



INSTITUTE FOR
INTERNATIONAL
MEDICINE

INMED SELF STUDY



SUBMITTED TO:
NEW ENGLAND
COMMISSION FOR
HIGHER EDUCATION

February 2024

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Institutional Characteristics Form

Date January 2024

1. Corporate name of institution: **Institute for International Medicine**
2. Date institution was chartered or authorized: **July 2, 2003**
3. Date institution enrolled first students in degree programs: **June 28, 2020**
4. Date institution awarded first degrees: **June 1, 2021**
5. Type of control: **Private**
 Independent, not-for-profit
6. By what agency is the institution legally authorized to provide a program of education beyond high school, and what degrees is it authorized to grant?
**Missouri Department of Higher Education and Workforce Development,
Master's in International Health (MIH)**
7. Level of postsecondary offering (check all that apply)
 Master's and/or work beyond the first professional degree
8. Type of undergraduate programs (check all that apply)
 None
9. The calendar system at the institution is:
 Other: 5 terms of 8 weeks
10. What constitutes the credit hour load for a full-time equivalent (FTE) student each semester?

Degree-Seeking/Credit-Bearing: 8 credit hours (per academic calendar year)

11. Student population as of January 8, 2024:

a) Degree-seeking students:

	Undergraduate	Graduate	Total
Full-time student headcount	0	14	14
Part-time student headcount	0	34	34
FTE	0	31.125	31.125

**Institute of International Medicine Self-Study for Candidacy 2024
Institutional Characteristics Form**

b) Credit-bearing students (Graduate Diplomas, Graduate Certificates, Professional Qualification Courses):

	Undergraduate	Graduate	Total
Full-time student headcount	0	24	24
Part-time student headcount	0	6	6
FTE	0	24.375	24.375

c) Non-matriculated students (Short Self-Paced Courses):

	Total
Student headcount	97

12. List all programs accredited by a nationally recognized, specialized accrediting agency.

Program	Agency	Accredited since	Last Reviewed	Next Review
Continuing Medical Education (CME)	Missouri State Medical Association (MSMA)	March 2011	February 2023	February 2027
Graduate Diplomas	Accreditation Council for International Health Education (ACIHE)	January 1, 2012		
Master's in International Health (MIH)	Accreditation Council for International Health Education (ACIHE)	June 12, 2020		

13. Off-campus Locations. List all instructional locations other than the main campus. For each site, indicate whether the location offers full-degree programs or 50% or more of one or more degree programs. Record the full-time equivalent enrollment (FTE) for the most recent year.
Add more rows as needed.

See next question (14).

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14. International Locations: For each overseas instructional location, indicate the name of the program, the location, and the headcount of students enrolled for the most recent year. An overseas instructional location is defined as “any overseas location of an institution, other than the main campus, at which the institution matriculates students to whom it offers any portion of a degree program or offers on-site instruction or instructional support for students enrolled in a predominantly or totally on-line program.” **Do not include study abroad locations.**

Name of program(s)	Location (Service-Learning Sites)	Headcount (2023-2024 academic year # of accepted students as of 1/5/2023)*
MIH, Graduate Diploma Programs	Angola – CEML Hospital	3
MIH, Graduate Diploma Programs	Bangladesh – Memorial Christian Hospital Cameroon – Banso Hospital	0
MIH, Graduate Diploma Programs	China – Liaoning International General Health Trainers	0
MIH, Graduate Diploma Programs	Ethiopia –Myungsung Christian Medical Center	0
MIH, Graduate Diploma Programs	Ethiopia – Soddo Christian Hospital	0
MIH, Graduate Diploma Programs	Ghana – Ankaase Methodist Hospital	0
MIH, Graduate Diploma Programs	Ghana – Baptist Medical Center	3
MIH, Graduate Diploma Programs	Ghana – Wenchi Methodist Hospital	0
MIH, Graduate Diploma Programs	Haiti – Haiti Health Ministries	0
MIH, Graduate Diploma Programs	Honduras – Clinica Esperanza	7
MIH, Graduate Diploma Programs	Honduras – Clinica Evangelica Morava	0
MIH, Graduate Diploma Programs	Honduras – Hospital Loma De Luz	0
MIH, Graduate Diploma Programs	India – Bangalore Baptist Hospital	1
MIH, Graduate Diploma Programs	India – Emmanuel Hospital Association, Broadwell Christian Hospital	1

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MIH, Graduate Diploma Programs	India – Emmanuel Hospital Association, Makunda Christian Hospital	1
MIH, Graduate Diploma Programs	India – Emmanuel Hospital Association, Kachhwa Christian Hospital	1
MIH, Graduate Diploma Programs	India – Emmanuel Hospital Association, Herbertpur Christian Hospital	0
MIH, Graduate Diploma Programs	India – Emmanuel Hospital Association, Landour Community Hospital	0
MIH, Graduate Diploma Programs	India – Emmanuel Hospital Association, Champa Christian Hospital	0
MIH, Graduate Diploma Programs	India – Emmanuel Hospital Association, Duncan Hospital	1
MIH, Graduate Diploma Programs	India – Emmanuel Hospital Association, Burrows Memorial Christian Hospital	0
MIH, Graduate Diploma Programs	India – Vellore Medical Mission College & Hospital	0
MIH, Graduate Diploma Programs	Jordan – Annoor Sanatorium	0
MIH, Graduate Diploma Programs	Kenya – Kapsowar Hospital	0
MIH, Graduate Diploma Programs	Kenya – Kijabe Hospital	5
MIH, Graduate Diploma Programs	Kenya – Tenwek Hospital	0
MIH, Graduate Diploma Programs	Macau – Hope Medical Group	0
MIH, Graduate Diploma Programs	Nepal – Health Environmental Learning Program	0
MIH, Graduate Diploma Programs	Papua New Guinea – Kudjip Nazarene Hospital	0

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MIH, Graduate Diploma Programs	Pakistan – Bach Christian Hospital	0
MIH, Graduate Diploma Programs	Philippines – Mercy in Action	1
MIH, Graduate Diploma Programs	Russia – Agape Unlimited	0
MIH, Graduate Diploma Programs	South Africa – Mseleni Hospital	0
MIH, Graduate Diploma Programs	Tanzania – Kilimanjaro Christian Medical Center	0
MIH, Graduate Diploma Programs	Uganda – Kiwoko Hospital	1
MIH, Graduate Diploma Programs	Uganda – The Surgery	1
MIH, Graduate Diploma Programs	United Arab Emirates – Kanad (Oasis) Hospital	0
MIH, Graduate Diploma Programs	USA – Hope Family Care Center	0
MIH, Graduate Diploma Programs	Zambia – Macha Mission Hospital	0
MIH, Graduate Diploma Programs	Equivalency Location: Cameroon – Mbingo Hospital	1
MIH, Graduate Diploma Programs	Equivalency Location: Kenya – Chagoria Hospital	1
MIH, Graduate Diploma Programs	Equivalency Location: India - Mekhi's House	1
MIH, Graduate Diploma Programs	Equivalency Location: Thailand - Mae Fah Luang University (this location will be added as an INMED service-learning site by fall 2024)	3
MIH, Graduate Diploma Programs	Equivalency Location: Uganda – Hope and Healing Center	1
MIH, Graduate Diploma Programs	Equivalency Location: Nigeria – Lagos Teaching College	1

***These numbers are a snapshot of enrolled students for the 2023-2024 academic year as of January 5, 2024. Total Diploma Program enrollment for the academic year is anticipated to increase due to year-round acceptance of applications. Program has already begun accepting students for the 2024-2025 academic year.**

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15. Degrees and certificates offered 50% or more electronically: For each degree or Title IV-eligible certificate, indicate the level (certificate, associate's, baccalaureate, master's, professional, doctoral), the percentage of credits that may be completed on-line, and the FTE of matriculated students for the most recent year. Enter more rows as needed.

Name of program	Degree level	% on-line	FTE
Master's in International Health	Masters Degree	84%	31.125

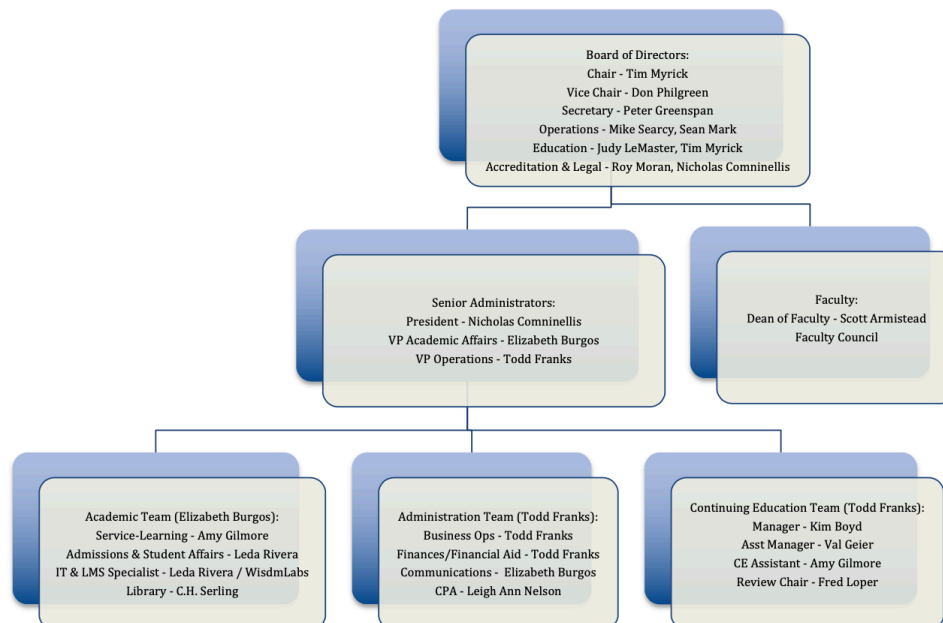
16. Instruction offered through contractual relationships: For each contractual relationship through which instruction is offered for a Title IV-eligible degree or certificate, indicate the name of the contractor, the location of instruction, the program name, and degree or certificate, and the number of credits that may be completed through the contractual relationship. Enter more rows as needed.

Name of contractor	Location	Name of program	Degree or certificate	# of credits
INMED is not Title IV eligible	n/a	n/a	n/a	n/a

***INMED maintains contractual relationships with each Service-Learning site listed above in item 14.**

18. Supply a table of organization for the institution:

INMED - Institute for International Medicine
Equipping Healthcare Professionals & Students to Serve the Forgotten
~ Organizational Chart ~



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19. Record briefly the central elements in the history of the institution:

- 2003: INMED was incorporated as a Missouri non-profit education corporation.
- 2004: International Service-Learning (rotations) were first offered. Graduate Diplomas in International Medicine, Nursing, and Public Health were established.
- 2005: Micah Flint was appointed first INMED CEO.
- 2006: Annual INMED Humanitarian Health Conferences began.
- 2007: INMED International Medicine & Public Health 1st Edition book was published.
- 2009: In-person international health courses were first offered.
- 2010: Elizabeth Burgos was appointed first INMED Chief Programs Officer.
- 2011: Online international health courses were first created and published in the Moodle Learning Management System (LMS).
- 2012: INMED International Medicine & Public Health 2nd Edition book was published.
- 2012: INMED was accredited by Accreditation Council for International Healthcare Education.
- 2014: INMED was designated a Continuing Medical Education (CME) accreditation provider.
- 2016: INMED in-person courses expanded to eight cities, including Shenyang, China.
- 2019: INMED online international health courses were upgraded to LearnDash LMS.
- 2020: Master's Degree in International Health was established.
- 2022: INMED began providing courses for the United Nations.

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17. List by name and title the chief administrative officers of the institution.

CHIEF INSTITUTIONAL OFFICERS

Function or Office	Name	Exact Title	Year of Appointment
Chair Board of Directors	Timothy Myrick, MD	Chairperson of Board of Directors	2022
President/CEO	Nicholas Comninellis, MD	President	2003
Chief Academic Officer	Elizabeth Burgos, MPA	Vice President of Academic Affairs	2010
Chief Financial Officer	Todd Franks	Vice President of Operations	2020
Chief Student Services Officer	Elizabeth Burgos, MPA	Vice President of Academic Affairs	2010
Planning	Todd Franks	Vice President of Operations	2020
Institutional Research	Todd Franks	Vice President of Operations	2020
Assessment	Todd Franks	Vice President of Operations	2020
Development	Nicholas Comninellis, MD	President	2003
Library	Elizabeth Burgos, MPA	Vice President of Academic Affairs	2010
Chief Information Officer	Elizabeth Burgos, MPA	Vice President of Academic Affairs	2010
Continuing Education	Todd Franks	Vice President of Operations	2020
Grants/Research	Todd Franks	Vice President of Operations	2020
Admissions	Elizabeth Burgos, MPA	Vice President of Academic Affairs	2010
Registrar	Elizabeth Burgos, MPA	Vice President of Academic Affairs	2010
Financial Aid	Todd Franks	Vice President of Operations	2020
Public Relations	Elizabeth Burgos, MPA	Vice President of Academic Affairs	2010
Alumni Association	Elizabeth Burgos, MPA	Vice President of Academic Affairs	2010

Table of Items of Special Attention

Table of Items of Special Attention

Date of NECHE Letter	Detailed Items of Special Attention	NECHE Standards cited in Letter	Self-Study Page Number
January 17, 2023	Strengthening its governance structures, with emphasis on clarifying the roles and responsibilities of the Board of Trustees and establishing a faculty governance structure.	3.1 3.2 3.7 3.11	17-18, 20-22, 27, 59
January 17, 2023	Ensuring that the institution's 40 instructional sites in 25 different countries are appropriately integrated into its 2022-2027 Strategic Plan, establishing multi-year financial and other relevant institutional plans that link to the strategic priorities specified in the Strategic Plan.	2.1 2.3 2.4 4.7 7.7 7.14	10, 12, 21, 31, 77, 79 84
January 17, 2023	Achieving the goals set forth in its strategic plan, with attention to diversifying its student body and realizing its financial, enrollment, and fundraising goals.	7.5 7.18	9-10, 45, 52, 75
January 17, 2023	Strengthening its faculty handbook to include relevant academic policies and procedures and ensuring that faculty are aware of its contents and any updates.	6.8	27, 55-56, 59, 92
January 17, 2023	Ensuring that staffing levels are sufficient to support its mission, with emphasis on establishing recruitment policies and procedures, filling key leadership positions, and ensuring that compensation packages are appropriate for the respective positions.	3.14 6.4 6.5 6.6 7.1	11, 21, 70-71

**Institute of International Medicine Self-Study for Candidacy 2024
Table of Items of Special Attention – INMED Action**

Table of Items of Special Attention
Summary of INMED Action

Concern	INMED Response
<p>Strengthening its governance structures, with emphasis on clarifying the roles and responsibilities of the Board of Trustees and establishing a faculty governance structure.</p>	<p>Role clarity was discussed at the following Board meetings:</p> <ul style="list-style-type: none"> • 2/25/22: Changed the titles of Board “President” and “Vice President” to become “Board Chairperson” and “Vice-Chairperson,” to make these positions titles distinct from the Chief Executive Officer position of “President.” • 2/25/22: The person designated by the Board as CEO/President shall serve as <i>ex officio</i> member of the Board and shall have all the rights and obligations of the board meetings or committee served on, including the right to discuss, debate, make decisions, and vote. • 10/12/22: Tim Myrick (Board Chairperson) introduced the video Basic Non-Profit Board Roles & Responsibilities, and the video was played. Tim then guided the board through discussing the five elements of Board responsibilities. For each responsibility, we discussed a specific step that the board could take to move forward. • 1/11/23: Basic Non-Profit Board Roles & Responsibilities – led by Tim Myrick: Provide strategic leadership, Manage financial stability, Serving as an ambassador, Supporting and supervising the executive director, Ensuring healthy governance • 4/12/23: Tim Myrick has been developing his knowledge of how organizations and boards function by on-line learning: <ul style="list-style-type: none"> ○ The following are examples of this learning: <ul style="list-style-type: none"> • Bring Out The Best in Your Board Webinar <ul style="list-style-type: none"> ○ Five functions of a healthy board of directors- How do we do these things? ○ Do board members know what their job is? ○ What is the next level of effectiveness for our board? ○ How do we arrive at this next level of functionality? • 1/8/24: Board Self-Assessment form – led by Tim Myrick to assess the knowledge and current abilities of each board member in regard to board roles and responsibilities <p>The following steps have been taken:</p>

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Table of Items of Special Attention – INMED Action**

	<ul style="list-style-type: none"> • Hiring of Scott Armistead, MD, to serve as Dean of Faculty and leader of Faculty Council (June 2023) • Establishing and holding regular meetings of the Faculty Council (December 29, 2022) • Ratifying Faculty Council by-laws (August 1, 2023)
<p>Ensuring that the institution’s 40 instructional sites in 25 different countries are appropriately integrated into its 2022-2027 Strategic Plan, establishing multi-year financial and other relevant institutional plans that link to the strategic priorities specified in the Strategic Plan.</p>	<p>In Standard 4, INMED clearly explains its relationships with training sites; clarifying that INMED does not have a staff person who hires faculty at these sites, but that INMED maintains contractual relationships with each site and works closely with preceptors at each site; Amy Gilmore, INMED staffer, oversees Service-Learning; INMED periodically assesses the effectiveness of each site; at this time, there is no plan to expand the number of training sites or change the way INMED interacts with them</p> <p>-INMED has begun the process of updating its Agreements with each site (see Standard 4 and 9)</p> <p>The following actions have been taken:</p> <ul style="list-style-type: none"> • Enrollment goals are in the Strategic Plan; Marketing and Recruitment plan was formalized and adopted, including mechanism to evaluate its effectiveness • Fundraising Plan, including goals, was created • Financial Plan
<p>Achieving the goals set forth in its strategic plan, with attention to diversifying its student body and realizing its financial, enrollment, and fundraising goals.</p>	<p>INMED created a Marketing and Recruitment Plan, Fundraising Plan, and Technology Plan as supplements to the Strategic Plan; INMED will create 5-year financial plans in the coming year.</p>
<p>Strengthening its faculty handbook to include relevant academic policies and procedures and ensuring that faculty are aware of its contents and any updates.</p>	<p>INMED created and ratified a Faculty handbook as well as a processes to view, approve, and modify the handbook.</p>
<p>Ensuring that staffing levels are sufficient to support its mission, with emphasis on establishing recruitment policies and procedures, filling key leadership positions, and ensuring that compensation packages are appropriate for the respective positions.</p>	<p>A Staff Recruitment Policies and Procedure document was created along with Student to Staff ratio calculations and benchmarks for the ratio. INMED staff conducted a salary benchmark project and made plans to supplement key leadership positions with contracted individuals until full-time personnel are hired.</p>

The Institute for International Medicine was founded in 2003 with the mission of equipping healthcare professional and students to serve the forgotten. After nearly 20 years of striving to achieve this mission, the Institute decided to pursue accreditation in response to student demand for master's degree level education. After exploring several options, INMED entered conversations with NECHE in July of 2021 and submitted its Eligibility report in December of 2021.

In January of 2022, NECHE vice-president Carol Anderson visited INMED's office in Kansas City and spent valuable time with staff, faculty, and board members. Following that meeting, INMED's accreditation team began to take shape and meet regularly. INMED submitted its application for Eligibility in June of 2022 and hosted three members of the commission in August of 2022. In October of 2022, INMED's Vice President of Academic Affairs attended NECHE's Self-Study Workshop, and in December of 2022, INMED's President attended NECHE's annual meeting. At its November 2022 meeting, NECHE voted to approve INMED's application for candidacy.

In the early months of 2023, INMED's Accreditation Team, consisting of the President, Vice President of Academic Affairs, Vice President of Operations, and Director of Admissions and Student Affairs, began meeting twice weekly. These meetings primarily focused on completion of the Data First Forms, discussions of the accreditation process, and how to align the Institute with the standards for accreditation. A primary goal of the first of those meetings was the establishment of timelines, which included the goal of a commission visit in the spring of 2024. Working backward from that date, INMED's accreditation team established a goal of rough draft completion of the Self-Study by November 1, 2023, and a goal for a final draft of December 15, 2023. After several months of collaborative meetings, the team held a two-day retreat in May of 2023 focusing on discussing together how the Institute meets or falls short of each Standards and sharing ideas regarding evidence to be used in the writing of the Self-Study.

The summer of 2023 saw the individual team members shifting their focus toward writing their portions of the self-study. The team completed writing in three stages: initial draft completion, review by two team members, and final revision. During this phase, weekly status report meetings continued, and the team collaborated often to discuss the progress and process of writing the Self-Study. Throughout the Self-Study process, INMED's Accreditation Team has consulted with the Dean of Faculty, faculty members, preceptors, board members, and students on elements of the Standards and Self-Study with which they associate. In this way, the Self-Study has proven to be a rich quality improvement and team building experience.

In addition to writing the Self-Study and completing the Data First forms, the Accreditation Team has made major modifications to important documents such as the Strategic Plan, Faculty Handbook, Staff Handbook, and many other policies and procedures. The Team paid special attention to the areas of emphasis recommended by NECHE following the Candidacy visit. After months of work, the completed rough draft of the Self-Study and its accompanying documents was submitted to Carol Anderson for review in December of 2023.

Self-Study Accreditation Team

Writing	Lead Writer
Institutional Overview	Elizabeth Burgos
Standard One: Mission and Purpose	Nicholas Comninellis
Standard Two: Planning and Evaluation	Todd Franks
Standard Three: Organization and Governance	Todd Franks
Standard Four: The Academic Program	Nicholas Comninellis
Standard Five: Students	Leda Rivera
Standard Six: Teaching, Learning, and Scholarship	Leda Rivera
Standard Seven: Institutional Resources	Todd Franks
Standard Eight: Educational Effectiveness	Nicholas Comninellis
Standard Nine: Integrity, Transparency, and Public Disclosure	Todd Franks (co-lead)
	Leda Rivera (co-lead)
Data Collection and Organization	
Data First Forms	Elizabeth Burgos (co-lead)
	Leda Rivera (co-lead)
	Todd Franks (co-lead)
E-Series	Nicholas Comninellis
Digital Workroom	Leda Rivera
Financial Data	Todd Franks
In-Text Visual Data/Graphics	Leda Rivera (co-lead)
	Elizabeth Burgos (co-lead)
Draft Reviewers	
	Elizabeth Burgos
	Carol Anderson
Steering Committee	
VP of Operations	Todd Franks
President	Nicholas Comninellis
VP of Academic Affairs	Elizabeth Burgos
Director of Student Affairs & Admissions	Leda Rivera

DATA FIRST FORMS GENERAL INFORMATION

Institution Name:	Institute for International Medicine		
OPE ID:	n/a - INMED does not participate in federal aid		
Financial Results for Year Ending:		Annual Audit	
		Certified:	Qualified
		Yes/No	Unqualified
	Most Recent Year	2023	Forthcoming
1 Year Prior	2022	Yes	Unqualified
2 Years Prior	2021	Yes	Unqualified
Fiscal Year Ends on:	06/30 (month/day)		
Budget / Plans			
	Current Year	2024	
Next Year	2025		
Contact Person:	Elizabeth Burgos		
Title:	Chief Academic Officer		
Telephone No:	816-444-6400		
E-mail address	office@inmed.us		

Introduction

The Institute for International Medicine (INMED) is an American-style graduate school whose mission is to “equip healthcare professionals and students to serve the forgotten.” INMED offers didactic instruction in the full range of global health topics via online, hybrid, in-classroom courses, and service learning. This institutional overview will describe the motivation for INMED’s founding, a brief history in milestones, and a preview of the Institute’s current context. Lastly, it will share the key themes and findings from the self-study, as well as institutional changes since the commission’s last visit.

Description

Extreme poverty in the human existence can be defined as food insecurity, poor sanitation, unavailable education, and lack of a basic survival safety net. The association between extreme poverty and health is further marked by malnutrition, vector and waterborne diseases, maternal and infant mortality, substance abuse,

violence and traumatic injuries – all of which are significantly higher in nations and communities within nations marked by extreme poverty. Major health indicators (life expectancy at birth, maternal mortality ratio, neonatal mortality rate, under-five mortality rate) are also consistently more unfavorable in low-income nations and communities, as documented within the annual reports of World Health Statistics. These groups of individuals are often “forgotten” – due to their existence in the margins of society. Pandemics, disasters, wars, and disease drive already marginalized populations into deeper poverty.

Healthcare professionals and students are often highly motivated to apply their skills and to serve those that live in these distressing states. However, many feel ill-prepared in the face of cross-cultural barriers, unfamiliar diseases, and limited resources. The complexity of these issues related to poverty and health can feel insurmountable to a healthcare professional wanting to improve the state of global health, especially if there are gaps in professional training. The unique challenges of low-income communities and nations demand approaches that differ from higher income contexts. Additionally, the scale of the need necessitates the effort of many professionals with a shared vision and skillset.

INMED was founded in response to this distressing state of global health to equip healthcare professionals and students with the unique skills necessary to effectively serve the world’s most marginalized people. INMED’s Masters in International Health (MIH) was first made available in 2020 to provide an educational approach highlighted by low tuition, faculty role modeling, and precepted service-learning experience as a means of addressing the global health preparedness gap.



History

The Institute for International Medicine (INMED) incorporated as a non-profit education corporation in Missouri in 2003 with the vision of equipping the next generation of healthcare professionals to serve the most neglected communities worldwide. INMED's [history](#) is rooted in the formative and inspirational experiences of its founder and President, Dr. Nicholas Comninellis. President Comninellis attended medical school at the University of Missouri-Kansas City and followed this formal education with four years of international service experiences in Honduras, China, and Angola.

Following the two-year stint in Angola, President Comninellis returned to the United States and began teaching public health and family medicine at the University of Missouri-Kansas City. He noticed, among students, a burgeoning interest in international service. Many medical schools were also encouraging international experience, but few offered supervised international clinical rotations, and even fewer had a curriculum appropriate to international health issues.

Realizing that most professionals who care for forgotten people usually had a formative experience during their training, Dr. Comninellis envisioned an organization specifically devoted to equipping individuals for international health careers. Community leaders came together to form the first INMED Board of Directors on June 30, 2003. The Institute's first priority was the development of precepted service-learning experiences at carefully vetted healthcare institutions serving low-income people in China, Angola, Ghana, Romania, Cameroon, and India. Early evaluations from students and preceptors illuminated the need for more robust pre-departure preparation. Curriculum and courses, both in-person and online, were developed addressing global health priorities, cross-cultural skills, diseases of poverty, and health leadership concepts.

Over the ensuing 20 years, INMED developed into a freestanding graduate school. The 15-credit hour INMED Graduate Diploma, that includes a precepted service-learning experience now in each of 25 nations, has graduated 643 healthcare professionals and healthcare profession students. In 2020, responding to students' requests for a higher credential, INMED launched a 32-credit hour Master's Degree in International Health (MIH). In addition, INMED was approached in 2022 to provide continuing medical education for the 700-member healthcare staff of the United Nations Division of Healthcare Management and Occupational Safety and Health (DHMOSH) who serve alongside the UN World Food Program, UN Development Program, and UN High Commissioner for Refugees.

Key institutional milestones over the past 20 years include:

- 2004: International Service-Learning rotations were first offered.
- 2004: Graduate Diplomas in International Medicine, Nursing, and Public Health were established.
- 2006: Annual INMED Humanitarian Health Conferences began.
- 2009: In-person international health courses were first offered
- 2011: Online international health courses were first created
- 2012: *INMED International Medicine & Public Health* 2nd Edition book was published.
- 2012: INMED was accredited by Accreditation Council for International Healthcare Education.
- 2014: INMED was designated a Continuing Medical Education (CME) accreditation provider.
- 2016: INMED in-person courses expanded to eight cities, including Shenyang, China.
- 2019: INMED online international health courses were upgraded to LearnDash LMS.
- 2020: Master's Degree in International Health was established.
- 2022: INMED began providing courses for the United Nations.
- 2023: As part of the NECHE candidacy process, INMED began writing the first Self-Study Report.

Current Context

Today, INMED's focus remains centered on the same mission that has guided the organization for the past 20 years. Though programs, courses, and modes of instruction have all been updated and adapted to the changing needs of students over the years the mission is the guiding light that focuses the ideas and energies of INMED's leaders. The chart below highlights program enrollment over a three-year period.

Program Enrollment (2021 - 2024)

Program	2021-2022	2022-2023	2023-2024
MIH	39	47	48
Diploma Program	8	10	11
Professional Qualification Courses	65	50	6
Certificate Program	38	26	13
Short Self-Paced Courses	579	514	97

The premier educational offering today, and the focus of INMED's accreditation pursuit, is the Master's in International Health (MIH). The program is designed to be a first-rate, yet affordable way for healthcare professionals to acquire advanced academic expertise and field experience in core global health subjects, including epidemiology, diseases of poverty, maternal newborn health, international public health, cross-cultural skills, disaster management, health leadership, healthcare education, research, and quality improvement.

INMED continues to offer non-master's degree programs and educational opportunities to help achieve the mission and aid in financially supporting the Institute. For example, the Continuing Medical Education (CME) Joint Providership services administered by the CME team increase INMED's credibility and name recognition locally. Graduate certificate courses and graduate diplomas provide shorter educational opportunities for students yet remain fully aligned with INMED's mission and provide suitable assemblages for MIH promotion.

Looking to the future, the pursuit of NECHE accreditation exemplifies the organization's prioritization of academic excellence and institutional improvement. The Institute's leaders welcome the process of peer review to both assess and improve educational effectiveness. The Standards for Accreditation set a high bar for quality assurance and the collegial nature of peer review will ultimately strengthen INMED's mechanisms for organizational improvement.

Self-Study Themes

The pursuit of accreditation, as well as the process of researching and writing the self-study, has proven valuable to INMED on numerous practical levels. It involved all persons and components of the Institute and bolstered the ongoing efforts in self-evaluation. As an organization, continuous quality improvement has always been highly valued. The standard's emphasis on orderly processes, data-keeping, and educational effectiveness has provided an opportunity for INMED to improve policies, evaluation processes, and to ensure key stakeholders are provided with an opportunity for feedback. Further, establishing a mechanism for external evaluation will provide a valuable, fresh perspective on customary modes of operation to INMED's decision makers.

Data collected from board, faculty, student, and staff evaluations aid the Institute in both short and long-term planning. The multi-year data organized in the Data First Forms has also proven useful to see multi-year trends in admission, enrollment, faculty composition, and finances in one concise snapshot. The emphasis on transparency and public disclosure has provided the impetus for improvements on the INMED website. Earning certification by the State of Missouri Coordinating Board for Higher Education was an affirmation of program design and is an example of overall institutional improvement and increased transparency brought about by the prerequisites of candidacy.

The purpose of institutional improvement ultimately distills to student achievement and the realization of the overarching mission. The process of self-study has revealed INMED's standing commitment to the mission of equipping healthcare professionals and students to serve the forgotten throughout the years and across programs. Candid self-reflection has also revealed areas for improvement.



Institutional Changes

Since the last Commission visit in August of 2022, INMED has made several key improvements to become more aligned with the standards for accreditation. Most notably, mechanisms for Board self-analysis have been initiated, as well as an increase in faculty involvement and independence, including the election of a Dean of Faculty. The focus on increasing enrollment and diversifying the student body has led to an increase in public speaking engagements of INMED representatives and other recruitment efforts. The need for longitudinal data (to understand alumni and assess long-term organizational impact) has led to improvements in evaluation mechanisms. The practice of writing and updating an annual strategic plan has provided an opportunity to focus and track necessary fundraising goals and an opportunity to strategically plan for projected staffing needs and succession planning.

Institute of International Medicine Self-Study for Candidacy 2024 Institutional Overview

INMED is an institution that is small in size but large in impact. It is guided by its mission, values, and authentic interest in student success. Though limited, like any institution, by the capacity of its faculty and staff and financial resources, the organization is committed to lean operation and measured growth. These areas of institutional proficiency and limitation will be expounded in the careful descriptions, appraisals, and projections that follow.



Standard One: Mission and Purpose

Standard 1: Mission and Purposes

Attach a copy of the current mission statement.

Document	Website location	Date Approved by the Governing Board
Institutional Mission Statement	https://www.inmed.us/mission-and-values/	September 24, 2009

Mission Statement published	Website location	Print Publication
2023 - 2024 Academic Catalog	https://www.inmed.us/student-policies/	online only
Graphic of INMED Mission	https://www.inmed.us/wp-content/uploads/Current-Graphic-of-Mission.pdf	printed
About INMED	https://www.inmed.us/about-inmed/	online only
2023 - 2028 Strategic Plan	https://www.inmed.us/wp-content/uploads/23-28-Strategic-Plan.pdf	online only

Related statements	Website location	Print Publication
Values of INMED	https://www.inmed.us/mission-and-values/	online only
Vision Statement	https://www.inmed.us/wp-content/uploads/23-28-Strategic-Plan.pdf	online only
Core Values	https://www.inmed.us/wp-content/uploads/23-28-Strategic-Plan.pdf	online only

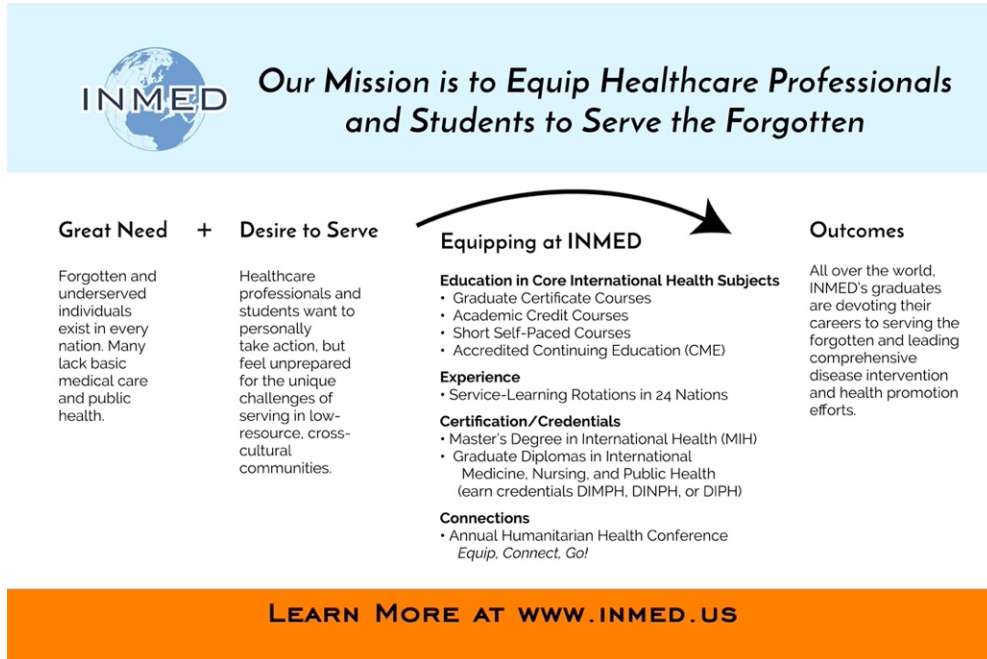
Description

The founder of the Institute for International Medicine (INMED), Dr. Nicholas Comninellis, upon reading the biographies of inspiring healthcare professionals such as Florence Nightingale, David Livingston, Albert Schweitzer, and Paul Farmer, developed a vision to facilitate health among the world's most low-income people. This led to a four-year medical service commitment in Shanghai, China, and Angola, southern Africa. Through this experience, Dr. Comninellis solidified convictions about the formation of skilled healthcare professionals. Upon return to the United States, students of nursing, medicine, and public health approached him asking for help in equipping them for similar career paths.

In 2003, as evidenced by the Articles of Incorporation and Bylaws, INMED was established as a non-profit educational institution with the following mission statement: "To train physicians for leadership in international health, so that compassionate, competent medical care can be provided for the compelling health needs of disadvantaged people". INMED's Board of Directors approved this mission statement at its inaugural meeting on September 9, 2003. Over the years, while the mission of the Institute has remained constant, INMED adopted the following mission statement to be presented to the public: "To equip healthcare professionals and students to serve the forgotten." This mission statement is widely visible on INMED webpages, social media, and publications including the strategic plan, and faculty, student, and staff handbooks. Below is an example of INMED's mission as displayed on promotional pamphlets:

Institute of International Medicine Self-Study for Candidacy 2024

Standard One: Mission and Purpose



In addition to being available in those documents, INMED emphasizes the mission statement to staff and Board at the annual Strategic Planning Retreat. The Institute communicates the mission to faculty at faculty orientation and through annual review of the faculty handbook. New students are made aware of the mission through viewing INMED's website, in their consultations with INMED faculty, and through review of the student handbook, which is completed upon enrollment.

Over these 20 years, this mission has continued to guide the Institute, reinforced by these core values, based primarily upon Biblical scripture:

1. **Compassion for all humanity:** We honor the value of all human life by respecting the dignity, uniqueness, and intrinsic worth of all – regardless of wealth, culture, or social status. Genesis 1:26-27, Colossians 3:12
2. **Excellence and Integrity:** We are committed to high academic standards and exemplary conduct, demonstrating a steadfast moral and ethical uprightness. Colossians 3:23, 2 Corinthians 8:21
3. **Service:** We are called to serve the most marginalized people on earth, to relieve suffering, to facilitate sustainable improvements, and to respect those in need as active participants in their own wellbeing. Ephesians 6:6-7, Luke 4:18-19
4. **Stewardship:** We are stewards of resources, knowledge, and partnerships and we are committed to being efficient, effective, and transparent in our communications and relationships with our students, partners, communities, and governments. 1 Corinthians 4:2, 14:40

Institute of International Medicine Self-Study for Candidacy 2024 Standard One: Mission and Purpose

- Partners: We actively seek association and cooperation with students, faculty, networks, and organizations that share similar values and mission. Hebrews 10:24-25, 1 Thessalonians 5:11
- Lifelong Learning: We are committed to lifelong learning in the pursuit of serving the forgotten. Matthew 11:29-30, Proverbs 4:11

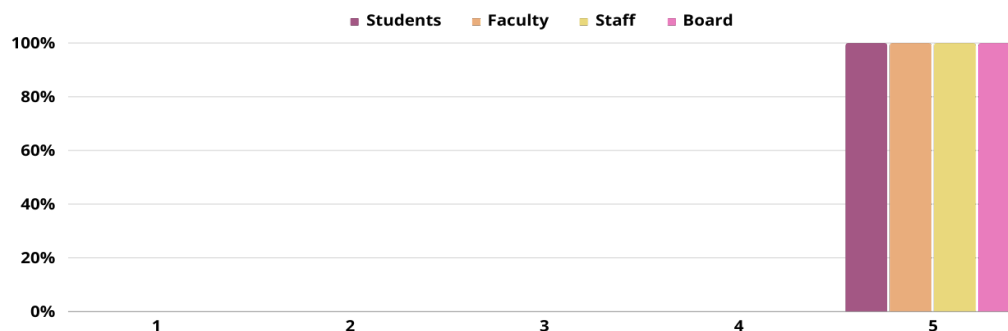
Selection of board members, faculty, administrators, staff, consultants, educational programs, service-learning experiences, and ongoing INMED strategic planning (see Standard 2) are all undertaken with intentional and consistent commitment to this mission and these values. Over this interval, INMED has also consistently attracted students who resonate with the Institute's mission and values, and who are themselves preparing for service careers often on behalf of their community's most neglected residents.

Appraisal

INMED is committed to the process of continuous quality improvement (CQI) to preserve and enhance the Institute's mission, values, and effectiveness. To maintain alignment with its mission, INMED dedicates time at its annual Strategic Planning Retreat, whose participants include faculty leaders, Board members, and staff, to evaluate INMED's mission and its activities considering this mission. As examples of this process in action, at the June 2021 Retreat, INMED decided to pursue a relationship with the United Nations, which resulted in INMED's provision of training to hundreds of UN doctors working with underserved people. At the June 2022 Retreat, the Institute decided to offer a continuing education conference to healthcare professionals in Honduras. Additionally, through the Retreat, as well as Board and staff meetings centered around INMED's mission, and feedback from students, the Institute decided to develop its Master's Degree in International Health (MIH) program and pursue accreditation with the end goal of better achievement of its mission.

Annually, INMED Board, Senior Administrators, faculty, and students complete a program evaluation. Among other things, this survey asks respondents to gauge how well the MIH embraces INMED's mission. The results of the survey, summarized below, indicate a strong alignment with INMED's mission.

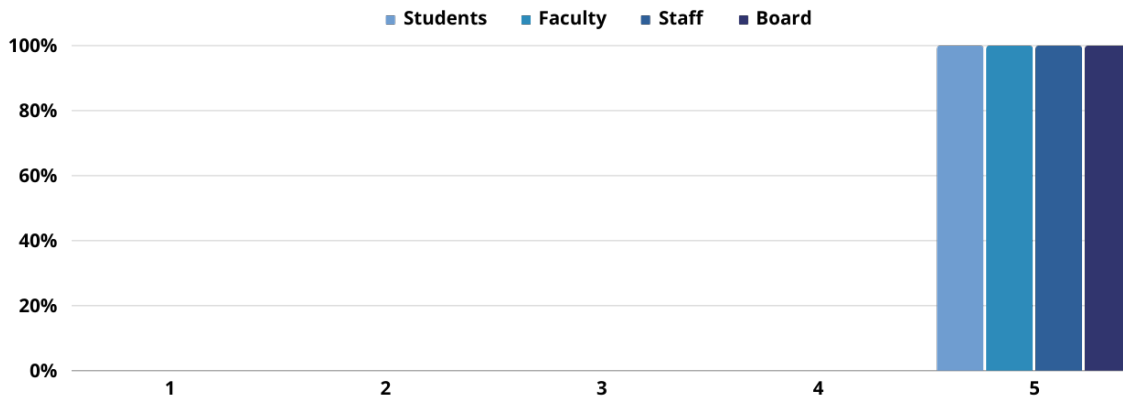
Rating the Program (Mission) :



Institute of International Medicine Self-Study for Candidacy 2024 Standard One: Mission and Purpose

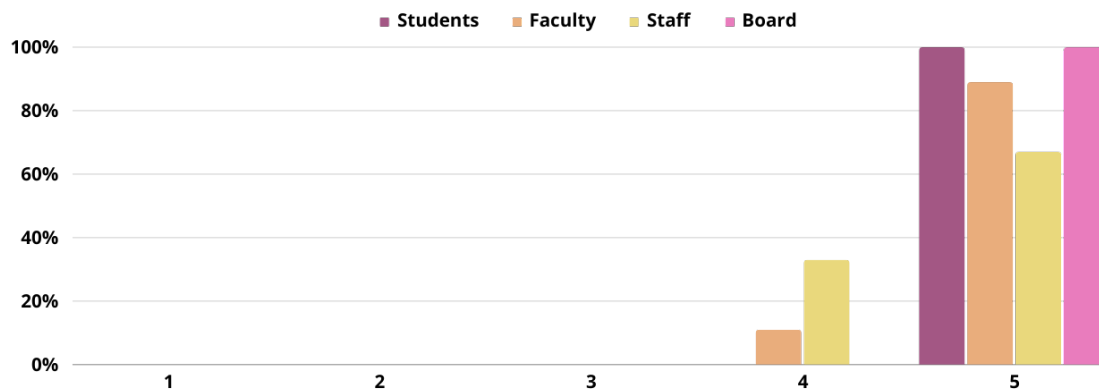
Other facets of the complete program evaluation include asking INMED Board, Senior Administrators, faculty, and students to assess INMED' adherence to integrity of the program, vision of the program, and excellence of the program in terms of compassion, service, stewardship, partners, and lifelong learning. These results from the 2023 program evaluation are illustrated in the following graphics:

Rating the Program (Integrity) :



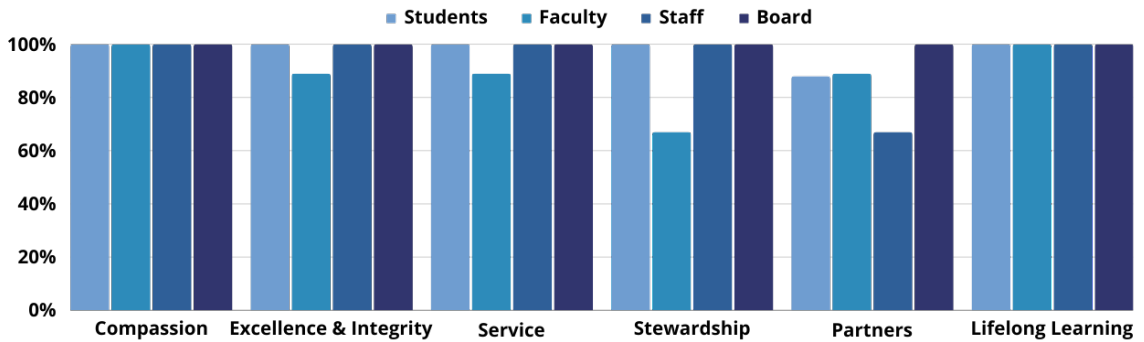
As evidenced in the above and below graphics, INMED students, faculty, staff, and board members rate the MIH program very high in terms of vision and integrity. The same constituents also rate INMED very high in relation to its alignment with its core values.

Rating the Program (Vision) :



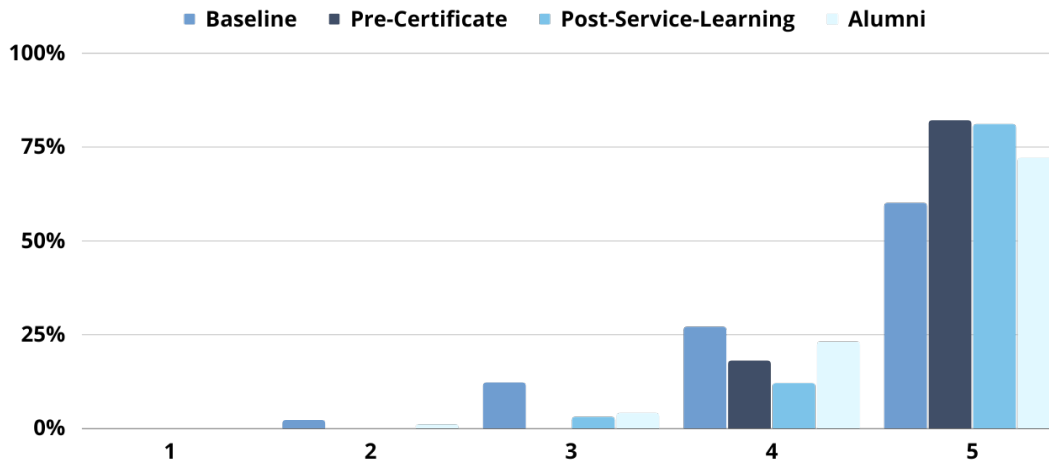
Institute of International Medicine Self-Study for Candidacy 2024 Standard One: Mission and Purpose

Rating the Values as "Excellent"



The Graduate Certificate Course is designed to introduce and illuminate INMED’s mission of serving forgotten people, and includes a pre-course survey that gauges, among other things, students’ interest in and alignment with this mission. Later in the program, at the conclusion of international service-learning, a parallel survey is administered to document change in students’ interest in and mission alignment. This ongoing survey demonstrates steady ongoing alignment with INMED’s mission throughout the educational experience.

Rate Your Interest: Promoting the health of underserved people.



The Longitudinal Survey of INMED Participants is another example of the process of CQI in action. This survey was administered to nearly 1,000 INMED alumni in August of 2023, and it received 104 respondents. On this survey, INMED MIH and Graduate Diploma graduates reported consistently high interest in- and ability to- serve underserved people (see Standard 8 for more details). These graduates also reported high rates of professionally caring for underserved people today, both in the United

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States and in other nations, in settings of government, non-government non-profit, non-government for-profit, academic, and faith-based organizations. Their offers and recommendations for participating in the mission of INMED – for example, teaching an INMED course – are incorporated into ongoing INMED strategic planning.

Today, INMED strengths and distinctive characteristics include *focus on forgotten people, student integrity, inspiring faculty who role model, state of the art learning, low tuition, flexible scheduling*, and emphasis upon *international service learning*, which all contribute towards the Institute's mission.

- *Focus on forgotten people.* Many healthcare professionals and healthcare profession students begin their careers with a desire to serve the poor. But the pathway to such careers is often uncertain. INMED provides vision, skills, and examples to follow.
- *Student integrity.* A remarkable attribute of INMED is the success with which the Institute has attracted students who resonate with its mission and values, as expressed in their application statements and new-student entry survey. A current MIH student, who earlier completed INMED's Graduate Diploma Program, states in his MIH application:

”

By studying international health, I will be able to develop the unique skills taught at the program which will be necessary in helping me effectively serve the world's most forgotten people. My long-term goal is to go into leadership roles either at the United Nations, or a governmental organization such as USAID, WHO, or even other non-governmental organizations that work towards serving the needy and the most forgotten.

MIH STUDENT

- *Inspiring faculty who role model.* Students often follow in the footsteps of their mentors. INMED has been careful to select faculty whose lives reflect INMED values, especially humanitarian service. Most INMED faculty teach with authority based on their years of service in low-resource communities. INMED Dean of Faculty Scott Armistead, for example, first served for 16 years in rural Pakistan. INMED epidemiology professor, Dr. Joe LeMaster, served for 10 years in Nepal.
- *International Service-learning.* INMED highly values mentored experiences, during which students apply and develop their skills under the watchful supervision of their preceptors. Depending upon the student's preference, service-learning may be in a community health setting, outpatient primary care clinic, or hospital facility. While most students complete their service-learning at an international location, a domestic location is available. Beyond simply participating in simulation or sitting for a knowledge test, service-learning provides opportunity for learners to demonstrate competencies attained. These

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experiences, which are described in detail in Standard 4, and are offered at one of 40 Service-Learning Sites in 25 nations, shown in the below graphic, also often become among the most impactful experiences of the student's entire life. For example, upon completion of the MIH program, and in specific reference to the Service-Learning experience, a student said: "It is a positively life changing experience. I feel more committed to serving the underserved and less privileged."

- *Low tuition.* Approximately one-quarter of INMED students are citizens of low- or middle-income nations where access to hard currency is quite limited. Among INMED learners from high income nations, education debt is commonly cited as a large barrier against serving low-income people. INMED is committed to maintaining low tuition, currently \$295 per credit hour (excluding travel expenses), to reduce such financial obstacles for all students (see Standard 7 for more information).
- *Flexible scheduling.* INMED learning is designed for those with daytime responsibilities. As a result, midcareer professionals have been able to increase their skill and qualification, including those serving with the United Nations.

Projection

- At the annual Strategic Planning Retreat, INMED leaders and board members will review the mission to ensure its relevance and the Institute's alignment with it; the results of this review may be used to modify the mission and the Institute's operations.



Standard Two: Planning and Evaluation

Standard 2: Planning and Evaluation

	Year approved by governing board	Effective Dates	Website location
PLANNING			
Strategic Plans			
Immediately prior Strategic Plan	2022	1/24/2022 - 6/30/2027	https://www.inmed.us/wp-content/uploads/22-27-Strategic-Plan.pdf
Current Strategic Plan	2023	7/01/2023 - 6/30/2028	https://www.inmed.us/wp-content/uploads/23-28-Strategic-Plan.pdf
Next Strategic Plan	2024	7/01/2024 - 6/30/2029	Available June 2024
Other institution-wide plans*			
Master plan	2023	2023-2028	https://www.inmed.us/wp-content/uploads/23-28-Strategic-Plan.pdf
Fundraising plan	2023	2023-2028	https://www.inmed.us/wp-content/uploads/Fundraising-Policies-and-Goals.pdf
Technology plan	2023	2023-2024	https://www.inmed.us/wp-content/uploads/24-29-Technology-Plan.pdf
Marketing and Recruitment Plan	2023	2023-2024	https://www.inmed.us/wp-content/uploads/2023-2024-Marketing-and-Recruitment-Plan-Final.pdf
EVALUATION			
Academic program review			
Program review system (colleges and departments). System last updated:			https://form.jcf.com/230655224488152
Program review schedule (eg, every 5 years)			Annually
Sample program review reports (name of unit or program)*			https://www.inmed.us/wp-content/uploads/Annual-Report-on-Academic-Affairs-FINAL.pdf
2022 - 2023 Annual Report on Academic Affairs			
Other significant institutional studies (Name and web location)*			
INMED International Health Electives: Nurturing Global Health and Enhancing the Practice of Medicine (2015)			
https://www.inmed.us/wp-content/uploads/inmed-international-health-electives-outcomes-poster.pdf			
Public Health Preparedness: Experience of the Institute for International Medicine (INMED).			
Please enter any explanatory notes in the box below			
See 2023 - 2028 Strategic Plan for institution-wide plans.			

Introduction

In a continuous effort to better serve the forgotten of the world, INMED’s structure and culture promote both evaluation and planning. An Institute mantra is that of “continuous quality improvement,” which is achieved through regular strategic planning and evaluative efforts. Since 2020, a large portion of these efforts have been guided by INMED’s pursuit of accreditation, with special attention to the areas mentioned as Items of Special Attention in the commission’s letter from January 17, 2023.

While INMED collects information about the effectiveness of its planning and programming through the evaluation efforts described later in this chapter, the Institute does not have an established Institutional Research department. To promote cohesion among the various evaluative efforts and to increase the effectiveness of using information to improve the Institute, Administrators are currently developing an Institutional Research function that will work with various constituencies; INMED expects the function to become operational during the 2024-2025 academic year.

Planning: Description

INMED’s [mission](#), as supported by its founding documents and overseen by its Board of Directors, guides its planning efforts. The Institute’s administrators (President, Vice President of Academic Affairs, and Vice President of Operations) oversee big-

Institute of International Medicine Self-Study for Candidacy 2024 Standard Two: Planning and Evaluation

picture planning, and administrators ensure that decisions are acted upon at the appropriate level.

Prior to 2022, INMED planning was guided by its annual Strategic Planning Retreat and no formal, written Strategic Plan existed. However, to address its need for longer-term planning, INMED's administrators created a five-year [Strategic Plan](#) in 2022. Based on feedback from NECHE-appointed evaluators, as well as staff, board, student, and faculty feedback, the Strategic Plan underwent major revisions in 2023 prior to its approval by the Board of Directors in July 2023. The Strategic Plan is comprehensive for the Institute and is organized around four major areas summarized below.

- Academics: developing and implementing recruitment strategies to reach INMED's enrollment goals and recruiting highly qualified faculty.
- Non-faculty governance: establishing recruitment policies and procedures for key leadership positions and clarifying the role of the Board of Directors.
- Institutional Resources: broadening the Institute's donor base.
- Accreditation: appointing an accreditation team to lead INMED through the candidacy and initial accreditation processes.

A singular strategic plan enables INMED to compile all its goals together, promoting streamlined analysis and synthesis. The Strategic Plan is formally evaluated twice annually by INMED administrators, who make comments on the progress of the stated goals and insert new goals as needed, thereby creating a rolling document that is periodically updated for the coming five years. In this way, the Plan is a "living" document that sets Institute priorities while adapting to current needs. The Vice President of Operations oversees the implementation of the plan at the departmental level.

To better organize and achieve the priorities set forth in the Strategic Plan, the Institute has developed or is developing the following ancillary plans:

- Marketing and Recruitment Plan
- Fundraising Policies and Goals
- Financial Plans

In coordination with the Strategic Plan, INMED administrators recently developed a 5-year [Technology Plan](#). The Technology Plan addresses the Institute's current technology needs while planning for the future. Specifically, the plan focuses on technology as it relates to academics, communication, and infrastructure and security.

INMED engages in multiple planning activities to achieve the priorities of the Strategic Plan. Institute administrators, staff, faculty leaders, and board members annually participate in a Strategic Planning Retreat; at this two-day event, participants review the comprehensive Strategic Plan and make updates as necessary. Staff and faculty leaders participate annually in an additional Academic Planning Retreat, focusing especially on the Master's, Diploma, and Certificate programs.

In addition to annual Retreats, staff and administrators meet weekly to discuss day-to-day needs as well as short and long-term strategy, and INMED's entire staff meets monthly for interdepartmental coordination. Finally, the Board of Directors meets at least quarterly to receive updates on INMED's affairs and to discuss strategies for achieving INMED's mission.



Planning: Appraisal

INMED leaders consistently plan for the future of the organization through the strategies described above, and the Institute has a strong history of implementing its planning efforts. INMED has engaged in planning since 2007, embodied in the annual Strategic Planning Retreat, and the goals and strategies set forth in its plans have guided the Institute's activities. Among the results of long-term planning are the Institute's financial stability through the establishment of an investment fund and the diversification of revenue through the establishment of its [Continuing Medical Education](#) (CME) department. More recently, to ensure future financial stability, and to address #3 in NECHE's table of items of special attention, INMED staff developed strategies to increase fundraising and broaden INMED's donor base. Additionally, the Institute developed and started to implement a Marketing and Recruitment Plan to achieve the enrollment goals outlined in the Strategic Plan. Finally, INMED is developing plans that describe the Institute's financial plans based on recent trends, giving special consideration to the effects of increased enrollment and future staffing needs.

At its most recent Strategic Planning Retreat, held in the fall of 2023, INMED developed the following actionable items:

- Establish a schedule and process to annually review Institute policies
- Create promotional material for the CME team
- Write a job description for part-time CME employee and discuss when and how to recruit a new employee
- Improve the post service-learning debrief protocol

The above action items, among others, were added to INMED's cloud-based collaborative software program, ASANA, and include responsible persons and due dates.

At the inception of the MIH program in 2020, INMED identified the need to expand its faculty; at that time, most of the teaching was completed by two professors. INMED now employs nine faculty members and three instructors. Further, at its Strategic Planning Retreat in 2022, INMED recognized the need for oversight of the faculty. To this end, in June of 2023, INMED hired a faculty member with experience in international medicine, higher education, and organizational leadership. This person serves as Dean of Faculty and provides leadership, guidance, and organization to INMED's faculty (this is explained more in Standards 3 and 6).

Institute of International Medicine Self-Study for Candidacy 2024
Standard Two: Planning and Evaluation

In response to Standard 7.1 and NECHE’s letter (#5 “ensuring that staffing levels are sufficient to support its mission ... filling key leadership positions”) INMED established the following priority in its Strategic Plan: 2.4 “Ensure that staffing levels are sufficient to achieve INMED’s mission”. Subsequently, INMED developed a Staff Recruitment Policy and Procedure. Specific staffing needs are further discussed in Standard 7. Additionally, INMED recognized the need for staff to be sufficiently educated for its status as a university and therefore a tuition-reimbursement program was established. Employees wishing to increase their education in a field related to their department at INMED are eligible for full financial reimbursement of tuition and other program-related expenses. Currently, one employee is enrolled in a master’s in educational leadership program through a local university. Further, INMED has integrated staff professional development priorities into its Strategic Plan. These priorities are further explained in Standard 7.

In planning for future leadership and faculty demands, the Institute must consider the diversity of faculty and board members. INMED’s current faculty are predominately male (75%), Caucasian (92%), and their average age is 60 years. The Board of Directors are also predominately male (88%), all Caucasian, and their average age is 65 years. While the age of faculty and board indicate a high level of experience and expertise while providing a great deal of institutional memory and stability, the Institute recognizes the need for diversity in its faculty and board and is working with both groups to create goals for diversity and recruitment strategies to reach those goals. These goals are made explicit in the Strategic Plan.

While increasing enrollment is an important priority to INMED, the academic team recognizes that increased enrollment will affect other areas of the Institute. INMED has developed 5-year enrollment goals described below, and future planning efforts will focus on the effects of enrollment on other areas of the Institute, including finances.

Total students enrolled	Enrollment Goals
2020-2021: 31	2024-2025: 47
2021-2022: 39	2025-2026: 54
2022-2023: 47	2026-2027: 62
2023-2024: 48	2027-2028: 71

Currently, class sizes are relatively small, with no more than 10 students per course offering, and INMED’s student to faculty ratio is 2:1. The current support staff is sufficient for the current number of students, with a student to staff ratio of 2:1. Institute leadership, through its regularly scheduled planning activities, will continue to monitor faculty and staff capacity and has established a goal of maximum student to faculty ratio of 10:1 and maximum student to staff ratio of 5:1. The relatively slow growth of the program, coupled with the small size of the organization, will allow for the appropriate build-up of both faculty and support staff.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Two: Planning and Evaluation

Though the Strategic Plan outlines goals the Institute desires to achieve over the next five years, it can be refined to include goals that are both more specific and measurable. Several of the goals in the Strategic Plan are simply statements of actions INMED already knows it needs to take. Additionally, many of the goals in the Strategic Plan focus on the next one or two years, but future planning efforts will focus on five years and beyond. The twice-annual scheduled review of the Strategic Plan will allow for the updating of that document.

Because INMED has long planned for financial stability, the Institute has also been able to respond to contingencies with the assurance of adequate finances to make it through lean times. An example of this is the Institute's response to the COVID 19 pandemic and the subsequent effects of COVID mitigation methods. Prior to COVID, much of INMED's coursework was available online, with students having opportunities for in-person learning several times throughout the year at various sites around the country. In response to the pandemic, more of INMED's coursework was moved to its online platform and the annual Humanitarian Health Conference (HHC) was moved to an online event in 2020 and a hybrid event was offered in 2021 and 2022. During that time, international travel was largely unavailable, so INMED students were unable to complete service-learning. In the future, INMED must consider alternatives to service-learning at international sites should travel be unavailable.

International travel connected with the Service-Learning component of INMED's Masters in International Health degree involves inherent risks. INMED plans for those challenges by purchasing traveler's and medical professional liability insurance for its students, including emergency evacuation. INMED and insurance staff are available by phone or email to respond to any potential emergency situations. Over the nearly 20 years of coordinating international travel, these plans have been implemented one time as an INMED student required emergency evacuation from Honduras to receive medical care in the United States.



Evaluation: Description

In addition to a robust system of planning, the Institute employs various evaluative methods. On the student level, at the completion of each course, students are required to complete an evaluation designed to measure the effectiveness of the faculty and the overall quality of the course. Students respond to Likert-scale questions related to quality, integrity, and effectiveness. Additionally, students have the opportunity, in open text boxes, to elaborate on any of their responses to the close-ended questions.

Faculty also evaluate each course offering in terms of the Institute's support and the faculty member's perceived effectiveness of the course in relation to content and student outcomes. Further, faculty annually evaluate the academic program with a focus on its effectiveness. Results of student and faculty evaluations are annually compiled

into a comprehensive Program Review that is reviewed at the Academic Planning Retreat.

On the staff level, INMED's annual employee survey allows all employees the opportunity to provide anonymous feedback regarding their work experience. Finally, board members complete an annual evaluation of senior leadership, and the Board is currently developing mechanism to evaluate its own effectiveness.

The Vice President of Operations monthly evaluates the organization's financial status through the creation of financial reports. Those reports are analyzed by the President and Vice President of Academic Affairs as well as the Treasurer and Chairperson of the Board of Directors. Similar financial reports are reviewed by the entire Board of Directors at their quarterly meetings.

The Institute has long been successful at gathering and using data from students, faculty, and staff, and at evaluating its financial status. The evaluation of its planning efforts, however, currently lacks formal structure and this area has room for improvement.



Evaluation: Appraisal

In an ongoing effort to fulfill its mission, INMED board and leadership strive for continuous quality improvement, which has resulted in many changes and updates over the life of the Institute. For nearly 15 years, INMED had offered diploma and certificate-level education to healthcare professionals and students. Hundreds of students completed INMED coursework, participated in International Service-Learning (653 students, to date) and attended INMED's annual Humanitarian Health Conference (HHC). Based on that long history and the quality of the education received, students indicated to INMED faculty and staff their desire for more comprehensive educational opportunities. In response, INMED leadership launched, in 2020, the Master's in International Health (MIH) program. Further, because of internal and external evaluation, INMED began to explore the possibility of university accreditation, which led to the Institute's relationship with NECHE in July of 2021.

Because of the relative newness of the MIH, more time is needed to evaluate the long-term effectiveness of the program. In September of 2023, INMED launched a wide-scale survey to graduates which was an update to the first graduate survey conducted in 2015. This interaction with alumni was initiated to gain knowledge regarding programmatic impact and success, and to gain valuable input into the needs of graduates of the MIH program. Simultaneously, the Institute launched a longitudinal study aimed at better understanding the impact of INMED's education by assessing a base group of learners at various times throughout their learning experience. When sufficient results are obtained, Senior Administrators will evaluate the data and determine how to best initiate change.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Two: Planning and Evaluation

The MIH is externally evaluated through various accrediting bodies. Currently, INMED's Continuing Medical Education (CME) program is under the authority of the [Missouri State Medical Association](#) (MSMA) and the [Accreditation Council for Continuing Education](#) (ACCME). Through these relationships, the CME program is scrutinized on a regular basis, and the re-accreditation process, which occurs every four years, provides a mechanism of evaluation and planning. All INMED's MIH courses are accredited for CME, so they are subject to the scrutiny of both the MSMA and the ACCME. Further, INMED's academic program is recognized by the state of Missouri as a higher education institution and is annually reviewed through certification by the [State of Missouri Coordinating Board for Higher Education](#).

Course evaluations have provided valuable insight and have been the catalyst for course-level changes. For example, a student indicated frustration with a faculty member who changed a course's required reading very near the start date of the course. The student had already purchased what was listed as the required reading. As a result of the student's feedback, faculty created a policy regarding the timing of making changes to course material. Another change based on student feedback was the addition of a gradebook feature into INMED's Learner Management System to give students access to their grades in real time.

Finally, based on staff surveys, additional technology has been purchased for employees, staff development strategies have been implemented, and content and format changes have been made to the annual Strategic Planning Retreat.



Projections

- INMED employs a variety of planning strategies and has long reaped the benefits of those strategies, but a formal Strategic Plan had not been employed prior to 2022. Because of this, and in consideration of the Institute's transition to an accredited university and the challenges and developments that accompany that transition, INMED must maintain focus on the areas in the Strategic Plan. Under the leadership of the President and VPO, an implementation complete with goals and timelines will be developed by spring 2025. Implementation of the Strategic Plan will be reviewed twice annually, and modifications will be made as appropriate.
- The Vice President of Academic Affairs, beginning in Spring of 2024, will oversee the creation of an Institutional Research function. Initially, the IR Department will focus on:
 - A comprehensive compilation of INMED's methods of evaluation
 - An assessment of the effectiveness of INMED's methods of evaluation
 - Improved lines of communication among Institute players who use data

Standard Three: Organization and Governance

Standard 3: Organization and Governance (Board and Internal Governance)

Please attach to this form:

- 1) A copy of the institution's organization chart(s).
- 2) A copy of the by-laws, enabling legislation, and/or other appropriate documentation
- 3) legal authority of the institution to award degrees in accordance with applicable requirements.

<https://www.inmed.us/academic-workroom/#standard-three>

<https://www.inmed.us/academic-workroom/#standard-three>

<https://www.inmed.us/about-inmed/#accreditation>

Governing Board

By-laws

Board members' names and affiliations

Board committees *

Operations Committee

Education Committee

Accreditation & Legal Committee

Website location

<https://www.inmed.us/academic-workroom/#standard-three>

<https://www.inmed.us/board-of-directors/>

Website location or document name for meeting minutes

See note below.

See note below.

See note below.

Major institutional faculty committees or governance groups*

Faculty Council

Website location or document name for meeting minutes

<https://inmed.us/academic-workroom/#standard-three>

Major institutional student committees or governance groups*

Student Council

Website location or document name for meeting minutes

Student Council anticipates hosting its first meeting in Fall 2024 and has been established according to the following policy: <https://www.inmed.us/wp-content/uploads/Student-Council-Policy.pdf>

Other major institutional committees or governance groups*

Executive Officers/Senior Administrators

Academic Team

Admissions Committee

Website location or document name for meeting minutes

n/a

n/a

Admissions Committee operates according to the following procedure:

<https://www.inmed.us/wp-content/uploads/INMED-Admissions-Committee-Procedure.pdf>

Please enter any explanatory notes in the box below

Minutes from board meetings can be provided upon request. With an eye to the future, three board committees exist. Due to the small size of the board, members decided that discussion among committee members takes place at quarterly board meetings in the presence of the entire group.

Standard 3: Organization and Governance (Locations and Modalities)

Campuses, Branches and Locations Currently in Operation (See definitions in comment boxes)

	Location (City, State/Country)	Date Initiated	Enrollment*		
			2 years prior (FYE 2022)	1 year prior (FYE 2023)	Current year (FYE 2024)
Main campus	online	7/1/2011	729	647	175
Other instructional locations (US)	*see note below	1-Jul-10			
Other instructional locations (overseas)	*see note below	7/1/03	18	21	34

Educational modalities

	Number of programs	Date First Initiated	Enrollment*		
			2 years prior (FYE 2022)	1 year prior (FYE 2023)	Current year (FYE 2024)
Distance Learning Programs Programs 50-99% on-line	MIH	7/1/20	39	47	48
	Diploma Program	7/1/03	8	10	11
	Professional Qualification Courses		65	50	6
Programs 100% on-line	Certificate Program	7/1/09	38	26	13
	Short Self-Paced Courses	7/1/12	579	514	97

Institute of International Medicine Self-Study for Candidacy 2024 Standard Three: Organization and Governance

Contractual Arrangements involving the award of credit

		2021-2022	2022-2023	2023-2024
International Service Learning Sites**				
Angola – CEML Hospital	7/1/03			3
Bangladesh – Memorial Christian Hospital	7/1/09			
China – Liaoning International General Health Trainers	7/1/03	1		
Ethiopia –Myrungsung Christian Medical Center	7/1/08			
Ethiopia – Soddo Christian Hospital	7/1/08			
Ghana – Ankaase Methodist Hospital	7/1/10	1		
Ghana – Baptist Medical Center	7/1/03	2	2	3
Ghana – Wenchi Methodist Hospital	7/1/08			
Haiti – Haiti Health Ministries	7/1/09			
Honduras – Clinica Esperanza	7/1/12	5	4	7
Honduras – Clinica Evangelica Morava	7/1/03		1	
Honduras – Hospital Loma De Luz	7/1/08			
India – Bangalore Baptist Hospital	7/1/06			1
India – Emmanuel Hospital Association, Broadwell Christian Hospital	7/1/10			1
India – Emmanuel Hospital Association, Makunda Christian Hospital	7/1/10			1
	7/1/10			1
India – Emmanuel Hospital Association, Herbertpur Christian Hospital	7/1/10			
India – Emmanuel Hospital Association, Landour Community Hospital	7/1/10			
India – Emmanuel Hospital Association, Champa Christian Hospital	7/1/10			
India – Emmanuel Hospital Association, Duncan Hospital	7/1/10			1
India – Emmanuel Hospital Association, Burrows Memorial Christian Hospital	7/1/10			
India – Vellore Medical Mission College & Hospital	7/1/08		1	
Jordan – Annoor Sanatorium	7/1/07			
Kenya – Kapsowar Hospital	7/1/06			
Kenya – Kijabe Hospital	7/1/06	1	1	5
Kenya – Tenwek Hospital	7/1/06		1	
Macau – Hope Medical Group	7/1/05			
Nepal – Health Environmental Learning Program	7/1/22			
Papua New Guinea – Kudjip Nazarene Hospital	7/1/08			
Pakistan – Bach Christian Hospital	7/1/10		1	
Philippines – Mercy in Action	7/1/09		1	1
Russia – Agape Unlimited	7/1/15			
South Africa – Mseleni Hospital	7/1/06			
Tanzania – Kilimanjaro Christian Medical Center	7/1/10		4	
Uganda – Kwoko Hospital	7/1/07	2	2	1
Uganda – The Surgery	7/1/07		1	1
United Arab Emirates – Kanad (Oasis) Hospital	7/1/08	1		
USA – Hope Family Care Center	7/1/10			
Zambia – Macha Mission Hospital	7/1/06			
Equivalency Locations		5	2	8
Total		18	21	34

Please enter any explanatory notes in the box below

*INMED international service-learning sites are independent healthcare facilities over which INMED has no control and has no financial affiliation. INMED has contractual agreements with these independent healthcare facilities that define their roles and responsibilities.

**These numbers are a snapshot of enrolled service learning students for the 2023-2024 academic year as of January 5, 2024. Total service-learning enrollment for the academic year is anticipated to increase due to year-round acceptance of applications.

INMED’s founding documents, adopted in 2003, establish its governance structure and organize the Institute around the mission of equipping healthcare professional and students to serve the forgotten. For more than 20 years, the Institute’s **Board of Directors** has worked together with staff to achieve this mission. As the Institute prepares to enter the candidacy phase of accreditation, special attention has been and will continue to be paid to strengthening its governance structure, with emphasis on clarifying the roles and responsibilities of the Board of Directors, as mentioned in the commission letter from January 2023 and as described in detail below.

Governing Board: Description

INMED's by-laws, first adopted in 2003, describe the organization's governance structure and establish the organization's mission. Over the 20-year history of INMED, the by-laws have been formally revised four times, reflecting the growth and development of the organization. In conjunction with the by-laws, the various roles of the board, administration, staff, and faculty are displayed in INMED's Organization Chart. This document is regularly reviewed by the Senior Administrators and is reviewed by all parties annually at INMED's Strategic Planning Retreat.

The first point of Article IV of INMED's by-laws reads: "The Board shall establish the policies of the Institute for International Medicine. The Board shall review and advise on the purpose, function, activities of, and progress of the corporation." This language establishes the roles of the Board of Directors, which currently is made up of eight individuals. The Board consists of seven men and one woman; five of the members are medical doctors, one is a nurse midwife, one is a financial planner, and one is a pastor. All Board members are free of financial conflicts of interest with the Institute. Board members annually complete a Conflict-of-Interest form while reviewing their expectations as described in the Board Member Expectations document.

Through reminders at quarterly board meetings and at the annual Strategic Planning Retreat, members of the Board of Directors clearly understand the organization's mission and have long supported the achievement of the mission. Board members regularly attend quarterly meetings, they volunteer at INMED's annual Humanitarian Health Conference, and they annually make financial contributions. To achieve INMED's mission, the board has delegated authority and autonomy to the President and staff. While providing guidance and oversight, the Board of Directors does not interfere in the day-to-day affairs of the Institute. The remainder of Article IV, point #1 of INMED's by-laws explain the Board's delegation of authority: "The Board shall perform or delegate whatever other duties are necessary to fulfill the purposes of the Corporation."



Governing Board: Appraisal

The members of INMED's Board of Directors understand and align themselves with INMED's mission and have years of personal experience serving the forgotten and equipping others to do the same. The by-laws establish board member terms limits of three years, with the option of reelection at the end of each term. Two board members have been on the Board since the organization's inception, and the Board have a combined service of 99 years to the Institute. This long-term commitment to the organization has many benefits, including a familiarity with the organization, its mission, its achievements and struggles, and institutional memory. At the same time, the Board recognizes its lack of racial diversity, its advanced age (average age is 65 years), and its need for expertise in the areas of higher education and law. To meet these needs,

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Standard Three: Organization and Governance

the Board is actively developing recruitment strategies and anticipates increasing the size of the Board over the next five years.

INMED's Board of Directors has responded positively to recent initiatives to better clarify its roles and responsibilities as recommended by the commission in its letter from January 17, 2023. The following excerpts from Board meeting minutes demonstrate actions the Board and the Institute have taken:

- 2/25/22: Changed the titles of Board "President" and "Vice President" to become "Board Chairperson" and "Vice-Chairperson," to make these positions titles distinct from the Chief Executive Officer position of "President."
- 2/25/22: The person designated by the Board as CEO/President shall serve as *ex officio* member of the Board and shall have all the rights and obligations of the board meetings or committee served on, including the right to discuss, debate, make decisions, and vote.
- 10/12/22: Tim Myrick (Board Chairperson) introduced the video [Basic Non-Profit Board Roles & Responsibilities](#), and the video was played. Tim then guided the board through discussing the five elements of Board responsibilities. For each responsibility, we discussed a specific step that the board could take to move forward.
- 1/11/23: The video [Basic Non-Profit Board Roles & Responsibilities](#) was again introduced and showed, and a discussion, led by Tim Myrick, followed. The proceeding topics were discussed: Provide strategic leadership, Manage financial stability, Serve as an ambassador, Support and supervise the executive director, Ensure healthy governance.
- 4/12/23: Tim Myrick has been developing his knowledge of how organizations and boards function by on-line learning. The following are examples of this learning: Bring Out The Best in Your Board Webinar: Five functions of a healthy board of directors- How do we do these things?; Do board members know what their job is?; What is the next level of effectiveness for our board?; How do we arrive at this next level of functionality?
- 1/8/24: Board Self-Assessment form – led by Tim Myrick to assess the knowledge and current abilities of each board member regarding board roles and responsibilities.

In addition to the above actions, the board, at its July 2023 meeting, engaged in its responsibilities of reviewal and approval of major policies when it reviewed and agreed to continue to refine an Institute leadership succession plan. This plan will define the characteristics and qualifications of INMED's next President while establishing a recruitment plan and compensation package.

Further, the July 2023 meeting included discussions of the Board's role in Institute planning and evaluation, and the Board read and approved the [Strategic Plan](#) at that meeting. This awareness of the plan, coupled with teaching the Board its responsibility in ensuring the plan is implemented, will lead to better board oversight of the achievement of the priorities in the Strategic Plan.

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Historically, INMED's Board has discussed and approved major new initiatives. For example, for its first two years, INMED was focused on providing international service-learning experiences for its students. After reviewing feedback from students, Institute leaders, together with the Board at its January 2005 meeting, decided to offer pre-departure coursework to better prepare students for their international experiences. This major decision greatly impacted INMED and was the precursor to INMED's pursuit of accreditation. In addition, the Board reviewed and approved the Institute's decision to hire its first staff member (July 17, 2005), to develop INMED as an accredited provider of Continuing Medical Education (CME) (December 17, 2009), to launch the MIH (October 19, 2019), and to update the Articles of Incorporation (October 30, 2023) and the By-Laws (April 8, 2013; December 16, 2013; February 2, 2022; October 31, 2023).

While the board has recently added several responsibilities, it does have a long history of monitoring the overall effectiveness of the Institute and its fiscal condition. To achieve this, the Board treasurer and chairperson monthly review financial statements, and the entire board quarterly reviews financial statements. The Board Chairperson presides over quarterly meetings, and INMED's President collaborates with the Chairperson to set meeting agendas. INMED uses an online collaboration software program to manage the tasks of the Board and to set reminders of deadlines and meeting agenda items.



Internal Governance: Description

INMED's President works tirelessly to position INMED for long-term success in fulfilling its mission. To this end, the President works closely with the Senior Administrators to manage the Institute. INMED employs five full-time staff, two part-time staff, nine faculty, and three instructors while maintaining contractual agreements with a CPA, an IT firm, a librarian, and an educational consultant.

The board, administration, staff, and faculty are reminded of their roles annually during the Strategic Planning Retreat where the Organization Chart is presented and discussed. Roles and responsibilities are discussed with staff and faculty annually during employment agreement renewals. These topics are also consistent agenda items at weekly departmental meetings, monthly staff meetings, and quarterly Board and faculty meetings.

INMED promotes a culture of communication through regular meetings and communication (as described in Standard 2). Additionally, staff annually complete an employee survey, and faculty and students regularly complete post-course surveys, allowing for those parties to express concerns and propose initiatives. The Institute's student advising program, carried out by the President and Dean of Faculty, allows students the opportunity to further express concerns and share initiatives. Faculty, students, and staff are also able to file grievances through an anonymous online form.

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Senior Administrators evaluate both the surveys and grievance form, and processes are in place to respond to concerns.

Historically, the President has overseen the quality of the academic program, but that role is now shared between the President and the Dean of Faculty. Off-campus study, occurring as service-learning (described in further detail in Standard 4), is overseen by the office of the Vice President of Academic Affairs and through contractual arrangements with INMED's service-learning sites and the preceptors at those sites. While the preceptors are not INMED faculty, they play a crucial role in mentoring INMED students during their international rotations. Similar to an internship experience, INMED provides preceptors with standardized learning objectives to foster a consistent learning experience for students at the variety of international locations.

The Institute's curriculum is overseen by the President, who also serves as faculty for several INMED courses. The President was primarily responsible for the development of the current curriculum, and the teaching is carried out by individual faculty members who have the freedom to modify the curriculum. Further, faculty members are organized through a Faculty Council (created in response to NECHE's letter from January 17, 2023 and further explained in Standard 6), which meets at least quarterly.



Internal Governance: Appraisal

In a survey completed in 2023, staff members were asked if INMED embraces its core values, and all staff reported full agreement to these questions (see chart in Standard 7). Additionally, all staff were satisfied with company culture and leadership, with one survey respondent saying: "the organization and leadership typically exceed my expectations." This work environment is a direct result of Institute leadership's intentional investment into the staff and the continual reminders of INMED's mission at monthly staff meetings and the Strategic Planning Retreat.

While INMED staff and faculty are sufficient in role and number to fulfill the Institute's mission, improvements need to be made in qualifications. While INMED staff may not hold the academic credentials typically found in traditional institutions, they are dedicated and long-term staff members who have a deep commitment to and understanding of the Institute and its operations. As addressed in Standards 2 and 7, and as outlined in NECHE's letter from 1/17/23, INMED is aware of its future need to hire a qualified Chief Financial Officer and Chief Academic Officer who possess the requisite credentials for work at a university. In the meantime, INMED has established a contractual relationship with a qualified educational consultant to work with the current Vice President of Academic Affairs. To mitigate, in the short-term, the need of CFO, INMED will maintain its relationship with its CPA. Each of these relationships will provide oversight and guidance in the areas of academic leadership and finances while the Institute continually evaluates its need to hire part-or full-time people to fill these

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positions. This will be a topic of discussion at annual planning meetings and monthly staff meetings.

INMED faculty are essential to the success of the Institute. As raised in the NECHE letter from January 2023, INMED needed to develop a structure of Faculty governance, including Faculty by-laws. Since that letter was received, INMED has developed a Faculty Council, and that group has adopted a faculty handbook and by-laws for the governance of the Council. Further, as referenced in Standard 6, faculty have developed and continue to update curriculum. Faculty voice is heard at faculty council meetings and the Dean of Faculty collaborates with the Vice President of Academic Affairs, who serves as the “bridge” between the faculty and Institute administrators. Because these initiatives are relatively new to the Institute, limited data exists regarding their effectiveness, but the faculty has already provided input into significant policies, including the [Credits and Degree Policy](#), the [Transfer Credit Policy](#), and the [Faculty to Student Ratio policy](#).

Currently, in an ongoing effort to engage faculty, at the completion of each course taught, INMED faculty complete a survey. One statement on the survey is: “I had sufficient autonomy while teaching the course”. To date, all faculty have fully agreed with this statement.

Students have long been able to share their views about the Institute through ongoing mentorship relationships with faculty. Outside of this mechanism, however, INMED has not provided a formal method for students to share their views. To address this need, INMED’s Office of Student Affairs has implemented a Student Council Policy and students have been invited to join the Student Council. Since the Council is new, the Institute cannot yet gauge its effectiveness, but INMED expects this to be an avenue for students to be more engaged in the Institute at twice annual meetings. (Standard 5 contains more details regarding the Student Council).

Through its schedule of regular meetings and commitment to communication and collaboration, INMED’s decision-making process regularly considers multiple perspectives and makes timely decisions. For example, staffing decisions are made by the Senior Administrators, who most recently collaborated for the hiring of INMED’s Director of Service Learning and Dean of Faculty. Additionally, the Institute decided to update its website after consultation with the Academic Team, and the website has been developed with the aid of INMED’s contracted IT firm. On a larger scale, the decisions to develop and offer a Master’s degree and to seek accreditation were made by the Senior Leadership Team in conjunction with INMED’s Board of Directors, faculty, and key donors.

At annual Strategic Planning Retreats, the Institute’s organizational structure is reviewed, and any necessary changes are made. Most recently, the Organizational Chart was updated to include the roles of the Dean of Faculty and Faculty Council. Subsequent Retreats will provide an opportunity for further review of the structure after the Dean and Council roles have had time to operate.

Projection

- To assist the Board in staying abreast of its responsibilities, especially as specified in this Standard and in NECHE's letter, INMED's President and Vice President of Operations will work closely with the Board to achieve the following:
 - Establish and implement a mechanism to evaluate its own effectiveness, including an external perspective, and use the result of that mechanism to make improvements by December 31, 2024.
 - Develop Board-specific recruitment goals, with clearly articulated diversity goals, and processes by June 30, 2024.
- INMED Vice President of Academic Affairs will work closely with the President and Dean of Faculty, at regularly scheduled meetings at the end conclusion of each term, to:
 - Assume responsibility for the quality of the academic program.
 - Evaluate the effectiveness of the new faculty council model and the need for a curriculum committee.



Standard Four: The Academic Program

Standard 4: The Academic Program (Summary - Degree-Seeking Enrollment and Degrees)

Degree Level/ Location & Modality	Master's	Total Degree-Seeking
Main Campus FT	14	14
Main Campus PT	34	34
Unduplicated Headcount Total	48	48
Total FTE	31.13	31.13
Enter FTE definition:	See below**	
Degrees Awarded, Most Recent Year	9	9

Please enter any explanatory notes in the box below

Note regarding Unduplicated Headcount: July 1st annually is when INMED takes its census of student enrollment (this number includes anyone who is currently enrolled in the program at that point in time, not just new enrollees). A full-time student is defined as a learner that completes 8 credit hours per academic year. At this rate, learners can complete the degree within 4 years. If a learner has earned less than 8 credit hours during the academic year, they are considered part time students.

**The full-time equivalent for a master's student is 32 credit hours (or 8 credit hours per academic year). FTE is derived by dividing student credit hours by the full-time, full-year equivalent for the master's level. For example, FTE for master's students can be calculated by dividing master's student credit hours by 8. Note: Frequently INMED learners complete more than 8 credit hours per academic year, enabling them to complete the degree in less than 4 years. For this reason, the number of FTEs may exceed the number of full-time students.

Standard 4: The Academic Program (Summary - Non-degree seeking Enrollment and Awards)

Degree Level/ Location & Modality	Non-Matriculated Students	Credit-Bearing Students	Total Non-degree-Seeking	Total degree-seeking (from previous page)	Grand total
Main Campus FT	97	24	121	14	135
Main Campus PT	0	6	6	34	40
Unduplicated Headcount Total	97	30	127	48	175
Total FTE	n/a	n/a	24	31	55.50
Enter FTE definition:				See below**	
Certificates Awarded, Most Recent Year		30	30	9	39

Please enter any explanatory notes in the box below

**The full-time equivalent for a master's student is 32 credit hours (or 8 credit hours per academic year). FTE is derived by dividing student credit hours by the full-time, full-year equivalent for the master's level. For example, FTE for master's students can be calculated by dividing master's student credit hours by 8. Note: Frequently INMED learners complete more than 8 credit hours per academic year, enabling them to complete the degree in less than 4 years. For this reason, the number of FTEs may exceed the number of full-time students.

Non-Matriculated Enrollment includes participants only in short self-paced courses.

Credit-Bearing Student Enrollment includes participants only in credit-bearing courses, including Diploma, Certificate, Professional Qualification programs.

**Institute of International Medicine Self-Study for Candidacy 2024
Standard Four: The Academic Program**

**Standard 4: The Academic Program
(Headcount by UNDERGRADUATE Major)**

Please enter any explanatory notes in the box below

INMED does not offer any undergraduate programs.

**Standard 4: The Academic Program
(Headcount by GRADUATE Major)**

As of Census Date

Number of credits*	3 Years Prior	2 Years Prior	1 Year Prior	Current Year	Next Year Forward (goal)
	(July 2021)	(July 2022)	(July 2023)	(July 2024)	(July 2025)

Master's (add more rows as needed)

Master's Degree in International Health	32	31	34	43	48	47
Total		31	34	43	48	47
Total Graduate		31	34	43	48	47

Students must earn 32 credit hours to earn the MIH credential.

Please enter any explanatory notes in the box below

July 1st annually is when INMED takes its census of student enrollment (this number includes anyone who is currently enrolled in the program at that point in time, not just new enrollees).

**Standard 4: The Academic Program
(Credit Hours Generated and Information Literacy)**

Credit Hours Generated By Department or Comparable Academic Unit

	3 Years Prior	2 Years Prior	1 Year Prior	Current Year	Next Year Forward (goal)
	(FYE 2021)	(FYE 2022)	(FYE 2023)	(FYE 2024)	(FYE 2025)

Graduate (add more rows as needed)

MIH	558	310	494	249	500
**Credit-Bearing Programs	547	518	397	195	200
Total	1,105	828	891	444	700

Information Literacy Sessions

*See Note Below

Please enter any explanatory notes in the box below

*One-on-one MIH advising (occurring each academic term) addresses the expectations for student achievement. All Online Elective Academic Credit Courses (excluding Epidemiology and the Graduate Certificates in International Medicine, Nursing, and/or Public Health) teach and assess independent learning, information literacy, skills in inquiry, and critical judgement appropriate to master's level learning and achievement. The MIH Scholarly Project especially develops these critical information literacy skills.

**Credit-Bearing Programs include the Graduate Diploma, Graduate Certificate, and Professional Qualification Courses.

General: Description

INMED offers one master's degree, the Master's Degree in International Health (MIH), as well as crediting-bearing graduate diploma and graduate certificate programs, and non-credit bearing continuing medical education. Undergraduate education is not offered. The MIH has clearly defined purposes, admission requirements, competency objectives, plans of study, and evaluation methods which are detailed on the MIH [website](#), syllabus, and [Academic Catalog](#). The clearly and appropriately named Master's Degree in International Health is designed to equip graduates to lead comprehensive disease intervention and health promotion efforts in low-resource and cross-cultural communities.

Development of MIH competency objectives began with analysis of the Association of Schools and Programs of Public Health recommended Competencies for Master of Public Health Concentrations in Global Health. Also considered were the competency objectives of North American Master of Science and Master of Arts global health programs, and those of Tulane School of Tropical Medicine and Hygiene and the Baylor National Tropical Medicine School. Such competencies are consistently recognized as meeting Graduate level expectations. Consensus was elicited from INMED Faculty, and the following core competencies were selected:

- Application of epidemiological principles
- Skill in community-wide health promotion and death/disability prevention
- Culturally appropriate healthcare
- Proficiency in disaster mitigation and response
- Management and prevention of the leading diseases of poverty
- Care for the health of pregnant women and newborns
- Proficiency in clinical skills useful in low-resource settings
- Design and implementation of team-lead healthcare interventions
- Transfer of healthcare skills to other personnel
- Research methodologies, interpretation, and quality improvement

Significantly influencing selection of these core competencies were special emphasis among INMED faculty in building community resilience through general education and economic development, in clinical skill in management of locally dominate diseases and injuries, and in the training of healthcare professionals.



General: Appraisal

The MIH degree program is founded upon well-established education programs in public health. Building upon these, it also addresses the less explored frontier of equipping healthcare professionals for careers of service to particularly vulnerable

Institute of International Medicine Self-Study for Candidacy 2024 Standard Four: The Academic Program

communities. As such, the MIH addresses both the needs of such communities and the educational desires of a strong contingent of healthcare personnel dedicated to their welfare.

Since inception in 2003, INMED's educational offerings have proven to be malleable to the special needs of communities and learners. For example, among the original core competencies was proficiency in HIV prevention and care. With greater control of the HIV pandemic, that core competency was merged, in 2022, into the larger one of management and prevention of the leading diseases of poverty. Complex human emergencies during the 2000s – including Hurricane Katrina 2005, Pakistan earthquake 2008, Port-au-Prince earthquake 2010 – prompted addition of disaster mitigation and response to the INMED core competencies and development of corresponding curriculum. As the needs of INMED students evolve to meet current needs in international healthcare, INMED will maintain an attitude of as-needed adaptation.

INMED continues to solicit feedback from MIH students and faculty regarding what courses they would like to see added in the future. Among these that align with the MIH competency objectives are suggested courses in:

- Nonprofit management
- Grant writing
- Vector borne disease
- Community development
- International relations

Student load is not sufficient to support adding new courses in the immediate future. INMED reassesses this subject at regularly scheduled faculty meetings and at the annual Academic Planning Retreat.



Assuring Academic Quality: Description

An important distinctive of the MIH is the character of INMED faculty, as further illuminated in Standard 6. These are individuals who, in addition to their academic qualifications, resonate soundly with INMED's mission and values. Most have substantial experience serving in low-income and cross-cultural communities. For example, INMED nursing faculty, Micah Flint, MPA, RN, volunteered for three summers at the Baptist Medical Center in northern Ghana. Dr. Joe LeMaster, epidemiology faculty, served for 11 years in Nepal, first as a clinician at a district hospital and later as a leprosy researcher. INMED Dean of Faculty, Dr. Scott Armistead, served for 16 years at Bach Christian Hospital in Pakistan followed by teaching at Virginia Commonwealth University, School of Medicine prior to joining INMED. His responsibilities today include review of program syllabi and course content, overseeing faculty performance, leading academic retreats and faculty meetings, and reviewing student evaluations to assure quality of the academic program.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Four: The Academic Program

In response to the NECHE letter of January 17, 2023, INMED created a faculty governance structure and composed a faculty handbook designed to ensure academic excellence. The Faculty Council and Dean of Faculty, in coordination with the President and Vice President of Academic Affairs, monitor student performance and evaluations from current students and from graduates. The Dean of Faculty oversees curricular development, which is voted on by the Faculty Council, and implemented by the President, Vice President of Academic Affairs, and Faculty members. Since launching the MIH degree in 2020, no substantive changes have been introduced.

MIH [admission](#) process, detailed in Standard 5, includes documentation of successfully completed undergraduate education, letter of recommendation, photo identification document, assessment of interest and career intentions surrounding international health, and evaluation of English language skills – all to evaluate potential success with the MIH. Those applicants who do not report native English experience must submit minimum scores on 80 on the TOEFL or 6.5 on IELTS.

MIH instruction is conducted via three primary mediums. INMED academic credit courses include distance, online learning with weekly assignments and weekly scheduled class time with the faculty and other students. Currently, MIH students reside in 8 different nations, so this medium is particularly advantageous.

The second medium for MIH instruction is in-person, international service-learning at 40 healthcare facilities in 25 nations.

The third medium is in-person, hands-on skills Professional Qualification courses. Twice each year, INMED offers these courses at rented facilities in Kansas City, Missouri. One is the academic teaching space within Research Medical Center and the other is a larger venue that hosts the annual INMED Humanitarian Health Conference.



Assuring Academic Quality: Appraisal

MIH students, via their course and graduation evaluations, consistently report how they respect and are influenced by the service experience and ethos of INMED faculty. In this context, the mantra “Do as I do, not just as I say” is especially powerful. In this regard, a MIH graduate wrote “My global health experience and knowledge have certainly been broadened by the highly commendable faculty.”

The formation of the INMED Faculty Council in 2022 and appointment of the first Dean of Faculty mark significant progress in solidifying the expertise and independence of faculty within the Institute and resonates with the recommendations of NECHE in the eligibility for candidacy letter dated January 17, 2023. Formation of the INMED Faculty Council has also resulted in a greater number of faculty advisors for MIH students, a more defined pathway for incorporating students and faculty feedback into the course

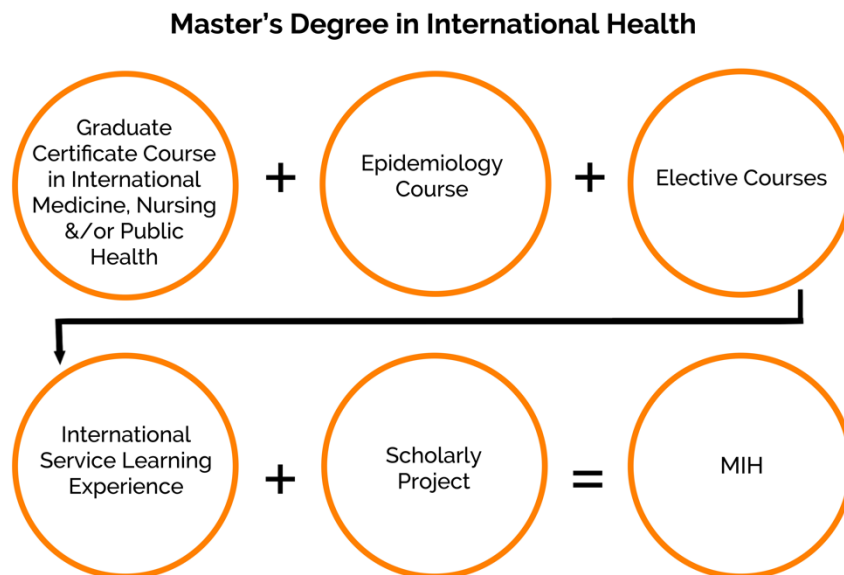
and academic program evaluation processes, and improved incorporation of faculty guidance into the overall INMED strategic plan.

MIH students report that the in-person, hands-on skills Professional Qualification courses are particularly useful. These include Helping Babies Breathe (newborn resuscitation), routine newborn care, complicated obstetrics, obstetrics ultrasound, ultrasound for primary care, and hands-on skills for low-resource healthcare (including wound care and fracture immobilization) – skills that cannot be sufficiently acquired in an online learning environment. An MIH graduate writes, “I am happy I was able to incorporate my Ghana experience and my global health education passion into my MIH scholarly project with the Helping Babies Breathe course.” Evaluation by this graduate’s service-learning preceptor included, “We are particularly grateful that she brought with her both the skill and interest in teaching newborn resuscitation to our healthcare personnel.



Graduate Degree Program: Description

The MIH curriculum has five elements: graduate certificate course in international nursing/medicine/public health, epidemiology course, elective courses, international service-learning, and scholarly project.



The intentional, sequential progression of this curriculum is designed to give students opportunity to obtain the relevant cognitive knowledge that is then applied via precepted service-learning and scholarly project opportunities to make use of that

Institute of International Medicine Self-Study for Candidacy 2024 Standard Four: The Academic Program

knowledge, resulting in competent practitioners. In this way, the MIH program goes beyond evaluation via simple knowledge assessment.

The graduate certificate course in international nursing/medicine/public health explains the social determinants of health, worldwide burden of disease and injury, and leading health interventions - with emphasis upon those that most benefit marginalized people. Epidemiology is fundamental to the health sciences, illuminating the concepts that inform all other health specialties, including quantitative methods and research methodologies that will prepare students for the scholarly project to follow.

MIH students may choose from thirteen elective courses to supplement their individual interests. Seven of these courses are fully online and include scheduled weekly class time with faculty and classmates for presentations and opportunity for question and answer. Six of these are hybrid Professional Qualification courses that include an online section followed by an in-person section for the purpose of teaching important hands-on skills. The academic rigor of both fully online and hybrid courses is equivalently high. Student selection of elective courses is primarily based upon students' career intentions and personal interests.

MIH courses are offered according to the published [academic calendar](#). Detailed descriptions of courses offered can be found printed in the Academic Catalog as well as the INMED [website](#). Students acknowledge and agree to the degree requirements, time frames, and standards of academic integrity within the [Student Enrollment Agreement](#) completed upon program acceptance.

The emphasis of the MIH is upon equipping graduates for professional practice. This is reflected in assignment of required MIH credit hours. Just five of the required 32 credit hours have a research focus, embodied in the Scholarly Project. MIH preparation for professional practice generates new knowledge, as evidenced by written essays, live subject matter presentations, decision making in the context of service-learning, and knowledge synthesis via the scholarly project. The major MIH outcome is the professional ability to apply MIH knowledge and skills to promote health of marginalized communities.

Each MIH student receives login to the MIH Dashboard where they can view the MIH requirements and track their degree progress. Ascertainment of the degree competencies is assessed through:

1. Successful completion ($\geq 80\%$) of all academic coursework
 - This rigorous 80% minimum requirement ensures students achieve stated objectives at levels approaching excellence.
2. Service-Learning graded as pass/fail. Successful pass requires:
 - Satisfactory evaluation by Service-Learning site preceptor
 - Satisfactory group presentation
 - Satisfactory reflective essay composition

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- Completion of course evaluation at the course conclusion
3. Scholarly Project, graded as pass/fail. Successful pass requires:
- Satisfactory presentation and defense of the scholarly project before a jury of INMED faculty, who may inquire regarding any component of the project or of the MIH educational experience.

The MIH Scholarly Project is the capstone requirement for the degree. MIH students select, design, and develop a scholarly project relevant to their career interests. The student's faculty advisor, potentially aided by other faculty with relevant expertise, assist the student with each step of the process and guide the student through completion. Scholarly projects may include any *one* of the following three types:

- *Literature review* on a pivotal subject connected with the student's career
- *Quality improvement plan* related to the student's professional endeavors
- *Original scientific research* suitable for publication



Graduate Degree Program: Appraisal

The five elements of the MIH curriculum are in line with similar graduate degree programs in public health, beginning with acquisition of fundamental knowledge and moving on to supervised practice experience plus scholarly reflection and new knowledge generation. When the MIH degree was launched in 2020, five ten-week academic terms were scheduled each year. As such, the spring and fall terms had one week of overlap during which students could potentially be finishing the courses of one term while also beginning the courses of the next term. The faculty soon recognized how this impaired student capacity, and in 2023, the terms were shortened to eight weeks each with at least one week between each term.

MIH scholarly projects created by MIH students undergo rigorous review by faculty, including a formal presentation and defense. Applicability of the scholarly project to the students' career is emphasized throughout. In this regard, an MIH graduate wrote, "The MIH helped me focus and accomplish my major goal which was designing and opening a new hospital in Ghana."

Recent Scholarly Projects include:

- Literature Reviews
 - *Polypill: Can Mass-Prevention without Precision Promote Cardiovascular Health?*
 - *The Plight of Syrian Refugees in Lebanon*
 - *Teaching Ultrasound in Resource-Limited Settings*
- Quality Improvement Plans:
 - *Medical Emergency Support for Humanitarian Aid Workers Deployed in Conflict Zones*
 - *Ultrasound in Resource-Limited Settings- A Case Based, Open Access Text*
 - *Elimination of Cervical Cancer in Roatan Honduras*
- Original Scientific Research
 - *Impact of Global Health Outreach Experiences on Medical Student Empathy and Burnout*

International Service Learning: Description and Appraisal

International service-learning is a crucial element of the MIH. INMED international service-learning is a preceptor-led, teaching-learning experience that earns academic credit. International service-learning strengthens student's critical thinking

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Standard Four: The Academic Program

skills as they engage in experiential healthcare activities that are aligned with the academic program's competency objectives. At the same time, local community members may also benefit from supervised assistance that may otherwise not be available. Over a period of two decades, INMED has created affiliations that currently include 40 healthcare facilities in 25 nations. These have been selected with special attention to physical safety, accessibility, service opportunities, reliability of communications, and the evaluations submitted by preceptors and students. Potential new service-learning sites are constantly being evaluated, and several sites have been retired over the years.

International service-learning competency objectives include the following:

- Management and prevention of diseases of poverty
- Clinical skills useful in low-resource settings
- Skill in community-wide health promotion and death/disability prevention
- Culturally appropriate healthcare
- Transfer of healthcare skills to other personnel
- Appropriate personal adjustments for living in this context.

INMED international service-learning sites are independent healthcare facilities over which INMED has no control and has no financial affiliation. Similarly, international service-learning preceptors are employees of these healthcare facilities and are selected by the leadership of these healthcare facilities to provide supervision of MIH students. In these ways, INMED international service-learning preceptors are similar to those who guide students during common summer internships provided at private companies or nonprofit organizations and similar to clinical clerkships provided by practicing healthcare professionals. INMED has contractual agreements with these independent healthcare facilities that define their roles and responsibilities.

All INMED international service-learning preceptors submit their credentials to INMED, are given access to INMED's short self-paced courses on core international health subjects, are oriented via written instructions regarding their role in supervising INMED students and complete a [preceptor agreement](#) to guide students into experiences that reinforce the service-learning competency objectives. At completion of international service-learning, the preceptors submit the [Preceptor Evaluation of INMED Learner](#) form. Students also submit a [Post-Service-Learning Evaluation](#) of the service-learning site, the preceptor, and the overall service-learning experience. INMED reviews the feedback from students' international service-learning experience and makes improvement modifications at completion of each student's experience and at the annual Academic Retreat.

A minimum of four continuous weeks is normally required at the international Service-Learning Site. This length of time significantly increases the likelihood that the learner will experience a substantial growth opportunity. However, INMED realizes that some learners have personal and professional commitments that may preclude them from being absent for four weeks. Therefore, INMED offers an exception to the four-week requirement. If accepted into the *Service-Learning Reduced Duration Pathway*,

the on-site requirement is reduced to at least two weeks, plus composition and submission of a quality improvement project designed to address an issue observed at the international service-learning site. Students receive feedback from their faculty advisor regarding both the international service-learning experience and quality improvement project.

Some MIH students have substantial prior experience that parallels the competency objectives of service learning. Such students may apply for Service-Learning via Equivalency. In application for Equivalency, students must provide documentation that the experience was providing healthcare to a low-resource community, continuously supervised by a preceptor whose qualifications would be acceptable to an appropriate North American healthcare education institution and be at least four weeks in continuous duration within the past five years.



Transfer Credit: Description

Towards the fulfillment of MIH degree requirements, the only [transfer credit](#) from outside institutions acceptable to INMED is graduate-level epidemiology coursework successfully completed within four years of applying for the MIH degree. Such transfer credit fulfills the six-credit-hour epidemiology course required for MIH students. This potential six-credit-hour transfer of the 32 credit our degree program represents 18 percent of the total degree credit hour requirement. Such transfer in credit is conducted in accordance with the policy outlined in the academic catalog, submission of the course syllabus, and the corresponding transcript including final grade.



Transfer Credit: Appraisal

To date, approximately 20 percent of MIH applicants have already completed a graduate level epidemiology course within four years and have had this credited towards their MIH degree requirements.



Integrity in the Award of Academic Credit: Description

The MIH is a 32-credit hour graduate program, similar in credit hour requirements to the Master of Science degrees in global health offered by Georgetown University (32 credit hours), Syracuse University (36 credit hours), Notre Dame University (35 credit hours), and Arizona State University (30 credit hours).

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Five, eight-week terms are offered each year to give students ample opportunity to complete the degree requirements within four years. The academic terms start each mid-August, mid-October, mid-January, mid-March, and the beginning of June. Each course is offered at least twice each year.

Three MIH tracks are available that correspond with the major health professions of nursing, medicine, and public health. Academic advisors are selected from among the faculty that most closely match the professional background of MIH students. Course selection, service-learning choices, and scholarly project subjects are influenced by the particular profession of the student.

From the time of admission, INMED students have up to four years to complete the degree requirements. To date, MIH students complete the degree in an average of 20 months.

INMED has a defined student–faculty advisor system designed to assure student success, as further described in Standard 5 and 6. At the time of acceptance into the MIH, the new student is assigned a specific faculty advisor who is responsible for guiding the student through the degree program. Five annual advising sessions are scheduled, corresponding to the end of each of the five, eight-week academic terms. The faculty advisor notifies the student of degree requirements completed and degree requirements still outstanding, recommends upcoming courses, and discusses with the student selection of service-learning opportunities and scholarly project options. Such advising is extended to all students, even those who may not be enrolled in classes for any given term.

INMED maintains control and authority over the entire MIH program, including evaluation of prior learning, admission, degree competencies, course content, instructional delivery, retention of students, evaluation of student progress, awarding and recording of credit, and faculty selection, development, and evaluation. INMED develops programs competencies, reflected in course competencies and syllabi, that guide instruction at the individual course level, resulting in student attainment of the program competencies.

Awarding of academic credit is based on the principle of 45 hours of time-on-task to earn 1 credit hour. Details of applying the time-on-task formula are contained within the [INMED Credits and Degree Policy](#).

Course performance is evaluated based on the standards contained in the course syllabi. These include student essays, discussion forum posts, live interaction with other students, case studies, critical analysis projects, assignments submitted, and quiz scores. Student feedback is also used for faculty to ascertain whether they are assigning an appropriate workload outside of class time.

MIH graduates are provided with transcripts that document credit hours earned and include explanation of the [Grading Policy](#) and definitions. INMED transcripts that

MIH graduates have submitted to other institutions have been accepted as sufficient evidence of acceptability and transferability.

INMED publishes requirements for continuation in, termination from, and readmission to its academic programs in the [Student Probation, Suspension, Dismissal, and Readmission Policy](#). This policy is posted publicly online and agreed to by all students at the beginning of the degree program via the Enrollment Agreement.

Graduation requirements are clearly stated on the [MIH website](#), within the Academic Catalog, and on the MIH student dashboard. Also, graduation requirements are reviewed in the MIH Learner Initial Advising and Orientation Meeting and revisited during the five-times-per-year meeting with student's faculty advisor. These are also opportunities to regularly verify that the person who was accepted into the degree program is indeed the student fulfilling course requirements.



Integrity in the Award of Academic Credit: Appraisal

INMED works to adjust the MIH experience to the professional background of the student. For example, one graduate is a registered nurse with six-years of experience in Cambodia practicing maternal-newborn nursing. For her MIH electives, she selected courses in newborn resuscitation, essential newborn care, and complicated obstetrics. For her service learning, she was paired with an obstetrics nurse educator in Pakistan.

INMED continues to work diligently to ensure that service-learning is a quality experience for its students. The availability of service-learning in multiple nations and the wide variety of available service-learning experiences are some of the hallmarks and distinctives of the MIH.

One notable example of service-learning is an MIH student who is a physician with particular interest in primary care medical education in the context of the Middle East. INMED scheduled her service learning at Kanad Hospital in the United Arab Emirates, where her preceptor was a family physician educator on staff at the hospital. Through her service-learning, this MIH student came to better appreciate nuances and challenges of primary care training in this unique context.

For her MIH scholarly project, this student built upon insights gained during her service-learning and created a quality improvement plan for the design of a new family medicine residency training program to be hosted by Kanad Hospital. Her faculty advisor, in coordination with leadership of the hospital, provided guidance for development of the quality improvement plan. Following her MIH graduation, she moved to the UAE as an employee of the hospital to begin a multi-year commitment to launch the family medicine residency program she had designed.

At times, international service-learning sites have been paused or removed because of negative feedback, communication difficulties, civil unrest, or other needs cited by the international service-learning site. For example, given the current civil unrest at this time INMED is not currently sending students to its international service-learning sites in Haiti or Russia.

The wide variety of available service-learning experiences is illustrated by another MIH student whose professional background is family medicine with three years of experience providing primary care in the nation of South Sudan, where she devoted substantial work to training community health workers. For her MIH service-learning, she went to Kijabe Hospital in Kenya, near South Sudan, where her preceptor was a primary care physician also working to develop the skills of community health workers. For her MIH Scholarly Project, she composed a literature review on state-of-the-art training approaches for community health workers in east Africa.

Another element of ensuring quality service-learning is the personal role of INMED Faculty physicians. Dean of Faculty, Scott Armistead, personally leads groups of INMED students for one-month duration experiences in Bangladesh and Pakistan. INMED President Nicholas Comninellis has precepted INMED service-learning students in Angola and China. Faculty John Gibson precepts INMED service-learning students in Thailand. Such personal involvement of INMED faculty and service-learning helps to assure the quality of student experiences.

INMED academic credit courses are regularly being updated as faculty encounter new, more relevant information. Sometimes updating course content in the middle of a course term has caused confusion for students. Faculty have since decided to save updating course content until after the conclusion of a term, to mitigate the possibility of student confusion.

Regarding multiple choice quiz questions, one student recommended that questions be more frequently written in a case-based style rather than simple knowledge assessment style. As a result, faculty for courses using multiple choice quiz questions are currently undertaking the process of rewriting several hundred quiz questions in a case-based format to be completed by the end of 2024.



Projection

- Several MIH students recommended the development of concentrations that would allow them to select courses that align with their interests. Introduction of such concentrations was approved at the 2023 Academic Planning Retreat. Concentration requirements are currently under development by the Faculty Council for planned launch in Fall 2024. These MIH concentrations include:
 - Healthcare leadership
 - Disaster relief

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- Maternal newborn care
- Low-resource primary care
- To address its need for comprehensive program review from an external perspective, the Institute is currently negotiating a contractual relationship with a Ph.D. individual whose training and expertise are in program assessment. This individual will complete a program review by the end of 2024.
- Currently, academic course weekly synchronous class time is scheduled weekdays in the evenings Central Time. This is convenient for North American students and faculty. However, several INMED students reside in Africa, and therefore must login for class in early morning hours. A potential remedy is to add a separate cohort of students with an earlier weekly class time to reduce the potential for fatigue. As the number of students grows, this possibility for offering additional cohorts for the same course will also continue to be evaluated by the Faculty Council at regularly scheduled faculty meetings and annual Academic Planning Retreats.



Standard 5: Students (Admissions, Fall Term)

Complete this form for each distinct student body identified by the institution (see Standard 5.1)

Credit Seeking Students Only - Including Continuing Education

3 Years Prior (FYE 2021)	2 Years Prior (FYE 2022)	1 Year Prior (FYE 2023)	Current Year (FYE 2024)	Goal (specify year) (FYE 2025)
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Master's Degree

Completed Applications	32	11	24	16	20
Applications Accepted	31	9	24	16	19
Applications Enrolled	30	8	20	10	17
% Accepted of Applied	96.9%	81.8%	100.0%	100.0%	95.0%
% Enrolled of Accepted	96.8%	88.9%	83.3%	62.5%	89.5%

Please enter any explanatory notes in the box below

An application is considered "completed" after an applicant has submitted both the online application and all required supporting documents. There have been 3 instances where an the online application was submitted during one academic year, but the supporting documents were not provided until the following academic year. A student is only counted as "enrolled" at the time they enroll in MIH coursework. This means some learners may be accepted in one academic year, but enroll in the following.

Standard 5: Students (Enrollment, Census Date)

Credit-Seeking Students Only - Including Continuing Education

3 Years Prior (FYE 2021)	2 Years Prior (FYE 2022)	1 Year Prior (FYE 2023)	Current Year (FYE 2024)	Goal (specify year) (FYE 2025)
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GRADUATE

Full-Time Headcount	27	16	18	14	22
Part-Time Headcount	4	18	25	34	25
Total Headcount	31	34	43	48	47
Total FTE	68	39	61	31	70
% Change FTE Graduate	na	-43.3%	58.8%	-49.1%	124.9%
GRAND TOTAL					
Grand Total Headcount	31	34	43	48	47
Grand Total FTE	68	39	61	31	70
% Change Grand Total FTE	na	-43.3%	58.8%	-49.1%	124.9%

Please enter any explanatory notes in the box below

INMED definitions for full-time/part-time students are as follows: Full-time student: a student enrolled in 8 credit hours per academic year. Part-time student: a student enrolled in 7 or fewer credit hours per academic year.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Five: Students

Standard 5: Students (Financial Aid, Debt, Developmental Courses)

Where does the institution describe the students it seeks to serve?

<https://www.inmed.us/masters-in-international-health/>

	3 Years Prior	2 Years Prior	Most Recently Completed Year	Current Year	Goal (specify year)
	(FYE 2021)	(FYE 2022)	(FYE 2023)	(FYE 2024)	(FYE 2025)
Student Financial Aid					
Total Federal Aid	\$0	\$0	\$0	\$0	\$0
Total Institutional Aid	\$0	\$0	\$500	\$500	\$500
Grants	\$0	\$0	\$500	\$500	\$500
Loans	\$0	\$0	\$0	\$0	\$0
Total Private Aid	\$0	\$0	\$0	\$3,540	\$10,000
Grants	\$0	\$0	\$0	\$3,540	\$10,000
Loans	\$0	\$0	\$0	\$0	\$0

Student Debt

Percent of students graduating with debt (include all students who graduated in this calculation)

Graduates	0%	0%	0%	0%	0%
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For students with debt:

Graduates	0%	0%	0%	0%	0%
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Average amount of debt for students leaving the institution without a degree

Graduate Students	0%	0%	0%	0%	0%
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Percent of Undergraduates

Does not apply.

Percent of First-year students in Developmental Courses (courses for which no credit toward a degree is granted)

Does not apply.

Please enter any explanatory notes in the box below

Tuition for courses is due at the time of registration. No student graduates with debt owed to INMED. INMED does not participate in any federal or private student loan program. INMED provides discounts and scholarships as funds allow.
 DFF 5.3 Financial aid data only includes Master Program students. DFF 7.5 includes institution-wide financial aid.
 *The Institute also allows for students to have their own sponsors paying for their courses as they go. In 2023, \$8932 was provided to students through private sponsors.

**Institute of International Medicine Self-Study for Candidacy 2024
Standard Five: Students**

**Standard 5: Students
(Student Diversity)**

Graduate Admissions information	Completed Applications	Applicants Accepted	Applicants Enrolled
Category of Students (e.g., male/female); add more rows as needed			
Male	5	5	2
Female	11	11	8
Healthcare Professional	12	12	8
Healthcare Profession Student	4	4	2
Student	5	5	2
Working Part-Time	3	3	3
Working Full-Time	7	7	5
Unemployed	2	2	2
Retired	1	1	0
Resides in Missouri or Kansas	3	3	2
Resides in the United States	11	11	7
Resides outside of the United States	5	5	3
Age 18 - 29	6	6	3
Age 30 - 44	7	7	7
Age 45 - 55	2	2	0
Age 56 - 65	1	1	0
Age Over 65	0	0	0

Graduate Enrollment information	Full-time Students	Part-time Students	Total Headcount	FTE	Headcount Goal (specify year)
Category of Students (e.g., male/female); add more rows as needed					
Male	6	12	18	-	24
Female	8	22	30	-	24
Healthcare Professional	13	25	38	-	24
Healthcare Profession Student	1	9	10	-	24
Student*	1	9	10	-	9
Working Part-Time*	2	2	4	-	9
Working Full-Time*	9	12	21	-	9
Unemployed*	2	1	3	-	9
Retired*	0	0	0	-	9
Resides in Missouri or Kansas	3	6	9	-	15
Resides in the United States	10	25	35	-	15
Resides outside of the United States	4	9	13	-	15
Age 18 - 29	2	9	11	-	9
Age 30 - 44	8	16	24	-	9
Age 45 - 55	3	5	8	-	9
Age 56 - 65	0	4	4	-	9
Age over 65	1	0	1	-	9

Please enter any explanatory notes in the box below

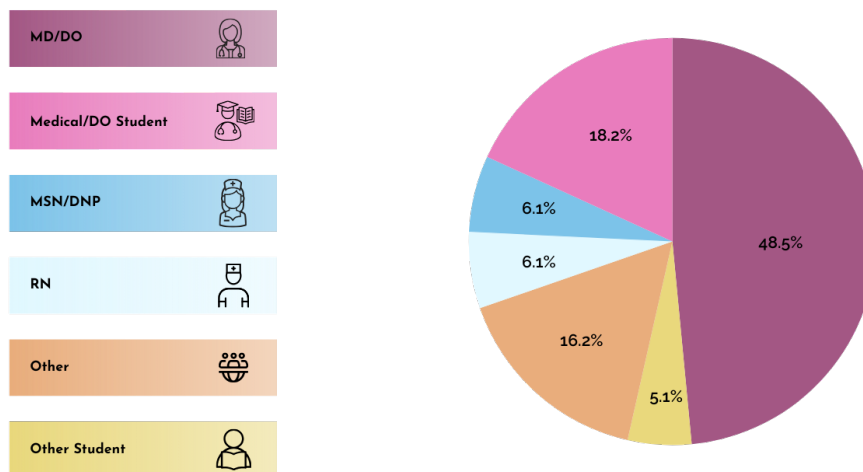
*This data for this category was collected in the middle of the 23-24 academic year and the Institute is still gathering this information.

This comprehensive standard invites all to learn more about the Institute for International Medicine's diverse student body, the impactful journeys of its graduates, and the transparent framework that underpins its educational community. Although there is great diversity in the student body, INMED's student body is unified by a shared mission of serving the forgotten of this world. Through its mission, the Institute embraces diversity and recognizes a responsibility to facilitate a welcoming learning environment where students, faculty, and staff of all backgrounds can learn and serve.

Admissions: Description

The Institute's student body comprises 14 full-time and 34 part-time master's degree students, that learn primarily online, as of November 2023. Since the inception of the Master's Degree in International Health (MIH) in 2020, the Institute has welcomed, on average, 11 new students each academic year. INMED has a history of recruiting, via conferences and schools, people who are professionally, ethnically, and age diverse and who come to the Institute with a wide range of experiences. The MIH is especially useful for healthcare professionals and healthcare profession students, including physicians, dentists, physician assistants, pharmacists, resident physicians, nurses, advanced practice nurses, dietitians, healthcare administrators, midwives, physical & occupational therapists, public health specialists, and students of all these professions no matter where they are in the world. The common thread among INMED's students is their interest in global health.

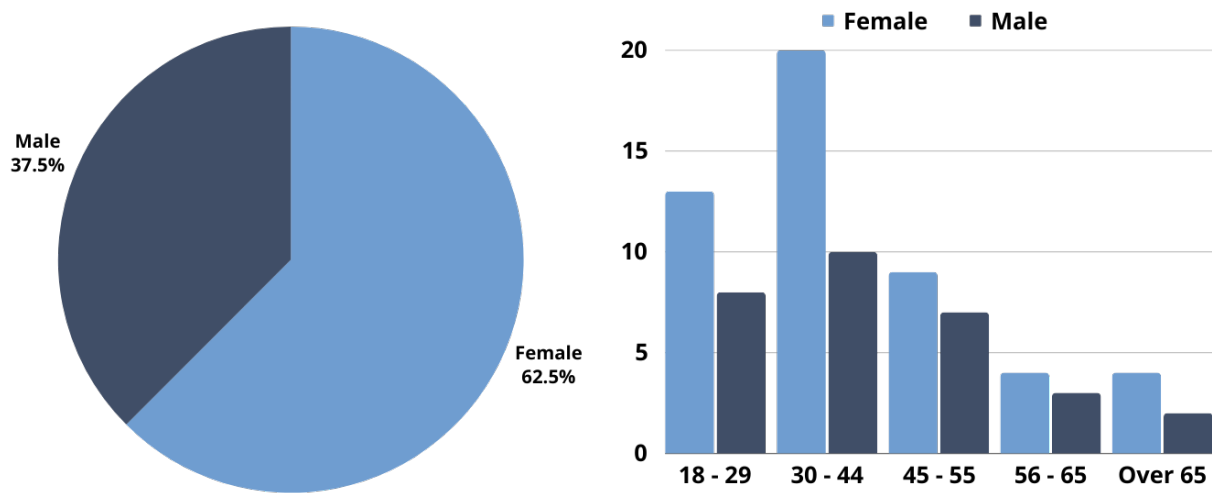
The MIH Student Body divided by Professional Classification.



76% of the master's degree students since 2020 are already in a healthcare profession, of which 62.3% are practicing physicians or medical officers. The remaining 24% are medical, nursing, or public health students.

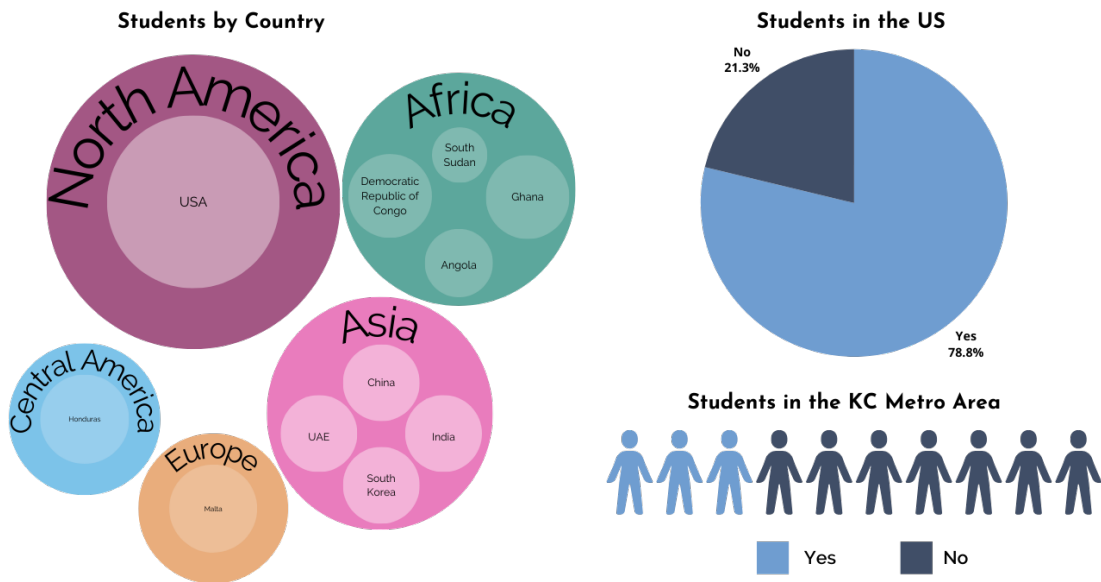
Institute of International Medicine Self-Study for Candidacy 2024 Standard Five: Students

The MIH Student Body divided by age and gender.



The Institute's student body is also diverse in age, spanning from 20 to over 65.

The MIH Student Body divided by location.



INMED's online format allows the Institute to recruit and enroll local, domestic, and international students. Currently, 19% of the student population since its inception resides in Missouri or Kansas, near the state line in the Kansas City Metro area, where INMED is located. 60% live in other parts of the USA, and 21% are international learners residing in a variety of nations with recent additions including Netherlands and Pakistan. 76% of INMED's learners speak a foreign language.

The Institute employs a wide range of recruitment strategies, including monthly e-newsletter, annual email messages to former INMED participants, attending conferences that emphasize healthcare for marginalized people, hosting webinars,

Institute of International Medicine Self-Study for Candidacy 2024 Standard Five: Students

speaking engagements at medical schools, building strategic relationships with other academic institutions and non-profit organizations, and leveraging service-learning site relationships to promote the program.

INMED representatives regularly attend and exhibit at the Humanitarian Health Conference (INMED's annual conference held in Kansas City, MO) and numerous other conferences, including but not limited to:

- American Academy of Family Physicians Global Health Summit
- Global Missions Health Conference
- Global Health Conference Midwest
- Mobilizing Medical Missions Conference
- CMDA Remedy East and West Conferences
- CMDA National Convention
- GMMA National Missions Conference
- United Nations Annual Clinic Meeting.

Furthermore, the President and Dean of Faculty regularly promote the Institute through speaking engagements at medical schools such as:

- Kirksville College of Osteopathic Medicine ATSU-KCOM
- University of Missouri
- Research College of Nursing
- University of Kansas
- Saint Louis University
- Virginia Commonwealth University
- University of Texas Southwestern Medical Center
- Rocky Vista University
- University of North Texas/Texas College of Osteopathic Medicine
- New York Institute of Technology School of Medicine
- William Carey University

The Institute has also built strategic relationships with governmental and non-profit organizations like the United Nations, Blessings International, Butterfield Foundation, and College Park Family Care Centers. Additionally, INMED leverages service-learning site relationships to promote the program. In the fall of 2022 and 2023, the Institute hosted Learn and Serve Conferences in Honduras with an INMED service-learning site that has been with INMED since 2010.

Once prospective students are recruited, they go through the admissions process which steps are listed on INMED's [Admissions](#) page and described in detail in the [Admissions Committee Procedure](#), a rounded review of all [applicants](#) who meet the minimum requirements for admission. The review focuses on academic achievements, ability, and other talents and experiences that relate to potential success as an MIH student. Applicants are screened in terms of their potential academic success in the MIH program, and the application reviews the potential contribution to the greater marginalized community and to the learning experiences of other students.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Five: Students

Essential in selecting students are cognitive variables, such as achievements in academic settings and professional success that can attest students are academically qualified and can fulfill the objectives of the MIH program. INMED considers the listed cognitive variables:

- Completed bachelor's degree from an accredited institution,
- Ability to read and write fluently in English. Students who self-identify as non-native English speakers will be required to submit, to INMED, either a TOEFL iBT® or MyBest® minimum score of 80 or an IELTS Band Score of 6.5 or higher (admission will not be granted until after the test results are received),
- Submission of any undergraduate or graduate school diplomas already granted,
- Submission of any professional certifications already granted,
- Academic transcripts (for those whose undergraduate or graduate education is still in process),
- Applicants in a healthcare field which requires a license to practice must submit an active license.

INMED also considers non-cognitive variables such as passion for international health, civic or community volunteer experience, and alignment to INMED's mission and values. MIH applicants are evaluated holistically using the following application components:

- Curricula Vitae
- Activities, leadership or other experiences
- Letter of Recommendation from a faculty or supervisor
- Personal statement - applicants must compose a well-written and thoughtful answer to the following questions:
 - What is your motivation for studying international health?
 - What are your long-term career plans?
 - In which healthcare fields are you most interested?
 - Describe any prior international experiences

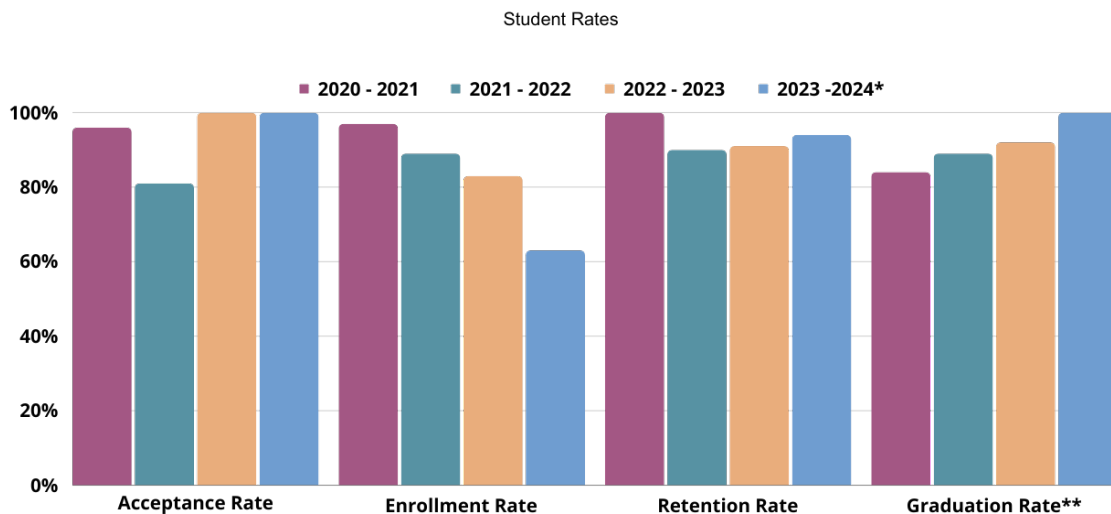
Finally, as an institution that is primarily online, INMED establishes that the student who registers in a course or program is the same student who participates in and completes the program and receives the academic credit. In the application process, collected are a:

- Government-issued ID
- Headshot Photo
- Passport

INMED seeks to provide an accessible education for all students and works to accommodate and mitigate barriers to education for students with disabilities. During the application process, INMED asks students to identify any barriers, including mental illness or learning disability, that may affect their study. Based on the response, accommodations are made on an individual, case-by-case basis. After enrollment, students may submit request for accommodations to the Office of Student Affairs.

After applicants submit their application and all documentation, they are pre-screened by the Director of Admissions and screened by the President. Once all screenings are complete, the applicants are reviewed equally by members of the Admissions Committee at their regularly scheduled weekly meetings. Both the screening and selection process are competitive. If additional information is required for consideration, the Admissions Committee may require a zoom interview with the applicant. The application process is a rolling procedure as potential students are invited to apply at any and all times.

Admissions: Appraisal



The Institute, following its Eligibility site visit in October of 2022, received a letter from NECHE asking them to, among other things, "achieve the goals set forth in its strategic plan, with attention to diversifying its student body and realizing its financial, enrollment, and fundraising goals." While financial and fundraising goals are expanded on in Standard 7, the Institute has established the below goals for enrollment in the next five years. These goals follow the current total enrollment trend that the institute has seen. Further, the Institute developed, in the fall of 2023, a comprehensive [Marketing and Recruitment Plan](#) that will guide admissions in the near future.

- Total Enrolled
 - 2020-2021: 31
 - 2021-2022: 39
 - 2022-2023: 47
 - 2023-2024: 48
- Enrollment Goals
 - 2025: 47
 - 2026: 54
 - 2027: 62
 - 2028: 71

The selection process for the MIH program provides an individual, competitive, and holistic review of all applicants. The process is flexible and individualized, giving balanced consideration to students' experiences, attributes, and academic metrics. INMED does not adhere to any quotas related to ethnic, gender, or age diversity when considering and selecting students for any of its programs, rather the Institute recruits

students who share INMED's mission, regardless of their professional, ethnic, or geographic background. INMED attracts students of diverse ages and professions for the following reasons:

- Meaningful interaction with health profession students early in their training provides a salient opportunity to guide service-minded students toward a career serving forgotten people.
- Mid-career students are enrolled in the MIH as they seek greater involvement in service to low-resource or cross-cultural communities.
- Health professionals nearing retirement have substantial professional expertise and the freedom and flexibility they did not have mid-career.

Current MIH students demonstrate their alignment with INMED's mission as evidenced by the following personal statements:



"When I had the opportunity to fulfill my lifetime goal of international missions I felt compelled by the joy of the experience to return. However I also felt challenged to provide support for the medical model which appeared short-sighted on safety and continuity. I expect my INMED studies to further equip me for providing relief of the gaping health disparities on the international stage."

"I am working on developing a medical school in South Sudan and western Ethiopia. I believe that additional knowledge and skills around international health will help me to accomplish this goal."

"I grew up in a poverty-stricken community in the Philippines and witnessed first hand the devastation when healthcare is not easily accessible. I am very motivated in studying international health and ... it is going to be so exciting to be part of the team who can provide care where it is mostly needed."

"My motivation to study international health is to learn how to effectively bring healthcare, with the gospel, to these hurting places in the world."

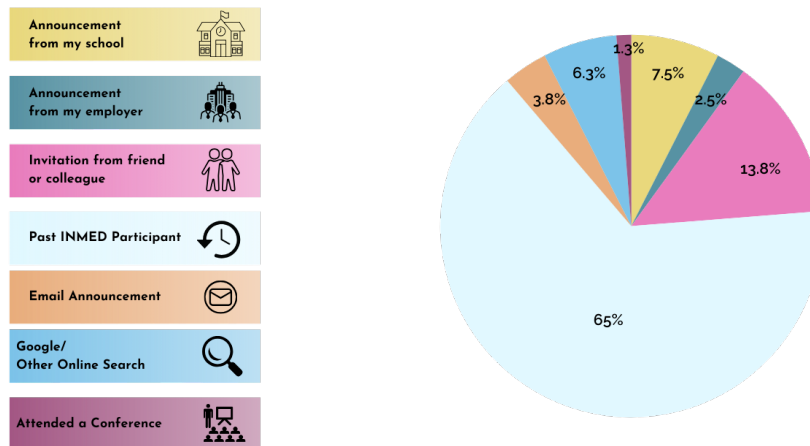
"I have been living and working in the African continent since 2006, starting off as an aid worker. I have always wanted a career in healthcare and could not see myself as anything else, but I also wanted a job that transects the international humanitarian and relief sectors and/or the international diplomatic and political spheres. Studying international public health will definitely give me further depth and breadth in the current career path that I have set myself on."

MIH STUDENTS

Rarely, the Institute has rejected applicants. For example, a prospective student delayed submitting final documents for application review. In discussion with INMED's President, the learner was advised to first attend nursing school to acquire more experience in the healthcare field, thereby delaying application to INMED. INMED's overall high acceptance rate is due in part to the quality of applicants, oftentimes previously vetted through prior learning experiences with the Institute, such as participation in a graduate diploma program or professional qualification course.

INMED gathers data from applicants regarding the manner in which they became familiar with the MIH. The data are as follows:

Institute of International Medicine Self-Study for Candidacy 2024 Standard Five: Students



Today, INMED’s primary obstacle is low awareness among public health and clinical health professions of the graduate learning opportunities offered by the Institute. The annual INMED Humanitarian Health Conference, now its 19th year, continues to be a highly visible medium through which new students are recruited, as is personal recommendations from current students and recent graduates. In addition to conferences, the President and Dean of Faculty speak at medical and health profession schools. One school, Kirksville College of Osteopathic Medicine ATSU-KCOM, enrolled three students in an INMED course in the summer of 2023. After completing that course, the students enrolled in the master's program. While the Institute has exhibited at numerous conferences and presented at several medical schools to raise public awareness and to recruit students, INMED had not officially collected data to gauge the effectiveness of this method. To rectify this gap in the data and to better inform recruitment strategies, INMED modified its application.

INMED’s partnership with the United Nations is another primary source of visibility and has brought an additional three students to the MIH. INMED's first MIH applicant, now a graduated master's degree learner, introduced the President to a health leader at the United Nations. Through that new relationship, 700 UN healthcare professionals working in Africa, Asia, and South America took an INMED short, self-paced course. One, learning of INMED's mission, became a master's degree student. The relationship with the UN blossomed into creating a specialized event for UN Medical Officers. Through this unique course, the master's degree added two more students. These students increased the Institute's international reach and enriched class discussions with their unique personal experiences serving the forgotten.

Interactions, through webinars and the UN course, with potential international students have revealed lack of funding as a barrier to accessing INMED’s MIH. Though tuition is far below market value, many healthcare professionals already working in low-resource settings cannot afford to participate. The Institute is enacting plans to establish a scholarship fund for this type of student.

While the above recruitment strategies have proven useful, individual recruitment by INMED’s President and word-of-mouth endorsements have yielded the most fruit.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Five: Students

Based on 2022 – 2023 feedback, 100% of INMED’s learners said that they were “very likely” or “likely” to recommend the MIH to others. Learners have said the following:

“It is a positively life changing experience. I feel more committed to serving the underserved and less privileged.”

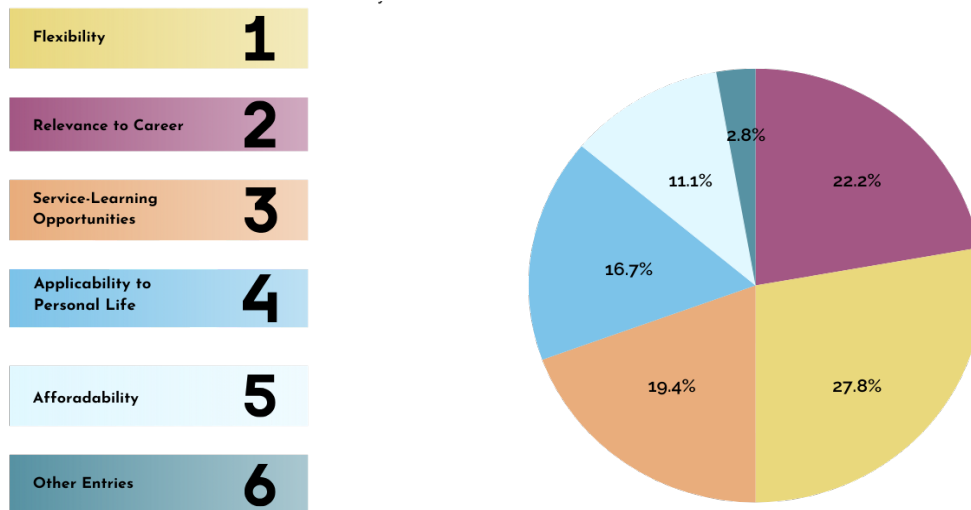
“INMED has given me insight into what it’s like to provide for marginalized communities. I have also learned a lot about issues that have the greatest impact on those communities and how we as health professionals can give back.”

“INMED has solidified my passion for marginalized populations and equipped me to care for patients more effectively going forward.”

MIH STUDENTS

The Institute gathers endorsements from previous learners and garners them to recruit more students through blog and social media posts. Additionally, the President routinely contacts former INMED students to promote the MIH.

To improve recruitment strategies, INMED gathers data related to students’ reasons for enrolling at INMED, which is summarized in the chart below. The data informs marketing materials and what information is highlighted on INMED’s website and in social media posts.



Student Services and Co-curricular Experiences: Description

The Institute attracts highly motivated, accomplished graduate students. All new students must meet with an [academic advisor](#) before registering for classes. After each

Institute of International Medicine Self-Study for Candidacy 2024 Standard Five: Students

term, advisors contact their advisees, updating them on their progress towards program completion and offering to provide any other services students may need.

The Institute does not offer Greek life, recreational, or athletic programs, as students are all remote.

One of the distinctives of the MIH program, as mentioned in Standard 1, is program affordability. For MIH learners, [financial aid](#) is currently offered in the form of one scholarship for one student each year.

Another distinctive of the MIH Program, mentioned in Standard 1 and detailed in Standard 4, is International Service-Learning. These experiences have other expenses associated with the service-learning experience that are the responsibility of the learner. These normally include airfare, passport, visa, vaccinations, and housing and meals at the international site and are posted on the [Cost](#) page on the website.

INMED's institutional structure offers the following avenues of [Student Support](#), available equally to U.S. and international students, which are also listed on the Institute's website:

- The Office of the President is responsible for educational and physical planning for students, MIH program coordination, community and government relations for student recruitment and after-graduation employment, international relations for recruitment, and after-graduation employment.
- The Office of Academic Affairs oversees the academic programs and services, including oversight of academic advising, student progress, and other related functions. The office also establishes relationships with prospective students through community, government, and international relations recruiting. The VP of Academic Affairs works closely with students on probation to curate a plan of success.
- The Office of Student Affairs & Admissions, operating under the Office of Academic Affairs, is responsible for the academic and personal development of students at the Institute. It is one office with two purposes. The Office of Admissions serves as the welcoming committee and enrollment manager while continuously admitting a diverse student community. The Office of Student Affairs offers a supportive student environment, focusing on diversity and inclusion, individual worth, and student development. It serves as the Registrar, assisting with adding and dropping classes, transfer credits, diplomas, academic major requirements, providing transcripts, and more while enforcing academic [policies](#). This office also works with the [Librarian](#) to offer the same level of student support to those residing in the U.S. or internationally. It also provides various miscellaneous services, including assistance with computer and account-related technical issues.
- The Office of Operations provides resources and guidance to students related to finances, including tuition payments, refunds, and scholarship information.

- Academic Advisors support high-impact learning activities by linking students with off-campus research opportunities and facilitating course-based research experiences.
- The Office of International Service-Learning works to provide students with exceptional educational experiences by cooperating with numerous health facilities. The Service-Learning coordinator, who has formal counseling training and extensive experience in student support roles, prepares students for their international experiences through orientations. Also, before departure, students review and sign the [Travel Advisory](#) policy. During the international experience, the office provides ongoing student support through consistent communication. Following the experience, the office coordinates the students debrief through a reflective essay. In the event of an emergency, INMED maintains an Emergency Evacuation Travel Insurance Policy for each service-learning participant.

As a small institution, INMED cannot directly provide all the services students require. As such, INMED provides access to outsourced services, such as physical and mental health wellness resources available to U.S. residents and international students on the [Student Resources](#) webpage. Student surveys and advising meetings are regularly scheduled throughout the year to ensure that the Institute continues to provide services that contribute to the student population's needs. INMED conducts an end-of-course evaluation from both students and faculty, an end-of-program evaluation from students, and the Annual Program Review from faculty. Annually, the Offices of the President, Academic Affairs, Student Affairs & Admissions, and Operations review the surveys and advising notes to ensure student satisfaction. In addition to these mechanisms of gathering information from students, the [student handbook](#) and the online student resources page highlight the grievance and resolution processes.



Student Services and Co-curricular Experiences: Appraisal

Currently, INMED's student Orientation is completed in a one-on-one setting. While this comprehensive meeting has proven beneficial for students, INMED realizes this may become too taxing as the program grows. Faculty and administrators are developing a system of orientation that will involve groups while balancing individual student attention with the limited capacity of advisors.

From the start of the MIH program to the most recent academic year, the Institute only had one academic advisor. To alleviate that person's workload and to provide students access to a variety of advisors, the Institute recently added an additional advisor and has plans to add more through faculty development efforts described in Standard 6.

To track learners and their advising needs, INMED utilizes Dropbox, Asana, and LearnDash. The office of Student Affairs and Admissions notifies the advisors when there is a new student ready to be advised. Academic advisors review students' MIH

applications to understand students' interest and reason for applying for the MIH. Students are then assigned to an advisor based on if they already have an established relationship, similar work and volunteer experience, and career goals. Upon assignment, the advisor and student complete their first meeting, covering the topics described in the [MIH Learner Initial Advising and Orientation Document](#).

After being accepted and finishing their initial advising meeting, students begin their academic journey by enrolling in their first course. While courses meet online, faculty strive to create an atmosphere conducive to fostering relationships, evidenced by one student's testimony:



To create opportunities for students to interact in person, the institute annually hosts the Humanitarian Health Conference, now in its 19th year. At this event, MIH students network in person to create more meaningful relationships with their colleagues, peers, and with service agency which may help connect students to service or career opportunities. Through service-learning, students also have opportunities to meet individuals who may assist with career placement and professional development, highlighted by the following statement: "I know that I will take this experience and apply it to the medicalized procedure that has become childbirth in the U.S. as a practicing OBGYN. I hope to adopt some of these ICI practices in the future."

To create even more connection among students and in an effort to engage students appropriately, INMED recently created a [Student Council](#). While still in its early days, INMED has already benefitted from this mechanism of hearing from students. In review of the Student Handbook, a student pointed out INMED had omitted "artificial intelligence" from the Academic Honesty section of its Student Handbook. Based on that feedback, the Handbook was updated. As the Student Council develops, INMED expects other such interactions.

In an effort to inform students of services and increase their interaction with the Institute, INMED launched, in November of 2023, a MIH Student Body Newsletter. This monthly communication will highlight services, programs, and policies relevant to student life.

MIH tuition is far below market value, nonetheless, INMED is aware it must expand its financial aid offerings, particularly to international students. Currently, the Institute has established a scholarship process for one MIH student to receive \$500 attributed to their service-learning experience. The Institute also allows for students to have their own sponsors paying for their courses as they go. While INMED's formal Financial Aid system is still under development, it has identified fundraising goals listed out in Standard 7.

INMED students complete the majority of their learning online, so technical support is critical for their success. The Director of Student Affairs, located in the US, serves as the student's primary technical support and resolves most technical matters. The most common issues are discussion forums not appearing properly to students in a course group or registration not showing the correct course offering. In each case, the request was sent to the Office of Student Affairs where the director troubleshooted and solved the problem within the LMS or payment processor. The Institute also maintains a relationship with an India-based IT firm (this relationship is described more in Standard 7) for technical issues beyond the Director of Student Affairs' capacity. There are also times in which the Director is unable to respond to technical needs in a timely manner or cannot promptly contact the IT consultant team due to differences in time zones. INMED is aware of this issue and the potential need to provide IT support or a helpdesk 24/7. In the meantime, [INMED's Learning Management System Algorithm](#) is the guidance on handling crises that are beyond the scope of the Office of Student Affairs.



Projection

- In November 2024, at the annual Academic Planning Retreat, INMED will assess its first ever annual MIH Marketing and Recruitment Plan.
- INMED will increase presence at places that are likely to attract potential students:
 - In Spring 2024, Institute leaders will promote and expand its presence in China through offering of faculty development courses via China Number One Medical University.
 - The Institute will assess Continuing Medical Education conferences in conjunction with already-established INMED service-learning sites.
- The formal exit interview process upon returning from service-learning experience will be conducted by a team of faculty beginning in July 2024.
- The Vice President of Operations will develop the Financial Aid system, with a goal of providing half-tuition scholarships to five students during the 2024-2025 academic year. A system to assess the effectiveness of the Financial Aid system will be developed and implemented by November 2024.
- INMED student-support staff will be trained in the following categories by July 2025:
 - Mental Health Awareness

Institute of International Medicine Self-Study for Candidacy 2024
Standard Five: Students

- Reporting Sexual Harassment
- Accessible Education
- INMED will assess at the Annual Academic Program Retreat, the need for a 24/7 helpdesk or full-time IT support staff.



Standard Six: Teaching, Learning, and Scholarship

Standard 6: Teaching, Learning, and Scholarship (Faculty by Category and Rank; Academic Staff by Category, Fall Term)

	3 Years Prior (FYE 2021)	2 Years Prior (FYE 2022)	1 Year Prior (FYE 2023)	Current Year (FYE 2024)
Number of Faculty by category				
Full-time	2	1	3	4
Part-time	5	8	5	5
Visiting	2	3	4	3
Total	9	12	12	12
Percentage of Courses taught by full-time faculty				
	75.00%	62.50%	53.33%	46.67%
Number of Faculty by rank, if applicable				
Professor	3	5	4	4
Associate	4	4	4	5
Instructor	2	3	4	3
Total	9	12	12	12
Number of Academic Staff by category				
Librarians				1
Total	0	0	0	1

Please enter any explanatory notes in the box below

Full-time and part-time faculty currently serve as advisors to students.

Standard 6: Teaching, Learning, and Scholarship (Highest Degrees, Fall Term)

		3 Years Prior (FYE 2021)	2 Years Prior (FYE 2022)	1 Year Prior (FYE 2023)	Current Year (FYE 2024)
Highest Degree Earned: Doctorate					
Faculty	Professor		1		
	Total	0	1	0	0
Highest Degree Earned: Master's					
Faculty	Professor	3	4	4	4
	Associate	4	4	4	5
	Instructor	2	2	3	2
	Total	9	10	11	11
Academic Staff					
	Librarians				1
Highest Degree Earned: Bachelor's					
Faculty	Instructor				1
	Total	0	0	0	1

Institute of International Medicine Self-Study for Candidacy 2024 Standard Six: Teaching, Learning, and Scholarship

Standard 6: Teaching, Learning, and Scholarship (Appointments, Tenure, Departures, Retirements, Teaching Load Full Academic Year)

		3 Years Prior (FYE 2021)			2 Years Prior (FYE 2022)			1 Year Prior (FYE 2023)			Current Year (FYE 2024)		
		FT	PT	Visiting	FT	PT	Visiting	FT	PT	Visiting	FT	PT	Visiting
Number of Faculty Appointed													
Professor		2	2			2			1				1
Associate				3									
Instructor				2			3						
Total		2	5	2	0	2	3	1	0	0	0	1	0
Number of Faculty Departing													
Professor						1							
Associate													
Instructor				1			1			1			
Total		0	0	1	0	1	1	0	0	1	0	0	0
Fall Teaching Load, in credit hours													
Professor	Maximum	36.00	2.00		41.00	2.00		33.00			33.00		
	Median	36.00	2.00		41.00	2.00		12.00			12.00		
Associate	Maximum		2.00			8.00			7.00		4.00	4.00	
	Median		2.00			2.00			2.00		4.00	2.00	
Instructor	Maximum			2.00			2.00			4.00			4.00
	Median			2.00			2.00			2.00			2.00

Explanation of teaching load if not measured in credit hours

We have no faculty in tenure or retiring.

Note: appointed = hired or change in rank or category.

Note: Regarding Teaching Load, while the Certificate Courses in Medicine, Nursing, and Public Health are separate courses (10 credit hours each), frequently their class meeting times are combined to maximize diverse student interaction. Corresponding teaching load credit hours are reported as 10.

Standard 6: Teaching, Learning, and Scholarship (Number of Faculty by Department or Comparable Unit, Fall Term)

		3 Years Prior (FYE 2021)			2 Years Prior (FYE 2022)			1 Year Prior (FYE 2023)			Current Year (FYE 2024)		
		FT	PT	Visiting	FT	PT	Visiting	FT	PT	Visiting	FT	PT	Visiting
Number of Faculty by Department (or comparable academic unit); insert additional rows as needed													
Masters in International Health		2	5	2	1	8	3	3	5	4	4	5	3
Total		2	5	2	1	8	3	3	5	4	4	5	3

Standard 6: Teaching, Learning, and Scholarship (Faculty and Academic Staff Diversity)

Faculty	Full-time	Part-time	Visiting	Total Headcount
Category of Faculty (e.g., male/female, ethnicity categories); add more rows as needed				
Male	4	4	1	9
Female	0	1	2	3
Resides in Missouri or Kansas	2	1	1	4
Resides in the United States	4	4	3	11
Resides outside of the United States	0	1	0	1
Age 18 - 29	0	0	0	0
Age 30 - 44	0	1	1	2
Age 45 - 55	0	1	1	2
Age 56 - 65	2	0	0	2
Age over 65	2	3	1	6

**Institute of International Medicine Self-Study for Candidacy 2024
Standard Six: Teaching, Learning, and Scholarship**

Academic Staff	Full-time	Part-time	Visiting	Total Headcount
Category of Academic Staff (e.g., male/female, ethnicity categories); add more rows as needed				
Male		0		0
Female		1		1
Resides in Missouri or Kansas		1		1
Resides in the United States		1		1
Resides outside of the United States		0		0
Age 18 - 29		0		0
Age 30 - 44		0		0
Age 45 - 55		1		1
Age 56 - 65		0		0
Age over 65		0		0
				0

INMED’s [instructional staff](#) share the Institute’s heart for equipping healthcare professionals and students to serve the forgotten. Faculty and instructors come to INMED with immense knowledge and experience in teaching, research, curriculum development, and international service. The Institute recognizes the valuable role they play, and regularly assesses the size, diversity, and effectiveness of the academic staff, [Faculty Handbook](#), policies and procedures, professional development, and scholarly activity. In addition to illuminating the above, this chapter will highlight INMED’s recently created faculty governance structure (created in response to the NECHE letter of January 17, 2023) and other areas of anticipated growth.

Faculty and Academic Staff: Description

In the 2023-2024 Academic Calendar year, the [instructional and academic staff](#) are:

- three full-time professors
- one part-time professor
- one full-time associate professor
- four part-time associate professors
- three instructors
- one librarian

INMED [defines](#) faculty and instructor categories:

- Full-time faculty are personnel who teach three-course offerings or more per academic year.
- Part-time faculty are personnel who teach two-course offerings or fewer per academic year.
- Instructors are personnel who only teach a Professional Qualification Course.

INMED defines faculty and instructor ranks as follows:

- Professors are personnel who hold two or more advanced degrees, have published three or more peer-reviewed publications, have five or more years of

Institute of International Medicine Self-Study for Candidacy 2024 Standard Six: Teaching, Learning, and Scholarship

relevant teaching experience, and serve as full-time or part-time faculty members. They teach, advise, attend faculty meetings, participate in the Faculty Council, and design curriculum.

- Associate Professors hold at least one advanced degree, have published two or fewer peer-reviewed publications, have fewer than five years of relevant teaching experience, and serve as full-time or part-time members. They teach, advise, attend faculty meetings, participate in the Faculty Council, and design curriculum.
- Instructors are personnel who are qualified in their area of expertise; they do not participate in the Faculty Council.

INMED's current FTE Student-to-FTE Faculty ratio is 2:1. Full-time faculty also serve as advisors. INMED Faculty spend 8 - 15 hours a week or 40 – 80 hours per term on tasks other than teaching such as student advisement, academic planning, course and curricular development, and research. Other faculty responsibilities, as outlined in the Faculty Handbook (created in response to NECHE's letter) include but are not limited to:

- assessing the need for additional faculty members,
- evaluating academic programs for the need for additional courses, course offerings, or programs,
- reviewing and approving relevant institution policies, procedures, and documents,
- engaging in ongoing professional development and scholarly activity,
- maintaining competence and continuing growth in their professions, and
- faculty mentorship.

In fulfillment of these obligations to the Institute, faculty and instructors are afforded academic freedom as described in the Faculty Handbook. INMED faculty are entitled to:

- Full freedom in research and in the publication of the results.
- Freedom in the classroom in discussing their subject.
- Freedom from institutional censorship or discipline.

Faculty responsibilities, the Institute's statements of expectations, and faculty processes are explained in the Faculty Handbook, approved by each member of the faculty member as part of their Annual Academic Program Review on September 23, 2023.

The Institute verifies that the faculty are carrying out their responsibilities through two primary data sources: (1) faculty self-evaluations, collected following each course offering, and (2) student evaluations, collected following each course offering. The Dean of Faculty, Vice President of Academic Affairs, President, and when appropriate, the Vice President of Operations and Director of Student Affairs, regularly consider the data and assess any need, support, or changes to improve faculty performance.

The Institute practices equal employment opportunities consistent with legal requirements when appointing well-qualified faculty who collectively ensure the quality

Institute of International Medicine Self-Study for Candidacy 2024 Standard Six: Teaching, Learning, and Scholarship

of instruction and support for student learning. At the Annual Academic Planning Retreat, administrators and the Dean of Faculty evaluate faculty and instructor assignments and workloads to create the [academic calendar](#). The Dean of Faculty verifies the course dates with faculty and instructors. Upon approval, the Office of Operations creates written agreements for the Dean of Faculty to distribute for renewal of faculty and instructor appointments.

At regularly scheduled tri-annual faculty meetings, the Faculty Council reviews the Institute's educational needs, and in consideration of the mission and resources of the Institute, may submit a written recommendation to the INMED President for the hiring of a new faculty member. The President, considering the written request and with input from the senior administrative officers, determines whether a position is open for a faculty appointment. Significant consideration is given to professional experience related to INMED's mission, such as serving low-resource people (internationally or domestically), experience instructing health profession students in such settings, relevant training, and credentials appropriate to the course(s) being taught. A more detailed explanation of the recruitment process for faculty is outlined in the Faculty Handbook.

Regarding other academic roles, select faculty have served as instructional designers. The Institute is establishing a contractual relationship with a medical librarian who will assist students and faculty with research (see Standard 7 for more information). As of November 2023, the institute does not employ any additional academic staff.

Faculty may report grievances via submission of an [online form](#). If a resolution is not reached through the process, or if the faculty member is dissatisfied with the solution, the aggrieved faculty member may contact the Missouri Department of Higher Education and Workforce Development for information on filing a formal grievance against the institution.



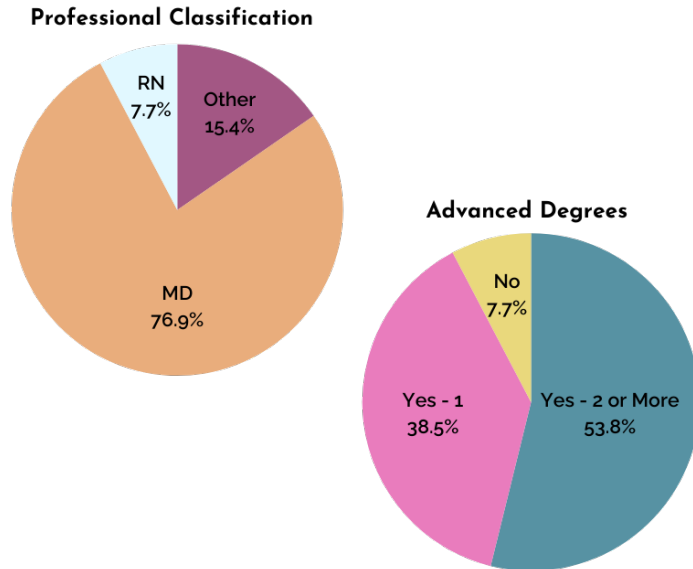
Faculty and Academic Staff: Appraisal

INMED faculty are well-qualified through experience and education in the subject matter. For example, Dr. Joe LeMaster, who teaches the Epidemiology course, has an MSc in Public Health Developing Countries with over 29 years of teaching experience in primary care, international health experience in Nepal, and epidemics. Dr. LeMaster has personally mentored over 50 students and is currently a county health officer in the United States and a primary care physician for Napoli speaking refugees. Dr. Susan Radecky, who teaches the International Health Professions course, has over 15 years of experience in International Health Professions, serving as faculty in different universities and a medical director for African hospitals. Finally, Mark Muilenburg, who teaches Ultrasound for Primary Care, has advanced credentials and extensive experience in that field.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Six: Teaching, Learning, and Scholarship

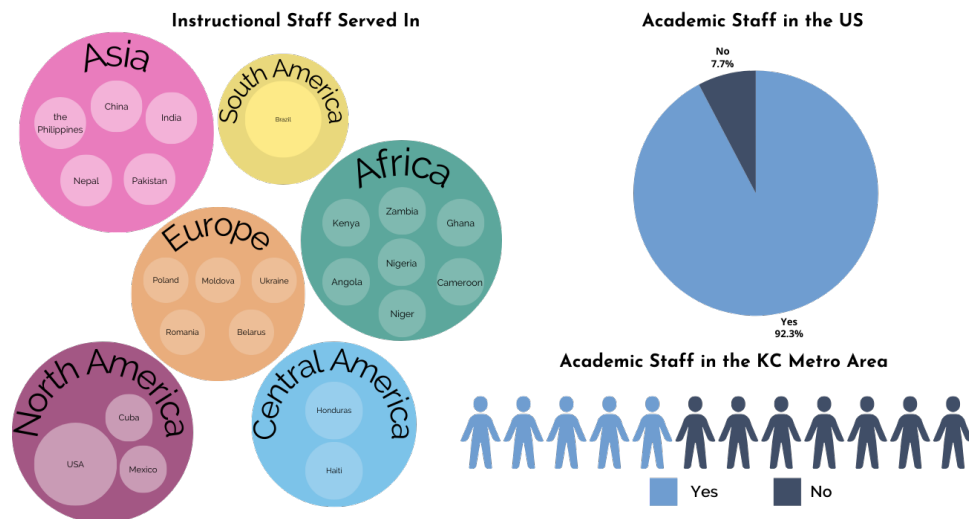
MD/MBBS	
DO	
MPH	
NP	
RN	
MPA	
LIBRARY SCIENCES	
OTHER	

The Instructional & Academic Staff divided by Professional Classification.



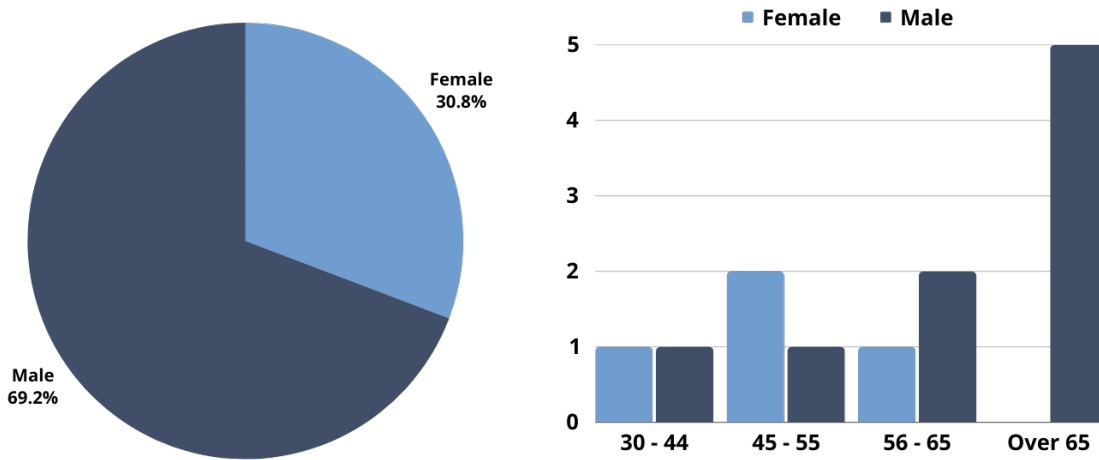
67% of the instructional staff speak at least one foreign language and many have international experience. Dr. Scott Armistead, INMED’s Dean of Faculty, has over 24 years of international experience, serving in Pakistan, UAE, and Bangladesh. He has won awards in compassionate service to humanity and medical missions, and he has ample experience mentoring and leading medical students on international service-learning to Pakistan and Bangladesh. Dr. Fred Loper, who teaches Healthcare for Marginalized Americans, has served the forgotten nationally and internationally, working with marginalized people in Oklahoma, Cuba, Poland, Belarus, Ukraine, Mexico, Philippines, Haiti, India, Nigeria, Honduras, and Moldova.

The Instructional & Academic Staff divided by location.



Institute of International Medicine Self-Study for Candidacy 2024 Standard Six: Teaching, Learning, and Scholarship

The MIH Instructional & Academic Staff divided by age and gender.



INMED's faculty possess outstanding credentials and professional diversity and the current instructional staff is sufficient to meet the needs of the student body. In anticipation of growth, the Institute, in conjunction with the Faculty Council, has developed recruitment policies and procedures, though these procedures have not yet been utilized. INMED consistently assesses student and faculty feedback regarding the necessity for new courses while also monitoring the Student to Faculty ratio. Currently, INMED enjoys a Student to Faculty ratio of 2:1, and the Institute has established a goal of a 10:1 ratio. As the student population reaches that level, the Institute will initiate its Faculty Recruitment procedures. During that process, special attention will be paid to recruiting and hiring ethnically and gender diverse faculty.

In response to the October 2022 eligibility meeting and the January 2023 commission's letter, the Institute has implemented several improvements surrounding faculty governance structure. The Faculty Council was established in 2022, and soon thereafter the faculty created [governing by-laws](#), and appointed a Dean of Faculty. Another point in the commission's letter was to strengthen the Faculty Handbook to include relevant academic policies and procedures, ensuring that faculty are aware of its contents and any updates. The Handbook was completed and approved by the faculty during the 2022-23 academic year.

Another improvement INMED has made is the establishment of faculty categories and ranks. Prior to 2023, INMED did not categorize its faculty. This change strengthens the faculty governance structure by clearly defining roles, responsibilities, and position while creating a mechanism for faculty and instructors to rise in rank.

To better evaluate its academic program and to facilitate growth of the program and faculty, INMED recently created a faculty self-evaluation and first-annual [Academic](#)

Institute of International Medicine Self-Study for Candidacy 2024 Standard Six: Teaching, Learning, and Scholarship

Report on Academic Affairs. The Review was and will henceforth annually be presented at the Academic Planning Retreat. Highlights of the 2023 report include:

- Faculty, to manage their workload and avoid burnout, prefer teaching a maximum of two courses during any term. In response, administrators and faculty updated the academic calendar for the 2023 -2024.
- The highest areas of faculty satisfaction were related to “administrative support”, “academic freedom”, and “work-life balance related to schedule flexibility” with 100% of faculty member respondents (9/9) rating them as “4 = Excellent.”

The Institute, via the Dean of Faculty and the Offices of the President and Academic Affairs, continually assesses the needs reported by the faculty to ensure faculty success and alignment with INMED’s mission on a term-by-term basis. To date, the Institute has not had a grievance filed by any faculty. INMED will continue to analyze faculty feedback to ensure concerns are heard and responded to appropriately. Additionally, the Institute has initiated conversation with an educational consultant who will serve as the Institute’s new Academic Program Advisor. A priority for the Advisor is the establishment of new mechanisms of faculty evaluation through in-class observation of teaching. While these mechanisms have not yet been developed, INMED expects they will provide useful data to improve faculty performance.

INMED’s President, together with select members of the Faculty Council, developed and designed the curriculum and content of the MIH’s online and hands-on skills courses. Program content is currently hosted in the LearnDash Learner Management System, but the Institute has noted, through internal, faculty, and student reviews, that LearnDash has some deficiencies. In response, the Institute expects to adopt a new LMS in 2024. The President will continue to serve as the primary instructional designer with faculty contributing to curriculum development.



Teaching and Learning: Description

Program objectives and competencies were developed in reference to similar programs at several US-based institutions. Based on these objectives and competencies, individual course objectives were developed, and course syllabi were constructed (for a more detailed description of program objectives and how they were developed, refer to Standard 4). Across the program, syllabi and course structure are constructed in a similar way, ensuring consistency of the learning experience regardless of faculty. To ensure consistent availability, classes are offered during five, eight-week terms each year.

While structure and objectives are consistent, faculty are encouraged to modify their curriculum and to utilize the methods best suited for student success. Variety of teaching methods, along with a variety of faculty and instructors, enhances the pedagogical landscape and contributes to a comprehensive educational experience.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Six: Teaching, Learning, and Scholarship

Regular student and faculty evaluations assess the rigor and quality of the academic program.

Among others, INMED faculty regularly utilize the following teaching methods:

- case study
- group discussion
- panel discussion
- question/answer
- round table discussion
- small group work
- simulation
- quizzing/polling technology
- assigned lessons
- assigned pre-test and post-test
- supervised skill practice
- critical analysis

Faculty members play a crucial role in supporting student academic success, and the Institute prioritizes academic achievement and fosters a culture of support by providing faculty with the freedom to engage in scholarly pursuits, conduct research, and participate in creative activities. Most of the faculty are part-time, allowing ample time to continue professional development and service. Although INMED is a teaching institution, many of its faculty have published. Eight of the faculty have published peer-reviewed publications, with two professors having published over 20 publications.

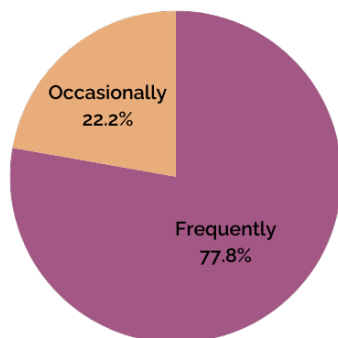
Faculty also bring in their academic strengths and viewpoints as they advise students, a duty outlined in the faculty handbook. More information on advising can be found in Standards 4 and 5.



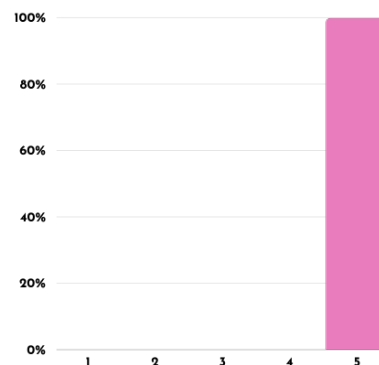
Teaching and Learning: Appraisal

Faculty Responses to Academic Development

How often do you incorporate innovative teaching techniques or technology in your courses?



Sufficient Autonomy



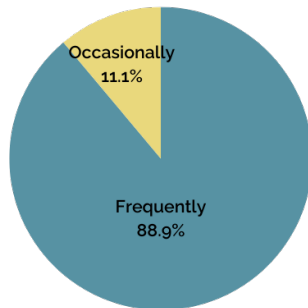
Institute of International Medicine Self-Study for Candidacy 2024 Standard Six: Teaching, Learning, and Scholarship

Faculty and instructors all have prior teaching experience from U.S. based accredited universities. [Faculty CVs](#) are available in the Academic Workroom. Faculty have also taken students on international service-learning experiences in Honduras, Pakistan, Thailand, China, Kenya, Ghana, and Angola.

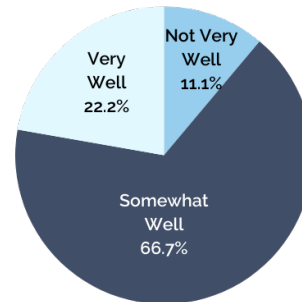
The field of international health is ripe with demand and opportunities for research and innovation. Faculty and instructors are encouraged to engage in scholarship, research, and creative activities and to expand their worldviews.

Faculty Responses to Professional Development

How frequently do you participate in professional development opportunities related to teaching and learning?



How well do you feel our institution supports faculty scholarship and research?



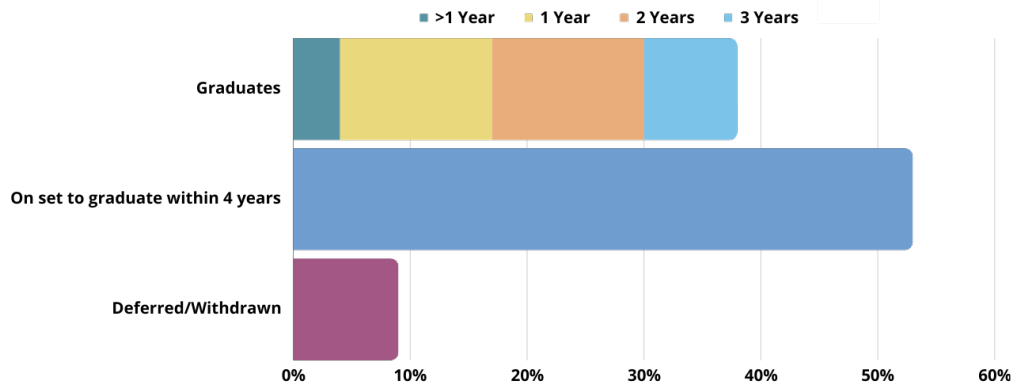
Faculty have published, among others, the following works:

Armistead S, Carter T Book Chapter: "A Tale of Two Africas: Transformative Learning in Global Health Electives" in Transformative Learning in Healthcare and Helping Professions Education: Building Resilient Professional Identities.
Basnyat, B., LeMaster, J., Litch, J.A. (1999). Everest or bust: A cross sectional, epidemiological study of acute mountain sickness at 4243 meters in the Himalayas. AVIATION SPACE AND ENVIRONMENTAL MEDICINE, 70(9), 867-873.
Book Chapter: Gender Issues in the Workplace, edited by Sim S. Tan, M.D., published by ACPE May 1991. Gender and Value Issues in Organizations: Creating the Environment
Corriveau, E. & LeMaster, J.W. Application of Implementation Science to Family Medicine Mentoring: The Change Process. The Chronicle of Mentoring and Coaching. University of New Mexico Mentoring Institute. 2018.
Inboriboon, MD, MPH, Charles; Flint, MPA, DINPH Micah; and Comninellis, MD, MPH Nicholas. INMED International Health Electives: Nurturing Global Health and Enhancing the Practice of Medicine. Poster presented at the 2015 American Academy of Family Physicians Global Health Conference.
Johnson B, Cayley WE, Nguyen BM, Larson P, Colon-Gonzalez M, Gibson C, Ann Evensen A, "Faculty development in family medicine education: what is needed?" Pan African Medical Journal 26, 141, 14/03/2017

**Institute of International Medicine Self-Study for Candidacy 2024
Standard Six: Teaching, Learning, and Scholarship**

LeMaster, J. W., Broadbridge, C. L., Lumley, M. A., Arnetz, J. E., Arfken, C., Fetters, M. D., Jamil, H., Pole, N., Arnetz, B. B. (2018). Acculturation and Post-Migration Psychological Symptoms Among Iraqi Refugees: A Path Analysis. AMERICAN JOURNAL OF ORTHOPSYCHIATRY, 88(1), 38-47.
LeMaster, MD, MPH, Joseph W., Parker, Michael; Flint, MPA, DINPH, Micah. Healthcare provider skill-training to serve global populations evaluating the curricula.
Larson P, "International Healthcare Education" Institute for International Medicine. 2016. On-line Course, 10 hours, 140 Pages. April 2016
Manandhar, R., LeMaster, J.W., Roche, P.W. (1999). Risk factors for erythema nodosum leprosum. INTERNATIONAL JOURNAL OF LEPROSY AND OTHER MYCOBACTERIAL DISEASES, 67(3), 270-278.

The current Student to Advisor ratio is 20:1 with two faculty advisors guiding MIH learners through their degree process. INMED has established a goal of 15:1 ratio of Students to Advisors and plans to train at least one additional advisor in the coming year. Advisors' success is indicated by INMED's graduation rate: 38% of MIH learners have graduated within three years, while 53% are set to graduate within four years.



Students follow a logical sequence of courses based on sound advice from advisors – going a step further, advisors assist students with career choices and suggest tangible ways they may serve the world's most forgotten. Two international MIH students submitted endorsements stating that:

”

“The quality of education provided by INMED exceeded my expectations ... The faculty members' expertise also stands out. Moreover, the institution's commitment to student support was evident. From dedicated academic advisors to career counseling services, I always felt guided and supported in my academic and professional endeavors.”

“The information and wisdom from the interaction with other learners and preceptors [faculty] is invaluable. You learn how to apply theory to practice and innovate depending on context and circumstance. Being able to find workable and durable solutions to problems one can encounter in the humanitarian field starts with a holistic and thorough learning – which one can get through INMED.”

MIH STUDENTS

Institute of International Medicine Self-Study for Candidacy 2024 Standard Six: Teaching, Learning, and Scholarship

Faculty also advise students on scholarly projects that sync with their career intentions. For example, an advisor with experience on planning and launching a hospital guided an MIH student in their creation of a residency program and another student on building a new hospital in Ghana. As INMED continues to grow, faculty and administration foresee devoting greater resources to identifying mission-relevant research opportunities.

Feedback from faculty revealed several weaknesses, first in “Collaboration and communication between faculty members related to teaching and learning.” To address that need, the Faculty Council holds tri-annual faculty meetings overseen by the Dean of Faculty, who will further develop relationships with faculty by holding one-on-one meetings. Additional improvement is needed in “New faculty and instructor orientation/onboarding.” In response, the Dean of Faculty and President have developed a [formal orientation checklist](#) and [onboarding guide](#) to use when new faculty are hired. To date, the orientation has not been utilized because INMED has not hired faculty since its creation. A final area for improvement is “Faculty mentorship”, which the Institute will remedy by implementing professional development in this area.

Projection

- The Faculty Council will strength its governance by encouraging the faculty to create positions or committees as the faculty council grows. Additionally,
 - In 2024, the President will oversee the training of the third faculty advisor, to preserve the maximum 15:1 student to advisor ratio.
 - Starting in 2025, the Dean of Faculty will train the more experienced faculty on how to mentor less experienced faculty.
- The Dean of Faculty will work with the new Academic Program Advisor to develop and implement a faculty evaluation process by December 31, 2024.
- The Faculty Council will discuss establishing goals related to diversity to achieve a faculty that is more representative of the student body in terms of ethnicity and gender, including invitations to diverse guest lecturers.
- While the Faculty Handbook contains a provision allowing faculty to request a reimbursement for professional development, the Institute does not have a set budget or fund. The Institute proposes a fund for faculty scholarship and research to be included in the FYE 2025 budget.



Standard Seven: Institutional Resources

Standard 7: Institutional Resources (Headcount of Employees by Occupational Category)

	3 Years Prior (FYE 2021)				2 Years Prior (FYE 2022)				1 Year Prior (FYE 2023)				Current Year (FYE 2024)			
	FT	PT	Visiting	Total	FT	PT	Visiting	Total	FT	PT	Visiting	Total	FT	PT	Visiting	Total
	Instructional Staff	2	5	2	9	1	8	3	12	3	5	4	12	4	5	3
Librarians				0				0				0		1		1
Student and Academic Affairs	2			2	2			2	2	1		3	2	1		3
Continuing Medical Education Staff	1	1		2	1	2		3	1	2		3	1	2		3
Business and Financial Operations	1			1	1			1	1			1	1			1
Total	6	6	2	14	5	10	3	18	7	8	4	19	8	9	3	20

Standard 7: Institutional Resources (Statement of Financial Position/Statement of Net Assets)

Fiscal Year ends - month & day: (06 / 30)	2 Years Prior (FYE 2021)	1 Year Prior (FYE 2022)	Most Recent Year (FYE 2023)*	Percent Change yrs-1 yr prior	2 1 yr-most recent
ASSETS (in 000s)					
Cash and Short Term Investments	\$341,367	\$386,687	\$453,202	13.3%	17.2%
Accounts Receivable, Net	\$77,417	\$18,024	\$3,200	-76.7%	-82.2%
Inventory and Prepaid Expenses	\$19,122	\$0	\$0	-100.0%	-
Property, plants, and equipment, net	\$9,439	\$6,101	\$6,186	-35.4%	1.4%
Total Assets	\$447,345	\$410,812	\$462,588	-8.2%	12.6%
LIABILITIES (in 000s)					
Accounts payable and accrued liabilities	\$3,575	\$29,980	\$48,994	738.6%	63.4%
Total Liabilities	\$3,575	\$29,980	\$48,994	738.6%	63.4%
NET ASSETS (in 000s)					
Unrestricted net assets					
Institutional	\$443,770	\$380,832	\$413,594	-14.2%	8.6%
Foundation	\$0	\$0	\$0	-	-
Total	\$443,770	\$380,832	\$413,594	-14.2%	8.6%
Temporarily restricted net assets					
Institutional	\$0	\$0	\$0	-	-
Foundation	\$0	\$0	\$0	-	-
Total	\$0	\$0	\$0	-	-
Permanently restricted net assets					
Institutional	\$0	\$0	\$0	-	-
Foundation	\$0	\$0	\$0	-	-
Total	\$0	\$0	\$0	-	-
Total Net Assets	\$443,770	\$380,832	\$413,594	-14.2%	8.6%
TOTAL LIABILITIES and NET ASSETS	\$447,345	\$410,812	\$462,588	-8.2%	12.6%

Please enter any explanatory notes in the box below

*INMED's first year of audited financial statements is FYE 2021. At the time (January 26, 2024) of publishing the self-study, audited financial statements for FYE 2023 were not available. INMED expects the statements to be available prior to the team visit in March, 2024 and will provide updated statements and Data First Forms to the visiting

Institute of International Medicine Self-Study for Candidacy 2024

Standard Seven: Institutional Resources

Standard 7: Institutional Resources (Statement of Revenues and Expenses)

Fiscal Year ends - month & day: (6/30)	3 Years Prior (FYE 2021)	2 Years Prior (FYE 2022)	Most Recently Completed Year (FYE 2023)	Current Year (FYE 2024)*	Next Year Forward (FYE 2025)**
OPERATING REVENUES (in 000s)					
Tuition and fees	\$211,000	\$253,000	\$256,700	\$85,300	\$275,000
Less: Financial aid	-\$38,000	-\$38,000	-\$12,000	-\$12,100	-\$25,000
Net student fees	\$173,000	\$215,000	\$244,700	\$73,200	\$250,000
Private gifts, grants and contracts	\$52,000	\$193,000	\$193,000	\$93,000	\$210,000
Other revenue (HHC):	\$16,000	\$25,600	\$40,000	\$12,100	\$42,500
Other revenue (CME):	\$192,000	\$213,000	\$201,800	\$104,000	\$220,000
Total Operating Revenues	\$433,000	\$646,600	\$679,500	\$282,300	\$722,500
OPERATING EXPENSES (in 000s)					
Instruction	\$33,700	\$107,000	\$122,000	\$47,900	\$130,000
Academic Support	\$4,000	\$32,000	\$21,000	\$8,800	\$36,000
Student Services	\$98,000	\$92,000	\$96,000	\$54,000	\$101,000
Institutional Support	\$167,000	\$153,000	\$194,000	\$113,000	\$175,000
Operation, maintenance of plant (if not allocated)	\$1,000	\$40,000	\$43,000	\$20,000	\$45,000
Auxiliary enterprises	\$192,000	\$182,000	\$176,000	\$91,800	\$190,000
Total operating expenditures	\$495,700	\$606,000	\$652,000	\$335,500	\$677,000
Change in net assets from operations	-\$62,700	\$40,600	\$27,500	-\$53,200	\$45,500
NON OPERATING REVENUES (in 000s)					
Investment return	\$2,000	\$4,000	\$10,000	\$2,900	\$5,000
Other (COVID relief):	\$133,000	\$29,000	\$32,000	\$0	\$0
Net non-operating revenues	\$135,000	\$33,000	\$42,000	\$2,900	\$5,000
Income before other revenues, expenses, gains, or losses	\$72,300	\$73,600	\$69,500	-\$50,300	\$50,500
TOTAL INCREASE/DECREASE IN NET ASSETS	\$72,300	\$73,600	\$69,500	-\$50,300	\$50,500

Please enter any explanatory notes in the box below

*As of 12/31/23

**The numbers in this column represent an estimate of anticipated income and expenses. INMED's formal budget process begins in April of each year.

Standard 7: Institutional Resources (Statement of Debt)

FISCAL YEAR ENDS month & day (June /30)	3 Years Prior (FYE 2021)	2 Years Prior (FYE 2022)	Most Recently Completed Year (FYE 2023)	Current Year (FYE 2024)	Next Year Forward (FYE 2025)
Long-term Debt					
Beginning balance	\$0	\$0	\$0	\$0	\$0
Additions	\$0	\$0	\$0	\$0	\$0
Reductions	\$0	\$0	\$0	\$0	\$0
Ending balance	\$0	\$0	\$0	\$0	\$0
Interest paid during fiscal year	\$0	\$0	\$0	\$0	\$0
Current Portion	\$0	\$0	\$0	\$0	\$0
Bond Rating	n/a	n/a	n/a	n/a	n/a
Debt Service Coverage					
Operating Income / (Annual Interest + Current Portion of Debt)	n/a	n/a	n/a	n/a	n/a
Debt to Net Assets Ratio					
Long-term Debt / Total Net Assets	0.00	0.00	0.00	0.00	0.00
Debt to Assets Ratio					
Long-term Debt / Total Assets	0.00	0.00	0.00	0.00	0.00

<p>Debt Covenants: (1) Describe interest rate, schedule, and structure of payments; and (2) indicate whether the debt covenants are being met. If not being met, describe the specific</p> <p>n/a</p>
<p>Line(s) of Credit: List the institutions line(s) of credit and their uses.</p> <p>n/a</p>
<p>Future borrowing plans (please describe).</p> <p>n/a</p>

Institute of International Medicine Self-Study for Candidacy 2024 Standard Seven: Institutional Resources

Standard 7: Institutional Resources (Supplemental Data)

FISCAL YEAR ENDS month & day (6 / 30)	3 Years Prior (FYE 2021)	2 Years Prior (FYE 2022)	Most Recently Completed Year (FYE 2023)*	Current Year (FYE 2024)*	Next Year Forward (FYE 2025)*
NET ASSETS					
Net assets beginning of year	\$317,707	\$370,883	\$361,968		
Total increase/decrease in net assets	\$126,063	\$9,949	\$51,626		
Net assets end of year	\$443,770	\$380,832	\$413,594	\$0	\$0
FINANCIAL AID					
Source of funds					
Unrestricted institutional	\$0	\$0	\$0		
Federal, State, and Private Grants	\$37,827	\$37,742	\$12,017		
Restricted funds	\$0	\$0	\$0		
Total	\$37,827	\$37,742	\$12,017	\$0	\$0
**% Discount of tuition and fees					
% Unrestricted discount					
Net Tuition Revenue per FTE					
FEDERAL FINANCIAL RESPONSIBILITY COMPOSITE SCORE					
	n/a	n/a	n/a	n/a	n/a
Please indicate your institution's endowment spending policy:					
INMED does not have an endowment.					
Please enter any explanatory notes in the box below.					
*INMED's first year of audited financial statements is FYE 2021. At the time (January 26, 2023) of publishing the self-study, audited financial statements for FYE 2023 were not available. INMED expects the statements to be available prior to the team visit in March, 2023 and will provide updated statements and Data First Forms to the visiting team.					
**Certificate and Diploma Program students pay a discounted rate. Masters students pay at full-price for tuition of all courses.					

**Institute of International Medicine Self-Study for Candidacy 2024
Standard Seven: Institutional Resources**

**Standard 7: Institutional Resources
(Liquidity)**

FISCAL YEAR ENDS month & day (6 / 30)	3 Years Prior (FYE 2021)	2 Years Prior (FYE 2022)	Most Recently Completed Year (FYE 2023)*	Current Year (FYE 2024)*	Next Year Forward (FYE 2025)*
CASH FLOW					
Cash and Cash Equivalents beginning of year	\$99,836	\$134,466	\$132,700		
Cash Flow from Operating Activities	\$36,237	\$70,851	\$66,856		
Cash Flow from Investing Activities	(\$4,461)	(\$58,000)	(\$63,599)		
Cash Flow from Financing Activities	\$0	\$0	\$0		
Cash and Cash Equivalents end of year	\$131,612	\$147,317	\$135,957	\$0	\$0
LIQUIDITY RATIOS					
Current Assets	\$443,770	\$380,832	\$413,594		
Current Liabilities	\$3,575	\$29,980	\$48,994		
Current Ratio	124.13	12.70	8.44	0.00	0.00
Days Cash on Hand (Cash and Cash Equivalents) / ([Operating Expenses - Depreciation and other noncash expenses]/365)	92.00	85.00	75.50		
Has the institution needed to access its restricted net assets or liquidate other financial assets to fund operations? If so, please describe and indicate when approvals (if required) were obtained from the state's authority.					
No.					
Please enter any explanatory notes in the box below.					
*INMED's first year of audited financial statements is FYE 2021. At the time (January 26, 2024) of publishing the self-study, audited financial statements for FYE 2023 were not available. INMED anticipates the statements to be available prior to the team visit in March, 2024 and will provide updated financial statements and Data First Forms to the visiting team.					

**Standard 7: Institutional Resources
(Information Resources)**

Consortia/Partnerships

INMED Students have access online Library Resources. See: https://www.inmed.us/library-resources/
INMED maintains an agreement with a part-time, volunteer Librarian to assist students and faculty with research.

Please enter any explanatory notes in the box below

INMED does not have expenses related to Information Resources; however, it provides students and faculty access to online library resources and to its medical librarian. Note: See Form 4.5 for data about Information Literacy
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Institute of International Medicine Self-Study for Candidacy 2024 Standard Seven: Institutional Resources

Standard 7: Institutional Resources (Technological Resources)

3 Years Prior	2 Years Prior	Most Recently Completed Year	Current Year	Next Year Forward (goal)
(FYE 2021)	(FYE 2022)	(FYE 2023)	(FYE 2024)	(FYE 2025)

Course management system	LearnDash LMS (version 4.10.1)
Number of classes using the system	31 33 38 36 36

Typical classroom technology	
Main campus	LearnDash, Zoom
Branch/other locations	LearnDash, Zoom

Software systems and versions	
Students	LearnDash LMS, Uncanny Owl, Users Insights, MailChimp
Finances	Xero, WooCommerce
Human Resources	Gusto
Library	Online Databases
Website Management	WordPress
Interactive Video Conferencing	Zoom

Website locations of technology policies/plans	
Integrity and security of data	INMED Privacy Policy: https://www.inmed.us/privacy-policy/
Privacy of individuals	INMED Privacy Policy: https://www.inmed.us/privacy-policy/
Appropriate use	INMED Computer Use Policy https://www.inmed.us/academic-workroom/#standard-seven

Please enter any explanatory notes in the box below

INMED only provides computers to employees of the institution.

Standard 7: Institutional Resources (Physical Resources)

	Serviceable	Assignable Square Feet
	Buildings	(000)
Campus location		
Main campus	n/a	n/a
Other U.S. locations	n/a	n/a
International locations	n/a	n/a

Revenue (\$000)
Expenditures (\$000)

	Main campus	Off-campus	Total
Assignable square feet (000)			
Office	2,422		2,422

Please enter any explanatory notes in the box below

INMED leases office space within Research Hospital. Research Hospital has no administrative control over INMED's operations.

Human Resources: Description

INMED's staff is dedicated to equipping healthcare professionals and students to serve the forgotten. To this end, the Institute employs five full-time and two part-time employees, and the current president serves as a full-time volunteer. INMED's staff is divided into two teams: the Academic Team and the Continuing Medical Education (CME) team; the Academic team employs 4.5 FTE employees, and the CME team employs 2.5 FTE employees. This arrangement allows INMED to maintain a Student to Staff ratio of 2:1. To address NECHE's letter from January 17, 2023, ("ensuring that staffing levels are sufficient to support its mission") the Institute has set a maximum Student to Staff ratio of 5:1. As the student population grows, INMED has instituted planning and evaluation mechanisms (as described in Standard 2) to analyze the need to hire additional staff. With its current staff, the Institute can maintain its current operations, including the MIH program, graduate certificate, diploma programs, and continuing medical education for physicians and has moderate capacity to grow.

Staff are qualified through prior experience, on-the-job training, and continuing education. Tuition reimbursement and opportunities for professional development through conferences, seminars, and courses are available for staff members. Currently, the Vice President of Operations is enrolled in a Master of Education Administration program at a local university. Faculty are expected to remain abreast of the latest developments in their specific fields, and INMED is developing a program of faculty development as described in Standard 6.

Staff performance is evaluated annually through official performance reviews completed in June of each year. Supervisors complete the evaluations and formally meet with each employee to discuss the results, and evaluations are placed in the employee's permanent file. Employment agreements and job descriptions are updated annually, making employees aware of their responsibilities and obligations within the organization. The faculty evaluation process is described in detail in Standard 6.

Human resource policies for staff are available in the [Staff Handbook](#). The Senior Administrators oversee the application of the policies in the employee handbook. At the annual Strategic Planning Retreat, the staff handbook is reviewed by all employees, who are afforded the opportunity to provide input, and changes are implemented at the discretion of the Senior Administrators. The Vice President of Operations oversees Human Resource at the Institute.

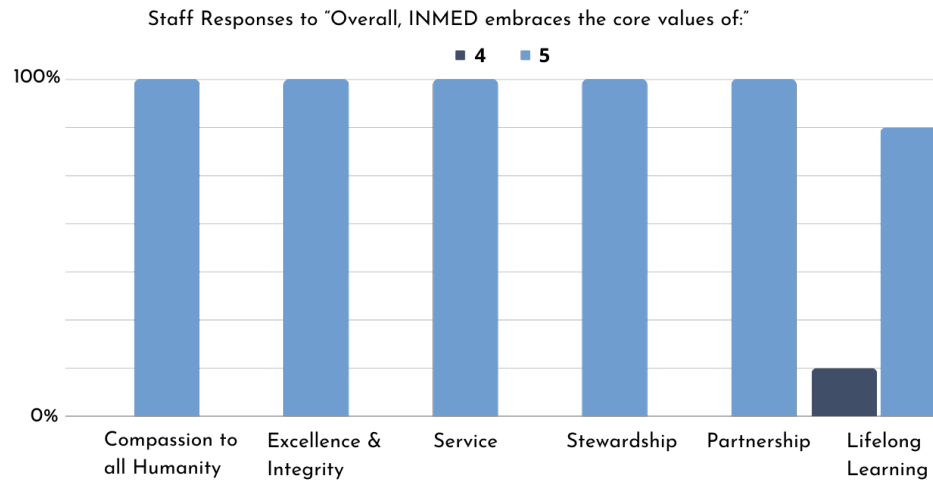


Human Resources: Appraisal

INMED's staff have more than 50 combined years of experience with the Institute. In the most recent annual survey, staff expressed high levels of satisfaction with company culture (this was an open text box, so no quantitative data exists), high levels of optimism about the future of the organization ("I feel positively about INMED's

Institute of International Medicine Self-Study for Candidacy 2024 Standard Seven: Institutional Resources

future = 7/7 responded “Strongly Agree”), and a strong alignment with the Institute’s values (summarized in the chart below).



INMED offers life, dental, vision, and health insurance to full-time employees. INMED also offers retirement plans to full-time employees. Salaries have been benchmarked against comparable non-profit organizations in the Kansas City metro area. Additionally, INMED recently developed its policy regarding continuing education of staff (discussed in Standard 2), and this policy ensures the availability of funds for staff development through formal education.

Throughout INMED’s history, it has adapted to the needs of its students by adding additional staff as necessary. To position itself for future success, INMED developed a staff recruitment policy and procedure (to address #5 in NECHE’s letter). More specifically, INMED knows it must fill several key leadership positions in the next five to ten years. The first step in this process is benchmarking salaries against comparable institutions; secondly, INMED has developed the following plans:

- To prepare to meet the need for a full-time, salaried President, INMED’s Board is developing a succession plan that includes desired qualifications and recruitment strategies.
- To prepare to meet the need for a qualified Chief Academic Officer (INMED’s Vice President of Academic Affairs), the Institute has established a contractual relationship with an Academic Program Advisor. This person will assist INMED in such areas as faculty evaluation, review of the academic program, and other relevant topics. As the Institute grows, leadership will evaluate the need for a part- or full-time Chief Academic Officer who possesses the requisite academic credentials and work experience.
- To prepare to meet the need for a qualified CFO, INMED Vice President of Operations will continue to consult with its CPA. As the Institute grows, leadership will evaluate the need for a part- or full-time CFO who possesses the requisite academic credentials and work experience.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Seven: Institutional Resources

INMED is committed to the professional development of its staff. In addition to polling staff regarding their interest in professional development opportunities and establishing a budget line item for staff development, INMED has established, in Focus Area 2 of its Strategic Plan, the following priorities:

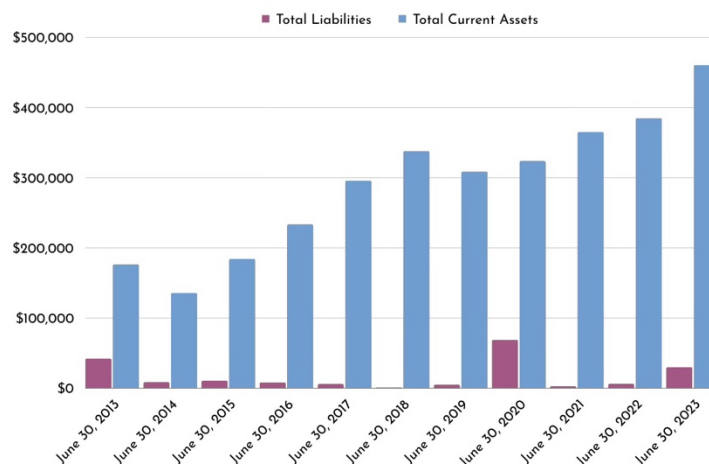
- Strengthen the capacity and skill of staff in financial management and make appropriate plans for future financial staffing.
- Strengthen the capacity and skill of staff in information technology and make appropriate plans for future information technology staffing.
- Promote the development and excellence of all staff members.

While INMED has always valued diversity and has historically attracted an ethnically diverse student body, the Institute only recently (summer 2023) adopted a formal statement on [diversity](#). This statement will guide future hiring, but INMED has not yet set goals for diversity, equity, and inclusion among its staff.

Financial Resources: Description

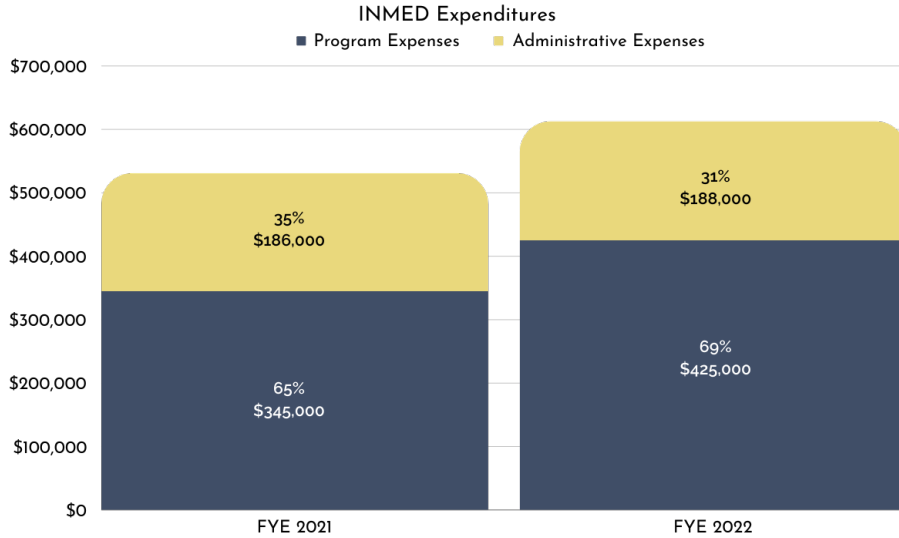
INMED's overarching financial policy is driven by its mission: to provide high-quality, low-cost education to those students and professionals who desire to serve the forgotten. INMED dedicates its resources to achieving that mission, including the Institute's desire to eliminate any barriers to serving, including student debt. In its 20-year history, no INMED student has graduated with debt owed to the Institute.

Currently, between cash and readily available investment accounts, INMED has sufficient reserve funds (\$30,000 in a money market account; \$320,000 in an investment account) to operate for up to seven months without income (INMED's average monthly expenses are \$45,000). Over its nearly 20-year history, INMED has never carried debt, and its Total Assets have increased according to the below chart, which shows strong year-over-year growth of assets with little to no liabilities.

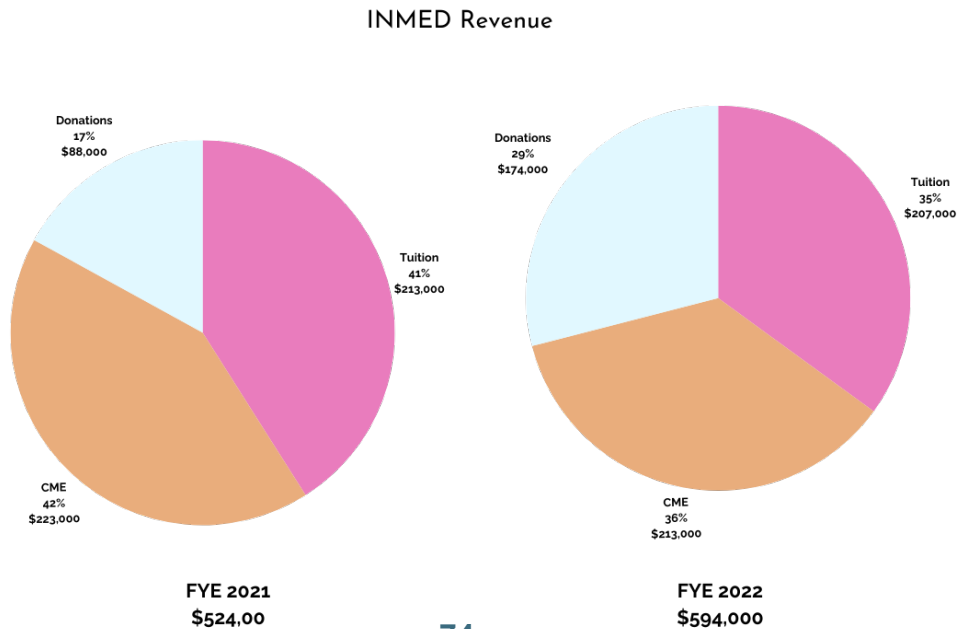


Institute of International Medicine Self-Study for Candidacy 2024 Standard Seven: Institutional Resources

INMED strives to spend at least 70% of its income on programmatic expenses, with the other 30% spent on administrative costs. INMED does not spend on fundraising as all fundraising is completed by unpaid volunteers. The below chart shows INMED’s expenditure allocations during FYE 2021 and 2022 (FYE 2021 is the first year in which audited financial data are available). At the time of writing, data were incomplete for FYE 2023, but INMED expects the percentages to be similar to the previous two years.



INMED has three major revenue streams: (1) Tuition payments for the following: MIH, Graduate Certificate Program, Graduate Diploma Program, Humanitarian Health Conference, Online Short Self-Paced Courses; (2) Continuing Medical Education (CME) revenue for regularly scheduled and stand-alone activities; (3) Philanthropic contributions through donations and grants. The below chart summarizes INMED’s primary revenue sources during FYE 2021 and 2022 (FYE 2021 is the first year in which audited financial data are available). At the time of writing, data were incomplete for FYE 2023, but INMED expects the percentages to be comparable to the previous two years.



Institute of International Medicine Self-Study for Candidacy 2024 Standard Seven: Institutional Resources

INMED accepts gifts according to its gift acceptance policy. Gifts are accepted primarily through INMED's online giving portal and by paper check. Donors may designate gifts to specific funds, but the Institute maintains the right to apply gifts where they are most needed. Most donations are used to offset the cost of tuition or conference registration for students.

To attempt to increase philanthropic funds, INMED hired, in 2022, a grant-writing agency. Unfortunately, multiple submissions to local grantors were all rejected.

INMED's annual budget provides financial guidance for the Institute. The budget is developed with the oversight of the Vice President of Operations working in conjunction with the Vice President of Academic Affairs and the President. The budget is reviewed and approved by the Board of Directors at its second quarter meeting.

The Vice President of Operations provides financial oversight and management and is responsible for the day-to-day management of the finances as well as the management of staff members in the department. INMED maintains a contract with a CPA, who assists the Vice President of Operations, and who is responsible for completing the Institute's annual tax filings, which is posted to INMED's website. The annual audit is prepared by an external, independent auditor, and the audit report, along with the management letter, are reviewed by the board of directors annually at its 3rd quarter meeting.



Financial Resources: Appraisal

Diversification of revenue and long-term financial stability have allowed INMED to persevere through financially unstable times. During the recent COVID pandemic, INMED was able to maintain its staff and faculty employment levels. Although INMED was unable to offer in-person courses or host its annual conference (two significant sources of revenue), it was able to provide a virtual conference and it shifted its focus to the development of online courses, the MIH program, and in assisting its CME partners to offer education virtually. Additionally, INMED sought and received financial assistance from the federal government, including Payroll Protection Loans, which were forgiven, and Employee Retention Credits.

The [Strategic Plan](#), discussed in detail in Standard 2, is inclusive of all areas of the organization, including finances. Through this comprehensive document, INMED aligns its financial goals with its goals for other departments. The most recent version of the plan includes goals for enrollment, the further development and expansion of the CME program, the development of new courses, and a plan to recruit alumni to become regular financial contributors. These efforts to increase revenue align with INMED's future need to hire a President, Chief Academic Officer, and Chief Financial Officer.

Institute of International Medicine Self-Study for Candidacy 2024
Standard Seven: Institutional Resources

While INMED currently utilizes several revenue streams, those streams meet its financial needs, and the Institute’s Strategic Plan addresses financial goals, the Institute has more work to do in the areas of financial planning and realizing its fundraising and financial goals. The recent development of a Student to Faculty and Student to Staff ratio will help INMED decide when it needs to hire more staff and faculty. Due to the relative newness of the MIH (it was launched in 2020), enrollment and income patterns are not yet well-established; INMED’s preliminary data on the relationship between FTE students and revenue will help INMED predict income, but the sample size is small, so the data may not yet be reliable.

INMED’s current President serves as a full-time volunteer, and while this scenario is beneficial in the short-term, it is not sustainable in the long-term. The Board of Directors and INMED staff are aware of this and have begun to plan for the hiring of a qualified President. A succession plan was adopted by the Board in July of 2023, and a line-item for a President has been added to the budget. The salary and benefits package for this position will be determined by benchmarking against comparable institutions. Other staffing needs are addressed earlier in this chapter, and the financial need for those positions will depend on part- or full-time status and when, in terms of INMED’s growth, these positions will need to be filled.

Another significant financial need INMED will face is the expansion of its financial aid program (see Standard 5 projections regarding Student Services and Co-curricular Experiences). In the summer of 2023, INMED developed a financial aid policy to guide its decision-making. INMED’s Strategic Plan explains its dedication to increasing its ability to provide scholarships for international students, and the President and Vice President of Operations will oversee the development of this fund.

INMED has a strong base of dedicated donors, including both individuals and organizations. The donor base is primarily comprised of individuals with whom the organization has personal relationships, so work needs to be done to expand the donor base. On average, nearly 50 individuals and between eight and ten organizations and foundations donate to INMED annually. For many years, INMED has used donated funds to provide financial aid in the form of 10% discounted tuition for medical students completing the graduate certificate program and a 75% discount for students attending INMED’s Humanitarian Health Conference. INMED’s five-year contribution history is summarized below:

	FYE 2023	FYE 2022	FYE 2021	FYE 2020	FYE 2019
General Donations	\$20,149	\$2,305	\$1,321	\$9,410	*
Grant Income	\$12,000	\$20,000		\$3,400	*
Individual and Small Business Donations					\$55,569

**Institute of International Medicine Self-Study for Candidacy 2024
Standard Seven: Institutional Resources**

Student Scholarship	\$52,060	\$65,428	\$51,048	\$39,145	*
Total	\$84,209	\$87,733	\$52,369	\$51,955	\$55,569

*Prior to 2020, General Donations, Grant Income, and Student Scholarships were grouped into the Individual and Small Business Donations line item.

While INMED has long benefited from the generosity of both individuals and foundations, the Institute only recently codified its financial aid policies and procedures, and it needs time to utilize those policies and procedures to distribute financial aid. Further, INMED's fundraising procedures and goals have also only recently been codified in its Fundraising Policies and Goals document.

INMED has established the following goals for fundraising:

- Student Scholarship (10% increase year-over-year)
 - FYE 2024: \$57,266
 - FYE 2025: \$62,992
 - FYE 2026: \$69,291
 - FYE 2027: \$76,222
 - FYE 2028: \$83,844
- Grant Income (20% increase year-over-year)
 - FYE 2024: \$10,000
 - FYE 2025: \$12,000
 - FYE 2026: \$14,400
 - FYE 2027: \$17,280
 - FYE 2028: \$20,736
- General Donations (20% increase year-over-year)
 - FYE 2024: \$5,000
 - FYE 2025: \$6,000
 - FYE 2026: \$7,200
 - FYE 2027: \$8,640
 - FYE 2028: \$10,368
- Totals
 - FYE 2024: \$72,266
 - FYE 2025: \$80,992
 - FYE 2026: \$90,891
 - FYE 2027: \$102,142
 - FYE 2028: \$114,948

To expand its donor base and increase financial contributions, INMED will utilize the following tactics:

- Annual phone campaign to previous donors and alumni
- Alumni survey to gauge alumni interest in becoming financial contributors
- Monthly News and Events email to provide opportunity for readers to donate
- Dedicated staff member to write grants and pursue new donors
- Board of Directors to increase giving and solicitation of donations

**Institute of International Medicine Self-Study for Candidacy 2024
Standard Seven: Institutional Resources**

- Development of marketing materials, including the use of promotional videos and testimonials from graduates

Together with increased donations, INMED also anticipates increased revenue from increased enrollment and the continuation of INMED’s high retention rate (currently 95%). Enrollment numbers, together with corresponding income and enrollment goals for the MIH are shown below:

Total Students Enrolled	MIH Income	Enrollment Goals
2020/2021: 31	FYE 2021: \$87,000	2024/2025: 47
2021/2022: 39	FYE 2022: \$65,000	2025/2026: 54
2022/2023: 47	FYE 2023: \$125,000	2026/2027: 62
2023/2024: 48		2027/2028: 71

The current data on the relationship between enrollment and income only show a three-year period, making analysis and prediction difficult. Future work by INMED leaders will focus on analyzing the data to make better predictions and to relate them to the financial needs of the Institute.

INMED has a history of analyzing its financial position and revenue projections to aid in decision making. In the summer of 2023, INMED hired a part-time staff member to serve as Dean of Faculty. For an institution of INMED’s size, hiring a staff member is an important decision with many ramifications. The addition of a salary, benefits, and other expenses related to hiring represents a significant increase to the Institute’s expenses. To make this decision, INMED leadership considered the Strategic Plan, recognizing the needs to implement faculty oversight and expand INMED’s ability to both teach and advise students. Staff considered INMED’s financial position and analyzed enrollment and other revenue trends and projections. Staff and board members consulted to determine if this hiring was the best use of INMED’s finances. After several weeks of deliberation, INMED decided to hire the individual as an investment into the Institute’s future and to bolster its academic offerings and services to students. INMED invests in its educational program primarily through hiring and training qualified faculty and staff.

INMED values integrity and transparency. As such, internal control mechanisms are in place to ensure integrity around finances. Controls include the monthly review of bank statements by multiple staff members and the monthly review of financial statements by staff and board members, including the Board Treasurer, a certified financial planner with over 30 years’ experience in finances. Additionally, the Board of Directors quarterly reviews the financial statements. In the summer of 2023, INMED Board members, to improve their ability to oversee the Institute’s finances, participated in a “How to Read Financial Statements” training session led by INMED’s Board treasurer. These safeguards ensure the consistent oversight of INMED’s financials, allowing those who review the documents the opportunity to notice irregularities, thus reducing the opportunity for fraud. INMED has never fallen victim to internal or external financial fraud.

Information, Physical, and Technological Resources: Description

Except for in-person [Professional Qualification Courses](#) and [International Service Learning](#), the MIH program is entirely online. Students engage with learning materials, completing weekly readings and assignments, through INMED's learning management system, LearnDash. Each course also has required weekly online Zoom meetings for students to engage with professors and each other. To support online learning, INMED's Director of Admissions and Student Affairs, together with the Vice President for Academic Affairs, and in conjunction with the Institute's contracted technical support team, WisdmLabs, ensure the learning environment functions to meet the needs of the students and faculty.

To support student access to information resources, INMED has compiled an online library which allows students access to free academic journals. The [Library Resources page](#) was built in collaboration with INMED's medical librarian, and INMED students access the library page through a link on their student profile in INMED's Learner Management System. The Institute maintains a contractual relationship with the medical librarian who helped create the page, and who is available to assist students in their research endeavors. As the program, student body, and website continue to grow, the librarian will be most helpful in identifying new and relevant materials, ensuring that information remains valuable and true over time.

Prior to the COVID pandemic, INMED staff primarily worked from INMED's office. Since the pandemic, INMED staff predominately work from home, and INMED continues to rent office space that is available for staff and includes individual offices and a conference room for meetings. Staff have access to two INMED Zoom accounts for both internal and external meetings. To facilitate their work, INMED staff are equipped with computers, and employees follow a weekly regimen to promote computer health and to save files to external hard drives. Further, INMED's account with Apple provides a mechanism for staff to receive assistance with computer questions or problems. Policies addressing the appropriate use of technology by staff and students are found in the [Staff](#) and [Student Handbook](#).

INMED employs a variety of software programs to support the work of the Institute. Of note, staff use the Microsoft suite of applications, including Outlook for email and to sync calendars, they use ASANA to organize tasks and to assign and track progress and responsibilities, and they use JotForm to evaluate courses and other aspects of the Institute. Finally, the Institute uses Dropbox to store and organize files, providing access by multiple people to the same folders and files; MailChimp is the Institute's primary method of mass communication.

Information, Physical, and Technological Resources: Appraisal

INMED's information, physical, and technological resources support its currently enrolled students. A priority of the institution is to create a learning experience that is interactive and efficient. To facilitate this, INMED maintains a contractual relationship with WisdmLabs, an IT support company. INMED's relationship with WisdmLabs is twofold: 1) the development experts at WisdmLabs assist INMED staff with technical problems staff cannot solve on their own and with the implementation of new ideas and 2) the TechOps team assures INMED sites and LMS run smoothly. Specifically, the team at WisdmLabs assisted INMED staff with the development of its new website in the fall of 2023, helping INMED find a compatible, mobile friendly theme, and helping with the migration from the staging site to the live site. Further, the team at WisdmLabs has assisted with the transfer of course content from one instructional design builder to another, the creation of new online forums for class discussion, and the implementation of new plug-ins that facilitate the sending of messages to learners and tracking learner data such as coupon use and enrollment status.

While the Director of Student Affairs assists students with technological questions and problems, including communication with WisdmLabs, INMED does not have the personnel to address technological questions and problems that may arise outside of normal working hours. As many students live internationally, and as most others complete coursework outside of normal working hours, this poses a potential problem to those students who may have technological problems outside those hours. As the Institute grows, it will annually evaluate, at the Strategic Planning Retreat, its need for more comprehensive technical support for students. This is further explained in Standard 5.

To address current needs and plan for future growth, INMED has developed a 5-year [Technology Plan](#). This plan addresses the following areas as they relate to technology:

- Academics
- Communication
- Infrastructure and Security

Additionally, INMED, in response to learner feedback, has begun investigation into new learner management (LMS) and student information systems (SIS), and, with the input of students, faculty, and staff, the Institute plans to adopt a new LMS and SIS by the start of the 2024/25 academic year.

INMED is currently developing disaster and business continuity plans and recovery policies and procedures. Safeguards are in place for the backup of data (all staff and faculty use INMED's Drobox account, which is cloud-based, for the storage of digital files). In addition, employees weekly back up all data on their computes to an external hard drive. However, no procedure is currently in place for the regular evaluation and update of policies concerning technological resources.

Projection

At future planning retreats and Board meetings, INMED will devote significant and sustained attention to developing its succession plan and analyzing its need to hire a qualified Chief Academic Officer and Chief Financial Officer. Further consideration will be given to establishing goals for diversity, equity, and inclusion among INMED staff, integrating these goals into recruitment policies and procedures, and developing a mechanism to assess the effectiveness of its efforts to achieve those goals.

Overall, INMED will continue its lean approach to finances by closely scrutinizing spending and working to increase income. To increase revenue to meet the needs expressed above, INMED will:

- Develop, implement, and review the effectiveness of a five-year fundraising plan, including engagement of board members in philanthropic endeavors.
- Dedicate a staff member to spearhead grant writing efforts.

To ensure its policies around information technology are up-to-date and sufficient, the following goals have been established:

- The Vice President of Operations will oversee the development of disaster and business continuity plans by spring 2025
- The Director of Admission and Student Affairs will oversee the development of data recovery policies and procedures by fall 2024
- Senior Administrators will develop a plan to regularly evaluate and update IT policies by spring 2025



Standard Eight: Educational Effectiveness

Standard 8: Educational Effectiveness (Undergraduate Retention and Graduation Rates)

INMED does not offer any undergraduate programs.

Standard 8: Educational Effectiveness (Student Success and Progress Rates and Other Measures of Student Success)

INMED does not offer any associate or bachelor programs.

Standard 8: Educational Effectiveness (Licensure Passage and Job Placement Rates and Completion and Placement Rates for Short-Term Vocational Training Programs)

Please enter any explanatory notes in the box below

INMED does not offer any State Licensure, National Licensure, Job Placement programs.
INMED also does not offer any Short-Term Vocational Training programs.

Standard 8: Educational Effectiveness (Graduate Programs, Distance Education, Off-Campus Locations)

Student Success Measures / Prior Performance and Goals	3 Years Prior (FYE 2021)	2 Years Prior (FYE 2022)	1 Year Prior (FYE 2023)	Current Year (FYE 2024)	Next Year Forward (goal) (FYE 2025)
Master's Programs (Add definitions/methodology in #1 below)					
Retention rates first-to-second year	100%	90%	91%	94%	90%
Graduation rates @ 150% time*	84%	89%	92%	-	85%
Average time to degree	2.76 years	3.38 years	3.31 years	-	4 years
Other measures, specify:					
Student Meeting Learning Outcomes	94%	99%	98%	100%	95%
Student satisfaction upon completion of degree	-	100%	100%	100%	100%
Students graduating with no debt owed to INMED	100%	100%	100%	100%	100%
Graduates' self-reported ability to care for underserved people	100%	100%	75%	100%	80%
Graduates caring for underserved people	100%	100%	67%	89%	80%

Please enter any explanatory notes in the box below

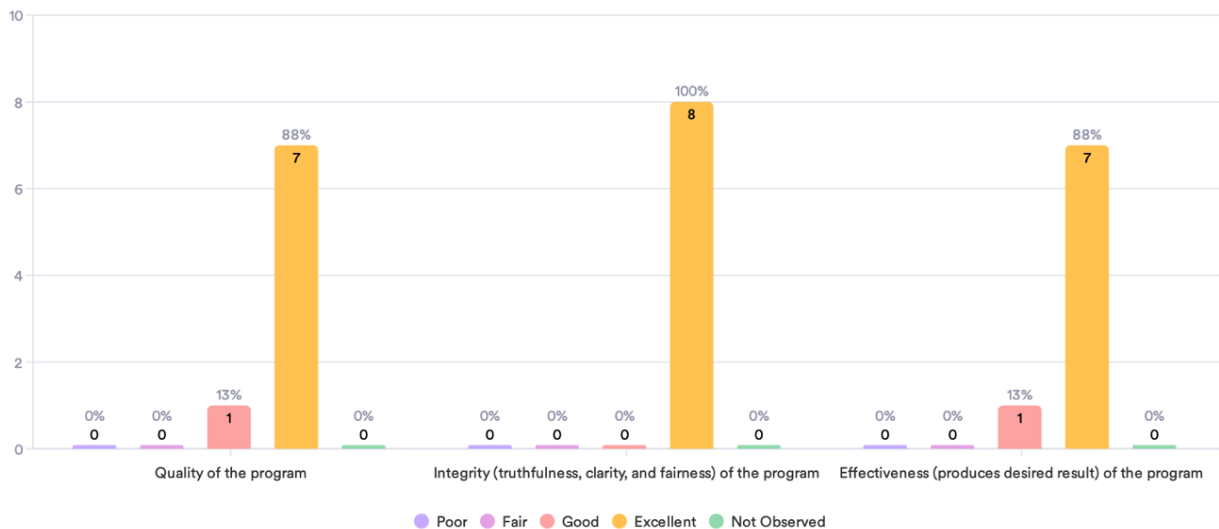
INMED students are allowed 4 years to complete the MIH program. Graduation rate is calculated for a specified academic year based on the number of students that graduate divided by the number of students that were enrolled in the academic year.

*Graduation Rate: Based on current student progress, we anticipate high graduation rates. More time is needed to allow for completion in order to calculate overall graduation rates within cohorts of academic years.

Description

Expected competencies to be gained from the MIH degree are clearly stated on [MIH webpages](#), syllabi, [Academic Catalog](#), as well as presented in public forums where INMED faculty make live and videoed presentations. These competencies are detailed in Standard 4. Care is taken by academic and institutional leadership to clearly connect the MIH competencies with the overall mission of the Institute *to Equip healthcare professionals and students to serve the forgotten*. Potential [career prospects](#) and responsibilities for which the MIH degree qualifies graduates are also clearly posted and elaborated on during student advising.

INMED composes an [Annual Report on Academic Affairs](#) summarizing, among other data, students' views of the success of the MIH. The most recent report demonstrates 7/8 respondents rating the effectiveness of the program "Excellent."



INMED is highly committed to and invested in the long-term assessment of educational effectiveness and career impact. Such assessment is used strategically to identify areas for improvement, including in the realms of student advising, course content, learning experience, and career advising. The tool used to measure graduates' interest in and ability to serve the forgotten, and to track graduates actual service to the forgotten is the custom-designed Longitudinal Survey of INMED participants. This longitudinal survey has been used to track graduate diploma participants since 2004 and MIH participants since inception of the degree program in 2020. Additional methods used to measure student achievement are student post-course evaluations, faculty post-course evaluations, and the post-graduation program evaluation.

Standard 4 describes, in detail, how INMED developed the educational competency objectives of the MIH, and these objectives are used to measure student success at the course and program level. The following are MIH core competencies students are expected to attain by the time they complete the academic program; these

Institute of International Medicine Self-Study for Candidacy 2024 Standard Eight: Education Effectiveness

are clearly communicated via the [MIH main page](#), on individual course syllabi, in the academic catalogue, and directly to students during orientation and ensuing advising sessions:

- Application of epidemiological principles
- Skill in community-wide health promotion and death/disability prevention
- Culturally appropriate healthcare
- Proficiency in disaster mitigation and response
- Management and prevention of the leading diseases of poverty
- Care for the health of pregnant women and newborns
- Proficiency in clinical skills useful in low-resource settings
- Design and implementation of team-lead healthcare interventions
- Transfer of healthcare skills to other personnel
- Research methodologies, interpretation, and quality improvement

Ascertainment of course and degree competencies is assessed through multiple tools including numerical graded quizzes, essays, class discussions, written projects, international service-learning evaluations, and scholarly project performance.

INMED uses a learning management system (LMS) and a student information system (SIS) as important methods of tracking student performance via scores, grades, written evaluations, and assignment completion. These systems permit ready access of students and faculty to this information. During orientation, students are introduced to the course dashboard, where they may track their progress within the timeline of course requirements.

In addition to the aforementioned measures of student achievement, the Institute also carefully takes into account less direct measures, including student “free text” comments regarding their faculty interaction, course experience, and overall satisfaction with the degree program.

INMED faculty, institutional leaders, and administrative staff are updated regarding the status of how students are meeting the expectations of their courses and their degree program. These updates are conducted at faculty meetings, staff meetings, academic planning retreats, and strategic planning retreats.

MIH long-term program success, tracked via the Longitudinal Survey of INMED Participants, is measured through semi-annual self-rated *interest* related to underserved people, *ability* to promote health of underserved people, and actual *service* of this nature as their careers progress.

Measures for MIH student success were developed through comparison with similar graduate education programs. MIH [graduate outcomes and student success](#) is posted on the website and is measured through:

- Program Acceptance Rate
- Program Enrollment Rate

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- Program Retention Rate
- Anticipated Program Graduation Rate
- Student Meeting Learning Outcomes
- Student satisfaction upon completion of degree
- Graduates' *ability* to care for underserved people
- Graduates caring for underserved people

These measures of MIH student success, which INMED uses for all students at all locations, are posted on the MIH main webpage for the purpose of informing potential students and the general public.

The international health profession itself does not have a licensing system, therefore licensure passage rates are not tracked.

The results of these student success parameters are used throughout the Institute, particularly in Academic Planning Retreats and Strategic Planning Retreats, to guide and improve student recruitment, curricular design, student advising, and the Institute's overall strategic plan. Also considered in this assessment and planning process are student course evaluations, faculty course evaluations, and program evaluations submitted by MIH graduates. This is accomplished through the Vice President of Academic Affairs accessing the above information and at least annually organizing this information into an Annual Report on Academic Affairs made available to faculty and Institute leaders and discussed at the Annual Academic Team Retreat.



Appraisal

INMED's current LMS, LearnDash and SIS, WordPress, provide basic student performance tracking utility, but report generation capabilities and more advanced performance tracking are limited.

One example of the use of student feedback in action surrounds the Healthcare Leadership and Management course. In its original design, this course was built around health leadership concepts current in use by high income nations. Students noted on their evaluations of the course that their own healthcare settings were most commonly low-income and cross-cultural ones, and that the original course content did not closely match their perceived needs. One MIH student located in the nation of Ghana, for example, noted that, "Content from countries other than the US could help improve the perspective of health leadership." Student evaluations for this course were discussed with the course faculty and with Faculty Council. The course faculty adjusted the course curriculum, including replacement of one of the textbooks with one addressing the health leadership needs of low-income communities. Student evaluations for the next offering of the course were improved, including this quote of a subsequent course participant: "The information presented is relevant to my clinical practice/career. The

information will dramatically impact my leadership and management skills. With detailed assistance in leadership practices such as organizing and implementing (management) skills, real-world healthcare practices like aligning and mobilizing the staff eventually simplify.”

The influence of an INMED international service-learning upon one’s career cannot be overstated. One anonymous report by a graduate follows:

On my very first day in the hospital in Ghana, the surgeon (who was my preceptor) visited a baby in the NICU who was found on the side of the road a few days before. A neighbor had heard a noise, found the newborn baby bundled up, and ran to tell the doctor who had been shopping nearby with her sister. I took care of the little baby in the hospital during my entire stay. He had a few small medical issues but was a healthy newborn when I left.

Just yesterday, I received WhatsApp messages that the baby had been adopted. His new family had all, separately, prayed for a new baby. I am religiously Hindu, but I found such a deep spiritual connection with the many Christians and Muslims around me. I have begun to understand the connection that many create with their higher power, especially when they have little else to rely on. I have a great respect for the people of Ghana and especially for those who work so hard to serve others at that hospital. I can't wait to go back and continue helping in any way that I can.

MIH GRADUATE

INMED is highly committed to tracking the long-term success of its graduates. Since 2004, the Institute has actively solicited and posted on the INMED Blogs website anecdotes of [INMED Graduates in Action](#). Potential students, current students, and graduate colleagues reply to INMED via electronic communication and in-person conversations how these reports inspire and inform their own career choices.

One example of inspiring potential students comes from an emergency nurse who read one of these INMED Graduates in Action posts, which said,

“Guinea, West Africa, has very few physicians and only rare specialists. A top priority for us will be transferring our skills and vision for Guinean healthcare personnel to serve the poorest.”

INMED GRAD

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This nurse traveled to Guinea, West Africa, where she worked alongside the pediatrician who wrote the post and who earlier earned the INMED Graduate Diploma. This pediatrician recommended the emergency nurse study at INMED, and she subsequently became a new MIH student. This emergency nurse who traveled to Guinea, West Africa, concluded on her MIH program evaluation:

INMED is playing a huge role in my career and plans for the future. I felt better prepared going into my service-learning experience and used the knowledge and skills I've gained from INMED more times than I can count. The INMED classes perfectly pair with work abroad and I'm thankful for everything I have learned as it greatly enhanced my experience and learning.

MIH EVALUATION

The Longitudinal Survey of INMED Participants has proven to be *another* valuable tool for both maintaining communication with and tracking long-term educational effectiveness. INMED created an identical self-assessment survey that is administered at the beginning of the programs, after return from international service-learning, at graduation, and then continuing every other year thereafter.

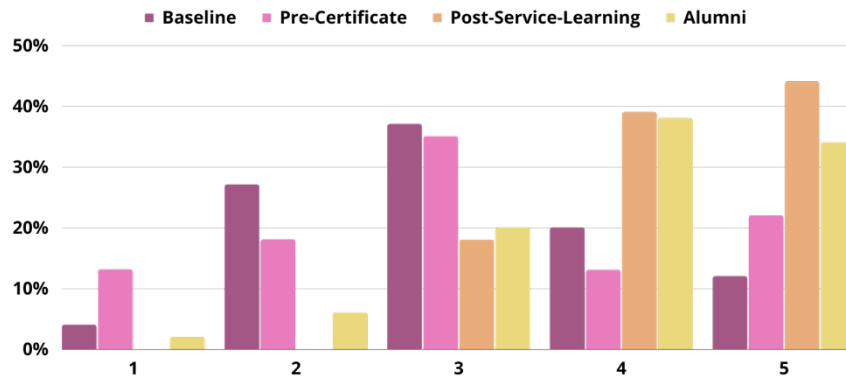
Objectively assessing the influence of an international health education program upon the long-term career of a healthcare professional is made difficult by the fact that students self-select into such learning opportunities. Therefore, soliciting data from a population of peers is essential. For the 2023 Longitudinal Survey of INMED Participants, INMED surveyed 1100 medical students (the entire student population of a medical school) and 600 practicing medical professionals, who were asked to rate themselves according to similar parameters as INMED students and graduates.

Using the above listed measures for INMED student success, the following results for **Graduates self-rated ability related to underserved people** to date have been realized. The 2023 Longitudinal Survey of INMED Participants documented that on a scale of 1-5 (1 = low; 5 = high):

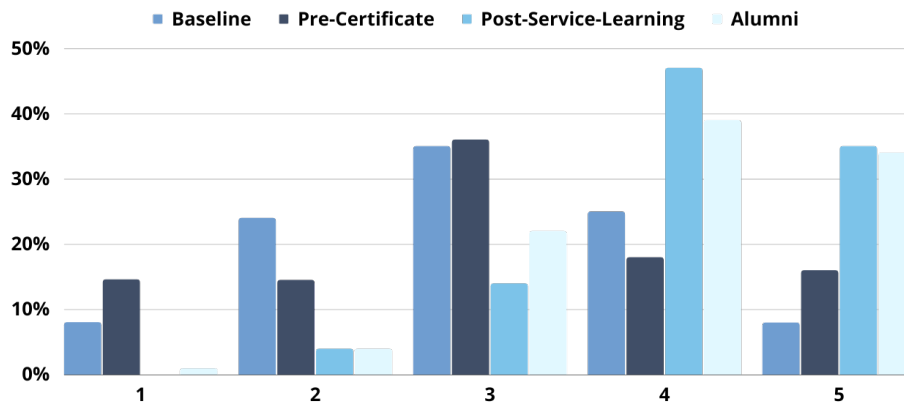
- 38 percent rated themselves “4” and 34 percent rated themselves “5” regarding their ability to promote the health of underserved people.
- 39 percent rated themselves “4” and 34 percent rated themselves “5” regarding their ability to provide cross-cultural healthcare.
- 34 percent rated themselves “4” and 35 percent rated themselves “5” regarding their ability to provide healthcare in low resource settings.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Eight: Education Effectiveness

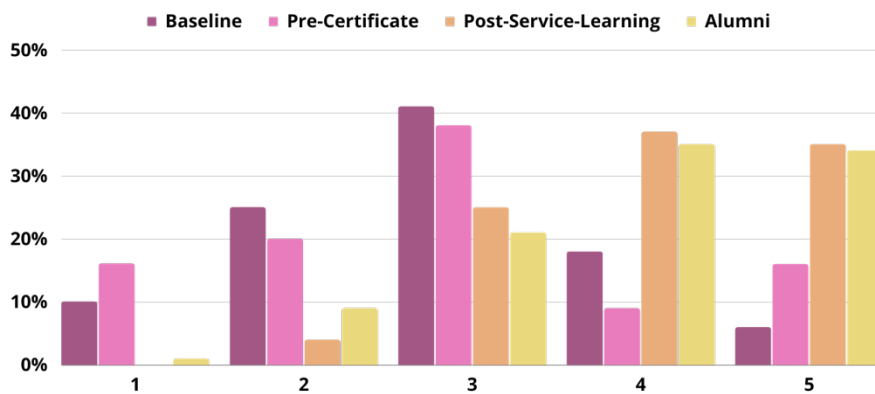
Rate Your Current Ability: Promoting the health of underserved people.



Rate Your Current Ability: Promoting cross-cultural healthcare.

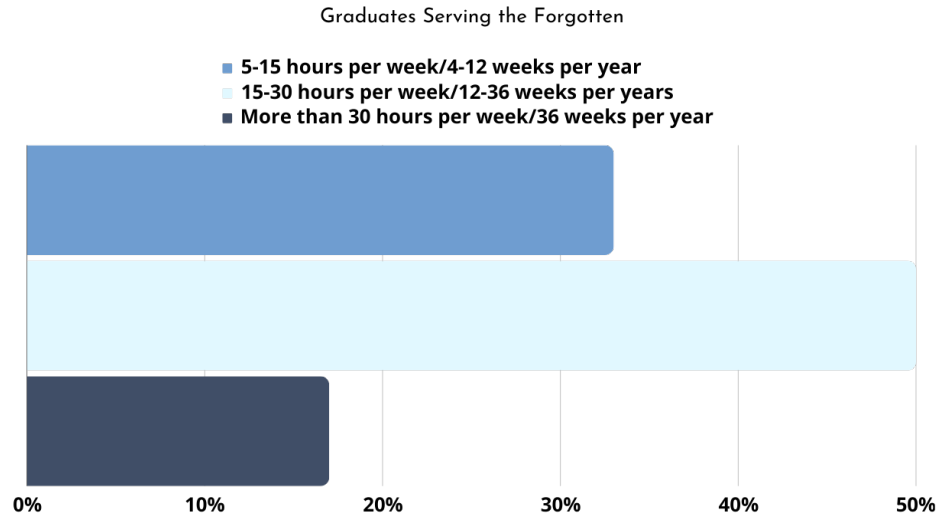


Rate Your Current Ability: Providing healthcare in low-resource settings.



**Institute of International Medicine Self-Study for Candidacy 2024
Standard Eight: Education Effectiveness**

Graduates caring for underserved people. The 2023 Longitudinal Survey of INMED Participants documented that 73% were providing care to underserved people. Of these, 39% were providing care more than 30 hours or 36 weeks per year. The greatest proportion, 37%, were providing care in a non-government non-profit setting, followed by 27% in an academic setting. 20% were located in a developing country.



Other *Outcomes* of measures of MIH student success are posted on the [MIH Student Success webpage](#) for the purpose of informing potential students and the general public, and include the following recent results:

- Program Acceptance Rate: 94% (Overall Program 2020-2024)
- Program Enrollment Rate: 83% (Overall Program 2020-2024)
- Program Retention Rate: 94% (Overall Program 2020-2024)
- Program Graduation Rate: While students have up to four years to complete the degree requirements, the number of INMED students graduating is increasing year by year as illustrated in the table below.

2020 - 2021	2021 - 2022	2022 - 2023	2023 – 2024
1	6	9	9 (not yet complete)

- Based on current student progress, INMED anticipates high graduation rate. More time is needed to allow for completion to calculate overall graduation rate within cohorts of academic years. INMED’s anticipated graduation rate for the class of 2024 is 84%.
- Student Meeting Learning Outcomes: INMED learners demonstrate competency through faculty evaluation of student performance and accompanying grades. For the 2022 – 2023 Academic Year, MIH Students achieved a 95% pass rate in all Academic Credit Courses.
- Student Satisfaction Upon Completion of degree. Graduates communicate student success and satisfaction through the MIH Program Evaluation. In

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addition, in 2023, *all* Program Graduates indicated they were “likely” or “very likely” to tell others about the program.

- Students graduating with no debt owed to INMED. 100% of INMED students graduate with no debt owed to INMED. This is made possible by steeply-discounted tuition rates and a course payment structure that allows learners to pay as they go, one course at a time. INMED does not participate in any federal or private student loan systems.

Student success parameters are evaluated at quarterly faculty meetings and annual academic team retreats to identify opportunities for program improvements. For a complete description of INMED’s planning and evaluation processes, see Standard 2. Publishing this information on the website assists interested students in understanding the potential value of the degree.

The results of the longitudinal survey are used to better understand student success and highlight opportunity for improvement., In the spring of 2024, INMED will use the data derived from the longitudinal survey to submit two articles to the journal *Prehospital & Disaster Medicine* titled *Global Health Preparedness: Development and Experience of the Institute for International Medicine (INMED) Part 1: Program Development and Part 2: Programs Results*. The Institute anticipates that these articles will contribute to the scholarly literature on this subject while highlighting the success of INMED’s program and students.

Projection

- To address shortcomings of the current LMS and SIS, in the spring of 2024 INMED will be researching and transitioning to use of more robust systems that will permit more multifaceted and streamlined reporting of student performance in both individual courses and overall program success.
- In an ongoing effort to improve tracking of educational effectiveness, INMED will engage an Academic Program Advisor by June 2024 to make recommendations. INMED will annually assess the need to expand the number of external education consultants to help provide more perspectives on potential improvements to the MIH educational experience and modalities for tracking outcomes.



Standard Nine: Integrity, Transparency, and Public Disclosure

Standard 9: Integrity, Transparency, and Public Disclosure (Integrity)

Policies	Last Updated	Website location where policy is posted	Responsible Office or Committee
Academic honesty	2023	https://www.inmed.us/student-policies/	Academic Affairs, Student Affairs
Intellectual property rights	2023	https://www.inmed.us/wp-content/uploads/INMED-Copyright-Policy.pdf	Operations, Student Affairs
Conflict of interest (Board)	2023	https://form.jotform.com/221526322310036	Board, Operations
Conflict of interest (Faculty)	2023	Faculty Handbook https://www.inmed.us/academic-workroom/#standard-nine	Faculty Affairs, Academic Affairs
Conflict of interest (Staff)	2023	Staff Handbook https://www.inmed.us/academic-workroom/#standard-nine	Operations, Academic Affairs
Privacy rights (Students)	2023	https://www.inmed.us/wp-content/uploads/INMED-FERPAConfidentiality-of-Student-Education-Records-Policy-and-Process.pdf	Student Affairs
Privacy rights (Institution)	2023	https://www.inmed.us/privacy-policy/	Operations, IT
Fairness (Students)	2023	https://www.inmed.us/student-policies/	Student Affairs
Fairness (Faculty)	2023	Faculty Handbook https://www.inmed.us/academic-workroom/#standard-nine	Faculty Affairs, Academic Affairs
Fairness (Staff)	2023	Staff Handbook https://www.inmed.us/academic-workroom/#standard-nine	Operations
Academic freedom	2023	https://www.inmed.us/faculty-instructor-resources/	Academic Affairs
Research	2023	https://www.inmed.us/faculty-instructor-resources/	Academic Affairs
Refund Policy	2023	https://www.inmed.us/cost/#refund-policy	Student Affairs
Non-discrimination policies			
Recruitment and admissions	2023	https://www.inmed.us/admissions/	Student Affairs, Academic Affairs
Employment	2023	https://www.inmed.us/wp-content/uploads/INMED-Equal-Employment-Opportunity-Statement.pdf	Operations, Academic Affairs
Evaluation	2023	https://www.inmed.us/about-inmed/#diversity	Operations, Student Affairs, Academic Affairs
Disciplinary action	2023	https://www.inmed.us/wp-content/uploads/INMED-Student-Probation-Suspension-Dismissal-and-Readmission-Policy.pdf	Student Affairs
Advancement	2023	Faculty Handbook https://www.inmed.us/academic-workroom/	Academic Affairs
Statement on Diversity	2023	https://www.inmed.us/about-inmed/#diversity	Operations, Student Affairs, Academic Affairs
Non-Discrimination Policy	2023	https://www.inmed.us/wp-content/uploads/INMED-Discrimination-Policy.pdf	Operations, Student Affairs, Academic Affairs
Resolution of grievances			
Students	2023	https://www.inmed.us/student-resources/#grievance	Student Affairs, President's Office
Faculty	2023	https://www.inmed.us/faculty-instructor-resources/#grievances	Faculty Affairs, Academic Affairs, President's Office
Staff	2023	https://www.inmed.us/staff-resources/	Operations, President's Office

Standard 9: Integrity, Transparency, and Public Disclosure (Transparency)

Information	Website location and/or Relevant Publication(s)
How can inquiries be made about the institution?	https://www.inmed.us/contact-us/ https://form.jotform.com/213226104121133
Where can questions be addressed?	https://www.inmed.us/faqs/
summary	Financial Transparency: https://www.inmed.us/about-inmed/#financials
Processes for admissions	https://www.inmed.us/admissions/
Processes for employment	https://www.inmed.us/academic-workroom/#standard-nine
Processes for grading	https://www.inmed.us/wp-content/uploads/INMED-Grading-Policy-Final-.pdf
Processes for assessment	https://www.inmed.us/masters-in-international-health/#evaluation-certification
Processes for student discipline	https://www.inmed.us/wp-content/uploads/INMED-Student-Probation-Suspension-Dismissal-and-Readmission-Policy.pdf
Submit a Form:	https://www.inmed.us/student-resources/
Processes for consideration of complaints and appeals	https://form.jotform.com/213225802562146

List below the statements or promises made regarding program excellence, learning outcomes, success in placement, and achievements of graduates or faculty and indicate where valid documentation can be found.

Statement/Promise	Website location and/or publication where valid documentation can be found
MHI Endorsements	https://www.inmed.us/endorsements/
Student Success and Outcomes	https://www.inmed.us/mhi-student-success/
INMED Grads in Action	https://inmedblogs.us/blog/category/inmed-grads-in-action/
Faculty Achievements in Bios	https://www.inmed.us/academic-team/

Links available in the [Academic Workroom: Standard Nine.](#)

For over 20 years, INMED has taken seriously its public reputation and its commitment to operating with the most upright moral conduct. This chapter will highlight INMED's efforts to maintain integrity and transparency while also highlighting the way it presents itself to the public.

Integrity: Description

To facilitate its mission of equipping healthcare professionals and students to serve the forgotten, INMED has formally adopted institution values, listed, among other places, on INMED's [website](#). One of those values is "Excellence and Integrity: We are committed to high academic standards and exemplary conduct, demonstrating a steadfast moral and ethical uprightness." In regularly scheduled meetings, INMED faculty, staff, and board frequently discuss how to implement this value, and all INMED values are formally reviewed and discussed at the annual Strategic Planning Retreat.

Further, INMED has adopted policies and procedures regarding Academic Honesty, Academic Freedom, intellectual property rights, avoidance of conflicts of interests, and privacy rights of faculty, students, and staff. Many policies and procedures are incorporated into the [faculty, student, and staff handbooks](#). Another policy adopted by INMED includes a [diversity](#) statement that demonstrates the Institute's commitment to the fair and equal treatment of all constituents.

INMED operates and grants degrees in Missouri under the authority of the State of Missouri Coordinating Board of Higher Education. The Institute's international service-learning sites are all licensed and approved to operate under the authority of their given jurisdiction. Outside of its coursework and service-learning, INMED hosts annual conferences in Kansas City and Roatan, Honduras, and twice annually offers in-person courses that contribute to the Institute's mission. INMED manages both the conferences and the in-person courses. INMED faculty and instructors teach the in-person courses and individuals approved by INMED teach at the conferences.

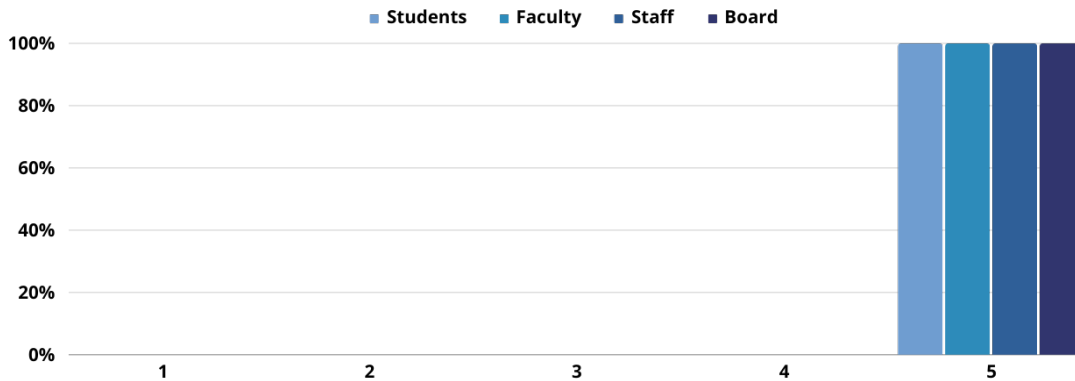


Integrity: Appraisal

INMED staff self-report high levels of adherence to INMED's values, including the Institute's value regarding excellence and integrity. Further, all staff, in the 2023 employee survey, agree INMED places a high value on integrity by strongly agreeing to the following: "We are committed to high academic standards and exemplary conduct, demonstrating a steadfast moral and ethical uprightness."

Institute of International Medicine Self-Study for Candidacy 2024 Standard Nine: Integrity, Transparency, and Public Disclosure

Rating the Program (Integrity) :



A survey first initiated in the fall of 2023, the Academic Program Review, which was completed by staff, faculty, and board members, shows that all respondents give the Institute the highest marks regarding its embracing of the values of INMED, including integrity. These survey results prove those closest to INMED evaluate the Institute's integrity and rank it very high on this subject. Finally, over its 20 years in existence, neither the Institute nor individuals associated with it have been accused or suspected of acting unfairly, showing a lack of integrity, or being dishonest.

INMED has sufficient policies and procedures to address issues of integrity, and the Institute ensures these policies and procedures are distributed and available to applicable audiences. Staff annually review relevant policies and procedures at the Strategic Planning Retreat, which is described in detail in Standard 2. At this event, staff also discuss ways in which INMED employees may better adhere to and demonstrate the values of the Institute. Faculty learn of policies and procedures during orientation and again annually when agreements are renewed and as needed at meetings of the Faculty Council, which are held four times annually. Student-related policies and procedures are presented at the student's [Initial Orientation and Advising Meeting](#), through the Student Handbook, which is available publicly and which students review upon enrollment, and through the MIH Student Body newsletter, distributed monthly.

The creation and implementation of policies and procedures is a process undertaken by committees comprised of relevant stakeholders. For example, in the creation of the faculty handbook (in response to NECHE's letter from January 17, 2023), INMED consulted several handbooks from similar institutions to create a rough draft. That draft was reviewed by the President, the Vice President of Academic Affairs, and the Dean of Faculty. Finally, the document was reviewed and edited by the faculty. This team approach to the creation of documents ensures the appropriate constituencies have a voice, and INMED will continue to apply this approach as it creates and implements ensuing policies and procedures.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Nine: Integrity, Transparency, and Public Disclosure

While INMED's policies and procedures are widely available and distributed to the appropriate audiences, many of them have only been developed over the past year or two. Because of their relative newness, many of INMED's policies and procedures have not yet been put to practice. For example, INMED's [Academic Integrity Policy and Process](#) has not yet been tested, and INMED has not yet received a complaint filed by a student, faculty, or staff member. INMED recognizes the likely need to update policies and procedures around integrity and other issues as those policies are implemented and the procedures are carried out. To address this, the Institute has created a plan regarding the assessment of its policies and procedures, which will take place at the annual Academic Planning Retreat.

INMED adheres to non-discriminatory policies, but its faculty, board, and staff are mostly ethnically homogenous. INMED recognizes the value of ethnic diversity among its faculty, board, and staff, and leadership is working with each group to create goals around diversity as mentioned in Standards 3, 6, and 7.

The Institute has always demonstrated honesty and integrity in its relationship with the Commission. Throughout the processes of Eligibility and Candidacy, INMED has enjoyed a collaborative relationship with all Commission employees and volunteers. Protocols to notify the Commission of major adverse events will be included in its business continuity and disaster plans.



Transparency: Description

INMED is transparent with its policies and practices. In presenting the Institute to students, prospective students, and other members of the public, the INMED website presents sufficient information for students to make informed decisions about the Institute.

The Vice President of Academic Affairs compiles an Academic Program report with data gathered from the Director of Student Affairs and Admissions that is presented annually at the Academic Planning Retreat, which includes valid documentation for any statements and promises regarding such matters as competency objectives, graduate outcomes and student success, and graduates in action. It includes anecdotes and evaluations from students, faculty, and board. The offices of Academic Affairs and Student Affairs then assess all the policies based on feedback. Upon review, the INMED website is updated with the most recent and accurate information regarding its policies and processes. At the Academic Planning Retreat, the Dean of Faculty and administrators verify the calendar terms that faculty will teach for the upcoming school year to be included in the Academic Catalog. The new year Academic Catalog is added to the website preceding the archived catalogs.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Nine: Integrity, Transparency, and Public Disclosure

The public can inquire reasonable requests for information, including the annual audited financial statements, as stated on the [Financials](#) and [Student Success](#) sections of the webpages. The [Contact Us](#) page is also easily accessible for prospective learners and the public. INMED has an internal best practice for prompt email replies and is quick to respond to any questions, comments, concerns, or suggestions.



Transparency: Appraisal

INMED has always been transparent about its policies and processes. However, several policies and procedures have been newly created based on requirements from the accreditation process. The senior administrators, staff, faculty, and students, before or at each Academic Planning Retreat, review each policy and process as INMED becomes compliant with the standards. INMED students have provided suggestions for edits to the student handbook and academic catalog. From their review of the Academic Integrity Policy, the Institute included a line clarifying that students may not use artificial intelligence. As time goes on, INMED will gain experience and insight as to how to improve the policies by walking through the process of each policy to then better applying them to the entire Institute.

The Director of Student Affairs and Admissions updated the Student Success page of the website as it is today with information from the 2022 – 2023 academic year, longitudinal survey, and MIH final evaluations. As the INMED Master's Degree program grows, there will be more students from whom to gather graduate outcomes and successes.

INMED recently published a new website where the categories of admissions, grading, assessment, student discipline, consideration of complaints and appeals, program excellence, and learning outcomes have been differently organized based on collected feedback from staff, students, and the public. The Institute implemented a new WordPress theme that came with features that are more user-friendly, searchable, and mobile responsive. Through a 2023 survey designed to solicit feedback about INMED's re-designed website, the Institute has gained additional perspective on how prospective learners and the public access the pages listed in this standard.

The Institute adamantly strives to publish accurate and current information, and this topic is frequently discussed at staff meetings. When changes are made to public-facing information, a staff member is appointed to make the updates on all INMED publications. Particularly during the writing of the Self-Study and in preparation for its Candidacy meeting, INMED has made countless updates to documents. However, INMED does not engage in a systematic process of periodic review of its publications.

Institute of International Medicine Self-Study for Candidacy 2024 Standard Nine: Integrity, Transparency, and Public Disclosure

Standard 9: Integrity, Transparency, and Public Disclosure (Public Disclosure)

Information	Website location
Institutional catalog	Academic Catalog: https://www.inmed.us/student-policies/
Obligations and responsibilities of students and the institution	Academic Catalog: https://www.inmed.us/student-policies/
Information on admission and attendance	https://www.inmed.us/admissions/ ; https://www.inmed.us/masters-in-international-health/#application-requirements ; https://www.inmed.us/wp-content/uploads/MIH-Program-and-Courses-Syllabi.pdf
Institutional mission and objectives	https://www.inmed.us/mission-and-values/
Expected educational outcomes	Competency Objectives: https://www.inmed.us/masters-in-international-health/ ; https://www.inmed.us/mih-student-success/#outcomes-success
Status as public or independent institution; status as not-for-profit or for-profit; religious affiliation	https://www.inmed.us/about-inmed/#education-style ; https://www.inmed.us/about-inmed/#financials
Requirements, procedures and policies re: admissions	https://www.inmed.us/admissions/ ; https://www.inmed.us/wp-content/uploads/INMED-Admissions-Committee-Procedure.pdf
Requirements, procedures and policies re: transfer credit	https://www.inmed.us/admissions/ ; https://www.inmed.us/wp-content/uploads/INMED-Transfer-of-Credit-Policy.pdf
A list of institutions with which the institution has an articulation agreement	https://www.inmed.us/partners/
Student fees, charges and refund policies	https://www.inmed.us/cost/
Rules and regulations for student conduct	https://www.inmed.us/student-policies/ ; https://www.inmed.us/student-resources/
Procedures for student appeals and complaints	https://www.inmed.us/student-resources/#grievance
Other information re: attending or withdrawing from the institution	https://www.inmed.us/cost/#refund-policy ; https://www.inmed.us/wp-content/uploads/INMED-Refund-Policy.pdf
Academic programs	https://www.inmed.us/learn/
Courses currently offered	https://www.inmed.us/academic-calendar/
Other available educational opportunities	https://www.inmed.us/learn/
Other academic policies and procedures	https://www.inmed.us/student-policies/
Requirements for degrees and other forms of academic recognition	https://www.inmed.us/masters-in-international-health/#components ; https://www.inmed.us/masters-in-international-health/#evaluation-certification
List of continuing faculty, indicating department or program affiliation, degrees held, and institutions granting them	https://www.inmed.us/academic-team/
Names and positions of administrative officers	https://www.inmed.us/inmed-staff/
Names, principal affiliations of governing board members	https://www.inmed.us/board-of-directors/
Locations and programs available at branch campuses, other instructional locations, and overseas operations at which students can enroll for a degree, along with a description of programs and services available at each location	https://www.inmed.us/partners/ ; https://www.inmed.us/service-learning-sites/ *
Programs, courses, services, and personnel not available in any given academic year.	n/a
Size and characteristics of the student body	https://www.inmed.us/mih-student-success/#demographics
Description of the campus setting	Academic Catalog: https://www.inmed.us/student-policies/
Availability of academic and other support services	https://www.inmed.us/student-resources/
Range of co-curricular and non-academic opportunities available to students	https://www.inmedhmc.com/
Institutional learning and physical resources from which a student can reasonably be expected to benefit	https://www.inmed.us/library-resources/ ; https://www.inmed.us/student-resources/
Institutional goals for students' education	https://www.inmed.us/mission-and-values/#strategic-plan ; https://www.inmed.us/mih-student-success/#outcomes-success
Success of students in achieving institutional goals including rates of retention and graduation and other measure of student success appropriate to institutional mission. Passage rates for licensure exams, as appropriate	https://www.inmed.us/mih-student-success/#outcomes-success
Total cost of education and net price, including availability of financial aid and typical length of study	https://www.inmed.us/cost/#financial-aid
Expected amount of student debt upon graduation and loan payment rates	https://www.inmed.us/mih-student-success/#outcomes-success
Statement about accreditation	https://www.inmed.us/about-inmed/#accreditation

Links available in the [Academic Workroom: Standard Nine.](#)

Public Disclosure: Description

INMED publicly discloses the Institute's endeavors to exemplify the values it articulates in its mission and related statements. In presenting INMED to students, prospective students, and other members of the public, the institutional website provides information, including information about student success, for intended audiences to make informed decisions about the Institute.



Public Disclosure: Appraisal

The Institute's mission statement, posted on the [Missions and Values page](#), is its guiding force and, therefore, lives at the forefront of the academic catalog and each handbook. Appraisal of the mission statement is an agenda item at the annual Strategic Planning Retreat. INMED discusses its commitment to being an organization with the highest integrity, as derived from its values.

Students who apply to the Institute buy into the mission and agree with the obligations and responsibilities set for students. Students review the Academic Catalog with their advisor at their first orientation and advising meeting and are informed of its location for further inspection. Also discussed in the orientation are the Student Handbook, Student Resources, Library Resources, Student Policies, Student Support, and Student Appeals and Complaints (Grievances) webpages. The policies, processes, and listed web pages are also made available to the public and any prospective learners.

In a 2023 survey regarding INMED's website, 100% of respondents answered that the Student and Institutional Policies are clear and easy to understand. Regarding clarity and conciseness of content, on a scale of 1-10, all respondents indicated at least 8. Finally, all survey respondents found the website to be "easy" or "very easy" to understand. One area of critique involved the location of the academic calendar. Based on that critique, the calendar was moved to a more prominent location on the navigation menu. However, the Institute has not gathered sufficient data from the survey and expects a more comprehensive review by June 2024. Dependent on feedback from the survey, the website will make changes to ensure that all viewers fully understand the information that INMED presents digitally and in print.

An essential component to the MIH program is International Service-Learning, which is discussed in detail in Standard 4. This component of the degree occurs at one of 40 sites located in 25 nations. To maintain the integrity of this aspect of the degree, INMED has executed agreements with the sites and the preceptors at each site. At the time of this writing, INMED is renewing its formal agreements with each site. The new agreements better align with the Standards for Accreditation. Students are aware of INMED's relationship with service-learning sites through information posted on INMED's [Service-Learning](#) and [Partners](#) webpages. Specifically, INMED discloses: "INMED

Institute of International Medicine Self-Study for Candidacy 2024 Standard Nine: Integrity, Transparency, and Public Disclosure

cooperates with health facilities to provide INMED learners with exceptional educational experiences. Site selection is done with attention to physical safety, accessibility, service opportunities, reliability of communications, and the evaluations of preceptors and former students.”

INMED publicly discloses information related to its goals for students’ education and about student achievement and success. The details of this data are further discussed in Standard 8. INMED’s process for gathering and publishing this information involves the gathering of data prior to the Academic Planning Retreat, discussion, and analysis of the data at the Retreat, and posting of the data after the Retreat. Information related to graduate outcomes and student success includes:

- Program Acceptance Rate
- Program Enrollment Rate
- Program Retention Rate
- Anticipated Program Graduation Rate
- Student Meeting Learning Outcomes
- Student satisfaction upon completion of degree
- Students graduating with no debt owed to INMED
- Graduates’ *ability* to care for underserved people
- Graduates caring for underserved people

Projection

- Some policies and procedures have only been discussed by INMED faculty and staff and presented to staff, faculty, and students, but they have never been put to practice. INMED understands it will need to review and update those policies and procedures if deficiencies are identified after they are used. This process of review and update will be overseen by the Vice President of Academic Affairs and will be an agenda item at annual Academic Team Planning Retreats, where INMED’s team approach will be applied to making updates to these policies.
- Additionally, INMED will review, prior to the annual Academic Team Planning Retreat, information on its website to ensure it is accurate and up to date.
- INMED’s Senior Administrators will work together to create business continuity and disaster plans by Spring 2025.



Affirmation of Compliance with Federal Regulations Relating to Title IV



New England Commission of Higher Education
 301 Edgewater Place, Suite 210, Wakefield, MA 01880
 Tel: 781-425-7785 | neche.org

AFFIRMATION OF COMPLIANCE WITH FEDERAL REGULATIONS RELATING TO TITLE IV

Periodically, member institutions are asked to affirm their compliance with federal requirements relating to Title IV program participation, including relevant requirements of the Higher Education Opportunity Act.

- 1. Credit Transfer Policies.** The institution’s policy on transfer of credit is publicly disclosed through its website and other relevant publications. The institution includes a statement of its criteria for transfer of credit earned at another institution of higher education along with a list of institutions with which it has articulation agreements. (NECHE Policy 95. See also *Standards for Accreditation* 4.29-4.32 and 9.18.)

URL	https://www.inmed.us/student-policies/
Print Publications	-
Self-study/Fifth-year Report Page Reference	21, 33

- 2. Student Complaints.** “Policies on student rights and responsibilities, including grievance procedures, are clearly stated, well publicized and readily available, and fairly and consistently administered.” (*Standards for Accreditation* 5.18, 9.8, and 9.18.)

URL	https://www.inmed.us/student-resources/#grievance
Print Publications	-
Self-study/Fifth-year Report Page Reference	19, 50, 97

- 3. Distance and Correspondence Education: Verification of Student Identity:** If the institution offers distance education or correspondence education, it has processes in place to establish that the student who registers in a distance education or correspondence education course or program is the same student who participates in and completes the program and receives the academic credit. . . .The institution protects student privacy and notifies students at the time of registration or enrollment of any projected additional student charges associated with the verification of student identity. (NECHE Policy 95. See also *Standards for Accreditation* 4.48.)

Method(s) used for verification	https://www.inmed.us/student-policies/
Self-study/Fifth-year Report Page Reference	44

- 4. FOR COMPREHENSIVE EVALUATIONS ONLY: Public Notification of an Evaluation Visit and Opportunity for Public Comment:** The institution has made an appropriate and timely effort to notify the public of an upcoming comprehensive evaluation and to solicit comments. (NECHE Policy 77.)

URL	https://www.inmed.us/self-study/
Print Publications	-
Self-study Page Reference	E1

The undersigned affirms that **Institute for International Medicine** (institution name) meets the above federal requirements relating to Title IV program participation, including those enumerated above.

Chief Executive Officer:  Date: January 29, 2024

March 2016, June 2020, August 2021

Option E3. Institutional Claims for Student Achievement, with Validating Evidence

What are the claims for student achievement or student success?	Where are the claims published? (please specify) Include URLs where appropriate.	Other than course completion and grades, what outcomes evidence is used to support the claims?	Who interprets the evidence? What is the process? (e.g. by the curriculum committee)	What changes have been made in the program, the claims or the evidence?
Student Satisfaction	Student Satisfaction	Student Satisfaction	Student Satisfaction	Student Satisfaction
INMED asks: "Are students satisfied upon completion of degree?" Graduates rate satisfaction with multiple aspects of the program.	Student Success and outcomes page: https://www.inmed.us/mih-student-success/	Responses from MIH program evaluation completed after students have finished the program	Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	Based on student feedback, INMED has made changes to courses, e.g. adding more faculty and changing term schedule (not overlapping terms)
INMED asks: How likely are you to tell others about INMED?" Graduates indicate they are likely or very likely to tell others.	Student Success and outcomes page: https://www.inmed.us/mih-student-success/	Responses from MIH program evaluation completed after students have finished the program	Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	Based on student feedback, INMED has made changes to courses, e.g. adding more faculty and changing term schedule (not overlapping terms)

What are the claims for student achievement or student success?	Where are the claims published? (please specify) Include URLs where appropriate.	Other than course completion and grades, what outcomes evidence is used to support the claims?	Who interprets the evidence? What is the process? (e.g. by the curriculum committee)	What changes have been made in the program, the claims or the evidence?
What do graduates do? (mission-related metric)	What do graduates do? (mission-related metric)	What do graduates do? (mission-related metric)	What do graduates do? (mission-related metric)	What do graduates do? (mission-related metric)
INMED asks: "Are graduates caring for underserved people?" (Longitudinal Survey)	Student Success and outcomes page: https://www.inmed.us/mih-student-success/	Longitudinal survey	Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	Improved data gathering through alumni survey and engagement
INMED asks: "Are graduates better able to serve underserved people?" Self-report ability to: -Provide cross-cultural Healthcare -Promote the health of the underserved -Provide healthcare in low resource settings	Student Success and outcomes page: https://www.inmed.us/mih-student-success/	Longitudinal survey	Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	Improved data gathering through alumni survey and engagement
INMED asks: "Are graduates better able to serve underserved people?" Preceptor reports student ability to: -Provide cross-cultural Healthcare -Promote the health of the underserved -Provide healthcare in low resource settings	Student Success and outcomes page: https://www.inmed.us/mih-student-success/	Longitudinal survey	Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	Improved data gathering through alumni survey and engagement

**Institute of International Medicine Self-Study for Candidacy 2024
E-Series Form: Option E3**

What are the claims for student achievement or student success?	Where are the claims published? (please specify) Include URLs where appropriate.	Other than course completion and grades, what outcomes evidence is used to support the claims?	Who interprets the evidence? What is the process? (e.g. by the curriculum committee)	What changes have been made in the program, the claims or the evidence?
Program Rates	Program Rates	Program Rates	Program Rates	Program Rates
Acceptance rate			Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	
Enrollment rate	Student Success and outcomes page: https://www.inmed.us/mih-student-success/		Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	
Retention rate	Student Success and outcomes page: https://www.inmed.us/mih-student-success/		Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	
Anticipated Graduation rate	Student Success and outcomes page: https://www.inmed.us/mih-student-success/		Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	The published rate is a projection; we will have results after 2024 (first four-year cohort will be complete).
Students meeting learning outcomes (95% course pass rate by MIH students in 2022/23)	Student Success and outcomes page: https://www.inmed.us/mih-student-success/		Who: Academic team (President, VP of Academic Affairs, Director of Admission/Student Affair, VP of Operations, Dean of Faculty) Process: Prior to the annual Academic Planning Retreat, the team gathers data. During the Retreat, the team analyzes the data. Data is shared with Faculty Council as appropriate.	

*Concerning measures of student success, INMED does not distinguish the institutional level from the program (Masters in International Health)

Auditor's Management Letter and Audited Financial Statements

**INSTITUTE FOR INTERNATIONAL MEDICINE
(A Missouri Not-For-Profit Corporation)**

**FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITORS' REPORT**

Year Ended June 30, 2022

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements

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Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements



INDEPENDENT AUDITORS' REPORT

To the Board of Directors

INSTITUTE FOR INTERNATIONAL MEDICINE

Opinion

We have audited the accompanying financial statements of the Institute for International Medicine (the Organization), which comprise the statement of financial position as of June 30, 2022, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Institute for International Medicine as of June 30, 2022, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern within one year after the date the financial statements are available to be issued.

Auditor's Responsibilities for Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements

higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of INMED's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about INMED's ability to continue as a going concern for a reasonable period of time.

We are required to communicate to those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Deborah Loomis CPA LLC

May 10, 2023

**Institute of International Medicine Self-Study for Candidacy 2024
Auditor's Management Letter and Audited Financial Statements**

**Institute for International Medicine
Statement of Financial Position
June 30, 2022**

ASSETS

Current Assets	
Cash	\$ 147,317
Accounts Receivable	18,024
Investments	<u>239,370</u>
Total Current Assets	404,711
Equipment, Net of Accumulated Depreciation	6,101
Online courses, Net of Accumulated Amortization	<u>-</u>
TOTAL ASSETS	<u>\$ 410,812</u>

LIABILITIES AND NET ASSETS

Liabilities	
Account and Payroll Taxes Payable	\$ 9,980
Conditional Contribution Advance	<u>20,000</u>
Total Current Liabilities	29,980
Unrestricted Net Assets	<u>380,832</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 410,812</u>

The accompanying notes to financial statements are an integral part of these statements.

**Institute of International Medicine Self-Study for Candidacy 2024
Auditor's Management Letter and Audited Financial Statements**

**Institute for International Medicine
Statements of Activities and Changes in Net Assets
For the fiscal year ended June 30, 2022**

CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS

REVENUE AND SUPPORT

Academic Courses, Net of Discounts Given	\$	207,057
CME Courses		213,465
Conferences		21,967
TOTAL REVENUE		442,489
Contributions		67,734
Contributions In-Kind - Course Development		66,000
Contributions In-Kind - Rent		39,963
TOTAL SUPPORT		173,697
Employee Retention Credit		27,648
Other Income		4,894
Investment Income, Net of Unrealized Losses		(25,090)
TOTAL REVENUES		623,638

EXPENSES

Program		425,375
Management And General		188,314
Fundraising		-
TOTAL EXPENSES		613,689

CHANGE IN NET ASSETS		9,949
NET ASSETS, June 30, 2021, As Adjusted (Footnote 8)		370,883
NET ASSETS, June 30, 2022	\$	380,832

The accompanying notes to financial statements are an integral part of these statements.

**Institute of International Medicine Self-Study for Candidacy 2024
Auditor's Management Letter and Audited Financial Statements**

**Institute of International Medicine
Statement of Functional Expenses
For the fiscal year ended June 30, 2022**

	Program	Management and General	Fundraising	Total
Salaries and Wages	\$ 203,230	\$ 87,099	\$ -	\$ 290,329
Payroll Taxes and Employee Benefits	25,380	10,877	-	36,257
Program Expenses	30,002	-	-	30,002
Office Expenses	1,628	698	-	2,326
Professional Fees	54,435	23,329	-	77,764
Bank and Credit Card Fees	8,121	-	-	8,121
Contract Labor	32,043	-	-	32,043
Computer Hardware and Software	9,394	4,026	-	13,420
Travel	6,694	2,869	-	9,563
Insurance	4,569	1,958	-	6,527
Advertising	-	5,223	-	5,223
Scholarships	8,355	-	-	8,355
Telephone	3,887	1,666	-	5,553
Rent	-	39,963	-	39,963
Website	14,628	6,269	-	20,897
Miscellaneous	2,332	999	-	3,331
Accreditation	20,677	-	-	20,677
	<hr/>	<hr/>	<hr/>	<hr/>
Subtotal	425,375	184,976	-	610,351
Depreciation	<hr/>	<hr/>	<hr/>	<hr/>
	-	3,338	-	3,338
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL EXPENSES	<u>\$ 425,375</u>	<u>\$ 188,314</u>	<u>\$ -</u>	<u>\$ 613,689</u>

The accompanying notes to financial statements are an integral part of these statements.

**Institute of International Medicine Self-Study for Candidacy 2024
Auditor's Management Letter and Audited Financial Statements**

**Institute for International Medicine
Statement of Cash Flows
For the fiscal year ended June 30, 2022**

CASH FLOWS FROM OPERATING ACTIVITIES	
Change in Net Assets	\$ 9,949
Adjustments to reconcile net income to net cash flows from operating activities	
Unrealized (Gain) Loss on Investments	28,385
Depreciation	3,338
Decrease (increase) in current assets	
Accounts receivable	(13,451)
Inventory	19,080
Increase (decrease) in current liabilities	
Account and Payroll Taxes Payable	3,550
Deferred Revenue, Restricted	20,000
NET CASH FLOWS FROM OPERATING ACTIVITIES	<u>70,851</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Investment Purchases	<u>(58,000)</u>
NET CASH FLOWS FROM INVESTING ACTIVITIES	<u>(58,000)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
	<u>-</u>
INCREASE IN CASH	12,851
CASH, BEGINNING OF YEAR	<u>134,466</u>
CASH, END OF YEAR	<u><u>\$ 147,317</u></u>

The accompanying notes to financial statements are an integral part of these statements.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(1) ORGANIZATION AND NATURE OF OPERATIONS

The Institute for International Medicine (INMED) was organized in June 2003 as a not-for-profit corporation under the laws of the State of Missouri.

INMED exists to equip healthcare professionals and students with the unique skills necessary to effectively serve the world's most forgotten people. It is a graduate school offering didactic instruction in the full range of global health topics via online, hybrid, and in-classroom courses, as well as conferences. Coursework is complemented with supervised service-learning experiences at over 45 INMED training sites in 25 low-resource countries. Learners can earn a professional certificate, a professional diploma or a professional master's degree in International Health.

INMED is governed by a volunteer board of directors.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting. The financial statements of INMED have been prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (GAAP) and with the provisions of the Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 958, *Not-for-Profit Entities*.

B. Cash. For purposes of the Statement of Cash Flows, cash includes INMED's checking and money market account and balances held in its PayPal and wire transfer accounts. Funds in these account are neither held for nor restricted by donors for long-term purposes.

C. Investments and Investment Risks. All investments are held by a Registered Investment Company and are measured at fair market value on a recurring basis by the Registered Investment Company and are reported at their fair value as of June 30, 2022 in the Statement of Financial Position.

INMED records investment purchases at cost, or if donated, at fair value as of the date of donation, and thereafter investments are reported at their current fair value. Net investment return/(loss) is reported in the Statement of Activities and consists of interest and dividend income, and unrealized capital gains and losses.

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Investments are made by diversified investment managers at the Registered Investment Company, whose performance is monitored by INMED's board of directors. Due to the level of risk associated with certain securities and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in values in the near term could materially affect the amounts reported in these financial statements. Although the fair values of investments are subject to fluctuation on a year-to-year basis, INMED believes its investment policies are prudent for its long-term welfare.

D. Net Assets. Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. *Net Assets without Donor Restrictions* are net assets that are available for use in general operations and are not subject to donor restrictions. *Net Assets with Donor Restrictions* are only to be expended on purposes stipulated by the donor. When a restriction is satisfied or expires, *Net Assets with Donor Restrictions* are reclassified to and reported in the Statement of Activities and Changes in Net Assets as net assets released from restrictions.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

E. Revenue Recognition. Revenues are recognized when control of the promised goods or services is transferred to INMED's customers (students), in an amount that reflects the consideration INMED expects to be entitled to in exchange for those goods and services.

Academic Courses. Tuition and application fees are derived from students and medical professionals participating in degree-seeking programs. INMED offers five eight-week terms each year and tuition is recognized ratably over the academic period of the course or program offered. Application fees are nonrefundable and are recognized upon receipt. Any tuition received in advance of services to be rendered are recorded as deferred revenue. The majority of INMED's programs are designed to be completed within its fiscal year.

CME Courses. INMED offers continuing medical education (CME) to healthcare professionals through joint providership agreements to accredit CME activities hosted by non-accredited entities, primarily hospitals in the Kansas City area. Fees for these courses are recognized as revenues when the course is provided.

Accreditation. INMED's programs and courses are fully accredited by the Accreditation Council for International Health Education (ACIHE) and its CME courses are accredited by the Missouri State Medical Association.

Refunds. Students may cancel their enrollment, without penalty or obligation, within three (3) business days from the date specified on the enrollment agreement or course registration receipt and a refund will be issued within 30 days of notice of cancellation. Students requesting cancellation more than three (3) business days after signing the enrollment agreement are subject to the applicable refund formula stated in the enrollment agreement. INMED allows students to defer a course enrollment and receive full credit for amounts paid. Tuition for deferred course enrollment is reported as deferred revenue. No refunds outside the stated policy are guaranteed but students may request refunds due to mitigating circumstances and INMED will review those requests on a case-by-case basis.

Discounts and student aid. Undergraduate students are given discounts to participate in academic courses and conferences and the discounts are reflected as a reduction of course revenues in the accompanying financial statements.

Contributions. Based on the existence or absence of donor-imposed restrictions, INMED classifies its contribution revenues into two categories: without donor restrictions and with donor restrictions. All contributions received by INMED are free of donor-imposed restrictions and are included in this classification.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

E. Revenue Recognition (continued)

Grant income. Grant income is considered a nonreciprocal transaction restricted by sponsors for certain purposes and is recognized as revenue when qualifying expenditures are incurred and conditions under the agreement are met. At June 30, 2022 INMED had an unexpended grant award totaling \$20,000, which is reported as Conditional Contribution Advance in the Statement of Financial Position and for which revenue will be recognized when the conditions of the grant are met.

Other revenues include conference registration fees and advertising revenues which are recognized at the point in time the goods or services are provided.

F. Contributed Services and In-Kind Donations.

INMED founder and President Dr. Nicholas Comninellis volunteers his time to lead the organization. The financial statements do not reflect the value of these contributed services because they do not meet the recognition criteria prescribed by generally accepted accounting principles.

Dr. Comninellis also volunteers his time to develop the curriculum for the courses offered by INMED and he teaches many of the courses. Generally accepted accounting principles prescribe that the fair value of services that either create or enhance nonfinancial assets or require specialized skills that are provided by individuals possessing those skills, and which would be purchased if not donated, be reported as contribution revenue. Dr. Comninellis' time for course development and teaching has been quantified at the fair value of those services and reported as an in-kind contribution and related course development cost in the Statement of Activities.

INMED leases office space at a rate of \$1 annually. The lessor has valued the space occupied by INMED at \$39,963. The resulting difference has been reported as an in-kind contribution and rent expense in the Statement of Activities.

G. Advertising. INMED expenses advertising costs as incurred.

H. Compensated Absences. INMED's policy is to recognize the costs of compensated absences for vacation and sick days when paid to employees. Employees are required to take their paid time off in compensated absences by the close of each year and, accordingly, there is no liability at June 30, 2022 for compensated absences.

I. Functional Allocation of Expenses. The costs of programs and supporting service activities have been summarized on a functional basis in the Statements of Activities and detailed in the Statement of Functional Expenses by their natural classification. Expenses have been allocated among the programs and supporting services benefited based on the percentage of time spent by each employee on the activity, or if directly attributable to a program or support service, the expense has been charged accordingly. There were no fundraising expenses incurred during the year ended June 30, 2022.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

J. Tax Status. INMED has been recognized by the IRS as exempt from federal income taxes under IRC Section 501(a) as an organization described in IRC Section 501(c)(3), qualifies for the charitable contribution deduction under IRC Sections 170(b)(1)(A)(vi) and (viii), and has been determined not to be a private foundation under IRC Section 509(a)(1) and (3). INMED annually files Form 990, *Return of Organization Exempt from Income Tax*, with the IRS.

In addition, it is subject to income tax on net income derived from business activities that are unrelated to its exempt purposes. INMED has determined that it is not subject to unrelated business income tax and has not filed Form 990-T, *Exemption Organization Business Income Tax Return*, with the IRS.

INMED's returns for the fiscal years ending 2020, 2021 and 2022 remain subject to possible examination by the taxing authorities until the related statutes of limitations expire on those returns, generally for three years after they were filed. No returns have been selected for examination.

INMED has evaluated the guidance of FASB ASC 740-10, *Income Taxes*, for reporting uncertain tax positions and has determined that there were no uncertainties or possible related effects as of and for the year ended June 30, 2022 that qualify for either recognition or disclosure in these financial statements.

K. Use of Estimates. The preparation of financial statements on the accrual basis of accounting and in conformity with GAAP requires the use of estimates and assumptions that affect certain reported amounts and disclosures. Such estimates primarily relate to the reported fair market value of investments and the value of in-kind donations of services and office rent. Actual results may differ from these estimates and those differences could be material.

(3) INVESTMENTS

INMED'S investments consist of cash and cash alternatives, exchange traded funds (ETFs), and mutual funds, and those investments are reported at fair market value in the financial statements, in accordance with Financial Accounting Standards Board's ASC 820, *Fair Value Measurements and Disclosures* (ASC 820). The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Accordingly, the fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

ASC 820 describes the three levels of inputs that may be used to measure fair value as follows:

Level 1- Inputs are unadjusted quoted market prices or identical assets or liabilities in active independent markets that the reporting entity has the ability to access as of the measurement date.

Level 2- Inputs are significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not actively traded, and other inputs that are observable or can be corroborated by external independent means.

Level 3- Inputs are unobservable and reflect the reporting entity's own assumptions about what market participants would use in pricing an asset or liability.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(3) INVESTMENTS (continued)

The following table sets forth information about the level within the fair value hierarchy at which INMED's financial assets are measured on a recurring basis at June 30, 2022. All of INMED financial assets are classified as Level 1 because they comprise cash, ETFs, and mutual funds with readily determinable fair values based on daily redemption values.

	Fair Value	Quoted Prices Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Registered Investment Company	\$ 239,370	\$ 239,370	\$ -	\$ -
Total Investments				

The following is a summary of total investment income for the year ended June 30, 2022:

Interest and Dividends	\$ 4,295
Unrealized Gain (Loss) on Investments	<u>(29,385)</u>
Investment Income, Net of Unrealized Losses	<u>\$ (25,090)</u>

INMED pays investment advisory fees each quarter calculated at .35% of the balance in the investment account.

(4) EQUIPMENT AND ONLINE COURSES

At June 30, 2022, equipment and online courses consisted of the following:

	Equipment	Online Courses
Cost	\$ 30,570	\$ 67,163
Less Accumulated Depreciation and Amortization	<u>(24,469)</u>	<u>(67,163)</u>
Net	<u>\$ 6,101</u>	<u>\$ -</u>

Depreciation of equipment is computed using the straight-line method over five (5) years and was \$3,338 for the fiscal year ended June 30, 2022. Amortization of online courses is computed using the straight-line method over ten (10) years; the courses were fully depreciated as of June 30, 2021.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(5) RETIREMENT PLAN

INMED sponsors a defined contribution simplified employee pension (SEP) plan that allows only INMED to contribute to employee accounts. The plan covers employees who are at least twenty-one (21) years old, have been employed by INMED for three (3) of the last five (5) years, and have earned \$650 or more in salaries and wages for each of the preceding three years. Contributions made by INMED are discretionary. For the year ended June 30, 2022 there was only one participant in the retirement plan and INMED's contribution was \$2,770.

(6) RELATED PARTY TRANSACTIONS

INMED founder and President Dr. Nicholas Comninellis volunteers his time to lead the organization. Additionally, he volunteers his time to develop the curriculum for the courses offered by INMED and he teaches many of the courses. The financial statements do not reflect the value of his leadership services as contribution revenue because they do not meet the recognition criteria prescribed by generally accepted accounting principles. The financial statements do reflect the fair value of Dr. Comninellis' services for course development and teaching services as contribution revenues, as they do meet the recognition criteria prescribed by generally accepted accounting principles. The value of those services are \$66,000 and are reported as an in-kind contribution revenue and related course development expense in the Statement of Activities.

There were no payments to related parties during the year, and there were no related party receivables or payables at June 30, 2022.

(7) LIQUIDITY AND AVAILABILITY OF RESOURCES

INMED's financial assets that are readily available within one year of June 30, 2022 to meet general expenditures include:

Cash on hand	\$	147,317
Investments		239,370
Less accounts and payroll taxes payable		<u>(9,980)</u>
Available financial assets		<u>\$376,707</u>

(8) PRIOR PERIOD ADJUSTMENT

During the fiscal year ended June 30, 2022, a prior period adjustment of \$72,887 was made to decrease unrestricted net assets to properly recognize CME Course revenue on the accrual basis for the years ended June 30, 2021 and 2020.

(9) SUBSEQUENT EVENTS

Management has evaluated subsequent events through May 10, 2023, the date the financial statements were available to be issued, and reports that no significant events have been identified that would require adjustment to or disclosure in these financial statements.

Auditor's Management Letter and Audited Financial Statements FYE 2023

INSTITUTE FOR INTERNATIONAL MEDICINE
(A Missouri Not-For-Profit Corporation)

**FINANCIAL STATEMENTS WITH
INDEPENDENT AUDITORS' REPORT**

Year Ended June 30, 2023

**Institute of International Medicine Self-Study for Candidacy 2024
Auditor's Management Letter and Audited Financial Statements FYE 2023**

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Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements FYE 2023



INDEPENDENT AUDITORS' REPORT

To the Board of Directors

INSTITUTE FOR INTERNATIONAL MEDICINE

Opinion

We have audited the accompanying financial statements of the Institute for International Medicine (the Organization), which comprise the statement of financial position as of June 30, 2023, and the related statements of activities and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Institute for International Medicine as of June 30, 2023, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Foundation and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Foundation's ability to continue as a going concern within one year after the date the financial statements are available to be issued.

Auditor's Responsibilities for Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements FYE 2023

higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of INMED's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about INMED's ability to continue as a going concern for a reasonable period of time.

We are required to communicate to those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Deborah Loomis CPA LLC

February 29, 2024

**Institute of International Medicine Self-Study for Candidacy 2024
Auditor's Management Letter and Audited Financial Statements FYE 2023**

**Institute for International Medicine
Statement of Financial Position
June 30, 2023**

ASSETS

Current Assets	
Cash	\$ 135,957
Accounts Receivable	3,200
Investments	317,245
Total Current Assets	<u>456,402</u>
Equipment, Net of Accumulated Depreciation	6,186
Online courses, Net of Accumulated Amortization	<u>-</u>
TOTAL ASSETS	<u>\$ 462,588</u>

LIABILITIES AND NET ASSETS

Liabilities	
Accounts Payable	\$ 3,994
Conditional Contribution Advance	45,000
Total Current Liabilities	<u>48,994</u>
Unrestricted Net Assets	<u>413,594</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 462,588</u>

The accompanying notes to financial statements are an integral part of these statements.

**Institute of International Medicine Self-Study for Candidacy 2024
Auditor's Management Letter and Audited Financial Statements FYE 2023**

**Institute for International Medicine
Statements of Activities and Changes in Net Assets
For the fiscal year ended June 30, 2023**

CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS

REVENUE AND SUPPORT

Academic Courses, Net of Discounts Given	\$ 217,981
CME Courses	201,778
Conferences	<u>34,469</u>
TOTAL REVENUE	<u>454,228</u>

Contributions	72,209
Contributions In-Kind - Course Development	69,300
Contributions In-Kind - Rent	39,963
Grant	<u>12,000</u>
TOTAL SUPPORT	<u>193,472</u>

Employee Retention Credit	31,151
Other Income	8,490
Investment Income, Net of Unrealized Losses	<u>21,068</u>

TOTAL REVENUES	<u>708,409</u>
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EXPENSES

Program	456,981
Management And General	199,802
Fundraising	<u>-</u>

TOTAL EXPENSES	<u>656,783</u>
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CHANGE IN NET ASSETS	51,626
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NET ASSETS, June 30, 2022, As Adjusted (Footnote 8)	<u>361,968</u>
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NET ASSETS, June 30, 2023	<u><u>\$ 413,594</u></u>
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The accompanying notes to financial statements are an integral part of these statements.

**Institute of International Medicine Self-Study for Candidacy 2024
Auditor's Management Letter and Audited Financial Statements FYE 2023**

**Institute of International Medicine
Statement of Functional Expenses
For the fiscal year ended June 30, 2023**

	Program	Management and General	Fundraising	Total
Salaries and Wages	\$ 221,636	\$ 94,987	\$ -	\$ 316,623
Payroll Taxes and Employee Benefits	34,602	14,830	-	49,432
Professional Fees	75,036	18,852	-	93,888
Program Expenses	54,458	-	-	54,458
Accreditation	12,281	-	-	12,281
Advertising	-	8,575	-	8,575
Bank and Credit Card Fees	8,294	-	-	8,294
Computer Hardware and Software	11,597	4,971	-	16,568
Insurance	6,397	2,741	-	9,138
Miscellaneous	4,660	1,997	-	6,657
Office Expenses	1,889	810	-	2,699
Rent	-	39,963	-	39,963
Scholarships	4,990	-	-	4,990
Telephone	2,887	1,238	-	4,125
Travel	10,541	4,518	-	15,059
Website	7,713	3,306	-	11,019
	<hr/>	<hr/>	<hr/>	<hr/>
Subtotal	456,981	196,788	-	653,769
Depreciation	-	3,014	-	3,014
	<hr/>	<hr/>	<hr/>	<hr/>
TOTAL EXPENSES	<u>\$ 456,981</u>	<u>\$ 199,802</u>	<u>\$ -</u>	<u>\$ 656,783</u>

The accompanying notes to financial statements are an integral part of these statements.

**Institute of International Medicine Self-Study for Candidacy 2024
Auditor's Management Letter and Audited Financial Statements FYE 2023**

**Institute for International Medicine
Statement of Cash Flows
For the fiscal year ended June 30, 2023**

CASH FLOWS FROM OPERATING ACTIVITIES	
Change in Net Assets	\$ 51,626
Adjustments to reconcile net income to net cash flows from operating activities	
Unrealized (Gain) Loss on Investments	(17,375)
Depreciation	3,014
Decrease (increase) in current assets	
Accounts receivable	6,020
Increase (decrease) in current liabilities	
Accounts Payable	(1,429)
Deferred Revenue, Restricted	25,000
NET CASH FLOWS FROM OPERATING ACTIVITIES	<u>66,856</u>
CASH FLOWS FROM INVESTING ACTIVITIES	
Investment Purchases	(60,500)
Equipment Purchases	<u>(3,099)</u>
NET CASH FLOWS FROM INVESTING ACTIVITIES	<u>(63,599)</u>
CASH FLOWS FROM FINANCING ACTIVITIES	
	<u>-</u>
INCREASE IN CASH	3,257
CASH, BEGINNING OF YEAR, As Adjusted (Footnote 8)	<u>132,700</u>
CASH, END OF YEAR	<u>\$ 135,957</u>

The accompanying notes to financial statements are an integral part of these statements.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements FYE 2023

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(1) ORGANIZATION AND NATURE OF OPERATIONS

The Institute for International Medicine (INMED) was organized in June 2003 as a not-for-profit corporation under the laws of the State of Missouri.

INMED exists to equip healthcare professionals and students with the unique skills necessary to effectively serve the world's most forgotten people. It is a graduate school offering didactic instruction in the full range of global health topics via online, hybrid, and in-classroom courses, as well as conferences. Coursework is complemented with supervised service-learning experiences at over 45 INMED training sites in 25 low-resource countries. Learners can earn a professional certificate, a professional diploma, or a professional master's degree in International Health.

INMED is governed by a volunteer board of directors.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting. The financial statements of INMED have been prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles (GAAP) and with the provisions of the Financial Accounting Standards Board (FASB) Accounting Standard Codification (ASC) 958, *Not-for-Profit Entities*.

B. Cash. For purposes of the Statement of Cash Flows, cash includes INMED's checking and money market accounts and balances held in its PayPal and wire transfer accounts. Funds in these accounts are neither held for nor restricted by donors for long-term purposes.

C. Investments and Investment Risks. All investments are held by a Registered Investment Company and are measured at fair market value on a recurring basis by the Registered Investment Company and are reported at their fair value as of June 30, 2023 in the Statement of Financial Position.

INMED records investment purchases at cost, or if donated, at fair value as of the date of donation, and thereafter investments are reported at their current fair value. Net investment return/(loss) is reported in the Statement of Activities and consists of interest and dividend income, and unrealized capital gains and losses.

Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Investments are made by diversified investment managers at the Registered Investment Company, whose performance is monitored by INMED's board of directors. Due to the level of risk associated with certain securities and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in values in the near term could materially affect the amounts reported in these financial statements. Although the fair values of investments are subject to fluctuation on a year-to-year basis, INMED believes its investment policies are prudent for its long-term welfare.

D. Net Assets. Net assets, revenues, gains, and losses are classified based on the existence or absence of donor-imposed restrictions. *Net Assets without Donor Restrictions* are net assets that are available for use in general operations and are not subject to donor restrictions. *Net Assets with Donor Restrictions* are only to be expended on purposes stipulated by the donor. When a restriction is satisfied or expires, *Net Assets with Donor Restrictions* are reclassified to and reported in the Statement of Activities and Changes in Net Assets as net assets released from restrictions.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements FYE 2023

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

E. Revenue Recognition. INMED recognizes revenues when control of the promised goods or services is transferred to its customers (students), in an amount that reflects the consideration INMED expects to be entitled to in exchange for those goods and services.

Academic Courses. Tuition and application fees are derived from students and medical professionals participating in degree-seeking programs. INMED offers five eight-week terms each year and tuition is recognized ratably over the academic period of the course or program offered. Application fees are nonrefundable and are recognized upon receipt. Any tuition received in advance of services to be rendered are recorded as deferred revenue. The majority of INMED's programs are designed to be completed within its fiscal year.

CME Courses. INMED offers continuing medical education (CME) to healthcare professionals through joint providership agreements to accredit CME activities hosted by non-accredited entities, primarily hospitals in the Kansas City area. Fees for these courses are recognized as revenues when the course is provided.

Accreditation. INMED's programs and courses are fully accredited by the Accreditation Council for International Health Education (ACIHE) and its CME courses are accredited by the Missouri State Medical Association.

Refunds. Students may cancel their enrollment, without penalty or obligation, within three (3) business days from the date specified on the enrollment agreement or course registration receipt and a refund will be issued within 30 days of notice of cancellation. Students requesting cancellation more than three (3) business days after signing the enrollment agreement are subject to the applicable refund formula stated in the enrollment agreement. INMED allows students to defer a course enrollment and receive full credit for amounts paid. Tuition for deferred course enrollment is reported as deferred revenue. No refunds outside the stated policy are guaranteed but students may request refunds due to mitigating circumstances and INMED will review those requests on a case-by-case basis.

Discounts and student aid. Undergraduate students are given discounts to participate in academic courses and conferences, and the discounts are reflected as a reduction of course revenues in the accompanying financial statements.

Contributions. Based on the existence or absence of donor-imposed restrictions, INMED classifies its contribution revenues into two categories: without donor restrictions and with donor restrictions. All contributions received by INMED are free of donor-imposed restrictions and are included in this classification.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements FYE 2023

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

E. Revenue Recognition (continued)

Grant income. Grant income is considered a nonreciprocal transaction restricted by sponsors for certain purposes and is recognized as revenue when qualifying expenditures are incurred and conditions under the agreement are met. At June 30, 2023 INMED had an unexpended grant awards totaling \$45,000, which is reported as Conditional Contribution Advance in the Statement of Financial Position and for which revenue will be recognized when the conditions of the grant are met.

Other revenues include conference registration fees and advertising revenues which are recognized at the point in time the goods or services are provided.

F. Contributed Services and In-Kind Donations.

INMED founder and President Dr. Nicholas Comninellis volunteers his time to lead the organization. The financial statements do not reflect the value of these contributed services because they do not meet the recognition criteria prescribed by generally accepted accounting principles.

Dr. Comninellis also volunteers his time to develop the curriculum for the courses offered by INMED and he teaches many of the courses. Generally accepted accounting principles prescribe that the fair value of services that either create or enhance nonfinancial assets or require specialized skills that are provided by individuals possessing those skills, and which would be purchased if not donated, be reported as contribution revenue. Dr. Comninellis' time for course development and teaching has been quantified at the fair value of those services and reported as an in-kind contribution and related course development cost in the Statement of Activities.

INMED leases office space at a rate of \$1 annually. The lessor has valued the space occupied by INMED at \$39,963. The resulting difference has been reported as an in-kind contribution and rent expense in the Statement of Activities.

G. Advertising. INMED expenses advertising costs as incurred.

H. Compensated Absences. INMED's policy is to recognize the costs of compensated absences for vacation and sick days when paid to employees. Employees are required to take their paid time off in compensated absences by the close of each fiscal year and, accordingly, there is no liability at June 30, 2023 for compensated absences.

I. Functional Allocation of Expenses. The costs of programs and supporting service activities have been summarized on a functional basis in the Statements of Activities and detailed in the Statement of Functional Expenses by their natural classification. Expenses have been allocated among the programs and supporting services benefited based on the percentage of time spent by each employee on the activity, or if directly attributable to a program or support service, the expense has been charged accordingly. There were no fundraising expenses incurred during the year ended June 30, 2023.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements FYE 2023

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

J. Tax Status. INMED has been recognized by the IRS as exempt from federal income taxes under IRC Section 501(a) as an organization described in IRC Section 501(c)(3), qualifies for the charitable contribution deduction under IRC Sections 170(b)(1)(A)(vi) and (viii), and has been determined not to be a private foundation under IRC Section 509(a)(1) and (3). INMED annually files Form 990, *Return of Organization Exempt from Income Tax*, with the IRS.

In addition, it is subject to income tax on net income derived from business activities that are unrelated to its exempt purposes. INMED has determined that it is not subject to unrelated business income tax and has not filed Form 990-T, *Exemption Organization Business Income Tax Return*, with the IRS.

INMED's returns for the fiscal years ending 2021, 2022 and 2023 remain subject to possible examination by the taxing authorities until the related statutes of limitations expire on those returns, generally for three years after they were filed. No returns have been selected for examination.

INMED has evaluated the guidance of FASB ASC 740-10, *Income Taxes*, for reporting uncertain tax positions and has determined that there were no uncertainties or possible related effects as of and for the year ended June 30, 2023 that qualify for either recognition or disclosure in these financial statements.

K. Use of Estimates. The preparation of financial statements on the accrual basis of accounting and in conformity with GAAP requires the use of estimates and assumptions that affect certain reported amounts and disclosures. Such estimates primarily relate to the reported fair market value of investments and the value of in-kind donations of services and office rent. Actual results may differ from these estimates and those differences could be material.

(3) INVESTMENTS

INMED'S investments consist of cash and cash alternatives, exchange traded funds (ETFs), and mutual funds, and those investments are reported at fair market value in the financial statements, in accordance with Financial Accounting Standards Board's ASC 820, *Fair Value Measurements and Disclosures* (ASC 820). The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Accordingly, the fair value hierarchy gives the highest priority to quoted prices (unadjusted) in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

ASC 820 describes the three levels of inputs that may be used to measure fair value as follows:

Level 1- Inputs are unadjusted quoted market prices or identical assets or liabilities in active independent markets that the reporting entity has the ability to access as of the measurement date.

Level 2- Inputs are significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not actively traded, and other inputs that are observable or can be corroborated by external independent means.

Level 3- Inputs are unobservable and reflect the reporting entity's own assumptions about what market participants would use in pricing an asset or liability.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements FYE 2023

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(3) INVESTMENTS (continued)

The following table sets forth information about the level within the fair value hierarchy at which INMED's financial assets are measured on a recurring basis at June 30, 2023. All of INMED financial assets are classified as Level 1 because they comprise cash, ETFs, and mutual funds with readily determinable fair values based on daily redemption values.

	Fair Value	Quoted Prices Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments				
Registered Investment Company	\$ 317,245	\$ 317,245	\$ -	\$ -

The following is a summary of total investment income for the year ended June 30, 2023:

Interest and Dividends	\$ 9,707
Unrealized Gain (Loss) on Investments	<u>11,361</u>
Investment Income, Net of Unrealized Losses	<u>\$ 21,068</u>

INMED pays investment advisory fees each quarter calculated at .35% of the balance in the investment account.

(4) EQUIPMENT AND ONLINE COURSES

At June 30, 2023, equipment and online courses consisted of the following:

	Equipment	Online Courses
Cost	\$ 33,669	\$ 67,163
Less Accumulated Depreciation and Amortization	<u>(27,483)</u>	<u>(67,163)</u>
Net	<u>\$ 6,186</u>	<u>\$ -</u>

Depreciation of equipment is computed using the straight-line method over five (5) years and was \$3,014 for the fiscal year ended June 30, 2023. Amortization of online courses was computed using the straight-line method over ten (10) years; the courses were fully depreciated as of June 30, 2021.

Institute of International Medicine Self-Study for Candidacy 2024 Auditor's Management Letter and Audited Financial Statements FYE 2023

INSTITUTE FOR INTERNATIONAL MEDICINE NOTES TO FINANCIAL STATEMENTS

(5) RETIREMENT PLAN

INMED sponsors a defined contribution simplified employee pension (SEP) plan that allows only INMED to contribute to employee accounts. The plan covers employees who are at least twenty-one (21) years old, have been employed by INMED for three (3) of the last five (5) years, and have earned \$650 or more in salaries and wages for each of the preceding three years. Contributions made by INMED are discretionary. For the year ended June 30, 2023, INMED's contribution to the retirement plan was \$5,009.

(6) RELATED PARTY TRANSACTIONS

INMED founder and President Dr. Nicholas Comninellis volunteers his time to lead the organization. Additionally, he volunteers his time to develop the curriculum for the courses offered by INMED and he teaches many of the courses. The financial statements do not reflect the value of his leadership services as contribution revenue because they do not meet the recognition criteria prescribed by generally accepted accounting principles. The financial statements do reflect the fair value of Dr. Comninellis' services for course development and teaching services as contribution revenues, as they do meet the recognition criteria prescribed by generally accepted accounting principles. The value of those services are \$69,300 and are reported as an in-kind contribution revenue and related course development expense in the Statement of Activities.

There were no payments to related parties during the year, and there were no related party receivables or payables at June 30, 2023.

(7) LIQUIDITY AND AVAILABILITY OF RESOURCES

INMED's financial assets that are readily available within one year of June 30, 2023 to meet general expenditures include:

Cash	\$ 135,957
Investments	317,245
Less accounts payable	<u>(3,994)</u>
Available financial assets	<u>\$449,208</u>

(8) PRIOR PERIOD ADJUSTMENT

During the fiscal year ended June 30, 2023, a prior period adjustment of \$18,864 was made to the accounting records to decrease unrestricted net assets for tuition revenue improperly recognized for the year ended June 30, 2022 and for other adjustments identified.

(9) SUBSEQUENT EVENTS

Management has evaluated subsequent events through February 29, 2024, the date the financial statements were available to be issued, and reports that no significant events have been identified that would require adjustment to or disclosure in these financial statements.

Standard	Link
Institutional Overview	https://www.inmed.us/academic-workroom/#institutional-overview
<i>Webpages and Links</i>	
Home	https://www.inmed.us/
View History	https://www.inmed.us/history/
View Master's in International Health	https://www.inmed.us/masters-in-international-health/
View CME and Joint Providership	https://www.inmed.us/cme/
View Graduate Certificates	https://www.inmed.us/graduate-certificates/
View Graduate Diplomas	https://www.inmed.us/graduate-diplomas/
View Financials	https://www.inmed.us/about-inmed/#financials
View Service-Learning Sites	https://www.inmed.us/service-learning-sites/
<i>External Links</i>	
View State of Missouri Coordinating Board for Higher Education	https://dhewd.mo.gov/cbhe/
Standard One	https://www.inmed.us/academic-workroom/#standard-one
<i>Webpages and Links</i>	
View Missions and Values	https://www.inmed.us/mission-and-values/
View Strategic Plan	https://www.inmed.us/mission-and-values/#strategic-plan
View Strengths and Distinctive Characteristics	https://www.inmed.us/prospective-learners/
View International Service-Learning Sites	https://www.inmed.us/service-learning-sites/
<i>PDFs and Graphics</i>	
View Mission Card	https://www.inmed.us/wp-content/uploads/INMED-Graphic-of-Mission.jpeg
View/Download Original By-laws	https://www.inmed.us/academic-workroom/#standard-one
View/Download Current By-laws	https://www.inmed.us/academic-workroom/#standard-one
View/Download Original Articles of Incorporation	https://www.inmed.us/wp-content/uploads/INMED-Articles-Of-Incorporation-2003-06-30.pdf
View/Download Current Articles of Incorporation	https://www.inmed.us/wp-content/uploads/INMED-Articles-Of-Incorporation-First-Amended-2023-11-14.pdf

**Institute of International Medicine Self-Study for Candidacy 2024
Digital Workroom**

Standard Two	https://www.inmed.us/academic-workroom/#standard-two
<i>Webpages and Links</i>	
View Missions and Values	https://www.inmed.us/mission-and-values/
View Strategic Plan	https://www.inmed.us/mission-and-values/#strategic-plan
View Continuing Medical Education	https://www.inmed.us/cme/
View Missouri State Medical Association	https://www.msma.org/CME-Handbook
View Accreditation Council for Continuing Medical Education	https://www.accme.org/
View State of Missouri Coordinating Board for Higher Education	https://dhewd.mo.gov/cbhe/
<i>PDFs and Graphics</i>	
View/Download Original By-laws	https://www.inmed.us/academic-workroom/#standard-two
View/Download Current By-laws	https://www.inmed.us/academic-workroom/#standard-two
View/Download Strategic Planning Retreat Agenda	https://www.inmed.us/academic-workroom/#standard-two
View/Download Academic Planning Retreat Agenda	https://www.inmed.us/academic-workroom/#standard-two
View/Download Marketing and Recruitment Plan	https://www.inmed.us/academic-workroom/#standard-two
View/Download Fundraising Policies and Goals	https://www.inmed.us/academic-workroom/#standard-two
Technology Plan	https://www.inmed.us/academic-workroom/#standard-two
View/Download Staff Recruitment Policy and Procedure	https://www.inmed.us/academic-workroom/#standard-two
Standard Three	https://www.inmed.us/academic-workroom/#standard-three
<i>Webpages and Links</i>	
View Missions and Values	https://www.inmed.us/mission-and-values/
View Strategic Plan	https://www.inmed.us/mission-and-values/#strategic-plan
View Board of Directors	https://www.inmed.us/board-of-directors/
View Senior Administrators & Staff	https://www.inmed.us/inmed-staff/
View Instructional & Academic Staff	https://www.inmed.us/academic-team/
View Service-Learning Sites	https://www.inmed.us/service-learning-sites/
View Student Grievance Policy	https://www.inmed.us/student-resources/#grievance
View Faculty Grievance Policy	https://www.inmed.us/faculty-instructor-resources/#grievances
View Staff Grievance Policy	https://www.inmed.us/staff-resources/
View Student to Faculty Ratio	https://www.inmed.us/definitions/#ratios
<i>PDFs and Graphics</i>	

**Institute of International Medicine Self-Study for Candidacy 2024
Digital Workroom**

View Mission Card	https://www.inmed.us/wp-content/uploads/INMED-Graphic-of-Mission.jpeg
View/Download Original By-laws	https://www.inmed.us/academic-workroom/#standard-three
View/Download Current By-laws	https://www.inmed.us/academic-workroom/#standard-three
View/Download Organization Chart	https://www.inmed.us/academic-workroom/#standard-three
Board Member Expectations	https://www.inmed.us/academic-workroom/#standard-three
View/Download Leadership Succession Plan	https://www.inmed.us/academic-workroom/#standard-three
View/Download Faculty Council Minutes	https://www.inmed.us/academic-workroom/#standard-three
View/Download Faculty Council By-Laws	https://www.inmed.us/academic-workroom/#standard-three
View/Download Faculty Handbook	https://www.inmed.us/academic-workroom/#standard-three
*View/Download Course Description Policy	https://www.inmed.us/wp-content/uploads/INMED-Course-Numbering-System-and-Guide-to-Curriculum-Designator-Abbreviations-and-Course-Descriptions.pdf
View/Download Transfer Credit Policy	https://www.inmed.us/wp-content/uploads/INMED-Transfer-of-Credit-Policy.pdf
View/Download Credits and Degree Policy	https://www.inmed.us/wp-content/uploads/INMED-Credits-and-Degrees-Policy-NECHE-Rubric-Jan-5-2023.pdf
View/Download Student Council Policy	https://www.inmed.us/wp-content/uploads/Student-Council-Policy.pdf
Standard Four	https://www.inmed.us/academic-workroom/#standard-four
<i>Webpages and Links</i>	
View Master's in International Health	https://www.inmed.us/masters-in-international-health/
View Faculty	https://www.inmed.us/academic-team/
View Admissions	https://www.inmed.us/admissions/
View Professional Qualification Courses	https://www.inmed.us/hands-on-skills/
View Academic Calendar	https://www.inmed.us/academic-calendar/
View Courses Offered	https://www.inmed.us/learn/
View Student Enrollment Agreement	https://www.inmed.us/academic-workroom/#standard-four
View Preceptor Agreement	https://www.inmed.us/academic-workroom/#standard-four
View Preceptor Evaluation of INMED Learner	https://www.inmed.us/academic-workroom/#standard-four
*View Post-Service-Learning INMED Evaluation	https://www.inmed.us/academic-workroom/#standard-four
<i>PDFs and Graphics</i>	
View/Download Academic Catalog	https://www.inmed.us/student-policies/

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View/Download MIH Program and Courses Syllabi	https://www.inmed.us/academic-workroom/#standard-four
View/Download MOUs from Service-Learning Sites	https://www.inmed.us/academic-workroom/#standard-four
View/Download Sample Academic Transcript	https://www.inmed.us/academic-workroom/#standard-four
View/Download Student Probation Suspension, Dismissal, and Readmission Policy	https://www.inmed.us/wp-content/uploads/INMED-Student-Probation-Suspension-Dismissal-and-Readmission-Policy.pdf
View/Download Transfer Credit Policy	https://www.inmed.us/wp-content/uploads/INMED-Transfer-of-Credit-Policy.pdf
View/Download Credit and Degrees Policy	https://www.inmed.us/wp-content/uploads/INMED-Credits-and-Degrees-Policy-NECHE-Rubric-Jan-5-2023.pdf
View/Download Grading Policy	https://www.inmed.us/wp-content/uploads/INMED-Grading-Policy-Final-.pdf
Standard Five	https://www.inmed.us/academic-workroom/#standard-five
<i>Webpages and Links</i>	
View Student and Success	https://www.inmed.us/mih-student-success/
View Mission and Values	https://www.inmed.us/mission-and-values/
View Diversity Statement	https://www.inmed.us/about-inmed/#diversity
View Master's in International Health	https://www.inmed.us/masters-in-international-health/
View Admissions	https://www.inmed.us/admissions/
View Prospective Learners	https://www.inmed.us/prospective-learners/
View MIH Application	https://www.inmed.us/application-mih/
View Student Resources	https://www.inmed.us/student-resources/
View Student Affairs	https://www.inmed.us/student-affairs/
View Advising	https://www.inmed.us/advising/
View Financial Aid	https://www.inmed.us/cost/#financial-aid
View Cost	https://www.inmed.us/cost/
View Student Support	https://www.inmed.us/student-support/
View Student Policies	https://www.inmed.us/student-policies/
View Library Resources	https://www.inmed.us/library-resources/
View Travel Advisory Policy	https://www.inmed.us/academic-workroom/#standard-five
<i>PDFs and Graphics</i>	
View/Download Academic Catalog	https://www.inmed.us/student-resources/
View/Download Admissions Committee Procedure	https://www.inmed.us/wp-content/uploads/INMED-Admissions-Committee-Procedure.pdf
Student Verification Policy	https://www.inmed.us/wp-content/uploads/INMED-Student-Verification-Policy.pdf

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View/Download Marketing and Recruitment Plan	https://www.inmed.us/academic-workroom/#standard-five
View/Download Student Handbook	https://www.inmed.us/student-resources/
View/Download MIH Learner Initial Advising and Orientation Meeting	https://www.inmed.us/wp-content/uploads/23-24-MIH-Learner-Initial-Advising-and-Orientation-Meeting.pdf
View/Download Student Council	https://www.inmed.us/wp-content/uploads/Student-Council-Policy.pdf
Learning Management System Crisis Algorithm	https://www.inmed.us/academic-workroom/#standard-five
Standard Six	https://www.inmed.us/academic-workroom/#standard-six
<i>Webpages and Links</i>	
View Faculty Affairs	https://www.inmed.us/faculty-instructor-affairs/
View Instructional and Academic Staff	https://www.inmed.us/academic-team/
View Faculty Definitions	https://www.inmed.us/definitions/
View Academic Calendar	https://www.inmed.us/academic-calendar/
View Faculty Resources	https://www.inmed.us/faculty-instructor-resources/
View Student Success	https://www.inmed.us/mih-student-success/
View Questions & Concerns Form	https://www.inmed.us/academic-workroom/#standard-six
<i>PDFs and Graphics</i>	
View/Download Equal Opportunity Employment Policy	https://www.inmed.us/wp-content/uploads/INMED-Equal-Employment-Opportunity-Statement.pdf
View/Download Non-Discrimination Policy	https://www.inmed.us/wp-content/uploads/INMED-Discrimination-Policy.pdf
View/Download Academic Report on Academic Affairs	https://www.inmed.us/academic-workroom/#standard-six
View/Download Formal Onboarding Guide	https://www.inmed.us/academic-workroom/#standard-six
View/Download Formal Orientation Checklist	https://www.inmed.us/academic-workroom/#standard-six
Faculty Meeting Minutes	https://www.inmed.us/academic-workroom/#standard-six
View/Download Faculty Council By-Laws	https://www.inmed.us/academic-workroom/#standard-six
View/Download Faculty Handbook	https://www.inmed.us/academic-workroom/#standard-six
Standard Seven	https://www.inmed.us/academic-workroom/standard-seven
<i>Webpages and Links</i>	
View Library Resources	https://www.inmed.us/library-resources/
View Strategic Plan	https://www.inmed.us/mission-and-values/#strategic-plan
Diversity	https://www.inmed.us/about-inmed/#diversity
Professional Qualification Courses	https://www.inmed.us/hands-on-skills/

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International Service-Learning Sites	https://www.inmed.us/graduate-diplomas/
Financials	https://www.inmed.us/about-inmed/#financials
Ratios	https://www.inmed.us/definitions/#ratios
<i>PDFs and Graphics</i>	
Gift Acceptance	https://www.inmed.us/academic-workroom/standard-seven
Leadership Succession Plan	https://www.inmed.us/academic-workroom/standard-seven
Financial Aid	https://www.inmed.us/academic-workroom/standard-seven
View/Download Fundraising Policies and Goals	https://www.inmed.us/academic-workroom/standard-seven
Internal Controls	https://www.inmed.us/academic-workroom/standard-seven
Staff Handbook	https://www.inmed.us/academic-workroom/#standard-seven
FYE 2024 Budget	https://www.inmed.us/academic-workroom/standard-seven
Staff Recruitment Policy	https://www.inmed.us/academic-workroom/standard-seven
Standard Eight	https://www.inmed.us/academic-workroom/#standard-eight
<i>Webpages and Links</i>	
View Master's in International Health	https://www.inmed.us/masters-in-international-health/
View Career Prospects	https://www.inmed.us/masters-in-international-health/#career-prospects
View MIH Graduate Outcomes and Student Success	https://www.inmed.us/mih-student-success/#outcomes-success
View INMED Graduates in Action	https://inmedblogs.us/blog/category/inmed-grads-in-action/
View Cost	https://www.inmed.us/cost/
<i>PDFs and Graphics</i>	
View/Download Academic Catalog	https://www.inmed.us/student-policies
View/Download MIH Program and Courses Syllabi	https://www.inmed.us/academic-workroom/#standard-eight
View/Download 2022-2023 Annual Report on Academic Affairs	https://www.inmed.us/academic-workroom/#standard-eight
Standard Nine	https://www.inmed.us/academic-workroom/#standard-nine
<i>Webpages and Links</i>	
Mission and Values	https://www.inmed.us/mission-and-values/
Diversity	https://www.inmed.us/about-inmed/#diversity
Transparency (Financials)	https://www.inmed.us/about-inmed/#financials
Transparency (Students)	https://www.inmed.us/mih-student-success/#transparency
Contact Us	https://www.inmed.us/contact-us/
Service-Learning Sites	https://www.inmed.us/service-learning-sites/
Partners	https://www.inmed.us/partners/

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<i>PDFs and Graphics</i>	
Academic Integrity Policy and Process	https://www.inmed.us/wp-content/uploads/INMED-Academic-Integrity-Policy-and-Process.pdf
MIH Learner Initial Advising and Orientation Meeting	https://www.inmed.us/wp-content/uploads/23-24-MIH-Learner-Initial-Advising-and-Orientation-Meeting.pdf
Faculty handbook	https://www.inmed.us/academic-workroom/#standard-nine
Staff handbook	https://www.inmed.us/academic-workroom/#standard-nine
Student handbook	https://www.inmed.us/student-policies

Invitation for Public Comments

<https://www.inmed.us/self-study/>

Institute for International Medicine (INMED) will undergo a comprehensive evaluation visit on March 10-13, 2024, by a team representing the New England Commission of Higher Education (formerly the Commission on Institutions of Higher Education of the New England Association of Schools and Colleges, NEASC).

The New England Commission of Higher Education is a U.S. accrediting commission that provides institutional accreditation. Accreditation is voluntary and applies to the institution as a whole. The Commission, which is recognized by the U.S. Department of Education, accredits approximately 220 institutions in the United States as well as American-style institutions overseas.

INMED became eligible to apply for Candidacy in January 2023. Candidacy is not accreditation, nor does it assure eventual accreditation. Candidacy is a formal affiliation with the New England Commission of Higher Education. It indicates that the institution has achieved initial recognition and is progressing toward accreditation.

For the past year, INMED has been engaged in a process of self-study, addressing the Commission's Standards for Accreditation. An evaluation team will visit the institution to gather evidence that the self-study is thorough and accurate. The team will recommend to the Commission a continuing status for the institution. Following a review process, the Commission itself will take the final action.

The public is invited to submit comments regarding the institution to:
Public Comment on Institute for International Medicine
New England Commission of Higher Education
301 Edgewater Place, Suite 210
Wakefield, MA 01880
E-mail: info@neche.org

Public Comments must address substantive matters related to the quality of the institution. The Commission cannot settle disputes between individuals and institutions, whether those involve faculty, students, administrators, or members of other groups. Comments will not be treated as confidential and must include the name, address, and telephone number of the person providing the comments.

Public Comments must be received by March 13, 2024. The Commission cannot guarantee that comments received after that date will be considered.