COUNCIL ON NATUROPATHIC MEDICAL EDUCATION

Virtual Meeting of the Committee on Standards, Policies and Procedures (COSPP) Thursday, April 2, 2021 ♦ 1:00 – 3:00 PM ET

Minutes

COSPP chair, Dr. Olehausen, called the virtual meeting to order at 1:05 p.m. ET. The following committee members were present:

- Joni Olehausen, ND, Chair
- Arvin Jenab, BSc, ND
- Cyndi Hope, ND
- Randy Swenson, DC, MHPE
- Sue Tebb, PhD
- Marcia Prenguber, ND

Staff present:

- Daniel Seitz, JD, EdD (Executive Director), Great Barrington, Massachusetts

Request for additions or other changes to the agenda

The were no changes to the agenda, which was as follows:

1. Brainstorming: Based on the experiences of the past year, what are some potential beneficial changes to naturopathic medical education that we might want to somehow incorporate into the ND Program of Study accreditation standard moving forward?

2. In what areas, if any, does the Program of Study standard need to continue to be prescriptive (e.g., number of patient contacts)?

3. Do the online/distance education guidelines need to be revised/updated in any way?

4. What specific feedback would we like to receive from the accredited ND programs on Standard VI and guidelines document prior to the next COSPP meeting?

5. Miscellaneous issues related to the standards.

Committee members engaged in a wide-ranging conversation on agenda items 1 – 4. The following are among the many points made (this is not intended to be a complete record):

- How do we know that online/distance naturopathic education can be responsibly delivered? Can the schools provide information on this?
- Schools should be given enough latitude to experiment with different approaches; that's how we learn what works and what doesn't.
- In NUHS's experience, there has been no diminution in outcomes for didactic classes delivered online; some of the clinical training can also be delivered online, but there must be an in-person component.
- The Higher Learning Commission (HLC), an institutional accreditor (formerly "regional" accreditor), allows programs in accredited institutions to offer up to 49% of the content online without seeking HLC's permission. Maybe a bright-line limit like 49% without further definition would work for ND education.

- As the schools have shifted to online education due to Covid, there has been a concern around academic integrity/honesty on the part of students, as there are ways to get around computer software designed to prevent cheating. If schools start to make more extensive use of online evaluation, how can we guard against cheating? Perhaps there should be a requirement for some amount of in-person testing.
- Schools should engage in a variety of assessment measures, not just tests, and make sure that there is a certain amount of redundancy. For example, if a student has repeatedly cheated, this will certainly become evident when they enter the clinic—especially if there is some sort of in-person clinical entry exam.
- More off-campus and remote clinical training sites might be helpful in support of an expanded and more varied program delivery model, as students could potentially complete part of their clinical training closer to home, as well experience a wider range of practice styles, etc. (This led to a discussion on CNME's requirements for off-campus "affiliated" clinical training sites that meet CNME requirements for the 850 core hours of clinical education versus preceptorship-type activities in private clinics.)
- The ND profession needs to be cautious about allowing for clinical training in private-practice settings, both from a quality-control standpoint and also from a perception standpoint. MDs generally do not rely on private practitioners to provide clinical training and NDs already face challenges in establishing their credibility without adding to these challenges. Consistency and rigor of ND education is a weakness of our profession, due in part to our vastly limited resources in comparison to conventional medicine.
- It was suggested that if clinical interns first complete their baseline required clinical experience in formal teaching clinics and demonstrate attainment of required competencies, then sending them out to other types of clinics for the remainder of their clinical experience might be less problematic Regardless, the question of quality clinical training has a lot to do with the careful vetting and oversight of clinics, whether in-house or off-site.
- Maintaining consistency of training is a challenge partly because different states have different scopes of practice, which limits to some degree what can be taught and practiced in the clinic (note, however, that Bastyr has campuses in two different states, and CCNM—following the recent merger with BINM—now has campuses in two different provinces).
- All agreed that while telehealth has a place in ND clinical education, in-person clinical instruction is essential, and should probably account for the majority of the training. Attention must be given to addressing the need for in-person visits in a reasonable time-frame as identified in the patient visits (for example, there may be liability issues if telehealth sessions with patients are not followed-up with in-person sessions within a reasonable timeframe).
- There was some divergence of opinion on whether it would be important/necessary to set a limit on the degree to which telehealth could be incorporated into ND clinical training (e.g., 10%, 20%, 25%, or some other percentage of the required number of treatments could be fulfilled via telehealth sessions). Alternatively, telehealth could be referenced as an allowable component of clinical training, and the schools would be responsible for articulating and assessing telehealth competencies and determining its place in the curriculum. It was suggested that maybe telehealth should be a required topic, given its increasing utilization. Regardless, there should be a reasonable degree of academic freedom allowed to the schools to adapt telehealth to their training needs, and we should aim at the least amount of prescriptiveness needed support quality education.
- While telehealth has been beneficial in extending certain medical services to some people who might not be able or willing to access these services in person, it has its drawbacks as well: patients may not adequately prepare themselves for a productive appointment, and there may be liability issues.
- Dr. Prenguber mentioned that CCACO is working on telehealth guidelines; all agreed

that it is important for COSPP to see what the schools come up with.

- Dr. Seitz mentioned that he'll be meeting with a group of people involved with ND state and provincial licensing agencies this coming week and will find out whether there might be any licensing issues if CNME allows for a greater use of distance/online education.
- It was suggested that accrediting standards and educational practices for nursing and physician's assistants might provide some useful background, since apparently online education is widely used in these fields—at least at certain levels.
- As CNME and the schools consider changes to the standards, there are a range of factors to consider, including such things as: maintaining/improving educational quality; protecting against academic dishonesty; making sure that there are good assessment practices in place; making sure that faculty are appropriately trained to use new technologies; and being mindful that there are groups within conventional medicine who have consistently opposed naturopathic medicine over the years and continue to look for ways to discredit it, which means that we need to be aware of how changes in our education might impact public perception and to guard against downstream adverse negative impacts.

The meeting participants spent the final portion of the meeting discussing what feedback to request from AANMC/CCACO, as well as other steps to further COSPP's engagement with the topics of telehealth, online delivery, etc.

The following are areas that COSPP members would like to get feedback on from AAMNC/CCACO:

- We would like to see the telehealth guidelines once they are completed. Also, would AANMC/CCACO recommend that CNME formally adopt the guidelines?
- Assuming that CNME includes the use of telehealth in the educational standards, should there be a bright-line limit on how much it can be used in the context of clinical training (e.g., up to 20%)? Should there be other requirements regarding telehealth (e.g., requiring a subsequent in-person visit by a patient whose initial sessions are provided via telehealth)? Should clinical instruction in telehealth be made mandatory for all students, or should it be allowed by not mandated?
- Regarding online/distance delivery approaches in the context of ND education: should there be some sort of bright-line, global limitation on the amount of online delivery (e.g., up to 25%, 33% or 49% of the program may be delivered via such approaches)? What other limitations, if any, should there be in the use of distance/online education in the context of ND education in order to ensure quality?
- What recommendations, if any, does AANMC/CCACO have for revising/updating CNME's document titled "Guidelines on the Use of Information and Communication Technology in Naturopathic Medical Education".

In addition to seeking feedback from AANMC/CCACO, Dr. Seitz will contact on behalf of COSPP an accreditation colleague who has expertise generally in online education to get more information on this area, and will also ask the person whether she knows of anyone with expertise specifically in the area of online delivery of education as it relates to medical/healthcare professions. As mentioned above, Dr. Seitz will be meeting with people involved with ND licensing agencies to find out whether there are any constraints in licensing laws/regulations on the use of online/distance education in ND programs that qualify graduates for licensure.

The meeting was adjourned at 3:10 p.m. ET.