

## **Characteristics of a CNME Evaluation Team Report for a Comprehensive Site Visit**

(Adopted October 5, 2010)

The following pages present a template and general guidelines for drafting a CNME Evaluation Team Report (“report”) for a comprehensive site visit. The report analyzes, interprets, gives perspective to, provides an objective viewpoint of, and weighs the success and effectiveness of the Doctor of Naturopathic Medicine program (“program”) with respect to student learning outcomes and achievement—and overall quality assurance—in accordance to the program’s mission and educational objectives and the criteria contained in the CNME Accreditation Standards. Report content should be objective, fair, detailed, accurate, and impersonal—citing both programmatic/institutional strengths and weaknesses.

A comprehensive evaluation team report consists of 15 sections: an Introduction, eleven sections that correspond to the CNME accreditation standards, one section to address compliance issues, if any, with the Council’s policies applicable to recognized programs, a List of Commendations, and a List of Recommendations (see the table of contents below). In each of the eleven sections of the report that correspond to a CNME accreditation standard and in the section on compliance with CNME’s policies for programs, the report content includes the following: (i) a narrative that describes how the program complies—or does not comply—with the accreditation criteria or CNME policy, (ii) any commendations, (iii) any concerns/recommendations, (iv) any suggestions, and (v) the Team’s determination regarding compliance with the standard or policy. The narrative should have enough specific, detailed information to allow the reader to develop an understanding of the program and to provide clear “evidence” to substantiate any findings the Team presents; at the same time, in order to keep the report to a manageable length, the narrative must not be exhaustive in detail. In order to further organize the report and to assist the reader’s comprehension, the narrative within each of the twelve sections that correspond to accreditation standards and CNME policies may be divided into subsections, using either the subsections found in the accreditation standards themselves or other subsections that serve to logically organize the material. For instance, under Standard II, the following subheadings could be used: “Legal Organization,” “Governance,” and “Administration.”

While it is necessary to discuss each significant aspect of the program in enough detail for the report to be useful, the information is compressed and succinctly written for readability and comprehension. Concerns and their associated recommendations should focus on major deficiencies; where possible, small but related elements of concern should be expressed in the context of an overriding concern and the corresponding recommendation. The report should be impersonal, avoiding references by name—although referral to position title may be made. In addition, the report should be written using active rather than passive constructions in order to enhance readability, and it should strive for clarity and directness of expression.

It should be noted that the structure of a focused site visit report or an interim site visit report consists of the same report elements noted above, but is unlikely to contain narrative sections for all eleven CNME accreditation standards, since typically compliance with a fewer number of standards is being reviewed.

## **Evaluation Team Report Template for a Comprehensive Site Visit**

The following is the report template that an evaluation team should use for a comprehensive site visit. The template includes standard formatting for reports. Any questions concerning the use of the template should be referred to CNME's executive director.

### **COUNCIL ON NATUROPATHIC MEDICAL EDUCATION**

#### **Evaluation Team Report**

**[NAME OF INSTITUTION]**

**[NAME OF COLLEGE OR SCHOOL, IF APPLICABLE]**

**NATUROPATHIC MEDICINE PROGRAM**

**[City], [State or Province]**

**[Type of visit, e.g.: Comprehensive Visit for (Initial Candidacy, Initial Accreditation, or Reaffirmation of Accreditation)]**

**[Date of visit, e.g.: May 24 - 26, 2010]**

*A Confidential Report to the Council  
That Represents the Views of the Evaluation Team*

**COUNCIL ON NATUROPATHIC MEDICAL EDUCATION**

**[Type of visit]**

**[Institution]**

**[Name of college or school, if applicable]**

**Naturopathic Medicine Program**

**[City], [State or Province]**

**[Date of visit]**

**EVALUATION TEAM MEMBERS:**

**[name], [credentials], Team Chair**

[position], [organization]

[town or city], [state or province]

**[name], [credentials]**

[position], [organization]

[town or city], [state or province]

**[name], [credentials]**

[position], [organization]

[town or city], [state or province]

**[name], [credentials]**

[position], [organization]

[town or city], [state or province]

[Note that it's sometimes helpful to include additional information on team members, such as "Profession Member, Council on Naturopathic Medical Education" or "Practitioner," to provide more information on the composition of the team—especially to show that the team includes people with diverse backgrounds such as faculty, practitioners, administrators, and higher education specialists.]

**CNME STAFF**

**[name], [credentials]**

Executive Director

Council on Naturopathic Medical Education

[town or city, state or province]

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## INTRODUCTION

### History of the Institution

[This should include general information the development and external recognition of the institution over time—including key dates, such as “the institution was founded in 1982”—as well as synopsis of historical information specific to the ND program. If this information is not contained in a previous evaluation team report, it can sometimes be cut-and-pasted from the program’s self-study report. It should, of course, be updated to the present.]

### Nature of Visit and Structure of the Report

[This section is intended to do the following: (i) provide a citation of individuals and groups interviewed during the visit, and (ii) provide the reader with an understanding evaluation team report terminology. The following can be copied into the report.]

“In the Evaluation Team Report certain key words have special meanings. The word **commends** identifies an aspect of programmatic or institutional strength that the Team has found worthy of special praise or of being highly noteworthy.

The term **is concerned** denotes an aspect of the program or institution that the Team has found to be deficient in meeting the criteria as stated in a particular element or section of the CNME Accreditation Standards. The word **recommends** represents the corrective action(s) the Team deems necessary to remove the deficiency. Whenever a concern and associated recommendation appear in the report, the relevant CNME criteria are stated.

The term “**area of interest**” denotes a problematic situation that could potentially evolve to non-compliance with a CNME standard or policy; while not a formal finding like a recommendation, an area of interest must be referenced to a specific standard or policy in the team report.

The word ***suggests*** identifies a non-binding, collegial comment by the Team intended for the purpose of programmatic or institutional improvement. The Team hopes that the suggestions will be helpful to the program and institution. Team suggestions do not require any response or actions, and may be adopted, modified, or rejected freely.

A **Determination** is provided at the end of each Standards section of the report. This briefly describes the extent to which the Team believes the College is in compliance with the particular Standard.”

[This section often includes at the end a note of thanks along the following lines: “The evaluation team sincerely thanks the Doctor of Naturopathic Medicine Program and the institution for inviting the CNME Evaluation Team to conduct the visit, and for the hospitality, cooperation and courtesy the members were shown throughout the visit.”]

## STANDARD I: MISSION AND OBJECTIVES

The following are the three possible determinations that the team can make:

**Determination:** *Standard I on Mission and Objectives is being met.*

**Determination:** *Standard I on Mission and Objectives is being partially met, with deficiencies as noted.*

**Determination:** *Standard I on Mission and Objectives is not being met.*

## STANDARD II: ORGANIZATION, GOVERNANCE AND ADMINISTRATION

## STANDARD III: FINANCIAL RESOURCES

## STANDARD III: FINANCIAL RESOURCES

## STANDARD IV: PROGRAM FACULTY

The following is an example of how a concern/recommendation can be presented:

“The Faculty Handbook is incomplete and does not contain faculty salary and benefits schedules, or policies pertaining to ranking, promotion, or grievances. Standard IV.F.1 requires that the institution have clearly defined and published policies regarding faculty rank and promotion, salary and benefits, and resolution of grievances. The Team **is concerned** that the published Faculty Handbook lacks certain key policies and that some of the other policies lack sufficient clarity and detail. The Team **recommends** that the Faculty Handbook be revised to include the College’s policies on faculty ranking and promotion, faculty salary and benefits, and faculty grievance procedures, and that the Faculty Handbook be carefully reviewed for completeness and comprehensiveness and be updated as needed.”

## STANDARD V: STUDENT SERVICES

The following is an example of a suggestion:

“The Team **suggests** that institution consider requiring that all applicants to be routinely interviewed and involving ND Program faculty in the interview process.”

## STANDARD VI: PROGRAM OF STUDY

The following is an example of a commendation:

“The Team **commends** the program for the fact that naturopathic philosophy is well represented in the naturopathic patient care provided by student clinicians.”

The following is an example of an area of interest:

**Area of Interest:** With the recent large increases in enrollment, the program may encounter challenges in providing a clinical experience that meets CNME’s requirements—including

sufficient patient volume and variety of conditions—to the current first and second year students when they move into the clinical phase of the program. The program must take steps to ensure that this situation is addressed. (VI.C.4c & e; VI.C.5d)

#### **STANDARD VII: EVALUATION AND ASSESSMENT**

#### **STANDARD VIII: CONTINUING MEDICAL EDUCATION**

#### **STANDARD IX: LIBRARY AND LEARNING RESOURCES**

#### **STANDARD X: RESEARCH AND SCHOLARSHIP**

#### **STANDARD XI: PHYSICAL RESOURCES**

#### **COMPLIANCE WITH CNME POLICIES**

[This section provides summary information on—and any findings related to—the program’s compliance with CNME policies that pertain to CNME-recognized programs, which are published in the *Handbook of Accreditation* in the section entitled Policies of the Council.]

#### **LIST OF COMMENDATIONS (BEGIN NEW PAGE)**

[In this section, copy all of the commendations that appear in the body of the report. The following is an example.]

**Commendation:** The Team commends the program for the fact that naturopathic philosophy is well represented in the naturopathic patient care provided by student clinicians.

#### **LIST OF RECOMMENDATIONS (BEGIN NEW PAGE)**

[In this section, copy all of the recommendations that appear in the body of the report in the same order that they appear. The numbering system is sequential within each standard; i.e., Recommendation VI-2 is the second recommendation pertaining to Standard VI. Note that at the end of each recommendation, the relevant sections of the standard upon which the finding is based must be cited. Note also that while the body of the report articulates the concern upon which the recommendation is based, in this section only the actual recommendation should be listed. The following is an example.]

**Recommendation VI-1:** The institution needs to develop a set of core clinical competencies that apply to all facets of secondary and primary naturopathic clinical education. (VI.A.1)

**Recommendation VI-2:** There is insufficient patient volume to support the clinical training program. Therefore the program must find ways to increase the patient volume. (VI.D.4)

**LIST OF AREAS OF INTEREST (BEGIN NEW PAGE)**

[In this section, copy all of the areas of interest that appear in the body of the report. The following is an example.]

**Area of Interest:** With the recent large increases in enrollment, the program may encounter challenges in providing a clinical experience that meets CNME's requirements—including sufficient patient volume and variety of conditions—to the current first and second year students when they move into the clinical phase of the program. The program must take steps to ensure that this situation is addressed. (VI.C.4c & e; VI.C.5d)