interviews with college constituents and a review of documentation described earlier in the *Guide*. The primary purposes of the on-site visit interview are to: a) evaluate the success of the college of podiatric medicine in achieving its mission, goals, and outcomes; b) assess the extent to which the college is meeting CPME standards and requirements; and c) identify the efforts of the institution to engage in continuous improvement. Interviews also offer opportunities to learn about the interactions of faculty, administrators, students, staff, and other program constituents. Such information is difficult to glean from the self-study, regardless of how well the document has been prepared.

The burden of proof for demonstrating compliance with the standards rests with the college; on-site interviews constitute a form of evidence. The team uses these interviews to clarify or resolve any self-study ambiguities or gaps relative to meeting the standards. In fact, some questions should be repeated to a variety of constituent groups for reliability purposes.

Evaluators should enter each interview with a set of previously established priorities and questions. The team chair generally opens the sessions with an introduction of the team. When evaluators introduce themselves, they should briefly share their institutional affiliations as well as their role on the team, but **not** their writing assignments. It is always important to keep the tone of interviews positive and to create an atmosphere of congeniality.

The team chair plays a key role in facilitating discussions and in judging the pace of the interviews. In the unlikely event that a team member engages in consulting, advice-giving, or other activities beyond the scope of the visit, the team leader may need to halt the process or request a break to provide opportunity for the team to convene privately. The team should not extend the meeting beyond meaningful data gathering and should make every attempt to keep on schedule. When the meeting draws to a close, the team leader should graciously end the session and thank participants for their time.

On-site Evaluation Schedule

The proposed schedule of conferences, interviews, and executive sessions for the on-site evaluation should be developed by the team leader and staff, in cooperation with the chief executive officer of the college and/or chief academic officer. The function is best accomplished at the time of the preliminary visit or during the conference call but may be subject to subsequent modification to accommodate availability of key faculty, trustees, and administrative staff. The schedule should be planned to include the following essential elements.

- Orientation and team planning session.
- Introductory overview with chief executive officer.
- Interview with chief academic officer.
- Interviews with all department heads and a representative cross-section of senior and junior faculty.
- Discussion with student affairs officer and staff responsible for admissions, recruitment, registrar functions, counseling, housing, and financial assistance.
- Meeting with chair and members of board of trustees.
- Session with chief financial officer.
- Open session(s) to which faculty, staff, students, and the institution's community of constituents have been invited to attend.
- Concluding session with chief executive officer and other college designated officials to provide summation of preliminary findings and observations of the evaluation team, with discussion. This session is to be conducted by the team leader.
- Ample opportunity for report preparation before departure of evaluation team.

Please see Appendix 1, which includes additional information related to the team schedule. Departures from this schedule may occur depending on the needs of the individual institution and/or the council.

Preparing for Interviews

Preparation for interviews is essential for making the most effective and diplomatic use of the limited time available to meet with college representatives. The following guidelines are presented to assist team members in carrying out the interviewing process.

- Be prepared for each interview, given the time schedule. Some teams find it helpful to construct an outline of areas to address with each group in advance of the interview.

- Coordinate in advance which individuals will take primary responsibility for raising topics and following up on responses as time permits.
- Focus on two questions: On which aspect of the college can this person offer the most invaluable insight? In the limited time available, what issues must we cover in this interview?
- Ask open-ended questions whenever possible. Team members can “piggy-back” questions so that the interview remains a group process.
- Try not to let interviewees dominate the conversation or make lengthy presentations, as this may impinge on the need to address all issues.
- In all appropriate instances, the inquiries should be conducted according to the accreditation standards. Be careful and exceedingly diplomatic about focusing on administrative matters that are outside the scope of the review.
- Although it may be exciting for a team member to seek information on topics of particular interest, take special care to temper your own associations and interests in order to evaluate the program on its merits. The appearance of neutrality is equally important.
- Do not become overly preoccupied with concerns about any single aspect of the college (even if justified), because this posture may be interpreted as aggressive and/or misdirected.
- In the evaluation process, respect the college’s prerogatives in selecting alternative solutions to problems identified through the site visit experience.
- Avoid making comparisons to your own experiences.
- Avoid imposing your own view of podiatric medicine and/or higher education.

The following suggestions have been phrased as questions, but they should not be considered checklists that must be covered. Team members should elicit information about these issues in a conversational way, not as interrogators or inspectors. Team members will have questions of their own, and each college’s particular situation will cause some alternative questions to arise. The questions appear in no particular order.

For students

At the start of the student forum, the team leader should:

- explain briefly the purpose of accreditation;
- explain the particular function of the council as representing associations of both professionals and educators;
- explain that the team is on campus at the institution’s invitation; and
- introduce and identify the team members.

What do you consider to be some of the major problems facing podiatric medicine today?

Can you identify particular contributions to podiatric medicine by minorities? By women?

Do your classes include discussions of challenges to podiatric medicine in an increasingly multi-ethnic, multi-cultural society?

Do you think that the college is making a substantial, good-faith effort to increase the diversity of the student body?

What avenues are available for students to pursue research?

How are student publications or other campus or community publications used in your classes?

By a show of hands, how many of you are now involved in research? Service activities?

How are you counseled by the faculty? Can you get in to see your professors and advisers?

How would you evaluate the college's advising?

Is the workload in your classes challenging?

How would you evaluate the teaching of the full-time faculty? The part-time faculty? The basic science faculty? The clinical science faculty?

How often does work assigned by professors take you to the library? Do you find the library adequate?

Do you enjoy adequate access to computers, appropriate software, printers, scanners, etc.?

Do faculty teach the effective use of appropriate software in their classes?

Do faculty make effective use in their classes of presentation software, on-line resources, or other electronic technology?

If you had to do it all over again, would you enroll in this college again? Why or why not?

What would you do to improve the college?

What courses/clinical rotations have you found most useful? Would you eliminate any courses/clinical rotations?

Do you think that the college will prepare you adequately to succeed in the field?

Would you like to ask the team any questions?

For the dean/chief academic officer

Assess the administration's effectiveness in carrying out the mission and objectives of the college.

Describe the activities and effectiveness of the governing board.

What were the reasons, as you understand them, for any faculty resignations since the last on-site evaluation?

What have been the most significant developments since the last on-site evaluation?

If the college were to receive a 20 percent increase in resources, how would you like to see it spent?

What changes in the college's mission and character do you expect to see in the next 5-10 years?

Describe the methods by which the college allocates resources?

How does the college exhibit its commitment to cultural/individual diversity?

Briefly describe the college's organizational structure and function.

Describe one or two matters that are unique to your leadership and, for colleges within parent institutions, unique to the college.

For administrative faculty/department chairs

Briefly describe how the department fits within the overall college.

Is the department provided adequate resources?

Describe the department's investment in the college and the college's investment in the department.

Describe the method of department decision-making policies to promote professional/academic faculty development.

For faculty

What are the department chair's expectations for the college? For faculty and graduates?

What is the role of faculty in planning for college development? Is the faculty generally satisfied with this role?

To what extent does the faculty participate on committees at all levels?

How and when did you learn of this evaluation process for accreditation?

Were you or your colleagues involved in the preparation of the self-study report?

Are faculty members actively involved in the governance of the college?

Are faculty committees typically controlled by one segment of the faculty?

Do you understand the prevailing standards and procedures regarding faculty selection, development, promotion, tenure, salary determination, etc.? Are these standards applied equitably to all faculty members?

What are your current interests regarding teaching, research, and service?

What is your role with respect to advising students?

Does the dean assist faculty members in matters related to professional goals and interests? Are teaching loads generally established with consideration of the total responsibilities of the faculty member?

Have you or your colleagues with special research interests received reduced teaching loads to pursue these interests?

Have you or your colleagues received support in the form of travel stipends, research assistants, or the like?

Are the adjunct and part-time faculty members used in appropriate ways?

Do senior faculty members serve as effective mentors to junior faculty members?

What is the record of the college regarding initiatives to increase the diversity of the faculty?

Why did you decide to teach at this college?

Is your long-term professional growth well served by remaining on this faculty?

How would you characterize a typical student in this college?

Are secretarial and support resources adequate?

Are computer, software, and library resources readily available and adequate?

For faculty/administrators of colleges affiliated with universities/academic health science centers

What is the mission of the college?

Do podiatric faculty and administration regularly assess the college and plan its future development?

What level of prestige does the podiatric college enjoy on campus?

How would you assess the quality of student, faculty, and program leadership?

How does the college contribute to the university at large?

What is the reputation on campus of this program's teaching?

What is the reputation on campus of the research, creative activity, and public service carried out by the college and its faculty and students?

Does the college appear to be well supported academically and financially by the administrative unit in which it is located, and by the university?

How does the department interact with other departments, schools, and programs within the university?

Would you counsel a student to enter this college? Why or why not?

For clinical faculty at affiliated sites

What is your evaluation of the students' preparation for the clerkship? What strengths do you see? Weaknesses?

Describe the communication that occurs between you and the college prior to the start of the clerkship? During? Near the end of the clinical experience?

What preparation have you received from the college in order to host and supervise a student?

When vacancies have occurred in your organization, has it hired graduates of this college? If no, why not?

Describe the college's expectations for the student's activities during the clerkship.

Please indicate the number of hours of direct patient service you require during the clerkship.

How often do you meet with the student on a one-to-one supervisory basis?

Recording the Interviews

Despite the fact that most information will seem memorable at the time, the on-site evaluation is an exhaustive process that produces more data than can be reasonably retained without notes. Extensive notes will make writing the report a much easier task. Team members should bring

their own writing and note-taking materials (e.g., notepads, pens, pencils, highlighters, laptops, etc.) to the on-site visit. In meetings with several participants, it is important to record information sources.

The Exit Interview

Before leaving the program, the entire team meets with the CEO/CAO and any others the CEO/CAO invites, to summarize its findings. Presenting the oral report is one of the most important and challenging aspects of chairing a team. Candor, clarity, and conviction should characterize the presentation. This exit interview should provide the college an oral preview of all the major points that will be made in the team's written site visit report. It is imperative that both the content and the tone of this oral report be agreed to all by each team member and be consistent with the written report the program will later receive. The written report should hold no surprises. All team members should be present at this meeting.

During the exit interview, the team must not engage in debates with the college representatives regarding team findings. The college representatives should be informed that they will be provided opportunity to correct factual errors in the draft team report and to respond substantively to recommendations and areas of potential noncompliance identified by the team.

The college's response to the draft and final team summary reports are the proper places to challenge the team's interpretations and findings. The team chair should reiterate to the college's CEO/CAO that documentation to be considered by the council relative to compliance or noncompliance with requirements is limited expressly to the written record, based solely on the observations and conditions of the college at the time of the site visit. The council will consider steps taken by the college to address areas of potential noncompliance identified by the team but will not revise the team report. Based on the team presentation during the exit interview, the college should have sufficient information to begin preparing its response even before it receives the draft report.

THE TEAM REPORT

The product of the on-site visit -- the team's report -- is intended for a variety of audiences. The most obvious are college officials; the institution's chief executive officer; council staff; the council's Accreditation Committee, which makes a recommendation about accreditation; the council, which takes final action about accreditation; and members of subsequent CPME evaluation teams. Audiences also may include other college constituents and representatives of the U.S. Department of Education, state podiatry boards, or other accrediting agencies, as appropriate.

Each member of the evaluation team is responsible for writing specific sections of the accreditation report. Several weeks before the on-site visit, the team leader contacts team members to discuss their areas of expertise and to assign specific areas of review during the evaluation visit, including primary writing assignments. How assignments are divided among team members is at the discretion of the team leader who, ultimately, is responsible for coordinating the development of the report and ensuring that a first draft of the report has been written before leaving the site. At no time before, during, or after the visit should the team reveal to the program community which team members had responsibility for writing which sections of the report; the report is intended to summarize the findings of a team of evaluators, not the conclusions of individuals.

Before the exit interview, team members as a group are expected to review their written sections of the report for substance, accuracy, and coherence; achieve consensus on their findings about the college's compliance (or lack thereof) with the standards; and submit their written contributions to the team leader. In summarizing the team's findings at the exit interview, the team leader should reflect the views of the evaluation team, include all major points made in the team's report.

Once the draft report has been written, the team leader is responsible for ensuring that the report is a clear, concise, well-organized, and coherent document that will withstand the careful scrutiny of multiple audiences over a long period of time. Rather than repeat the content of the self-study document, the team report should provide an analysis that will assist the college in establishing priorities among possible actions to foster institutional improvement. The tone should be professional, constructive, and objective. Use of the third person makes clear that the team speaks as a unified, objective entity. Finally, it is important to avoid contradictory statements, prescriptive language, and the use of external standards to justify judgments.

The team chair coordinates the development of the report on the last day of the visit and ensures that a first draft of the report is finished before leaving the site. The draft is provided CPME staff for final editing. Staff circulates a copy of the report to all members of the evaluation team. After receipt of comments and revisions from members of the evaluation team, the report is sent to the chief executive officer and the chief academic officer. The dean/chief academic officer has an opportunity to submit to the council any corrections of factual errors or misinterpretations as well as any disagreements with the findings and opinions of the team. The team report may be amended at the discretion of the team leader in consultation with CPME staff. The final report is sent to the chief executive officer of the institution, to the dean/chief academic officer, and to the

Accreditation Committee. The written response to the report and the college's self-study document also is provided to the Accreditation Committee.

Because the Accreditation Committee weighs the team report heavily in its decision-making process, the report should reflect a consensus of the observations and opinions of all team members, and portray a clear picture about the status of the college so that it may render a fair decision. In preparing the written report, team members are responsible for ensuring that the report:

- represents an independent analysis by the evaluation team;
- includes enough descriptive information to give the Accreditation Committee and the council an adequate picture of the college;
- describes whether the college is performing well or poorly with regard to the achievement of its students in the context of both institutionally developed standards and CPME's student achievement standards;
- states clearly the strengths and weaknesses of the college, including rationale and evidence for the identification of concerns, recommendations, and areas of potential noncompliance.
- describes any aspects of the college that are unique or especially notable in relation to its stated model, mission, or institutional setting; and
- is consistent with the content and tone of the oral report presented during the exit summary.

Guidelines for Report Preparation

The report of the on-site evaluation team represents the findings of the team based upon its study of institutional documents and other materials provided by the college along with information garnered during confidential interviews with program constituents. All statements, findings, and recommendations included in the report are made in good faith with a view toward enhancing the quality of the college. The report reflects only that information obtained as part of the educational evaluation process conducted in accordance with the procedures of the council.

The evaluation team is responsible for preparing the draft report, with each team member assigned to write specific sections pertaining to CPME standards. The writing assignments are determined by the team leader. Each team member is informed of these assignments prior to the on-site evaluation.

Every team report is different because no two colleges are the same. However, because the same accrediting process is applied in assessing programmatic compliance with a common set of standards, every report is expected to include the following sections. Reports of focused visits will contain only those components as appropriate.

Team Report Format Guidelines

Purpose of the On-Site Visit: The purpose of the on-site visit includes a brief paragraph of the reason for the on-site visit, the name and location of the college, and the date of the on-site visit. This section is written by CPME staff.

Members of the Evaluation Team: The team roster lists each team members' name, title, and affiliation

Evaluation Procedures: This section describes the overall schedule and process utilized for the on-site visit.

Background and Previous Action: CPME staff prepares this section, which contains, among other information, a chronological history of the college's accreditation activities and resulting CPME actions; its relationship with the parent institution, if appropriate; and regional accreditation status, if applicable.

Review of Compliance with the Standards: Each standard section begins with an introduction that provides a brief, but concise overview of the college's current status related to the requirements in that particular section. The introduction is followed by a comprehensive finding on all requirements in the assigned standard. The team may include recommendations in the report with the understanding that the council requires further response from the college. The team also includes commendations; each commendation and recommendation must specify the requirement and provide the rationale for the finding.

Commendations: This summary contains all commendations made by the team. The report must provide evidence for any commendation

Concerns and Recommendations: This summary identifies all concerns that do not rise to the level of areas of potential noncompliance and contains all recommendations made by the team. The team must give specific rationale and evidence in the narrative portion of the report to support the concerns and recommendations.

Areas of Potential Noncompliance: This summary contains all areas of potential noncompliance identified by the team. The team must include specific rationale and evidence in the narrative portion of the report to support each area of potential noncompliance.

Individuals Interviewed and Documents Reviewed: This section includes a list of individuals interviewed, materials reviewed by the team, and clinical sites visited.

The team report should complement and validate the program's self-study document and specify questionable or unclear areas in the self-study. The report should provide a comprehensive description of the college, include sufficient detail to describe all areas of activity, and provide evidence of the college's strengths and weaknesses. The report must be free of personal educational philosophy and values. When possible, the language of the report should be stated in specific terms. Statements **should be supported with factual data.**

The report should focus on the institution, not on individuals. Position titles or affiliations of individuals may be used in the report (e.g., to describe reporting lines or areas of responsibility with respect to governance), but not names of individuals. The team should be discreet if referring to information a particular individual reported to the team on-site. While it may be appropriate to refer to a particular position/title (“the president reported that...” or “the chair of the department of medicine anticipates...”) or group (“the faculty is concerned about...” or “some students who met with the team noted that ...”), the report should never cite the name of a particular student or other constituent who reported, for example, on the poor quality of faculty advisement. Thus, it is critical that the team recognizes sensitive information, weighs the evidence, and determines how, if at all, to incorporate this information into its report.

Team members provide their respective sections of the draft report to the team leader before departure from the evaluation site. The composite draft will be edited by council staff and distributed to all team members prior to distribution to representatives of the institution for determination of factual correctness. A final draft will be presented for consideration by the Council’s Accreditation Committee and the council. Once the site visit report is finalized by the council, it will be forwarded to the site visit team members so that they may see the final report of the visit.

POST ON-SITE EVALUATION REVIEW

The team report proceeds through several steps of review and approval before it is approved in its final form by the council. Once CPME staff edits the full draft report, staff circulates a copy of the report to all members of the evaluation team. After receipt of comments and revisions from members of the evaluation team, the report is sent to the college, which is provided at least two weeks to respond. The college may respond to the report in the following ways.

- Offer corrections of errors as they relate to names, positions, data, and other documentable facts.
- Offer comments that agree or disagree with the opinions and conclusions stated in the report.
- Provide documentation demonstrating progress toward addressing areas of potential noncompliance.

At the discretion of the team chair, the information received from the institution may be incorporated into the report that is forwarded to the Accreditation Committee. If modified by the team chair, a copy of the revised report is sent to the institution. The response of the college will only be considered if the additional information submitted pertains to facts that can be verified without the need for a further on-site visit.

The Accreditation Committee is provided the team report, self-study report, and any response to the report submitted by the college. If deemed appropriate, the Committee may add a statement to the report that additional facts, not available at the time of the evaluation visit, were considered as part of the review of the report and had a direct bearing on the Committee's accreditation recommendation. The extent to which the additional information will affect the Committee's recommendation is a matter of judgment within the discretion of the Committee.

A representative(s) of the college is invited to provide a verbal statement to the Accreditation Committee regarding the findings identified in the team report. The team chair also attends the Committee meeting in order to provide a verbal summary of findings and to answer any questions of the Committee. The Committee's accreditation recommendation includes:

- accreditation status and period of accreditation;
- maximum number of enrolled students authorized;
- identification of areas that are in noncompliance with CPME requirements; and
- a schedule for progress or special reports to be submitted and for the conduct of subsequent comprehensive or focused evaluation visits.

At its next meeting, the council considers the accreditation action recommended by the Committee. The chair of the Accreditation Committee provides a written and oral report of the recommendation of the Committee. The council may accept the recommendation of the Accreditation Committee or it may choose to take an alternative action that it believes is appropriate. Areas of noncompliance determined by the council may include, but are not limited to, those indicated by the evaluation team and the Accreditation Committee.

Typical Team Visit Schedules

	Morning	Afternoon/Evening
Sunday		<ul style="list-style-type: none"> ↗ Arrive ↗ The Briefing
Monday	<ul style="list-style-type: none"> ↗ Team and President/Dean meeting ↗ Campus tour ↗ Interviews and visits ↗ Brief team meeting (optional) 	<ul style="list-style-type: none"> ↗ Working lunch ↗ Interviews and visits ↗ Team dinner ↗ Team meeting*
Tuesday	<ul style="list-style-type: none"> ↗ Interviews and visits ↗ Brief team meeting (optional) ↗ Clinical site visits ↗ Document review 	<ul style="list-style-type: none"> ↗ Working lunch ↗ Interviews and visits ↗ Clinical site visits ↗ Team dinner ↗ Team meeting ↗ Team/independent report writing
Wednesday	<ul style="list-style-type: none"> ↗ Final interviews and visits 	<ul style="list-style-type: none"> ↗ Working lunch (optional) ↗ Reach consensus on team findings ↗ Prepare oral report ↗ Team/independent writing ↗ Team dinner ↗ Team/independent writing
Thursday	<ul style="list-style-type: none"> ↗ Team meeting (agenda as needed) ↗ Exit summary ↗ Leave campus 	

*Team meetings

These executive sessions may include:

- General observations about each standard and requirement
- Identification of strengths and weaknesses
- Possible suggestions and recommendations
- Areas of concern that require follow-up the next day
- Review of program representatives remaining to be interviewed
- Next day responsibilities
- Drafting preliminary report sections on assigned areas

AGENDA

Council on Podiatric Medical Education Site Visit

Monday			
Time	Agenda Title - Meeting Description	Location	Attendees
8:00 am – 8:45 am	Introductory Meeting with University Administrative Leadership	<i>Conference Room</i>	President of the University Provost/COO Dean Associate Dean for Academic Affairs CPME Site Team
8:45 am – 9:15 am	University Board of Trustee Representatives	<i>Conference Room</i>	Board members CPME Site Team
9:15 am – 9:30 am	BREAK		
9:30 am – 10:30 am	Tour of Campus	<i>Campus and Clinic</i>	CPME Site Team
10:30 am – 11:15 am	Academic Administrative Team	<i>Conference Room</i>	CPM Academic Administrative Team CPME Site Team
11:15 am – 12:00 pm	Steering Committee for Self-Study	<i>Conference Room</i>	CPM Self Study Steering Committee CPME Site Team
12:00 pm – 1:00 pm	LUNCH	<i>Conference Room</i>	
1:00 pm – 2:00 pm	CPM Faculty	<i>Conference Room</i>	Faculty CPME Site Team
2:00 pm – 3:00 pm	Basic Science/Anatomy Faculty	<i>Conference Room</i>	Basic Science & Anatomy Faculty Members CPME Site Team Subgroup 1
2:00 pm – 3:00 pm	University Student Services, Student Affairs and Recruitment	<i>Conference Room</i>	Enrollment Management/Student Affairs Director of University Student Relations University Recruiter/CPM Liaison Assistant Director of University Recruitment CPM Recruitment and Special Events Coordinator CPME Site Team Subgroup 2
3:00 pm – 4:00 pm	Curriculum Committee	<i>Conference Room</i>	Curriculum Committee CPME Site Team
4:00 pm – 5:00 pm	Integrated Pre-Clinical Curriculum Team	<i>Conference Room</i>	Associate Dean Office Medical Education Chair, Department of Anatomy Assistant Dean of Preclinical Education Chair, Department. of Family Medicine CPME Site Team Subgroup 1
4:00 pm – 5:00 pm	Clinical Rotations and Graduate Placement	<i>Dental Medicine Conference Room</i>	Administration and Faculty CPME Site Team Subgroup 2
5:00 pm	RETURN TO HOTEL		

Tuesday

Time	Agenda Title - Meeting Description	Location	Attendees
7:30 am – 9:30 am	SITE VISITS: County Regional Medical Center	CRMC	Dean CPME Site Team Subgroup 1
10:30 am – 11:45 pm	Regional Medical Center	RMC	
12:00 pm – 1:15 pm	Medical Center Lunch Meeting	MC	
8:00 am – 10:00 am	VA Hospital	VA	Associate Dean for Academic Affairs CPME Site Team Subgroup 2
10:30 am – 12:00 pm	Community Medical Center	CMC	
8:00 am – 8:45 am	Information Technology, Library Resources	Conference Room	Executive Director, of Information Technology Executive Director of the Library CPME Site Team Subgroup 3
8:45 am – 9:30 am	Financial Aid, Registrar, Admissions	Conference Room	Director Financial Aid and Special Assistant to the President Assistant Vice President, Enrollment Management/Registrar Director of Admissions Assistant Dean, Student Affairs CPME Site Team Subgroup 3
9:30 am – 10:15 am	Admissions Committee	Conference Room	CPM Admissions Committee CPME Site Team Subgroup 3
10:15 am - 10:30 am	BREAK		
10:30 am – 11:00 am	Advancement / Alumni Relations	Conference Room	Director of Development Director of Alumni Relations CPME Site Team Subgroup 3
11:00 am – 11:30 am	Diabetes Institute	Conference Room	Faculty Executive Director of Diabetes Institute Assistant Professor, Department of Internal Medicine CPME Site Team Subgroup 3
11:30 am – 12:00 pm	Foot and Ankle Center	Conference Room	Faculty Chief Administrative Officer of Foot and Ankle Centers CPME Site Team Subgroup 3
12:00 pm - 1:00 pm	LUNCH and WORK TIME		
1:00 pm – 1:30 pm	Continuing Medical Education	Conference Room	Faculty CPME Site Team Subgroup 1
1:30 pm – 2:30 pm	CPM Assessment Plan	Conference Room	Faculty Administration CPME Site Team Subgroup 1
1:30 pm - 2:30 pm	Chief Financial Officer/Treasurer	Conference Room 2	Chief Financial Officer/Treasurer Director of Operations CPME Site Team Subgroup 2
2:30 pm – 3:00 pm	Human Resources	Conference Room	Executive Director, Human Resources Director, Employee Relations CPME Site Team Subgroup 1

Tuesday – continued

Time	Agenda Title - Meeting Description	Location	Attendees
2:30 pm – 3:00 pm	Facilities and Physical Plant, Environmental Health and Safety	<i>Conference Room 2</i>	Executive Director, Facilities and Physical Plant Director of Operations Director of Environmental Health and Safety CPME Site Team Subgroup 2
3:00 pm – 3:30 pm	CPM Staff	<i>Conference Room</i>	CPM Staff CPME Site Team
3:30 pm – 4:00 pm	BREAK		
4:00 pm – 5:00 pm	CPM Students	<i>HEC - Classroom F</i>	CPM Students CPME Site Team
5:00 pm	RETURN TO HOTEL		

Wednesday

Time	Agenda Title - Meeting Description	Location	Attendees
8:00 am – 9:00 am	Office of Institutional Research and Effectiveness/ University Assessment Committee	<i>Conference Room</i>	Director of Institutional Research Director, Department of Education CPME Site Team Subgroup 1
8:00 am – 9:00 am	CPM Faculty Development	<i>Conference Room 2</i>	Vice Provost, Office of Academic Affairs Assistant Dean, Interdisciplinary Professional Education/Director, Institute of Medical Education Faculty CPME Site Team Subgroup 2
9:00 am – 9:45 am	Department Chairs – Basic Sciences, Anatomy, Medicine, Podiatric Medicine, Surgery and Biomechanics	<i>Conference Room</i>	Department Chairs CPME Site Team
9:45 am – 10:15 am	Faculty Senate	<i>Conference Room</i>	Chair Faculty Senate Faculty Senate Representatives CPME Site Team
10:15 am – 10:30 am	BREAK		
10:30 am – 11:15 am	Student Support Services	<i>Conference Room</i>	Director, Learning Enhancement and Academic Development Director of the Center for Disabilities in the Health Professions CPME Site Team
11:15 am – 11:45 am	University Research / Grants and Contracts	<i>Conference Room</i>	Vice President for Research and Biotechnology Research Committee: CPME Site Team
11:45 am	LUNCH and Return to Hotel		

Thursday

Time	Agenda Title - Meeting Description	Location	Attendees
9:00 am -10:00 am	CPME Summation Meeting	<i>Classroom F</i>	University & College Administrative Leadership, Students, Faculty and Staff

SELF-STUDY PROCESS AND DESIGN

Self-Study is central to the accreditation process. If it is to be valuable to the institution in stimulating improvement, self-study should become part of the ongoing planning process of the institution.

The self-study process must have two purposes. First, the process must be conducted in such a way that it can help the institution or program improve on an ongoing basis. In addition to specific educational and service-related improvements, self-study should be used to promote better management of the academic enterprise, including inclination toward and implementation of actual systems for useful data collection, institutional analysis, and problem solving. Second, the self-study process must allow assessment of the extent to which the standards and requirements of the Council on Podiatric Medical Education have been satisfied. The self-study process must yield readable and useful reports concerning these matters and the improvements enacted during or as a result of the process. The first purpose relates primarily to the institution, the second primarily to accreditation.

If both institution-oriented and accreditation-related purposes are to be served, the conditions for self-study must be attended to. It is important that the institution assure that the following conditions exist in order to achieve the purposes of the self-study:

Internal motivation. If the process can be viewed by the participants as a way to improve the institution or program, it is more likely to be effective.

Administrative Leadership and Support. At the beginning and throughout the self-study process, the leadership and support of the administration is critical. The administrative leaders should make it clear that the self-study is an institutional priority and indicate that the self-study process is a way to improve the institution. The whole process must be led effectively – employing necessary staff work, a sense of timing and sequence, and effective human relations and group skills. Those best suited to lead groups and solve problems should be chosen to play such roles.

Self-study Design. The design of the self-study process must be appropriate for the circumstances. Each institution has unique historical, psychological, and political characteristics. Each has a unique reaction to external forces – markets, financial pressures, and the like. Each has developed differently with respect to availability of data, clarity of goals, information about achievement of goals, and governance patterns. Each has different problems and each, therefore, has its own agenda of primary needs to be addressed. The self-study process should be defined in light of these circumstances in order that improvement can occur while the accreditation standards and requirements are being addressed.

Self-study Coordinator. The administration should select a self-study coordinator to be responsible for carrying out the self-study and for preparation of the report. The self-study coordinator should be a respected member of the college community, have good communication skills, and be capable of conducting the self-study. The self-study

coordinator should chair the steering committee and serve as a resource to self-study committees.

Institution-wide Involvement. There should be representative, appropriate, and useful participation by members of the various segments of the academic community on the steering committee and the various self-study committees. Faculty members, administrators, students, and governing board members should participate in useful ways. Members of the academic community should work together to define problems and consider resolutions, leading to psychological ownership which yields commitment to carry out the recommended solution or change.

CPME Expectations

Before initiating the self-study process, the institution should realize that the CPME has the following expectations with respect to the self-study process:

The process should include data collection and analysis with respect to the institution's ability to satisfy the established accreditation standards and requirements.

The ability of the institution to function effectively area by area should be studied and enhanced. Problems should be assessed, and solutions devised.

The self-study process should clarify the institutional objectives and study the achievement of the objectives for institutional improvement.

Some improvement should occur both during and as a result of the process. Positive reinforcement is needed during the study process. Solutions (recommendations) made only at the end of a process (or worse yet, merely in the written report) are most often forgotten or neglected. Study processes should consider ways to implement needed changes.

A readable report, potentially useful to several audiences, should result from the process. "Question/Answer" formats are useful for little more than some of the evaluation team activities and are generally of little value. Responses to a list of questions are counterproductive to studied change. Accreditation can be well served by a well-written, carefully documented report which is but one of the results of a study process.

The establishment of a better institutional system of ongoing research, self-analysis, and self-improvement should be a major product of the process.

In order to achieve both the improvement (internal) and accreditation/accountability (external or public) purposes of self-study, there must be several aspects to the process. They are:

1. Preparation and Design
2. Organizing the Process

3. Conducting the Process
4. Report Development and Using the Results

Preparation and Design

If improvement is to occur as a result of a self-study process, preparation and design of the study must be given full attention. The process must be directed at areas needing study and/or solutions and involving choices about leadership, motivation, focus, sequence, mode of activity or inquiry, and level or type of participation. The choices must be related to the particular characteristics of the institution and to CPME accreditation standards and requirements.

Initially, a carefully selected steering committee should be identified to plan the exercise and to design the study. A sequence of activities rather than simultaneous ones should be planned, permitting proper attention to more matters by the individuals best suited to the activities. Awareness of college problems or specific conditions should be enhanced by conducting workshops or open forums. Study committees should be formed to analyze and generate solutions. Some tasks (those not seeking psychological ownership of solutions via participation – at least not in the early stages) should be performed by individuals – not groups.

The success of the self-study process is based upon establishing strong leadership, establishing internal motivation (most members of the institution must be brought to see that the process is or can be useful to them beyond the accreditation purpose) and establishing a list of local needs (areas and issues needing study or other attention) which may or may not flow just from an examination of the accreditation standards. Once established, design decisions can be made in light of circumstances – size, degree of isolation, and psychological, historical, or other factors. The result should be a design for the study, including a sequence of activities that will yield a desired result. Using this model is believed to be a better approach to self-study than to assign committees with the responsibility of standard by standard review. If the standard is perceived as being satisfied and information is available to demonstrate compliance, no committee attention is needed.

Organizing the Process

Once the design of the self-study process is approved, the steering committee for the process must translate the design into a sequence of task-oriented activities. The steering committee defines the tasks and roles to be played; guides, coordinates, and communicates the study; obtains resources, including data and staff assistance; selects, orient, and trains the people to be involved; and monitors the implementation of the sequence of events called for in the design.

While in the long run self-study should become an ongoing process and increasingly part of the normal individual and group processes of the institution, first attempts at thorough self-assessment usually require a separate steering group (not part of the usual governance process) and effort above and beyond the usual duties of staff members. Accordingly, commitment of adequate time and resources is extremely important as is the selection of competent group leaders, particularly the chairperson (or coordinator) of the steering group.

Conducting the Process

If the design is appropriate for the institutional needs, circumstances, and accreditation-related concerns, and if the best available campus citizens are deployed creatively to carry out the study, then the actual work of the process can begin. In general, the nature of the work carried out by the constituent elements (the work groups and any individuals who accept assignments) under the guidance of the steering group can be characterized several ways. In a procedural sense, the work involves assembling and reviewing data and other records about functions and possible problems. The report is best assembled by administrative staff members rather than by a committee. These individuals should start with materials about the institution, such as master plan documents, the catalogue, previous curriculum reports, or consultants' reports. New facts and opinions should be gathered about areas being studied, and staff members or those with special expertise should assist work groups. New ideas must be generated in ways that promote ownership and lasting solutions to problems. The report should be discussed with a view toward implementing recommendations.

In a functional (as opposed to procedural) sense, self-study involves working with and clarifying statements of intentions (i.e., mission and objectives). The process should allow study of aspects related to institutional inputs (students, faculty, finances, facilities and the like); environment (climate of freedom, governance models, and management style); program (curriculum, courses, and requirements); and services or process (libraries, student services, management services and the like). Study should be pursued regarding the extent to which stated intentions (particularly goals and objectives) are being achieved (outcome studies), and those data should be used to propose changes.

And finally, the process should be seen and indeed be carried out as a series of strategies for change. In this sense, the activities should permit the unfreezing of attitudes through the discovery of gaps between expected results or situational dimensions and what really exists or is perceived to exist. Such discovery through involvement is a powerful motivator to change. The processes also should permit the formulation and conduct of change in a confident way through proper leadership of the process, through commitment from the top of the organization, and through the discovery of new knowledge or ways of proceeding. Commitment must be built through participation, a healthy environment for discussion, and rewards from the organization.

Report Development and Using the Results

The report, which is prepared as a result of the process, should be a well-written, well-organized, and relatively brief document of 50-100 pages (not including appendices, database reports or other items available to users of the report). The report should meet the needs of the institution as well as those of CPME. A "Q/A" or merely "requirement by requirement" report will be of little use – in fund raising, for orientation of new staff, for planning purposes, or for other uses.

Creative indexing and writing will certainly aid CPME evaluators while also making the document useful to the institution.

The report should be balanced presentation of the strengths and problems of the institution. Also, the report should indicate clearly and confidently what has been done to solve some of the

problems and what is planned to handle those remaining. Systematically collected data should be presented to support conclusions and each assertion – much as one would do in any technical report or article. Full exhibits, minutes, and other materials should be referred to and listed by on-campus location for use by any interested party.

The report should be printed in an inexpensive way so that enough copies can be made for distribution to all members of the institution's governing board and staff members at the institution and so copies can be put on reserve in the library.

The results of the process ought to be used as the basis of staff retreats, budget preparation, and setting of objectives in the months and years after the evaluation visit is conducted and therefore as a major base for formulation of tactical and strategic plans for the college. Someone or some group should be designated to follow the progress of and to prod for achievement of the recommendations resulting from the process.

Ongoing institutional research activities should be initiated in order to collect and update data needed by the offices, committees, and professionals at the school. This research should include review of the functional areas with respect to achievement of the mission and objectives and should direct implementation of recommendations. Additionally, such research should provide valuable input for staff retreats and for planning and budgeting processes. The research data also should be designed to meet the needs of reporting annually to the Council.

In conclusion, the focus of the self-study process should be on the institution rather than the accrediting agency. Leaders of the process should strive to prevent the focus from shifting back to accreditation. Although data about the institution gathered for use by the work groups and by individuals should be analyzed in light of CPME standards and requirements, the focus of the self-study should be on locally generated levels of expected performance or with respect to other ways of looking at the subject, the office, the service, the program, or the course under discussion. “What is the level of performance or the characteristics we are seeking to achieve?” “Are we achieving it?” “If not, why not?” “And what can we do about it?” These are the questions that ought to be the primary questions. The self-study process can be aided greatly by the CPME standards and requirements, but they should neither be the total nor ultimate level of discussion.

Guide to Strategic Planning

The Council on Podiatric Medical Education acknowledges and appreciates the multiple sources that were used in creating this guide.

Overview

Strategic planning is a management tool, period. As with any management tool, it is used for one purpose only: to help an organization do a better job - to focus its energy, to ensure that members of the organization are working toward the same goals, to assess and adjust the organization's direction in response to a changing environment. In short, strategic planning is a disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it, with a focus on the future.

A word by word dissection of this definition provides the key elements that underlie the meaning and success of a strategic planning process. The process is strategic because it involves preparing the best way to respond to the circumstances of the organization's environment, whether or not its circumstances are known in advance; nonprofits often must respond to dynamic and even hostile environments. Being strategic, then, means being clear about the organization's objectives, being aware of the organization's resources, and incorporating both into being consciously responsive to a dynamic environment.

The process is about planning because it involves intentionally setting goals (i.e., choosing a desired future) and developing an approach to achieving those goals.

The process is disciplined in that it calls for a certain order and pattern to keep it focused and productive. The process raises a sequence of questions that helps planners examine experience, test assumptions, gather and incorporate information about the present, and anticipate the environment in which the organization will be working in the future. Finally, the process is about fundamental decisions and actions because choices must be made in order to answer the sequence of questions mentioned above. The plan is ultimately no more, and no less, than a set of decisions about what to do, why to do it, and how to do it. Because it is impossible to do everything that needs to be done in this world, strategic planning implies that some organizational decisions and actions are more important than others - and that much of the strategy lies in making the tough decisions about what is most important to achieving organizational success.

The strategic planning can be complex, challenging, and even messy, but it is always defined by the basic ideas outlined above - and you can always return to these basics for insight into your own strategic planning process.

Strategic Thinking and Strategic Management

Strategic planning is only useful if it supports strategic thinking and leads to strategic management - the basis for an effective organization. Strategic thinking means asking “Are we doing the right thing?” Perhaps, more precisely, it means making that assessment using three key requirements about strategic thinking: a definite purpose be in mind; an understanding of the environment, particularly of the forces that affect or impede the fulfillment of that purpose; and creativity in developing effective responses to those forces.

It follows, then, that strategic management is the application of strategic thinking to the job of leading an organization. Dr. Jagdish Sheth, a respected authority on marketing and strategic planning, provides the following framework for understanding strategic management: continually asking the question “Are we doing the right thing?” It entails attention to the “big picture” and the willingness to adapt to changing circumstances and consists of the following three elements.

- Formulation of the organization’s future mission in light of changing external factors such as regulation, competition, technology, and customers
- Development of a competitive strategy to achieve the mission
- Creation of an organizational structure which will deploy resources to successfully carry out its competitive strategy.

Strategic management is adaptive and keeps an organization relevant.

What Strategic Planning Is Not

Everything said above to describe what strategic planning is can also provide an understanding of what it is not. For example, it is about fundamental decisions and actions, but it does not attempt to make future decisions. Strategic planning involves anticipating the future environment, but the decisions are made in the present. This means that over time, the organization must stay abreast of changes in order to make the best decisions it can at any given point - it must manage, as well as plan, strategically.

Strategic planning has also been described as a tool - but it is not a substitute for the exercise of judgment by leadership. Ultimately, the leaders of any enterprise need to sit back and ask, and answer, “What are the most important issues to respond to?” and “How shall we respond?” Just as the hammer does not create the bookshelf, so the data analysis and decision-making tools of strategic planning do not make the organization work - they can only support the intuition, reasoning skills, and judgment that people bring to their organization.

Finally, strategic planning, though described as disciplined, does not typically flow smoothly from one step to the next. It is a creative process, and the fresh insight arrived at today might very well alter the decision made yesterday. Inevitably the process moves forward and back several times before arriving at the final set of decisions.

The Support Centers of America has adopted the following guiding principles to support its consulting practice in strategic planning. These are self-explanatory and are offered as one way to approach this work. Successful strategic planning:

- leads to action;
- builds a shared vision that is values-based;
- is an inclusive, participatory process in which board and staff take on a shared ownership;
- accepts accountability to the community;
- is externally focused and sensitive to the organization's environment;
- is based on quality data;
- requires an openness to questioning the status quo; and
- is a key part of effective management.

Prerequisites for Planning: Key Factors that Must be in Place Before Beginning the Planning Process

As with any major effort, a planning process has its proper time and place in the organization. There are certain organizational elements that must be in place in order to ensure that the planning process will provide the maximum benefit to the organization. It is important to be candid when assessing the organization's readiness to engage in the planning process. Even if you get half way through the planning process before you realize that the organization is not ready, stop and remedy the situation before continuing with the process. Unfortunately, many organizations plan when the organization is not ready. They always have an unsatisfactory planning process and subsequent results. Make sure the following elements are addressed before making the commitment to plan.

- A commitment of active and involved leadership, with continuous leadership engaged throughout the planning process
- A resolution of major crises that may interfere with the long-range thinking during, commitment to, and participation in the planning process (e.g., insufficient funds for the next payroll, the organization is not operating legally, etc.)
- A board and staff that are not embroiled in extreme, destructive conflict
- A board and staff that understand the purpose of planning, what it can and cannot accomplish, and have come to agreement expectations
- A commitment of resources to adequately assess current programs and the ability to meet current and future client needs
- A willingness to question the status quo and to look at new approaches to performing and evaluating the "business" of the organization

Level of Planning

As with any other organizational effort, you can do a little planning or a lot of planning. "Enough planning" is when your organization's leadership understands and has consensus about a clear organizational direction. As a college, it is critical to examine what needs you are attempting to address from the planning process and the resources available to engage in the process. It is safe

to assume that an organization can expect more benefits from a more informed, more resource intensive process.

The key resources required for planning are staff time, board time, and dollars (e.g., research, consultants, etc.). Specific examples of time resources consumed by the planning process might include time spent:

- collecting and analyzing environmental information;
- engaging key stakeholders;
- gathering historical financial information, projecting future budgets, and cash flow projections; and
- analyzing options and consequences for potential organizational and program strategies.

The amount of resources, time, and money spent on planning should reflect the complexity of the issues you are addressing and the availability of information and resources. Resource requirements will vary for every organization.

Once the Decision to Plan Has Been Made

The planning process is like any other process, it needs to be managed. People have many expectations when they hear the word planning. It is important to make sure that everyone is operating from the same set of expectations and knowledge base. Large groups of individuals are not conducive to the creation of documents and quick decision making. They are more suited to producing feedback, ideas, and suggestions about existing documents or modifying draft decisions after the initial analysis has been completed. A strategic planning committee is one tool that is used to focus the energies and responsibilities of the process. The planning committee spearheads the process, serving as the quarterback of the team, but it does not take sole responsibility for all decision making and all the nuts and bolts work.

It is also important to identify the potential information needs of the process. Key decisions will be made during planning. In order for these decisions to be high quality, decision analysts and decision makers need to have appropriate financial, program, and client information.

Another tool used in the management of the planning process is a work plan, or a plan to plan. It is an outline of the steps and activities that will take place during the planning process. The plan specifies the tasks, outcomes, resources to be expended (time and financial), and the person(s) responsible in each of the phases in the process.

Steps to Prepare for Planning

The following items summarize the steps necessary to prepare for the planning process.

- Obtain a formal commitment to conduct planning, including education of board and staff, if necessary
- Select a strategic planning committee of no more than five to seven people

- Develop a work plan or a plan to plan that outlines who is responsible for each outcome and time frames
- Consider the adequate level of resources (dollars and time) required to conduct an appropriate planning process

Who Should be Involved?

Each organization must carefully decide who should be involved in strategic planning. There are several key roles to be played in a strategic planning process including:

Planning Process Champion. This is usually a key member of the board of trustees or the president. The person must be someone who believes in strategic planning and will help keep the process on track. This person does not have to be an expert in strategic planning, but s/he should be someone respected by board and staff members.

Plan Writer. Someone must assemble the planning group's decisions into a cohesive document. This person takes notes during planning meetings and uses them to prepare a plan, often in the form of several drafts for review by the entire planning group. Writing the plan, however, is more than simply compiling a record of planning meetings. The plan writer must also insert options and next logical steps into the drafts at each stage of the planning process.

Planning Process Facilitator. This person may be from outside the organization, though this role also can be played by a member of the board. The facilitator's main responsibility is to plan each meeting's agenda and to ensure the group stays on track.

For an organization with little or no experience in planning, an external consultant can enhance the planning process by providing the following services:

- Facilitating of retreats, meetings and the planning process as a whole: The use of a consultant to serve as the "conversation traffic cop" is one method of ensuring that good ideas do not get lost in the emotion of the process or personality of the participants. A consultant can work with an organization to minimize planning barriers that impact effectiveness, using his or her experience as a source of tried and true processes.
- Training in planning information and processes: It is critical for everyone involved in the planning process to be speaking the same language and using the same planning tools. External consultants can provide that conduit of information flow and education.
- Providing an objective and different perspective in the process: As an outsider to the organization, the consultant can ask questions and challenge existing traditions, assumptions, and routines more objectively than staff and board members. Often planners do not realize that they are using jargon or have made certain assumptions about their constituency. Having an outside consultant participate in the planning process helps ensure that organizations stay true to one of the prerequisites of engaging in the planning process, the willingness to question the status quo.

- The process expert role: The consultant who has facilitated and conducted many strategic planning processes can provide significant information and advice on tools and processes that can best accomplish your process and content goals.

Planning Team. It is important to have a formal planning team or committee that spearheads the planning process. The planning committee is not responsible for doing all of the work - it is responsible for ensuring that the work gets done. In essence, it becomes the cornerstone of the team: creating initial drafts of planning documents deciding which stakeholders to involve - how and at what stage and prioritizing or narrowing information for the organization to discuss and evaluate. The committee serves to maintain the efficiency of the process. The planning committee should be:

- limited to no more than five to seven individuals;
- a combination of visionaries (individuals who see what the organization can be) and “actionaries” (those who ask what the current organizational resources will support and ensure that the projected goals and tasks are realistic);
- a group of individuals that has formal or informal power and the respect of the rest of the organization; and
- a combination of board and staff members, including the executive director and the individual who will write the final plan.

Board of Trustees. The role of the full board is one of governance and oversight. As the entity responsible for governing the organization, its focus should remain on the ultimate and overreaching goals and strategies necessary to achieve organizational success. Therefore, the full board should be involved in processing environmental information and the approval of the vision, values and priorities. As the governing body, it should formally vote on adopting the plan as the management framework around which the organization will develop its operating plan(s).

Staff. Nonprofit staff are a critical ingredient to successful planning - they are the link between the visions and the everyday activities of an organization. In an inclusive process, the philosophy is to give staff input and, when appropriate, authority when determining the means of the organization. These individuals have the experience and knowledge around critical success factors that should not be ignored. When staff are not an integral part of the planning discussions, they need to be informed of the decisions that have been made. Involving staff will:

- ensure the realism of the plan;
- encourage all levels of the organization to take ownership of organizational vision and goals;
- involve the organization’s future leadership in developing its identity and vision; and
- unite individual visions into a single collective vision for the organization.

Students. Those who benefit from the organization’s services should be involved in the planning process. Each organization makes its own choices about whether to include students on the planning team or whether to consult them in some other way.

Steps in the Strategic Planning Process

The following outline of steps is a suggestion only. Each organization will need to decide what works and what doesn't. Suggested methods for completing each step and an approximate time frame for each are included as well.

Step 1: Mission Review

The Council requires that each podiatric college, school, and program have a mission statement. The mission statement must be concise, distinctly stated, and consistent with the expectations of the podiatric medical profession. Furthermore, evaluative components included in CPME 120 indicate that the mission statement:

- reflects contemporary definition of podiatric medicine;
- reflects commitment to instruction, research, and patient care;
- serves as the broad goals for developing specific institutional objectives;
- is developed, adopted, and revised by the governing board of the institution; and
- published and disseminated throughout the college community

Suggested Method. Before the meeting begins, write the mission statement on an easel pad. Post the paper on the wall or an easel where everyone can see it. Ask someone in the group to read the mission aloud. Identify words or phrases that stand out and circle them. Then discuss each of the questions listed below and write summarized responses to each on separate large sheets of paper. This is usually best done with the whole group participating. Rather than begin the strategic planning process by writing a mission statement, the planning team members simply should consider starting by reviewing the mission statement, including asking the following questions to help them understand the mission better/

- Who are we? If the organization were walking down the street and someone asked who it was, what would the answer be? Distinguish what it is and what it does.
- In general, what are the basic issues the organization exists to meet or what are the basic problems the organization exists to address? This is the basic justification for the organization's existence.
- What, in general, does the organization do to recognize, anticipate, and respond to those needs or problems? How does the organization find out about them and decide what to do?
- Who are the key stakeholders for the organization, and how should we respond to them? How do we find out what they want from the organization?
- What are the organization's philosophy, its values, and its culture?
- What makes the organization unique or distinctive; that is, what gives the organization its competitive advantage?

Step 2: Organizational Mandates

Formal mandates are those required by a funding or authorizing group. If these mandates are not met, the organization may face serious sanctions including (possibly) the inability to operate.

Informal mandates are those expectations that may remain unspoken. Often the expectations of students or staff are informal in nature. Mandates include both those things an organization is required to do as well as those things it is required not to do. A simple way to state this is to ask the question - what are we supposed to do, and who requires it of us? A similar question could be asked about informal mandates - how can we find out what stakeholders expect of us?

Suggested Method. Post a large sheet of easel pad paper on the wall. Have the group leader ask the question “What are we supposed to do?” and explain the concept of mandates briefly. For a few minutes, have the members brainstorm some of the key formal and informal mandates. Have the group then review the list one more time to identify who or what group mandates each item. Following this, briefly review the mission statement to determine if the list of mandates suggests any gaps in the mission statement. Are there expectations that are not fairly represented in the mission statement? Do not take time now to rewrite the mission but have someone make notes of any potential gaps.

Step 3: “Back to the Future”

In planning we usually assume we are thinking only of the future. However, the organization’s past is a source of much information about what has been effective and what has not. The planning team will find it useful to look backward for the same number of years it is expecting to plan into the future. For example, if the planning horizon is five years into the future, then look back over the previous five years.

Suggested Method. Tape four large sheets of easel pad paper together. Using a strip of masking tape, mark a line horizontally across the middle of the large 4 x 5 foot sheet. Across the top of the sheet, write the years (e.g., 2020-2025). Give each participant a pad of 4 x 6 inch Post-it notes and a pen or marker. Have the facilitator or leader then give instructions to the group to think about all of the organization's “highs” or “lows” that occurred in the past five years. Have each participant write silently, noting each event or incident on a separate Post-it. Be sure to mark the year on each Post-it. After a few minutes of writing, have the leader instruct the members of the group to start posting their notes on the sheet at the appropriate place along the line. The organization’s “highs” go above the line, and the “lows” go below the line. The height of the Post-it notes above or below the line indicates just how high the “high” was or how low the “low” was.

Once the group members have completed this task, review the items. Usually the leader reads these aloud, perhaps asking for clarification on each. Have the group discuss the items and look for themes among them. On a separate large easel pad sheet, note the themes. They might include funding levels (obtaining grants or losing them), arrival or departure of certain leaders, successful or unsuccessful management of crises. Asking questions like the following can help clarify some of the issues.

- What opportunities has the organization had? How has the organization responded to these opportunities (taken advantage of them? unable to take advantage of them? ignored them?)

- What threats has the organization had to deal with during this time period? Which were handled successfully, which unsuccessfully, and which were ignored?
- What strengths did the organization rely on to deal with threats or opportunities? Which strengths did the organization ignore?
- What weaknesses has the organization had in dealing with threats and opportunities? What has the organization done about them?

Step 4: Envisioning the Future

At this stage, it is helpful to start looking briefly into the future of the organization. This is an exercise requiring imagination, not necessarily “practical” ideas.

Suggested Method. Have the group’s leader ask each member to imagine a friend who has been deeply involved in the organization, but who has left the area and lost touch with the organization. However, five years later, this friend writes to the member and asks the member about the organization. The member writes back describing in great detail what the organization is doing. The member describes the activities and programs, the clients, the organization’s finances, and its staff and board. In short, the member describes what is happening. Have each member be as specific as possible and have them write it down on the notepads, but do not have the members talk to one another. Then divide into groups of three to five people and gather around easels or large sheets of paper with the notes and draft letters to the friends who have “left”. Have members write their comments on the large sheet of paper and discuss them among themselves. They may want to list some of the common elements on each large sheet of paper as well as identify some of the unique or interesting ideas.

Have the group leader then use a “master” sheet of paper and ask the first group to read its first item. Have the other groups that have similar item(s) cross them off their lists. Have the leader then put it on the “master” list of common ideas. Keep going around the room in the same manner. By the end, there should be a list of ideas that are common to two or more of the groups. Next, have the group leader hand out five to eight sticky dots per person. Have the group members then vote on the items they like best by putting one dot on each item they like. They may vote on the “master” list or on the items remaining on the original sheets. The items receiving the most votes become higher priority items for the group to consider when planning.

Step 5: SWOT

“SWOT” (pronounced swat) stands for Strengths, Weaknesses, Opportunities, and Threats. This is a key part of strategic planning because it examines the organization itself and the external and future environment of the organization. **Strengths and weaknesses** refer to the organization itself - they are akin to assets and liabilities. They are current, that is, they exist now.

Opportunities and threats exist outside the organization and/or they refer to the future.

Suggested Method. One way to get information about these quickly is to brainstorm. The leader should remind participants that brainstorming means not making judgments because those will come later. Participants should just speak what is on their minds, piggybacking on something

someone else might have said earlier. There will be time later to screen out some of the duplicates, and even the “dumb” ideas. Brainstorming guidelines include the following.

- Try to get as many ideas out quickly
- Hitchhike-generate or spin off on another idea
- Do not criticize, either through comments or body language
- Do not “justify” or explain
- Have the mindset that there are no “bad” ideas

If the group is small (about 10-12 people), this can be done by brainstorming on each item one at a time (strengths, weaknesses, then opportunities, and finally threats). Have the leader write the items on sheets of easel pad paper as they are brainstormed. If the group is large (more than 12 people), divide the group into four smaller groups.

Assign a SWOT item (e.g., group #1 works on strengths, and so on) to each small group. Have the members of the group brainstorm on their item for about 15 minutes. Then have the leader announce to the groups that they should rotate to another item. So, group #1 would brainstorm about weaknesses, group #2 would brainstorm about opportunities, and so on. Have each group spend another five minutes on that item and add or alter what is already on the previous group’s easel pad paper. Have them spend five minutes working on the easel pad paper. Then have them rotate again, and yet again until all participants have reviewed all four SWOT items.

After the SWOT items have all been listed, have the group as a whole discuss them, add more information, and clarify them. Have someone take careful notes at this point to ensure careful records of the information that comes out of this part of the process.

Finally, give 12 dots to each person, three each for strengths, weaknesses, opportunities, and threats. Have the individuals use the dots to vote on the three most important or most serious S, W, O, or T. Following the voting, have the group further discuss the results. Additional information may be needed, including some research to fully understand the specifics of some of the strengths, weaknesses, opportunities, or threats. Have one or more people assigned to conduct this research outside the organization’s meetings and bring the results back to the group for further discussion. This research might include asking stakeholders in the organization about their opinions.

Step 6: Planning Themes

One of the first steps the organization should have taken in deciding to plan was listing some of the issues around which to plan. At this point in the planning process, the planning team will synthesize information from its earlier steps in planning and combine it with the issues or themes identified at the outset. This will form the basis for developing specific steps and tasks to implement the plan.

Suggested Method. In Step 4, Envisioning the Future, the planning team dreamed about the future and voted on the most important options to be considered. Once again, using the easel pad paper, list the items in descending order from the “envisioning the future” list. Next, review the

SWOT analysis to identify the most important opportunities and strengths. List those on the large sheet of paper. At this point, some of the items from the SWOT list and the “envisioning the future” list may seem very similar. These similar items should be combined into a single item whenever possible. Through discussion among the members of the group, have the planning team come up with up to 10 issues or themes. However, there is no magic number of themes, and each planning team will have to decide for itself if the themes are distinct from one another or are too broad. Some questions the group might ask itself include the following.

- Is each issue or theme consistent with the organization’s mission? If not, then should the mission be changed, or should the theme(s) be restated?
- Are the themes consistent with one another? It may seem obvious that the organization doesn’t want to suggest, for example, expanding and contracting the same program at the same time, but it is easy to miss these contradictions.
- Are the themes or items distinct enough from one another that they can be easily categorized? For example, issues related to the physical plant or space occupied by the organization may be separated from issues related to the personnel of the organization. There may be interrelationships (more staff may require more space, for example), but the themes should be listed separately. They will be linked later on in the process.
- Is anything missing? Conversely, is there too much? Sometimes planning teams are too caught up in the immediate issues so they fail to see the larger picture, or they become too global and too general. One way to check whether anything is missing is to review the notes from all the previous steps in the planning process, including the issues originally set out by the organization. Also, the planning team might wish to check with the organization's board of directors at this point to ensure the themes are inclusive enough.
- Does everyone understand the items? A way of checking this is to ask individuals to quickly restate each theme in their own words.

Step 7: Setting Out the Steps and Time Frame

Suggested Method. Using the themes developed in the previous step, list each on a separate easel pad sheet. Have the members of the planning team then begin to brainstorm the major steps or components of each theme. Have the facilitator or leader write them down. For example, if the organization identified its building as inadequate and a theme for planning is replacing the building, some of the brainstormed steps might include investigating buying a new building vs. renting more space and conducting a needs analysis for size and space usage. In some themes, there will be many items brainstormed, including some that will be contradictory. That’s all right because they will be resolved later on in the process. This stage is simply designed to flesh out the framework a bit.

Next, tape several large sheets of paper together and draw vertical lines on them to divide the years into the future (e.g., 2025 – 2030). Post the lists of planning themes and their major components near this large sheet so everyone can see them. Using large Post-it notes, have individual planning team members write components on separate Post-its. Individually, silently, have them begin to post the notes on the large sheet of paper within the year in which the planning component or step is largely *finished* or *resolved*. For example, if the organization needs more space, a team member might write “space needs analysis completed” on a Post-it

and put it in the column for 2025. Another might write the same thing, but put it in the column for 2026. Have the members also develop additional steps and post them on the large sheet. Once the group has slowed its pace of posting items, have the group leader then begin to discuss what is posted on the large sheet. If possible, provide different colored Post-its for each theme area. Alternatively, mark horizontal lines on the large sheets of paper to separate the themes' steps or components from one another.

At this point, the process may become somewhat messy, and members of the planning team should feel free to move around, write on the large sheet, post more Post-its, move them around, and so on. Have the discussion focus on whether the steps are in the right order (e.g., one shouldn't prepare to move into a new building before signing the lease) and whether they can be accomplished in the time available. Also, having members identify interim steps (these can be listed with smaller-sized Post-its) is very useful at this point. Some groups may also use markers to draw lines between some of the Post-its and to add information to them (be sure the markers don't bleed through to the wall). Some of the items the group should consider include the following.

- Are the major steps in the “right” order?
- Are the completion dates realistic?
- Are there critical starting points and interim steps that should be listed?
- What are some of the linkages between the themes and their major components? Draw lines between these if necessary.
- How will we know when we have accomplished this objective? What will determine whether we have been successful?
- What are some of the weaknesses and threats that will affect the organization's ability to complete each step? How can they be dealt with, and are additional steps needed in order to ensure the organization can accomplish its goals?
- What resources (e.g., time, personnel, talent, and money) are needed to accomplish each component or step? Are these resources currently available to the organization or must they be acquired? If they must be acquired first, then they should be identified in the appropriate place(s) on the large sheet of paper.

Most people are familiar with the structure of goals and objectives. What emerges from this stage of discussion is a set of goals (the themes) and objectives (the steps or components within each theme). Stating the objectives in action-oriented, time-delimited terms is very important. Organizations need to be able to measure their successes (and understand their failures) and state clearly what is to be done, by when, and by whom. This is, therefore, a very important component of the plan.

It is, however, likely that there will be more objectives listed in the early years of the planning period than in the later years. This is fine, and as the organization moves through its planning cycle, it will add objectives to accomplish in future years.

Step 8: Bringing It All Together - Writing the Plan

The plan writer will have been taking careful notes throughout the process, including preparing interim reports between planning sessions. The plan writer now must assemble the information into a coherent document that reflects the key decisions of the planning team and enables the organization to move forward to implementation.

Suggested Method. The plan writer may wish to begin with a basic outline and prepare what amounts to minutes of each session or meeting of the planning team. The plan writer, however, should also add to the plan so it becomes more than simply a set of minutes or a record of what occurred. The writer will need to insert some ideas and clarification into the plan. Following is a suggested outline for the final plan.

- The organization's mission. This section may also include any relevant comments summarizing some of the ways the organization's mission makes it unique or provides it a competitive advantage.
- The organization's mandates and its stakeholders
- A summary of the SWOT analysis
- Vision of success. This section may include descriptions of key items the planning team identified in its "envisioning the future" exercise. The plan writer may wish to modify the items on the list somewhat so that it will be clear how the organization will know it is succeeding.
- Strategic issues, goals, and objectives. This section will be the meat of the plan because within it will be a listing of each planning theme (now identified as a strategic issue) and the goals and objectives associated with it.
- Financial implications of the plan
- Timeline for reviewing and updating the plan

Step 9: Reviewing and Revising the Mission

Early in the planning process, the organization's planning team reviewed the mission statement. At this later stage in the planning process, it is important to review the mission once again and to modify it to reflect the plans and ambitions of the organization. Sometimes a mission is too narrowly stated, and a strategic planning process may identify areas needing broader focus; conversely, a mission may be too vague, and it will need specifics.

Once the organization has a draft of a plan, it is helpful to review the mission with the plan in mind. If the items in the plan are out of sync with the mission, either the mission or the plan will need revision. Depending on the plan writer's capabilities, s/he may suggest some wording changes as a draft for revising the mission.

Suggested Method. Post the original statement of the mission (from Step 1) where the planning team can easily see it. Reread the mission aloud, noting those words or phrases identified earlier that raised questions or special interest. Next, review the planning themes (i.e., the strategic issues). Are there linkages between the strategic issues and the mission statement? Using a marker pen, add or delete items from the mission or from the strategic issues. Additional large easel pad sheets may be needed to accurately reflect the results of this discussion. Once the planning team has prepared suggested changes to the organization's mission, the entire board

must adopt the mission statement.

Step 10: Adopting the Plan

The planning team and the plan writer may have considered several drafts of the plan before presenting a final version to the board of trustees. As a separate item at a regular board meeting, the plan should be formally presented to the board for its consideration and adoption. Ideally, the board members will have read the plan before the board meeting, but it is often helpful to provide a verbal overview of the plan's contents.

Step 11: Implementing the Plan

Implementation shifts the organization's focus from developing the strategic plan to acting upon it. This occurs not only at the organization level but within each program or department of the college, school, or program. The degree to which the plan was developed through honest self-examination, environmental scanning, and stakeholder involvement can determine the ease or difficulty the organization will experience in moving toward its envisioned future state. Implementation is, in effect, a reality check on the assumptions and future visioning of the planning process and a test of the organization's capacity to achieve its stated goals.

Implementation may require greater specificity in the objectives, a detailed description of the steps that must be taken in each program or department in order to reach the organization's long-term goals. The focus here is on the short-term activities that lead to goal achievement. Implementation also can serve as a strategic management tool, providing both a framework for staff development and a solid basis for evaluating progress.

Step 12. Monitoring and Evaluating the Plan

Many strategic plans end up collecting dust on a shelf. Monitoring and evaluating the planning activities and status of implementation of the plan is - for many organizations - as important as identifying strategic issues and goals. One advantage of monitoring and evaluating is to ensure that the organization is following the direction established during strategic planning. The above advantage is obvious. Adults tend to learn best when they are actually doing something with new information and materials and then they are continuing to reflect on their experiences. You can learn a great deal about your organization and how to manage it by continuing to monitor the implementation of strategic plans. Note that plans are guidelines. They are not rules. It is acceptable to deviate from a plan. But planners should understand the reason for the deviations and update the plan to reflect the new direction.

The strategic plan should specify who is responsible for the overall implementation of the plan, and also who is responsible for achieving each goal and objective. The document also should specify who is responsible to monitor the implementation of the plan and make decisions based on the results. For example, the board might expect the chief executive officer to regularly report to the full board about the status of implementation, including progress toward each of the

overall strategic goals. In turn, the chief executive might expect regular status reports from department chairs regarding the status toward their achieving the goals and objectives assigned to them.

Key questions to consider while monitoring and evaluating implementation of the plan include:

- Are goals and objectives being achieved or not? If they are, then acknowledge, reward, and communicate the progress. If not, then consider the following questions.
- Will the goals be achieved according to the timelines specified in the plan? If not, then why?
- Should the deadlines for completion be changed (be careful about making these changes - know why efforts are behind schedule before times are changed)?
- Do personnel have adequate resources (money, equipment, facilities, training, etc.) to achieve the goals?
- Are the goals and objectives still realistic?
- Should priorities be changed to put more focus on achieving the goals?
- Should the goals be changed (be careful about making these changes - know why efforts are not achieving the goals before changing the goals)?
- What can be learned from our monitoring and evaluating in order to improve future planning activities and also to improve future monitoring and evaluation efforts?

The frequency of reviews depends on the nature of the organization and the environment in which it is operating. Organizations experiencing rapid change from inside and/or outside the organization may want to monitor implementation of the plan at least on a monthly basis. Boards of trustees should see the status of implementation at least on a quarterly basis; chief executives should see the status at least on a monthly basis. Individuals evaluating the status of a plan on a formal basis are urged to develop written status reports. The reports should include answers to the above key questions while monitoring implementation, identify trends regarding the progress (or lack thereof) toward goals, including which goals and objectives, and include recommendations about the status and actions needed by management.

It's OK to deviate from the plan. The plan is only a guideline, not a strict roadmap which must be followed. Usually the organization ends up changing its direction somewhat as it proceeds through the coming years. Changes in the plan usually result from changes in the organization's external environment and/or client needs result in different organizational goals, changes in the availability of resources to carry out the original plan, etc. The most important aspect of deviating from the plan is knowing why you are deviating from the plan, i.e., having a solid understanding of what's going on and why.