Council on Podiatric Medical Education

CPME

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Subject: CPME Guidance on COVID-19 for Colleges

Note: This document will be updated as new information becomes available.

CPME continues to closely monitor the COVID-19 (Coronavirus) outbreak and guidance/updates issued by the Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and other sources. Beginning in March 2020, CPME provided guidance to the colleges to allow for flexibilities in response to the pandemic to ensure that the colleges can continue to deliver the curriculum while also protecting the health and safety of students, faculty, and staff:

> The March 14th document was the initial guidance document that detailed CPME's expectation of colleges as it relates to providing flexibilities concerning didactic coursework and clinical rotations while taking appropriate measures to ensure the safety of students, program faculty, and staff.

> The May 5th guidance document provided updates to colleges to encourage innovative methods to deliver the curriculum and externship experiences as well as to inform the colleges of reporting mechanisms that have been created during the COVID-19 pandemic.

> On June 15th, the American Association of Colleges of Podiatric Medicine (AACPM) and the Council on Podiatric Medical Education (CPME) published a joint guidance document, which contains recommendations concerning clerkship experiences and residency interviews.

Throughout the pandemic, CPME has had confidence in and trusted each institution to make the best decisions for their students. Knowing this, it is important for CPME to gather information concerning any modifications made to the curriculum or programming in our role as accreditor, to ensure the continued quality of education provided to students. CPME expects that even though flexibilities were provided in the spring to move courses to remote learning or to utilize innovative methods of delivering the curriculum and externship experiences, the podiatric medical curriculum, expected learning outcomes, program objectives, and objectives of courses and clerkships must continue to be met. Any alternatives to educational delivery are to be reported to CPME and each institution should be mindful of potential consequences for students in terms of finances and degree completion. In addition, CPME understands that each college may face unique challenges in delivering the curriculum due to restrictions placed by local or state governments or the recommendations of local public health agencies.

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In order to monitor any modifications colleges made (or plan to make) to the delivery of the curriculum during the pandemic, CPME will require each college to **report every 60 days** on these modifications, beginning September 1, 2020. (This reporting timeline may be extended in the future if there is increased stabilization with the virus.) In lieu of a substantive change submission, CPME is requiring a bimonthly report on the following:

- Involvement of a curriculum or faculty committee to assess and address any rapid changes made to the curriculum including any involvement of the faculty governance and the governing body to discuss and/or approve the curricular modifications
- Use of alternative clinical knowledge assessments
- Any modifications made to the timing of curricular experiences
- Review of the curriculum to assess where curricular or program experiences may have been previously met
- Assessment of competencies and learning outcomes and the ability to meet the objectives set for the curriculum
- Use of alternative clinical experiences that still meet the objectives of clinical rotations or clerkships
- Analysis of any changes (positive and/or negative) that resulted from the curricular changes
- Analysis of additional resources (financial, facilities, faculty) needed for the change in curriculum
- Student achievement data relating to any curricular changes

CPME continues to maintain that while it is imperative that colleges maintain compliance with the CPME Standards, CPME believes it is appropriate for podiatric medical colleges to use online, remote, or virtual technologies for delivery of coursework (even if those methods were not previously used by the college) and to assess alternative methods of delivery of the clinical rotation aspects of the curriculum. Note that all modifications made during the pandemic will be monitored through the reporting mechanism set by CPME and a substantive change does not have to be submitted. However, if a college determines that deviations from the approved curriculum or delivery of the curriculum will continue after the pandemic, the college would need to submit a substantive change to fully adopt this method of instruction.

CPME encourages you to contact us if you anticipate significant changes in the structure, timing, duration, and/or location of the podiatric medical education program. In addition to this reporting document, all colleges will report through the fall annual report any modifications made to programming as a result of the pandemic. This will allow the Accreditation Committee and Council to understand the measures colleges took in the face of the virus. CPME expects the colleges to assess outcomes concerning the effectiveness of delivery of education and the ability to meet the needs of students (e.g., faculty effectiveness, access to student support services, board passage rates, student and faculty surveys, impact on budget, student safety) during the pandemic.

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Report of Modifications made due to the COVID-19 Pandemic

Please answer the following questions. This information is to be reported to the Council staff on a bimonthly basis with the first report **due September 1, 2020, and will continue every 60 days** until further notice.

For each question, provide information concerning the basic science didactic, basic science lab, clinical didactic and clinical rotations components of the curriculum.

1. Was a curriculum or faculty committee utilized to assess and address any rapid changes made to the curriculum? If yes, please provide further detail.

- basic science didactic
- basic science lab
- clinical didactic
- clinical rotations

2. Were the faculty governance and/or the governing body included in discussions to approve the curricular modifications? Please explain.

3. Were any alternative clinical knowledge assessments used? If yes, please describe.

- clinical didactic
- clinical rotations

4. Were there any modifications made to the timing of curricular experiences? If yes, please describe.

- basic science didactic
- basic science lab
- clinical didactic
- clinical rotations

5. Was the curriculum reviewed to assess where curricular or program experiences may have been previously met? What was the outcome of this review?

- basic science didactic
- basic science lab
- clinical didactic
- clinical rotations

6. Were the competencies and learning outcomes assessed to ensure the students' ability to meet the

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objectives set for the curriculum? If yes, please describe the findings.

- basic science didactic
- basic science lab
- clinical didactic
- clinical rotations

7. Were alternative clinical experiences used that still meet the objectives of clinical rotations or clerkships? Please explain.

8. Provide an analysis of any changes (positive and/or negative) that resulted from the curricular changes.

9. Provide an analysis of additional resources (financial, facilities, faculty) needed for the change in curriculum.

10. Please provide any additional information concerning modifications made in programming due to the COVID-19 pandemic.