CPME 120 CLEAN VERSION WITH ALL TRACK CHANGES ACCEPTED

STANDARDS AND REQUIREMENTS FOR ACCREDITING COLLEGES OF PODIATRIC MEDICINE

COUNCIL ON PODIATRIC MEDICAL EDUCATION

DRAFT 1

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

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TABLE OF CONTENTS (Update Table of Contents once adopted.)

ABOUT THIS DOCUMENT

This document describes the standards and requirements for accrediting colleges of podiatric medicine, including the eligibility requirements for accreditation (see CPME 109, *College Accreditation Eligibility Requirements* at www.cpme.org for the most current eligibility requirements). The standards and requirements along with the procedures for accreditation serve as the basis to evaluate the quality of the institution and the education offered and to hold the institution accountable to the educational community, the podiatric medical profession, and the public. The standards and requirements have been approved by the Council on Podiatric Medical Education (CPME or Council). Compliance with the standards promotes good educational practice in the field of podiatric medicine and thus enables CPME to grant or confirm accreditation.

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

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

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

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

Terms Used in This Publication

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

INTRODUCTION

Accreditation Overview

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

Accreditation Purposes

Accreditation by the Council is intended to accomplish at least five general purposes:

1. To inform the public of the purposes and value of accreditation and of the colleges of podiatric medicine that meet established standards and requirements

2. To assess the extent to which colleges of podiatric medicine meet established accreditation standards and requirements

3. To hold colleges of podiatric medicine accountable to the profession, consumers, employers, academic institutions, and students by ensuring that these colleges have established mission statements, goals/objectives, and outcomes that are appropriate for preparing individuals to enter postgraduate podiatric medical education

4. To evaluate the college's success in achieving its mission, goals/objectives, and outcomes

5. To enhance student learning opportunities by fostering continuing improvement in colleges of podiatric medicine—and thereby in professional practice.

Council on Podiatric Medical Education

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

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

All of the existing colleges of podiatric medicine recognize and accept the Council as the agency authorized to evaluate and accredit professional podiatric medical education programs. Because the accreditation process is a voluntary enterprise, the colleges of podiatric medicine are viewed to have a cooperative relationship with the Council in seeking ways to improve and enhance the educational program for podiatric medical students.

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

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

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

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

Accreditation Scope

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

Procedures for Accrediting Colleges of Podiatric Medicine

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

Accreditation Guide

The Council has developed and makes available CPME 125, *Accreditation Guide*. This publication includes information about conducting the self-study process and offers questions that assist colleges of podiatric medicine, on-site evaluators, and others in understanding the standards and requirements for accreditation. This publication may be obtained at www.cpme.org or by contacting the Council office.

Goals for CPME Accreditation of Colleges of Podiatric Medicine

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

1. Assess whether colleges of podiatric medicine function consistently in accordance with their own stated mission and goals/objectives and in accordance with the expectations of the profession to adequately prepare individuals for postgraduate podiatric medical education, lifelong learning, and ultimately professional practice as demonstrated by each college's educational outcomes

2. Foster and increase the involvement of colleges of podiatric medicine in research, scholarship, and patient care

3. Assist the colleges by fostering self-evaluation for continuous improvement of the educational programs through planning and resource development

4. Encourage colleges to achieve academic excellence and to foster environments in which innovative teaching, learning, and assessment occur

5. Acknowledge and respect the autonomy of colleges within the context of broader professional expectations

6. Ensure the public and the profession that colleges provide environments in which the art and science of podiatric medicine can grow, and in which requisite information can be developed to provide the best possible podiatric medical service to the public

7. Encourage colleges to foster community awareness and public information as to the best possible podiatric medical care

8. Provide the public a list of colleges of podiatric medicine accredited by a recognized authority and which merit public approbation and support

9. Enhance public understanding of the functions and values inherent in the accreditation process

10. Enable the community of interest to participate in significant ways in the review, formulation, and validation of accreditation standards, requirements, and policies and in determining the reliability of the conduct of the accreditation process itself

11. Ensure in its accreditation practices consistency, peer review, agency self-assessment, availability of due process, identification and avoidance of conflict of interest, and an assurance of appropriate confidentiality

12. Establish and implement an evaluation and accreditation process that is efficient, cost-effective, and cost-accountable with respect to the college community.

STANDARD 1. MISSION AND PLANNING

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

Interpretation

Mission
The college of podiatric medicine must maintain a clearly articulated mission statement that defines the purpose of the college and its commitment to the education and development of competent, ethical, and compassionate podiatric physicians.

Strategic Alignment
The mission must guide the college's strategic planning process, ensuring alignment between mission-driven priorities and college goals/objectives. The mission serves as the foundation for strategic planning, decision-making, resource allocation, and evaluation of outcomes, ensuring alignment with the college's academic and clinical priorities.

Evaluation and Relevance
The college must regularly review and, when necessary, revise its mission to ensure ongoing relevance to the needs of the profession, the communities it serves, and the evolving landscape of health-care education. The college must demonstrate how the results of ongoing evaluation of the strategic plan, mission, and goals/objectives are used for improving the college.

Stakeholder Participation
The development and periodic review of the mission must include broad input from stakeholders, including faculty, students, staff, alumni, and external partners, to ensure it reflects shared values and institutional direction.

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

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

- What are the mission statements of the college and the parent institution?
- Is the college's mission statement clear, concise, and easily understood?
- Does the mission statement define the purpose of the college and its commitment to the education and development of competent, ethical, and compassionate podiatric physicians?
- How does the college's mission correlate with the mission of the parent institution?
- How is the mission statement reviewed, revised, and adopted?
- Does the mission development process include broad representation of the college community?
- How is the mission statement utilized in developing the goals/objectives of the college?
- How is the mission statement disseminated (e.g., publications such as the college catalog, student handbook, faculty handbook, and employee manual)?

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

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

- Publications that include the mission statement.

b. **<u>Strategic Planning</u>** – The strategic planning process is inclusive and represents continuous quality improvement that establishes short- and long-term programmatic goals. The process results in measurable outcomes that are used to enhance the quality of the educational program and demonstrates effective monitoring of program compliance with accreditation standards. The Council expects that the strategic planning process is designed to provide the following information:

- Review of the college's mission statement
- A set of goals/objectives and strategies
- The action plans devised to implement the proposed goals/objectives and strategies
- The plans for assessment of achievement of the strategic plan
- Explicit identification of who will be involved in this process and their roles
- Explicit identification of a timeline for execution of the strategic plan with deadlines, milestones, and expected outcomes throughout the strategic planning process
- Explicit identification of the necessary allocation of resources for strategic goals.

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

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

Information that must be included in the <u>self-study appendices</u>:

- A current strategic planning document incorporating, at a minimum, the elements identified under standard 1.b.

<u>Information to be available on-site for the evaluation team</u>:

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

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

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

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

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

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

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

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

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

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

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

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

STANDARD 2. GOVERNANCE

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

Interpretation

Institutional Authorization and Governance Framework

- A college of podiatric medicine may be established as a nonprofit or for-profit corporation but must hold the legal authority to confer the Doctor of Podiatric Medicine (DPM) degree upon students who meet academic requirements.
- The college's administration and faculty must possess sufficient authority to maintain academic integrity and support achievement of the institution's mission and goals/objectives.

Collaborative Governance and Academic Input

- Faculty and administration must have formalized input in key decisions concerning:
  - admissions and student progress;
  - resource allocation;
  - faculty hiring and promotion;
  - curriculum development and assessment;
  - research and service initiatives; and
  - graduation requirements.
- Students must be granted opportunities to contribute to policy formulation and decision-making processes within the college.

Integration with Parent Institution

- Colleges must retain a level of independence from the parent institution sufficient to function effectively, while participating on par with other graduate-level health programs (e.g., MD or DO) in the parent institution's governance and operations.
- Faculty and administration should advocate for the college's interests in institutional policy discussions and decision-making, particularly related to degrees awarded by the parent institution.
- Governance principles include:
  - No domination by a single interest group
  - Collective decision-making authority
  - Members must not derive any personal financial benefit arising from relationships in the operation of the institution or its associated hospitals or clinics
  - A robust conflict-of-interest policy must govern all levels of institutional leadership and governance
  - The college must have a clearly defined mechanism (e.g., advisory group, elected members, or formal channels) for providing input to the governing body of its parent institution.

Strategic Role and Responsibilities of the Governing Body

- The governing body is expected to:
  - evaluate the performance of the chief executive officer (CEO);
  - establish and review institutional policies;
  - participate in strategic planning;
  - ensure the financial health and integrity of the institution;
  - lead and support fundraising efforts; and
  - assist the institution in developing and achieving the college's mission and goals/objectives.

- The governing body must receive regular, comprehensive updates from the CEO regarding institutional status and achievement of the college's misstion and goals/objectives.

a. **Corporate Status** – The institution is incorporated as a nonprofit or for-profit entity.

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

- What legal documents identify the corporate status of the institution?
- When and by whom was the institution incorporated?

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

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

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

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

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

- Is the Doctor of Podiatric Medicine program offered by an autonomous unit organized as a school or college of podiatric medicine within the parent organization?
- How is the college of podiatric medicine afforded the autonomy to manage the professional program within published policies and procedures, as well as applicable state and federal regulations?
- Does the dean have sufficient access to the university provost, president, the governing board, and/or other institutional leadership to fulfill the responsibilities of this position?
- Is there a clear delineation of the dean's authority and reporting structure consistent with other graduate health professional programs at the institution?
- What are the lines of accountability with the parent institution?
- Do the lines of accountability demonstrate an autonomous and independent college of podiatric medicine?
- How does the college deal with its own identity regarding names, titles, and internal organization?
- What procedures are utilized by the parent institution to determine budgeting and resource allocation, budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for development?
- What is the role of the parent institution in personnel recruitment, selection, and advancement of administration, faculty, and staff?
- How does the parent institution establish academic standards and policies, including oversight of curricula?
- Are any processes for the college of podiatric medicine different from those for other components within the parent institution?
- Which agency recognized by the US Secretary of Education accredits the parent institution?

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

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

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

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

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

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

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

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

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

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

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

- What are the qualifications of the members of the governing board?
- How does the board exercise its responsibility to the public to ensure that the organization operates legally, in accord with established bylaws, and with fiscal honesty?
- How does the board enable the college's chief administrative personnel to exercise effective leadership?
- If the college of podiatric medicine is part of an academic health center or university, has an advisory board been established to provide guidance?
- How does the membership of the governing board represent varied interests and expertise?
- Does the governing board include public members?
- What are the membership terms, and criteria and process for electing new members?
- What is the committee structure of the governing board?
- How does the committee structure support the board's functioning?
- What is the meeting structure of the governing board and its committees, how often are meetings held, and what is the attendance? How are meeting minutes of the governing board and its committee maintained?

- What mechanisms (e.g., retreats, internal seminars) exist to allow members of the governing board to better understand the college?
- How does the governing board participate in strategic planning?
- What is the role of the governing body in establishing institutional policies?
- How does the governing board evaluate achievement of the institution's mission and goals/objectives?
- How does the governing board demonstrate fiscal responsibility?
- To what extent do members of the governing board participate in fundraising for the college of podiatric medicine?
- What is the conflict-of-interest policy for board members?
- What is the process used by the governing board to evaluate the chief executive officer?
- What is the mechanism and how often does the governing board receive reports from the chief executive officer on the status of the institution and the achievement of its mission and goals/objectives?
- What is the mechanism for the college of podiatric medicine to inform the governing board?

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

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

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

- Minutes of board meetings for the past three years.

e. **Reporting to CPME** – The college of podiatric medicine reports to the Council on Podiatric Medical Education regarding the conduct of the college in a timely manner and at least annually. The college must

- follow all procedures identified in CPME 130;
- report to the Council office on institutional data, its faculty, and its students utilizing the CPME annual report form, and other information requested by the Council and/or the Accreditation Committee;
- report in a timely fashion to all requests from CPME or the Accreditation Committee for special reports or other information;
- report annually to the Council office on any new strengths, limitations, and/or objectives identified by the college during the past year, and the institution's efforts toward improving the college as based upon ongoing self-study and continued compliance with the Council's requirements;
- receive prior approval from the Council before implementing a substantive change;
- inform the Council office in writing within 30 calendar days of changes in areas including, but not limited to, resignation, termination, or appointment of a member of the college administration (i.e., president, provost, dean, dean responsible for clinical education, or department chair); and a significant increase or decrease in faculty.

STANDARD 3. ADMINISTRATION

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

Interpretation

Unified, Qualified, Engaged Administrative Leadership

- Administrative leaders must operate as a cohesive, full-time team dedicated to advancing the mission and achieving the goals/objectives of the college.
- Administrators must be appropriately credentialed and experienced in higher education, with clear lines of authority and responsibility.
- Leadership should demonstrate both academic and operational expertise.
- Administrators must maintain:
  - awareness of daily operations;
  - engagement with students to understand and address their concerns and needs.

Integration with Parent Institution's Executive Structure

- The parent institution's administrative framework typically includes a:
  - chief executive officer (CEO);
  - chief academic officer (CAO); and
  - chief financial officer (CFO).
- These leaders collectively support and guide the college's administration in areas including academic programs, finance, operations, student services, research and planning, instructional technology, and public relations.

Role and Responsibilities of the Dean

- The dean serves as the principal officer of the college and is central to the college's operations and accreditation compliance.
- Requirements for the dean:
  - Must be a podiatric physician
  - Must have faculty status and health-care education experience
  - Must report directly to the CEO or CAO of the parent institution.
- The dean is responsible for:
  - ensuring compliance with CPME accreditation standards;
  - leading in academic oversight (curricular development, planning and budget, professional development, and scholarly activity), change management, and personnel supervision; and
  - implementing remedial actions in a timely, efficient manner when necessary to maintain accreditation.
- The dean should have the assistance and full support of the administrative leaders of the college's organizational units.

Clinical Education Dean

- The college must have an assistant or associate dean specifically responsible for clinical education oversight, planning and assessment, and ensuring consistency across all clinical sites.
- This individual must:
  - be a podiatric physician
  - have clinical teaching experience
  - be knowledgeable about current podiatric medical practice.

Staff Support and Professional Development

- The administrative team, including the dean and the clinical education dean, must receive adequate staff support to fulfill their roles effectively.
- Professional development for administrators and support staff is essential and should include:
  - seminars;
  - mentorship; and/or training programs.

a. <u>Administration</u> – The college employs an adequate and appropriately credentialed, full-time administration.

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

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

Information that must be included in the <u>self-study appendices</u>:

- Position descriptions for the members of the administration of the institution
- Description of the college's administrative, governance, and committee processes, particularly as they affect the following:
  - Review of the college's mission statement
  - General college policy development
  - Planning
  - Budget and resource allocation
  - Student recruitment, admission, and award of degrees
  - Faculty recruitment, retention, promotion, and tenure
  - Academic standards and policies
  - Scholarly activity
  - Service expectations.

- A list of all standing and ad hoc committees with a statement of charge and composition for each
- A list of all changes and reasons for the changes in the employment status of the members of the administration since the previous on-site evaluation.

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

b. **Dean** – The dean of the college is a licensed podiatric physician, free of disciplinary actions or sanctions, with faculty status and understanding of contemporary podiatric medical education. The dean of the college or school reports to either the CAO of the university/parent institution or CEO of the university/parent institution and has sufficient access to the other university/parent institution officers to carry out his or her responsibility as the principal officer of the college or school of podiatric medicine.

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

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

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

- Curriculum vitae of the dean.

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

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

c. Clinical Education Dean– The clinical education dean is an assistant or associate dean and is a licensed podiatric physician and faculty member, free of current disciplinary actions or sanctions, with an understanding of contemporary podiatric medical practice, quality clinical education, and the health-care delivery system.

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

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

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

- Curriculum vitae of the clinical education dean.

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

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

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

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

- What are the number and credentials of the professional staff?

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

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

- List of all professional staff, including titles and credentials
- Results of recent employee satisfaction or climate surveys
- Evidence of sufficiency of professional staff.

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

STANDARD 4. CURRICULUM

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

Interpretation

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

Domain I: Medical Knowledge

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

Domain II: Patient Care

Competency Statement: Provide effective and compassionate patient-centered care with emphasis on the lower extremity that promotes overall health ensure that the patient and the patient's family are provided the highest quality of care for all.

Domain III: Research and Scholarship

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

Domain IV: Interpersonal and Interprofessional Communications

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

Domain V: Professionalism

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

Domain VI: Interprofessional Collaborative Practice

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

Domain VII: Social Determinants of Health and Addiction

Competency Statement: Demonstrate an understanding of common societal problems and their impact on patients and their families.

Competency-Based Curriculum Design

- The competencies should be related to the college's mission and goals/objectives, and the objectives of the learning experiences should clearly articulate how they contribute to student attainment of the stated competencies of the college.
- Competencies and objectives must be communicated to all stakeholders: students, faculty, and other program members responsible for teaching and assessment of the learning experiences.
- Completion of the curricular requirements by a student who has achieved the competencies qualifies the student to receive the Doctor of Podiatric Medicine degree.

Curriculum Structure and Duration

- The curriculum must span a minimum of 120 weeks, or equivalent, of instruction.
- All program requirements must be completed within a maximum of six academic years.
- The academic calendar and curriculum must be published and made available in official documents (e.g., college catalog) to prospective and enrolled students, faculty, administration, and accrediting bodies.

Instructional Progression and Integration

- The curriculum must reflect a progressive structure, advancing from basic (pre-clinical) to complex (clinical) learning experiences.
- There must be intentional sequencing and integration between pre-clinical and clinical content to enable student attainment of the expected competencies.
- Pre-clinical instruction must provide core biomedical knowledge, while clinical instruction must ensure students are equipped to:
    - diagnose and evaluate the overall health status of children and adults;
    - participate in interprofessional health-care teams; and
    - refer appropriately within the health-care system.

Clinical Education and Patient Care Training

- Clinical instruction must offer a sufficient number and variety of supervised patient-care experiences across a variety of settings ensuring readiness for real-world practice.
- Emphasis must be placed on:
    - development of professional judgment;
    - ethical awareness and appreciation of moral aspects of patient care;
    - adherence to practice regulations;
    - research design and methodology;
    - critical thinking and self-directed learning;
    - competencies needed to work as part of an interprofessional health-care team; and
    - awareness of health-care disparities and approaches to reduce them.

Curriculum Oversight and Faculty Responsibilities

- Faculty are responsible for the development, organization, delivery, and assessment of the curriculum.
- A curriculum committee (or equivalent) should manage curriculum development and improvement, with specific attention to:
    - systematic curriculum review and revision;
    - optimal sequencing, integration, and coordination of pre-clinical and clinical learning experiences;
    - balanced academic workloads;
    - faculty awareness of pre-clinical and clinical learning experiences;
    - use of proven teaching and learning methodologies and innovative teaching methods;
    - syllabus standardization; and
    - evaluation of course and teaching quality.

Learning Experience Documentation

- Each course or clerkship must have a standardized syllabus that includes:
  - learning experience name and number;
  - description and credit hours;
  - schedule and instructional methods;
  - name of the instructor(s);
  - learning objectives and evaluation methods; and
  - required and recommended textbooks.
- Syllabi must be readily accessible to students, faculty, administrators, and individuals involved with assessment of the curriculum.

Innovative Teaching and Student Engagement

- Colleges are encouraged to innovate in curriculum design and delivery, based on sound educational principles, using strategies to enhance critical thinking and problem-solving skills such as:
  - case studies;
  - simulated or standardized patients;
  - guided group discussions; and
  - technology-assisted learning.
- Students should be active participants in the learning community, contributing to the education of peers, patients, and health professionals.

Joint or Dual Degree Programs

- Colleges may collaborate with other accredited degree-granting institutions to offer joint or dual degrees.
- The podiatric medical curriculum of such joint degree programs must be comparable to the stand-alone podiatric curriculum in content and rigor.

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a. **<u>Structure</u>** – The podiatric medical curriculum for the pre-clinical and clinical sciences:

- is based upon an achievable set of competencies and programmatic outcomes;
- consists of pre-clinical and clinical learning experiences that ensure the achievement of the required competencies;
- results in the conferring of the degree of Doctor of Podiatric Medicine;
- includes at least 120 weeks, or equivalent, of instruction;
- must be completed in a maximum of six academic years in the podiatric medical program; and
- includes a syllabus for each learning experience.

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

- Is completion of the course of professional study recognized by conferring the degree of Doctor of Podiatric Medicine, which is awarded only to individuals who have fully complied with the requirements stated in the college catalog?
- Is the minimum length of the curriculum in podiatric medicine 120 weeks, or the equivalent? Is six academic years the maximum length of time for completing the curriculum in podiatric medicine? Is the curriculum of appropriate breadth to cover the essential education required?
- How do the organization, sequencing, and integration of learning experiences facilitate student achievement of the expected competencies?
- Is the number of courses per semester or academic year reasonable for the achievement of the competencies?

- How does the curriculum integrate pre-clinical and clinical science instruction?
- Are there learning objectives that articulate the expectations for students in each learning experience?
- How is the following subject matter incorporated into the curriculum?

    - Research design and methodology
    - Ethics and values
    - Problem-solving
    - Critical thinking
    - Self-directed learning

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

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

- Comprehensive schedule for the entire curriculum
- Current college catalog or other college documents that describe the curriculum
- Current credit hour policies and procedures, and records of this activity in a format that will permit sampling by the on-site evaluation team
- Syllabus for each pre-clinical course, clinical course, and clinical clerkship/rotation, organized by academic year.

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

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

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

- What are the college's competencies, and how were they developed?
- How does the faculty participate in the development and revision of the competencies?
- Are the competencies consistent with the college's mission, the requirements for residency training, and podiatric medical practice?
- Does the college assess the changes in residency requirements and the practice of podiatric medicine when revising the competencies for its educational program?
- Are the competencies published and made available to appropriate parties?
- What is done to assist students who are not accomplishing the competencies of the college?

Information that must be included the self-study appendices:

- The college's competencies
- A curriculum map demonstrating in which learning experiences each competency/domain is delivered.

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

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

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

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

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

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

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

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

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

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

- Does the college ensure that the curriculum includes content related to each organ system at each phase of life?
- How do the learning objectives for the pre-clinical learning experiences provide an appropriate knowledge base for the clinical learning experiences?
- How do the learning objectives for the pre-clinical learning experiences provide the foundations for clinical training in podiatric medicine and residency training?

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

- Learning objectives for the pre-clinical learning experiences.

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

e. Clinical Sciences and Instruction – Clinical science instruction consists of learning experiences that result in achievement of the required competencies and programmatic outcomes. The college has appropriate clinical instruction resources for podiatric medical students including a variety of high- and low-acuity patients, surgical, and non-surgical patients, ages including a pediatric population, and other relevant demographics.

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

- What are the learning objectives for clinical science learning experiences?
- How do the clinical science learning objectives prepare graduates for entry-level residency training?
- How does the college ensure the attainment of the knowledge, skills, and attitudes to prevent, diagnose, treat, and manage diseases and disorders of the lower extremity?
- How does the college ensure the attainment of the knowledge, skills, and attitudes to assess medical conditions and refer, as appropriate, those patients with conditions identified during the evaluation?
- What data is available to confirm the volume of high- and low-acuity patients?
- What metrics are used to define acuity?
- Do clinical faculty have surgical privileges at local hospitals or surgical centers? How many? What is the percentage?
- What is the distribution of patient ages seen by students? Are there specific clinical opportunities for students to gain experience with pediatric patients?
- Are there a sufficient number and an appropriate variety of supervised live patient encounters for students to develop the clinical skills and knowledge necessary for achievement of the competencies?
- What settings are used for supervised patient care (e.g., private practices, clinics, hospitals, and ambulatory surgery centers)? Is there an appropriate variety of clinical sites? What formal agreements exist between the college and these external clinical sites?
- How does the college ensure student understanding of practicing with professionalism, compassion, and concern and in an ethical manner?
- How does the college ensure the attainment of the knowledge, skills, and attitudes to be able to communicate and work collaboratively with others and to function in a multidisciplinary and interprofessional manner and/or in an interdisciplinary setting?
- How does the college ensure the attainment of the knowledge, skills, and attitudes to practice and manage patient care in a variety of communities, health-care settings, and living arrangements?

- How does the college ensure that students demonstrate the ability to understand research methodology and other scholarly activities?
- What are the policies of the institution that ensure the safety, privacy, and dignity of patients while being treated within college and affiliated clinical training sites?
- Is the level of faculty supervision of students adequate in all clinical settings?
- Has there been any significant change in the volume of clinical material over the past three years?
- What is the ratio of patients to students and ratio of students to clinical instructors in each clinical setting?
- Is there an orderly progression in the responsibilities of the students in their clinical experiences?
- What are the college's policies and procedures regarding the selection of clinical sites (including criteria for selection of clinical sites, selection of clinical faculty, faculty supervision, and methods of assessing students)?
- What process is used to ensure there are current written agreements between the institution/college and the clinical education sites?
- What methods are used by the college to assign students to external clinical sites?
- How is a student's eligibility to start clinical rotations determined?
- How many students are provided training at each external clinical site?
- Are external clinical sites consistent with the clinical learning objectives?
- How are external clinical sites evaluated in terms of enabling student achievement of the learning objectives?
- How do the external clinical sites provide comparable quality of clinical experiences for the students?
- In all clinical settings, to what degree do students participate in direct patient care?
- How does the clinical science instruction support and enhance the research component of the institution's mission?
- How does the college ensure that clinical instruction is not disrupted by students' residency placement search activities?

Information that must be included in the <u>self-study appendices</u>:

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

<u>Information that must be available on-site for the evaluation team</u>:

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

f. **<u>Clinical Instruction</u>** – The college has appropriate clinical instruction resources for podiatric medical students including a variety of high- and low-acuity patients, surgical, and non-surgical patients, age including pediatric population, and other relevant demographics.

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

- What data is available on the volume of high- and low-acuity patients? How many patient encounters will each student experience?
- What metrics are used to define acuity?

- Do clinical faculty have surgical privileges at local hospitals or surgical centers? How many? What is the percentage?
- What is the distribution of patient ages seen by students? Are there specific clinical opportunities for students to gain experience with pediatric patients?
- What information is available to provide a breakdown of patient encounters by a variety of demographics?

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

- List of resources available for the podiatric medical students, including a sample listing of the variety of high- and low-acuity patients, surgical and non-surgical patients, patient ages, and other relevant demographics.

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

g. Distance Education – The college must have appropriate processes in place to support the use of distance education within the program. These processes include a means of ensuring that faculty are adequately trained and competent to use distance education methodologies, with documentation of the processes involved and evidence of implementation.

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

- How does the college ensure that any course offered through distance education is of sufficient quality to achieve its stated objectives?
- How does the college ensure that all curricula and instructional materials are appropriately designed and presented for the courses utilizing distance education?
- How does the college determine that the students can access the distance education material, Wi-Fi requirements, supports for students to access?
- How does the college ensure that competent and knowledgeable faculty and staff (including support staff) are able to deliver any portion of the program through distance education?
- How does the college ensure regular and substantive interactions with students in distance education courses?

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

- Distance education processes and procedures
- Evidence as to how the faculty are adequately trained and competent to use distance education methodologies.
- Evidence of implementation of distance education procedures.

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

h. Curricular Evaluation – The curriculum is evaluated using a variety of outcome data and is revised on an ongoing basis to ensure achievement of the competencies and programmatic outcomes.

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

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

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

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

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

- Minutes of meetings in which curriculum evaluation is addressed.

STANDARD 5. FACULTY

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

Interpretation

Faculty Qualifications and Composition

- Faculty must be:
  - sufficient in number to support the institution's mission, goals, and learning objectives; and
  - qualified by education and professional experience.
- Faculty roles in the areas of teaching, scholarly activity, and service to the college and/or profession need to be:
  - identified explicitly; and
  - correlated with the mission and goals/objectives, professional standards, and guidelines of the college.
- The faculty should include specialists, including primary care, involved in medical practice to ensure the curriculum is relevant and current.

Core Faculty and Instructional Capacity

- A core group of regular faculty is essential to sustain the curricular requirements, while teaching resources may be drawn from within the institution and other medical professionals.
- The faculty may draw broadly from the many disciplines that contribute substantially to health-care education and must be able to support the podiatric medical concentration.
- The number of full-time faculty must be sufficient to:
  - organize and deliver classroom, small group, laboratory, practice simulation, and experiential education;
  - conduct assessments and evaluations;
  - advise and mentor students;
  - participate in podiatric medical practice;
  - engage in scholarly activities;
  - participate in faculty development; and
  - participate in college and university committees.
- The institution should not rely heavily on administrative personnel for instructional delivery.

Faculty-to-Student Ratio in Clinical Education

- The ratio of students to faculty in clinical settings must allow for individualized instruction and evaluative supervision as determined by outcomes, especially in:
  - introductory clinical and advanced clinical experiences in podiatric medicine; and
  - varied clinical environments with different teaching modalities.

Faculty Employment Policies and Professional Development

- Policies, procedures, and operational guidelines regarding employment conditions must:
  - be transparent, consistent, and fairly applied;
  - be made available to all faculty members;
  - include clearly defined criteria for advancement aligned with the college's mission.
- For part-time, adjunct, clinical, or other special faculty appointments, responsibilities and privileges must be explicitly defined and communicated.
- Colleges should offer professional development opportunities, including those designed to enable faculty to improve their teaching capabilities and practices.

Faculty Evaluation and Performance Standards
- There must be clearly defined and consistently applied evaluation procedures to assess:
  - teaching effectiveness;

Faculty Governance and Organization
- Faculty should form an organized academic body with the ability to:
  - contribute to institutional growth and development; and
  - participate in college governance
- The faculty organization should include:
  - operational guidelines;
  - clear definitions of membership;
  - elected officers.

Scholarly Activity and Research Environment
- Scholarly work should be consistent with the college's mission and complement teaching and learning objectives.
- The institution should foster an environment that supports research and scholarly inquiry, including:
  - basic and applied research;
  - innovations aimed at improving podiatric medical practice.

a. <u>Qualifications</u> – Faculty member qualifications are appropriate for the subject area taught.

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

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

Information that must be included in the <u>self-study appendices</u>:

- Table or spreadsheet identifying pre-clinical and clinical science faculty, including, but not limited to the following: professional rank, tenure status, percent of time devoted to the program, earned degrees, universities at which these degrees were earned, disciplinary area of degree, area of teaching responsibility, and area of research interest.
- Curriculum vitae for each faculty member.

<u>Information that must be available on-site for the evaluation team</u>: None.

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

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

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

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

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

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

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

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

- What is the contract or tenure system for the faculty?
- How are faculty members offered reasonable security in their positions?
- What are the policies, procedures, and criteria for faculty retention and promotion, and by whom are they formulated?
- What is the salary scale and fringe benefit program for faculty?
- Does the institution offer opportunities for clinical faculty to maintain or participate in a geographic practice plan, and, if so, what does the plan entail?
- Is there a faculty handbook, and if so, how was it developed?
- What is the process for review, revision, and approval of the faculty handbook, and how often does it occur?
- Does the faculty handbook describe contracts, salary scale, fringe benefits, and other personnel policies affecting faculty?

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

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

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

d. **Complaints** – A confidential record is maintained of formal faculty complaints submitted for the past five years.

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

- What is the mechanism for handling a formal faculty complaint?

- What is the method of filing a formal faculty complaint and how are faculty informed of this information?
- How does the institution ensure due process is afforded in a formal faculty complaint?
- What is the institution's policy concerning discrimination, harassment, and retaliation?
- How are the records of formal faculty complaints maintained?
- Does the record specify the name of the faculty member, the nature of the complaint, the process used in review of the complaint, and the final disposition of the complaint?
- Has the college provided the contact information for CPME to faculty, and has the college provided faculty with CPME's complaint procedures found in CPME 925a?

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

- Within the faculty handbook, provide the pages relevant to the complaint/grievance policies.

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

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

e. Organization – The faculty has established an organized academic body that is recognized by the college and/or university.

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

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

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

- Faculty bylaws.

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

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

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

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

- What are the lines of communication among the faculty, administration, and governing board?

- What is the faculty's role in the admission, evaluation, promotion, and discipline of students?
- What is the faculty's role in the selection, promotion, and evaluation of faculty?
- What is the faculty's role in the selection of academic officers?
- What criteria and procedures are used to appoint department chairs and division heads? How is the objectivity of the criteria and procedures assured?
- How are faculty members made aware of the institution's mission, institutional objectives, and educational outcomes?
- How does the faculty participate in the process of determining the resources necessary to accomplish the competencies and programmatic outcomes?

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

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

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

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

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

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

- Sample and completed evaluation instruments.

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

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

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

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

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

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

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

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

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

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

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

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

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

STANDARD 6. STUDENTS

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

Interpretation

Recruitment and Admissions

- The college must recruit students who possess the academic prerequisites, motivation, and potential for a successful career in podiatric medicine.
- Admissions processes should be guided by longitudinal analyses of applicant qualifications and attrition data.
- The college is encouraged to actively recruit students from a broad array of backgrounds.
- The college should ensure that class sizes align with institutional and clinical capacity and CPME-approved enrollment limits.

Admissions Processes

- Admissions criteria and procedures must be transparent and accessible, outlining academic expectations, required communication skills, disclosures, and professional standards for graduation.

Student Handbook

- The college publishes a comprehensive student handbook that contains current information on:
  - tuition and fees;
  - refund policies;
  - student services;
  - academic policies;
  - curriculum;
  - evaluation methods; and
  - graduation requirements.

Student Support Services

- To meet students' educational and personal needs, the college should provide adequate, appropriate services, including:
  - academic and career counseling, including professional liability coverage;
  - mental health services;
  - financial aid guidance;
  - housing and health insurance information; and
  - residency placement assistance.
- The college should ensure students satisfy governmental health and safety requirements.
- Orientation programs should introduce incoming students to available services and policies.

Student Involvement in College Evaluation and Governance

- Students should have opportunities to participate in institutional and program evaluation, governance, and policy formulation and review through feedback mechanisms and committee roles.

Student Records Management

- The college must maintain accurate, secure student records, closely monitor student loan default rates, and report to CPME if those rates exceed federal thresholds.

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

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

- What are the institution's admission policies, how were they established, and when were they last reviewed and updated?
- In what institutional documents are the admission policies published?
- What is the process for reviewing external transcripts prior to matriculation to ensure that a minimum of 90 semester hours or the equivalent of a baccalaureate degree was earned from an accredited institution(s)?
- What are the results of the most recent longitudinal analysis of admission policies?
- Are there policies on accepting transfer students and advanced standing students? Is admission of transfer or advanced standing students based on the same standards of achievement required of students regularly enrolled in the college?
- What are the policies regarding the technical or physical standards needed to enter the college?
- What academic and non-academic criteria are used for selection of applicants? On what basis are exceptions made?
- What is the interview process for applicants? Are interviews conducted of all qualified applicants who are under consideration for matriculation?
- How effective is the admissions system in marketing, recruiting, processing, and selecting applicants?
- How does the college review and ensure the accuracy of all promotional and recruitment materials, advertising, and other literature used to attract students to the college?
- What mechanism exists for the public correction of misleading or incorrect information?
- How does the college inform prospective students that placement into residency is not guaranteed?

Information that must be included in the <u>self-study appendices</u>:

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

<u>Information that must be available on-site for the evaluation team</u>: None.

b. **<u>Maximum Enrollment</u>** – The college determines the number of students to be enrolled with consideration given to the capacity and appropriateness of resources, size and quality of the faculty, number of administrative personnel, volume and diversity of clinical teaching material, and availability of external clinical sites. This number may exceed the CPME-identified maximum by no more than two (2) students.

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

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

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

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

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

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

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

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

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

- Tuition and refund policy.

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

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

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

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

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

- Student handbook.

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

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

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

- What is the content of the orientation program for incoming students?
- What services are available to students (e.g., personal and academic counseling, career guidance and counseling, financial aid counseling, debt management counseling, housing assistance, and health services)?
- What guidance and assistance are offered students seeking housing?
- What data is collected to determine student perceptions on the adequacy and effectiveness of services, and how is the data used?
- Who is responsible for coordinating student services?
- How does the institution ensure that students satisfy health and safety requirements?
- How does the institution ensure that students have health insurance? Is health insurance provided to students?
- How does the institution ensure all students are informed of the potential health risks associated with the environment within which their medical education occurs?
- How does the institution ensure that students in external clinical programs have professional liability insurance?
- What efforts are made to ensure reasonable accommodations and resources are available for students?
- How is Title IX information provided to students, and are students informed where to receive support related to Title IX issues?
- Who is the institution's Title IX officer?
- How are students provided information regarding professional licensure requirements, professional credentialing, and ethical practice?
- How does the institution provide assistance to students seeking placement in residency programs?

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

- Description of the advising and counseling services provided by the college
- Most recent orientation schedule
- Accommodation policy
- Health risk policy or presentation that is provided to students
- Student insurance policy
- Completed student satisfaction surveys.

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

- Any updates to completed student satisfaction surveys.

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

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

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

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

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

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

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

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

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

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

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

- Random sampling of student files.

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

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

- What is the mechanism for handling a formal student complaint?
- What is the method of filing a formal student complaint, and how are students provided with this information?
- How does the institution ensure due process is afforded in a formal student complaint?
- What is the institution's policy concerning discrimination, harassment, and retaliation?

- How are the records of formal student complaints maintained?
- Does the record specify the name of the student, the nature of the complaint, the process used in review of the complaint, and the final disposition of the complaint?
- Has the college provided the contact information for CPME to students, and has the college provided students with CPME's complaint procedures found in CPME 925a?

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

- Within the student handbook, provide the pages relevant to the complaint process.

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

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

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

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

- How are students counseled annually regarding debt management, including the amount of loans, repayment, and the consequences associated with default?
- Has the college developed an institutional plan that shows how corrections will be made when default rates for Title IV and Title VII programs equal or exceed federal limitations?

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

- If relevant, evidence that the institution reported to CPME within 30 days of receipt of notification that the college's latest cohort default rates for Title IV and Title VII programs equaled or exceeded federal limitations
- Most recent Title IV and Title VII default rates.

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

STANDARD 7. RESOURCES

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

Interpretation

Adequacy and Allocation of Physical Resources

- The college must have adequate physical facilities to achieve its stated mission, goals/objectives, and outcomes and to support all essential functions, including:
  - administrative and faculty offices;
  - classrooms, laboratories, and clinical training sites;
  - the library and its holdings, and information resource centers; and
  - student services and co-curricular areas (e.g., lounges, study rooms, meeting spaces).
- Facilities should:
  - meet or exceed federal, state, and local accessibility standards;
  - be well maintained, equipped, and conducive to teaching, learning, and research; and
  - support the college's CPME-authorized maximum enrollment and the needs of faculty and staff.

Learning, Research, and Faculty/Staff Support Infrastructure

- Physical and technological infrastructure must support:
  - pre-clinical and clinical instruction, including simulation and laboratory work;
  - research, scholarly activities, and faculty professional development; and
  - individual learning experiences such that each student has opportunity for participation.
- Faculty offices must ensure privacy for academic advising and mentorship, while support staff spaces must accommodate operational needs such as document handling and equipment storage.

Library and Information Technology Services

- The library must be equipped with adequate technological resources, holdings, staffing, and services to meet the academic and scholarly needs of faculty, staff, and students.
- information technology systems should be sufficient to support the faculty, staff, and students in achievement of educational outcomes, and support the college's mission and institutional goals/objectives.

Financial Resources and Budget Management

- The college must demonstrate a history of financial stability through:
  - independent audits with no areas of concern; and
  - realistic plans to eliminate any accumulated deficits and build reserves to ensure long-term viability.
- The budget must be managed using sound and generally accepted business practices to support:
  - institutional mission, goals/objectives, and strategic plans;
  - recruitment, retention, and professional development of faculty and staff;
  - infrastructure maintenance, and improvement (physical facilities, equipment, and other educational and research resources);
  - innovation in education, scholarly activities, and practice;
  - comprehensive assessment and evaluation systems; and
  - adequate quantity and quality of clinical training sites and faculty.

Financial Support

- Colleges (and their parent institutions, if applicable) should establish a broad base of financial support, including:

  - private donations, grants, endowments, and contracts;
  - active fundraising mechanisms to bolster institutional resilience.
- All external funds must be free from constraints that could compromise educational integrity or violate institutional values.
- Leadership must clearly understand and advocate for resource needs related to:
  - scholarship and research;
  - library and educational resources; and
  - experiential and clinical education.

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

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

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

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

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

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

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

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

- What is the quality and quantity of laboratory, instructional, and office equipment used for the educational program and scholarly activity? Is this equipment available and accessible to serve the needs of the educational program and scholarly activity?

- How does equipment in the laboratory, patient-care areas, instructional areas, and offices accommodate the class size?
- What plan and budgetary allocations are available for the repair, replacement, or upgrading of equipment?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

e. **Distance Education** – The college must ensure that any portion of the program offered through distance education meets the following requirements:
   - The institution must establish a process through which it establishes that the student who registers in a distance education course is the same student who participates in and completes the course and receives the academic credit.
   - The institution must establish a process to verify the identity of a student who participates in a class or coursework by using, at the option of the institution, methods such as a secure login and passcode, proctored examinations, and/or new or other technologies and practices that are effective in verifying student identity.
   - The institution must make clear in writing that processes are in place that protect student privacy.
   - The institution must notify students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

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

- How are the technologies and resources deemed adequate to support a distance learning environment?

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

- Documentatoin of the process through which the college establishes that the student who registers in a distance education course is the same student who participates in and completes the course and receives the academic credit.
- Evidence of how the college verifies the identity of a student who participates in a class or coursework.

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

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

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

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

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

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

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

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

STANDARD 8. EDUCATIONAL PROGRAM EFFECTIVENESS

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

Interpretation

Purpose of Accreditation and Educational Evaluation

- The goal of CPME accreditation is to assess and enhance the quality of podiatric medical education.
- CPME views the professional curriculum to be an integrated, competency-driven educational experience.Evaluation by the Council considers:
  - inputs and their utilization (e.g., fiscal resources, faculty and student qualifications, and the library); and
  - institutional assessment of the effectiveness of the educational program, as evidenced by student and institutional outcomes.

Assessment Planning and Data Collection

- The college must maintain a formal assessment plan that:
  - includes ongoing, timely data collection;
  - involves key constituent groups—administration, faculty, students, alumni, and the community;
  - gathers input through multiple methods; and
  - uses alumni feedback to understand accomplishments since graduation, continuing education needs, and career progression.

Educational Outcomes and Continuous Improvement

- Assessment must address whether the college is:
  - meeting its mission, goals, and professional standards; and
  - accommodating changes in health care and societal needs.
- Results must inform institutional planning, ensuring that:
  - strategic goals remain realistic and relevant; and
  - resources and their utilization are sufficient.
- Results should be communicated to the broader community of interest.

Competency-Based Degree Awarding

- The Doctor of Podiatric Medicine degree is awarded only when a student has demonstrated achievement of the competencies defined by the college—not merely through course completion.
- Methods to evaluate individual student competency include:
  - examinations (course-based and comprehensive);
  - clinical performance evaluations;
  - research projects and theses;
  - portfolio assessments.

Evaluation of Program Outcomes

- To evaluate the effectiveness of the educational program, the college should track and analyze:
  - longitudinal admissions data (e.g., trends, applicant quality);
  - graduation rates;
  - residency placement studies;
  - national board and licensure examination performance;
  - surveys of graduates, which may include:
    - hospital privileges; and
    - board certifications.

Flexibility and Innovation in Assessment

- CPME does not mandate specific assessment tools or methods.
- The institution is encouraged to develop and employ innovative methods best suited for its specific podiatric medical education program.

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

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

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

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

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

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

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

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

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

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

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

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

c. **<u>Assessment of Program Outcomes</u>** – The college identifies program outcomes and methods for assessment and must use the following indicators:

- Graduation rates: The college maintains a four-year graduation rate of at least 70 percent. If the three-year average falls below 70 percent, the college must conduct a formal analysis and create a report containing information on measures being taken to improve completion rates. If the college does not meet the average three-year threshold for three consecutive years, the college will be considered noncompliant.

- National board examination pass rates: The college is expected to demonstrate a national board examination pass rate averaged over the most recent three years of at least 75 percent on the American Podiatric Medical Licensing Examination (APMLE) Part I and 80 percent on the APMLE Part II. Data is to be reported annually and must include all test takers, currently enrolled at a college, within the calendar year the examination is offered.

- Residency placement rates: The college is expected to demonstrate a residency placement rate of eligible graduates, averaged over the most recent three years, that is consistent with the mission of the college, as well as national trends as determined by annual reporting mechanisms.

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

- What are the college's program outcomes, and how were they developed?
- How are the program outcomes reviewed and revised?
- What instruments does the college use to determine achievement of programmatic outcomes (e.g., national board examinations, licensure examinations, residency placement studies, graduation rates, longitudinal admissions analyses, surveys of graduates regarding hospital privileges obtained, board certification, and scholarly activities)?
- What is the data regarding the programmatic outcomes over the last three years? The college must use, but is not limited to, data related to graduation rates, national board examination pass rates (Parts I and II), and residency placement rates.

Information that must be included in the <u>self-study appendices</u>:

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

<u>Information that must be available on-site for the evaluation team</u>: None.

DOCUMENT REVIEW

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

Next Scheduled Comprehensive Review – currently under review

Next Scheduled Interim Review – Three years following the adoption of the comprehensive review of the document.

GLOSSARY OF TERMS

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

Accredited: The status of public recognition that a nationally recognized accrediting agency grants to an institution or educational program that meets the agency's established requirements.

Academic Year:
The period of time generally extending from September to June; usually equated to two (2) semesters or trimesters, three (3) quarters, or the period covered by a 4-1-4 calendar system.

Additional Location: A facility that is geographically apart from the main campus of the institution and at which the institution offers at least 50 percent of a program and that may qualify as a branch campus.

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

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

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

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

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

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

Credit Hour: A unit of measure representing the equivalent of an hour (50 minutes) of instruction per week over the entire term. It is applied toward the total number of credit hours needed for completing the requirements of a degree, diploma, certificate, or other recognized postsecondary credential.

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

Dean: The dean is designated as the principal officer of the college.

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

Distance Education: Technologies used for instruction may include the following: Internet; one-way and two-way transmissions through open broadcasts, closed circuit, cable, microwave, broadband lines, fiber optics, satellite or wireless communication devices; audio conferencing; and video cassette, DVDs, and CD-ROMs, if the cassette, DVDs, and CD-ROMs are used in a course in conjunction with the technologies listed above.

Final Accrediting Action: A final determination by the Council regarding the accreditation or preaccreditation status of an institution or college. A final accrediting action is a decision made by the Council at the conclusion of any appeals process available to the institution or college under the Council's due process policies and procedures.

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

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

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

Headcount: All students enrolled at the end of the second week of the fall semester in courses included in the first year of the curriculum at the college podiatric medicine, without regard to identification of the graduating class of the students. This enrollment number includes new students, graduates of summer remedial programs, and students returning from leaves of absence, and 4 1/2-year and 5-year students enrolled in first-year courses in the fall semester.

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

Institution: An institution is a university or anacademic health center..

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

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

Mission Statement: A strong statement of mission includes information about the nature and scope of the institution, the environmental context or community in which the institution exists, and the range of services provided. The mission puts forth the college's educational philosophy and embraces the universally and readily accepted intentions, philosophy, and scope of practice for the profession of podiatric medicine, all in pursuit of the public good. The mission statement should be composed following the institution's decisions regarding its priorities, goals, and expectations of students.

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

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

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

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

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

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

Sufficient Number and Variety of Live Patient Encounters (e.g., Case Mix, Age, Gender): Student access, in both ambulatory and inpatient settings, to a sufficient mix of patients with a range in severity of

illness and diagnoses, ages, and both genders to meet medical educational program objectives and the learning objectives of specific courses, rotations, and clerkships.

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

Teach-Out: A process during which a program, institution, or institutional location that provides 100 percent of at least one program engages in an orderly closure or when, following the closure of an institution or campus, another institution provides an opportunity for the students of the closed school to complete their program, regardless of their academic progress at the time of closure.

Teach-Out Agreement: A written agreement between institutions that provides for the equitable treatment of students and a reasonable opportunity for students to complete their program of study if an institution, or an institutional location that provides 100 percent of at least one program offered, ceases to operate or plans to cease operations before all enrolled students have completed their program of study.

Teach-Out Plan: A written plan developed by an institution that provides for the equitable treatment of students if an institution, or an institutional location that provides 100 percent of at least one program, ceases to operate or plans to cease operations before all enrolled students have completed their program of study.

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

Title IV: Title IV of the Higher Education Act (HEA) authorizes programs that provide financial assistance to students to aid them in obtaining a postsecondary education at qualifying institutions of higher education.

APPENDIX

COMPETENCY DOMAINS

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

Domain I: Medical Knowledge

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

1. Describe normal development, structure, and function of the body with emphasis on the lower extremities.

2. Explain the genetic, molecular, biochemical and cellular mechanisms important to maintaining the body's homeostasis.

3. Relate the altered development, structure, and function of the body and its major organ systems to diseases and pathological conditions with emphasis on the lower extremity.

4. Apply knowledge from pre-clinical and clinical sciences in simulated and clinical settings to patient care.

5. Use current and emerging knowledge of health and disease to identify and solve problems in patient care.

Domain II: Patient Care

Competency Statement: Provide effective and compassionate patient-centered care with emphasis on the lower extremity that promotes overall health to ensure that patients and their families are provided the highest quality of care for all.

1. Apply medical knowledge to distinguish between wellness and disease.

2. Perform and interpret comprehensive and problem-focused histories and physical examinations.

3. Perform lower extremity exams to assist in the diagnosis and management of disorders and conditions.

4. Formulate a prioritized differential diagnosis based on chief complaint, history, physical examination, and clinical assessments.

5. Perform and/or interpret clinical, laboratory, imaging, gait and biomechanical analyses, and other diagnostic studies required for management and treatment.

6. Participate actively in the performance of treatment techniques using medical and surgical means.

7. Recommend referrals of patients ensuring continuity of care throughout transitions between providers or settings, and determining patient progress.

8. Develop and implement patient-specific management plans and prevention strategies.

9. Recognize patients with life-threatening emergencies and institute initial therapy.

10. Demonstrate knowledge of public health, health promotion, disease prevention, and clinical epidemiology.

11. Recognize evidence of mental or physical impairment of oneself or others in order to protect patients and others from harm.

12. Formulate strategies of pain management that minimize the occurrence of substance abuse, including, but not limited to, the use of opioids.

13. Demonstrate mindfulness of the uniqueness for all.

14. Engage patients and/or their families in shared decision-making through counseling and education.

15. Use information technology to access online medical information, manage information, and assimilate evidence from scientific studies to patient care.

16. Perform ongoing self-assessment to optimize patient outcomes.

Domain III. Research and Scholarship

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

1. Identify responsible practices and ethical behaviors used in research.

2. Retrieve and interpret medical and scientific literature.

3. Apply knowledge of the principles of research methodology and its relevance for clinical decision-making.

4. Investigate opportunities that enhance lifelong learning and contribute to the body of knowledge in podiatric medical research and scholarship.

Domain IV: Interpersonal and Interprofessional Communications

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

1. Communicate effectively utilizing oral, digital, and written formats.

2. Communicate effectively (including non-verbal cues) with patients, families, and other health-care professionals, especially when special barriers to communication exist.

3. Interact appropriately with peers, faculty, staff, and health-care professionals in academic and health-care settings.

4. Exhibit behavior that demonstrates the capacity to establish a doctor/patient relationship.

Domain V: Professionalism

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

1. Apply theories and principles that govern ethical decision-making to the practice of medicine and research.

2. Recognize potential conflicts of interest inherent in various financial and organizational arrangements for the practice of medicine, in medical education and research.

3. Practice the standards that ensure patient privacy and confidentiality.

4. Demonstrate dependability, commitment, and reliability in interactions with patients and their families and other health-care professionals.

5. Recognize, and address in a constructive manner, unprofessional behaviors in oneself and others with whom one interacts.

6. Demonstrate personal behaviors that promote patient safety and infection control and prevent medical errors.

7. Identify areas for personal improvement in knowledge and skills, and implement methods to address them.

8. Employ strategies for seeking and incorporating feedback from patients, peers, and other health-care professionals to improve personal and patient outcomes.

9. Demonstrate knowledge of state and federal laws governing the practice of the profession.

10. Demonstrate knowledge of the principles of bioethics including customary and accepted standards of professional practice.

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

Domain VI: Interprofessional Collaborative Practice

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

1. Demonstrate an understanding of and respect for other health-care professionals and work collaboratively with them in caring for patients.

2. Perform effectively in diverse health-care delivery settings and systems.

3. Describe the structure and function of health-care delivery and payer systems used in the United States.

4. Identify resources for patients in situations in which social and economic barriers limit access to affordable health care and information.

Domain VII: Social Determinants of Health and Addiction

Competency Statement: Demonstrate an understanding of common societal problems and their impact on patients and their families.

1. Demonstrate knowledge of impact of addiction or abuse on patient outcome.