

**DRAFT REVISIONS TO CNME STANDARDS V AND VI
AND TO THE “GUIDELINES ON THE USE OF INFORMATION AND
COMMUNICATION TECHNOLOGY IN NATUROPATHIC MEDICAL EDUCATION”**

(Note that revisions/additions are highlighted in yellow.)

■ **Standard V: Student Services**

A. General Provisions

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B. Admissions

1. The program shall have a published student admissions policy that (i) reflects the program’s mission and outcomes, and (ii) clearly specifies the educational prerequisites, personal characteristics and minimum qualifications of applicants that the program considers necessary for academic and professional success. The program shall endeavor to select students who possess the intellectual capacity, integrity and personal characteristics necessary to become effective naturopathic physicians/doctors. The admissions process must include an interview with all applicants, either in-person or via video-conference (or via phone if video conferencing is not possible).
2. Admissions policies and practices must comply with applicable federal and state/provincial laws and regulations, including laws and regulations regarding non-discrimination and physical challenges that do not preclude the ability to meet the intellectual and technical standards of the program.
3. Faculty must have opportunities for input into the admissions policies, and should be involved in the student selection process. The program has final responsibility for recommending student selection.
4. Specific admissions policies (e.g., policies pertaining to re-admittance into the program, non-discrimination, etc.) shall be clearly stated in institutional publications.
5. The program must adhere to its published admissions policies; any exceptions to a policy are based on well-founded and documented reasons. Admissions files for students contain all required documents.
6. Recruitment and admissions activities shall be conducted with honesty and integrity. The content of marketing materials and of any representations made to prospective students must be clear and accurate.
7. The program may accept transfer credit toward the naturopathic medicine program that the program judges to be equivalent to its requirements for graduation, and must demonstrate an appropriate process for assuring equivalence of transfer credits.
8. In considering education and training obtained in foreign countries, the program must obtain advisory assistance from a reputable educational credentials evaluation service for the interpretation of foreign educational credentials whenever the program lacks sufficient information or expertise to make an interpretation.
9. The admissions policies must involve planning and periodic evaluation to determine whether the policy is adequately serving the needs and interests of the students, program and profession, and how it could be doing so more effectively.

C. Student Records

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D. Tuition and Financial Aid

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E. Counseling

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F. Use of Information and Communication Technology

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G. Official Publications and Online Resources

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■ Standard VI: Program of Study

A. Program Development, Delivery and Integration

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B. Academic Component

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C. Clinical Education Component

1. The clinical education component of the program is competency based and integrated with the academic component of the program of study. It provides an opportunity for students to develop competence in applying naturopathic principles, philosophy and clinical theory to clinical practice, as well as for further development and application of the knowledge, skills, attitudes, behaviors and values introduced in the academic component.
2. The clinical educational component enables students to develop the clinical competence, skills, professionalism and confidence necessary for successful clinical practice. The clinical component also enables students to become integral members of the health care profession and active participants in the community, to collaborate effectively with providers in other health care fields, and to work in integrative/multidisciplinary health care settings.
3. Student achievement standards, competencies, policies, and evaluation procedures in the clinical education component are consistent with the principle of gradually ascending student responsibility: the level of clinical responsibility accorded student clinicians is gradually increased in accordance with their level of competence.
4. The following are among the elements that characterize the clinical education component:
 - a. A clinical experience that integrates naturopathic principles, philosophy, clinical theory and clinical practice into every clinical interaction;
 - b. A clinical experience that provides students with the opportunities to develop the clinical knowledge, skills and critical judgment necessary for safe and effective practice as a primary care/general practice naturopathic physician/doctor, including patient counseling on health promotion and disease prevention, patient assessment, diagnosis, treatment, prognosis and management, and referral as appropriate;

- c. Opportunities to demonstrate competence in the full range of naturopathic therapies as set forth in Standard VI (note that in lieu of patient interactions, up to 10% of the clinical education experience may consist of carefully planned and well-designed patient simulation-type activities intended to address identified deficits in the clinical training experience);
 - d. Opportunities to develop the knowledge, skills, attitudes and behaviors necessary to establish effective professional relationships with patients, faculty, colleagues, other health care practitioners and the public;
 - e. Opportunities to treat patients of all ages, to treat a wide variety of conditions and diseases, and to develop case management skills;
 - f. Opportunities to develop cultural competence in such areas as human sexuality and gender sensitivity, as well as in cross-cultural situations;
 - g. Opportunities to develop an understanding of medical ethics and the medical consequences of common societal and environmental problems;
 - h. Group forums for discussion among clinical faculty and students on a variety of clinical subjects and case analyses, with the inclusion of naturopathic principles, philosophy and clinical theory as relevant to the discussion topic;
 - i. Opportunities to develop a thorough knowledge and the necessary skills of charting and coding practices and patient record maintenance, including applicable jurisdictional legal requirements (e.g., electronic communications and telemedicine); and
 - j. Opportunities in naturopathic practice management (e.g., attracting and retaining patients, time management, charging and collecting fees, etc.).
5. The program's clinical education component provides at least 1,200 clock hours of clinical training involving patient contact in residential clinical settings. The following requirements pertain to the clinical education component:
- a. Of the 1,200 hours, student clinicians must spend a minimum of 850 hours involved in patient care, in either a primary or secondary capacity, under direct supervision of clinical faculty members, in a naturopathic clinic where clinical competencies are evaluated by the program.
 - b. The 1,200 hours of clinical experience may include the time students spend in preceptorship and field observation experiences in practicing naturopathic physicians' offices or in other clinical settings; however, time spent in preceptorship and field observation may not count towards the fulfillment of the 850 hours requirement stated in the previous section.
 - c. The program must have a written policy covering preceptorships that ensures a consistent and worthwhile educational experience, and must have a formal relationship with each preceptor based on its written policy.
 - d. The program establishes and maintains specific minimum numbers of separately scheduled patient interactions as follows: (i) a total number of patient interactions that each student clinician—practicing in either a primary, secondary or preceptorship capacity—must attain by graduation (this number must be at least 450), and (ii) the number of patient interactions that each student clinician—working in a primary capacity involving assessment and/or treatment of patients under clinical faculty supervision—must attain by graduation (this number must be at least 225). The minimum numbers established by the program must be demonstrably sufficient to ensure student acquisition of required competencies.
 - e. Of the required 1,200 hours of clinical education, at least 900 clock hours are supervised by licensed/registered naturopathic physicians/doctors. The type of supervision provided and the faculty-to-student clinician ratio are appropriate for achieving both high-quality clinical training and high-quality patient care. For most clinical education settings, the faculty clinician to student ratio should be 1 to 6 or better.
 - f. Students may participate in grand rounds, community service, and skills classes, as well as in clinical

posts such as the dispensary/medicinary, laboratory, reception, diagnostic imaging, etc. These activities may not, however, count towards the fulfillment of the 1,200 hour clinical requirement.

D. Clinic Administration, Resources, and Facilities

1. Clinical education is overseen by an appropriately qualified senior academic administrator, typically an experienced naturopathic physician/doctor qualified to provide clinical instruction. There is sufficient administrative staffing in the clinic(s) to meet the needs of the clinical training component and effectively operate the clinic.
2. Clinical education generally takes place in-person in healthcare clinics and/or hospitals that provide patient care in accordance with applicable local, state/provincial and federal requirements governing health and safety. However, up to 25% of patient interactions may be conducted remotely using compliant telemedicine technology, provided that the program has in place a set of policies/guidelines that define with specificity how such telemedicine interactions shall be conducted, what competencies and clinical experiences are to be attained, how supervision will be provided, and how these interactions will be documented and medical records appropriately maintained. Quality assurance standards and practices are in place, including evaluation of clinical outcomes.
3. Clinical education is conducted in accordance with published policies on ethical behavior for students, clinical faculty, administrators and staff, and in accordance with policies and procedures on quality assurance and conflict-of-interest.
4. There is sufficient patient volume for the number of student clinicians. Students are counted as patients for the purpose of student clinicians fulfilling patient interaction requirements only when a student seeks treatment as a regular patient for a genuine medical need.
5. Sufficient resources are allocated to the clinical education component of the program to achieve its educational mission and outcomes. Patient-care rooms, clinical laboratories and other clinical facilities are appropriately equipped to enable students to practice the full range of naturopathic modalities, and there is access to a dispensary that supports the needs of the program.
6. There are record-keeping procedures in place that fully document completion of clinical education requirements.
7. The program must maintain clinical records (including, where appropriate, electronic records) of patients that are accurate, secured, backed up, complete, and kept confidential in accordance with applicable legal requirements. Clinical record keeping practices must conform to generally accepted standards of healthcare practice; clinical charts must be signed by the student and the supervising clinician.
8. The following requirements pertain to affiliated clinical training sites at which students may fulfill a portion of the 850 hours clinical education requirement stated above:
 - a. A written affiliation agreement must be in place whenever an affiliated clinical training site is not under the direct administration of the program. The agreement must clearly state the educational goals for the training site and the role of the student clinicians.
 - b. The program's standards, policies and procedures must be consistently applied to student clinicians regardless of the training site, and student clinicians must receive comparable educational opportunities and experiences at all sites;
 - c. The program must employ student evaluation procedures at affiliated training sites comparable to those used at the main teaching clinic, including procedures for evaluation of clinical competencies and student achievement;
 - d. Instructors at affiliated sites must have a formal written arrangement with the program, and must have qualifications comparable to the program's clinical faculty and perform the same functions.

■ Guidelines on the Use of Information and Communication Technology in Naturopathic Medical Education

Adopted: December 2015

Introduction

In 2011, the Council established a Taskforce on Distance Education to examine the use of distance learning in naturopathic medical education and its implications for CNME accreditation standards. CNME-accredited doctoral programs in naturopathic medicine (ND programs) were consulted regarding the anticipated use of distance learning in the context of naturopathic education, and extensive discussions took place at several Council meetings on whether and to what extent distance learning should be allowed under CNME's standards and policies.

After reviewing U.S. Department of Education requirements, the practices of regional accrediting bodies, trends in medical education, the position statement published by the Liaison Council on Medical Education¹ (LCME), and innovations in higher education institutions, the taskforce developed this document—formally adopted by the Council—that sets forth guidelines for CNME-accredited ND programs in their use of distance learning and in their interpretation of the CNME accreditation standards, which also reflect the core principles outlined below.

The following terms are used in these guidelines:

Distance learning: A mode of education where the learner and learning resources are separated by time and/or space. Distance learning encompasses all technologies and other forms of learning (e.g., print, web-mediated, teleconferencing) in the acquisition of knowledge and skills. The scope of distance learning can include: the use of on-line instruction that replaces face-to-face classroom instruction; synchronous and asynchronous lecture delivery to students that are distributed in different sites; telemedicine technology; and using e-learning activities to supplement classroom-based activities (often referred to as hybrid, flipped classrooms, or blended learning).

Flipped Classroom: This term refers to a delivery mode where new course material is assigned as pre-learning by students prior to class sessions, instead of by lecture in class, through such means as recorded lectures, annotated PowerPoint presentations, reading assignments, links to other media, etc. The time spent in class is focused on deepening understanding of key concepts through their application—e.g., utilizing problem-solving, case studies, etc.—with immediate and formative feedback from faculty and peers playing a crucial role.

Hybrid learning/blended learning: This refers to courses that blend traditional in-class face-to-face instruction with e-learning (web-based) activities.

Information and Communication Technology (ICT): A comprehensive term describing the use of e-learning and other technologies in the delivery of education.

Telemedicine: Involves the use of telecommunication and information technology in the care of patients at a distance.

¹ Liaison Committee on Medical Education (LCME). 20015, Accreditation issues related to spatial and temporal distance learning, accessed 17 October 2015, <<http://www.lcme.org/publications/accred-issues-spatial-temporal-distance-learning.doc>>.

Core Principles Guiding Naturopathic Medical Education

Modelled after the LCME's guidelines on distance education articulated in its document "Accreditation Issues related to Distance Learning: The Perspective of the Liaison Committee on Medical Education," this document outlines the core principles that guide the delivery of naturopathic medical education, and discusses how the use of distance learning may be interpreted according to CNME Standards of Accreditation for Naturopathic Medical Education.

1. **Naturopathic medical education occurs within a community of learning.** A community of learning has many facets. It can refer to the day-to-day synchronous and asynchronous interactions between and among students, faculty and staff of the educational institution (e.g., face-to-face, small group, peer-to-peer, faculty-to-student, faculty-to-faculty, class cohort, ICT platforms). These individual, small group and cohort-derived communities are important in promoting a sense of collegiality and identity within the naturopathic profession, reinforce principles of life-long learning, and enhance the likelihood of collaboration in professional health care by graduates. A community of learning also reflects the naturopathic principle of *Docere* (Doctor as Teacher), where the educational institution engenders a culture of mentorship, preceptorship and peer-to-peer learning, and where a cohort of students learns together spatially and temporally. It also refers to faculty working in collaboration with each other and with administrators in the development and evaluation of the naturopathic curriculum.

A community of learning should pervade all aspects of the educational delivery of the naturopathic program, and should provide for frequent and meaningful interaction between faculty and students, faculty among faculty, and students among students. While distance learning may play a role in naturopathic medical education, the CNME task force maintains that the majority of the academic component should occur face-to-face, and that any on-line activity should include the provision for peers and instructors to interact with one another in meeting course objectives.

Implications for Accreditation: If a substantial portion of the ND curriculum is delivered through distance learning with little to no interaction with peers, faculty and the school, then the school is not in compliance with accreditation standards.

2. **The curriculum must be organized and coherent, with defined program and course learning outcomes.** Competencies for courses and the overall program should be well-defined, and the instructional design and delivery of the curriculum should flow from and reflect the competencies that are to be attained.

Implications for Accreditation: If the curriculum is not organized and well defined, and the instructional delivery model does not match the intended learning outcomes, then the program is not in compliance with accreditation standards.

3. **Mentored experiential learning and face-to-face interactions amongst students and faculty, including in the context of supervised clinical training, are highly valued, and necessary in the formation and development of the competent naturopathic medical graduate.** It is the position of the CNME that while several instructional methods can be used in the delivery of the program, the curriculum offered must be primarily residential in nature with the majority of the academic program delivered on campus. **Additionally, no more than 25% of the clinical requirements may be attained through telemedicine, as outlined under Part C of Standard VI**

Implications for Accreditation: If the majority of the naturopathic program is non-residential and delivered through distance learning, then the program is not in compliance with accreditation standards.

4. **Faculty and administrators are responsible for the development and attainment of educational outcomes.** In a distance learning context, all appropriate parties including faculty need to participate in the creation, implementation, and well-executed delivery of the naturopathic curriculum.

Implications for Accreditation: If there is little evidence of faculty collaboration in the creation, development and implementation of curricula delivered through distance-learning, then the program is not in compliance with accreditation standards.

5. **The institution engenders a culture of continuous quality assurance and improvement, which includes evaluating the effectiveness of students' attainment of educational objectives using different delivery methods.** The effectiveness of courses delivered through any means, including distance education, is regularly assessed.

Implications for Accreditation: If in-class courses, hybrid courses, and distance learning courses are not subject to regular assessment processes in ensuring the learning outcomes are attained, then the program is not in compliance with accreditation standards.

6. **It is the responsibility of the educational institution to ensure resources and services are available to students to support their academic success.** This includes the physical technological infrastructure to support effective distance learning such as access to computers, internet, electronic resources, a learning management system and adequate electronic security measures. Additionally, there needs to be sufficient staffing in place to support required e-learning activities.

Implications for Accreditation: If technological resources and staffing are insufficient to adequately deliver required on-line components of courses efficiently to students, then the program is not in compliance with accreditation standards.

7. **Throughout the entire program, naturopathic principles, philosophy, and clinical theory and practice are integrated into the academic and clinical education components of the program. (Standard VI.A.6).**

Implications for Accreditation: If there is no overall integration of naturopathic principles, philosophy, clinical theory and practice in all courses, including those that are offered through distance learning, then the program is not in compliance with accreditation standards.

Research in cognitive science and educational methodologies clearly support a broad and varied approach to instructional design and delivery. The choice of delivery method should be justified by evidence of facilitated student learning independent of the medium. ICT based methods can fulfill accreditation requirements while providing innovative and fresh experiences for students, using instruments and environments increasingly reflective of their lives and the future of medical practice.