CCE

THE COUNCIL ON CHIROPRACTIC EDUCATION

THE COUNCIL ON CHIROPRACTIC EDUCATION

CCE Accreditation Standards

Principles, Processes & Requirements
for Accreditation

January 2018

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Foreword

This document presents the process and requirements for The Council on Chiropractic Education (CCE) accreditation of Doctor of Chiropractic degree programs (DCPs) within the U.S., and equivalent (as determined by CCE) chiropractic educational programs offered outside the U.S., in accordance with CCE's Vision and Mission. CCE accreditation relies on a peer-review process that is mission driven, evidence informed and outcome based. The attainment of CCE accreditation provides a DCP with expert evaluation and recommendations for improvement. Accreditation provides assurances of educational quality and institutional integrity to governments, jurisdictional licensing and regulatory bodies, institutions, professional organizations, students, other accrediting agencies and the public at large.

The CCE is an autonomous, programmatic and institutional specialized accrediting agency. It is recognized by the United States Department of Education and the Council for Higher Education Accreditation to accredit programs leading to the Doctor of Chiropractic degree and single-purpose institutions offering the Doctor of Chiropractic Program. The Council administers the process of accreditation, renders accreditation decisions, and establishes bylaws, policies, procedures, and accreditation requirements. The Council provides information and assistance to any institution seeking to establish an accredited DCP.

The purpose of CCE is to promote academic excellence and to ensure the quality of chiropractic education. The CCE values educational freedom and institutional autonomy. The CCE does not define or support any specific philosophy regarding the principles and practice of chiropractic, nor do the CCE *Standards* support or accommodate any specific philosophical or political position. The *Standards* do not establish the scope of chiropractic practice. They specify core educational requirements but do not otherwise limit the educational process, program curricular content, or topics of study. The processes of accreditation are intended to encourage innovation and advancement in educational delivery.

Accreditation requirements focus on student learning outcomes that prepare DCP graduates to serve as competent, caring, patient-centered and ethical doctors of chiropractic/chiropractic physicians qualified to provide independent, quality, patient-focused care to individuals of all ages and genders by: 1) providing direct access, portal of entry care that does not require a referral from another source; 2) establishing a partnership relationship with continuity of care for each individual patient; 3) evaluating a patient and independently establishing a diagnosis or diagnoses; and, 4) managing the patient's health care and integrating health care services including treatment, recommendations for self-care, referral and/or co-management.

The CCE systematically monitors the adequacy and relevance of the accreditation requirements to substantiate their validity and reliability in measuring DCP effectiveness. The accreditation process is periodically assessed to ensure consistency and proficiency in certifying the quality and integrity of DCPs. CCE employs processes and practices that satisfy due process.

The CCE publishes a list of accredited DCPs and informs its stakeholders and the public regarding the accreditation requirements and process. Communications with the public regarding specific accreditation actions are appropriately transparent, taking into consideration applicable laws and practices (including rights to privacy) and the integrity of the accreditation process. CCE policy references in these *Standards* are not all inclusive and may be delineated in other CCE publications. They are intended only to assist the reader for quick reference.

CCE Vision and Mission Statements

Vision

Promoting Excellence and Assuring Quality in Chiropractic Education

Mission

To assure the quality and integrity of its accredited doctor of chiropractic degree programs and residency programs.

Values

The Council on Chiropractic Education is recognized by the United States Department of Education and the Council for Higher Education Accreditation as the accrediting body for chiropractic programs.   In fulfilling its Mission and the requirements of these oversight agencies, the CCE is committed to the following values:

- **Integrity** as the foundation in all interactions
- **Accountability** to students and the public
- **Collaboration** in community of people with a culture of respect
- **Quality** as informed by the use of evidence
- **Improvement** to advance excellence

Section 1 – CCE Principles and Processes of Accreditation

I.   Accreditation by CCE

The role of accreditation as defined by the US Department of Education is to provide assurance of quality and integrity to stakeholders. CCE accreditation of DCPs promotes the highest standards of educational program quality in preparing candidates for licensure, advocating excellence in patient care, and advancing and improving the chiropractic profession and its practitioners. The CCE acknowledges that DCPs exist in a variety of environments, distinguished by differing jurisdictional regulations, demands placed on the profession in the areas served by the DCPs, and diverse student populations. CCE accreditation is granted to DCPs deemed by the Council to comply with the eligibility requirements and requirements for accreditation.

CCE accreditation standards serve as indicators by which DCP's are evaluated by peers. They are designed to guide programs in a process of self-reflection and serve as a framework for improvement as well as a threshold for initial accreditation and reaffirmation of accreditation.

The Council specifically reviews compliance with all accreditation requirements.

- It is dedicated to consistency while recognizing program differences in mission, in the strategies adopted and evidence provided to meet these requirements.
- It bases its decisions on a careful and objective analysis of all available evidence.
- It follows a process that is as transparent as possible, honoring the need for confidentiality when appropriate.
- It discloses its final decisions to the public, as well as to other appropriate authorities, in accordance with CCE Policy 111.

The Council provides information and assistance to any DCP seeking accreditation, in accordance with CCE policies and procedures.

II.   Process of Accreditation for a DCP

Any DCP seeking to achieve or maintain CCE accredited status must apply for such status, and provide evidence that the DCP meets the eligibility requirements and complies with the requirements for accreditation.

   A.   Application for Initial Accreditation

   1.   Letter of Intent

   A DCP seeking initial accreditation must send a letter of intent from the institution's governing body to the CCE Administrative Office stating its intention to pursue accredited status, providing written evidence that it meets the eligibility requirements and submitting initial accreditation fees in accordance with CCE Policy 14.

2. Requirements for Eligibility

    a. Authorization to operate as an educational institution and to award degrees by the appropriate governmental organization or agency as required by the jurisdictions in which it operates.

    b. Legal incorporation in its jurisdictional residence.

    c. A governing body that includes representation adequately reflecting the public interest.

    d. A full-time chief administrative officer of the DCP qualified by education and/or experience.

    e. Formal governing body action that commits the DCP to comply with the CCE requirements for accreditation.

    f. DCP mission, goals, and objectives which are consistent with the CCE Accreditation Standards.

    g. A written multi-year strategic plan and a description of an ongoing process of planning and assessment that includes established DCP priorities, allocation of resources to support those priorities and appropriate changes to the plan based on an assessment of outcomes and analysis of evidence.

    h. A curriculum that includes, but is not limited to, the following subject matter:

    Foundations – principles, practices, philosophy and history of chiropractic.

    Basic Sciences – anatomy; physiology; biochemistry; microbiology and pathology.

    Clinical Sciences – physical, clinical and laboratory diagnosis; diagnostic imaging; spinal analysis; orthopedics; biomechanics; neurology; spinal adjustment/manipulation; extremities manipulation; rehabilitation and therapeutic modalities/procedures (active and passive care); toxicology/pharmacology; patient management; nutrition; organ systems; special populations; first aid and emergency procedures; wellness and public health; and clinical decision-making.

    Professional Practice – ethics and integrity; jurisprudence; business and practice management and professional communications.

    i. A plan and process for the assessment of student learning outcomes.

    j. Disclosure of current accreditation status with any agency other than CCE, to include, the most recent accreditation action letter.

3. CCE Response

    Upon application by the DCP for accreditation:

a. The Council Chair, with assistance from the CCE Administrative Office staff, reviews the evidence of eligibility documents submitted by the DCP. If further documentation is necessary, the Council Chair notifies the DCP that such documentation must be submitted with the DCP self-study report.

b. The Council establishes timelines regarding the self-study, comprehensive site visit and Status Review Meeting in coordination with the CCE Administrative Office and the DCP, according to CCE policies and procedures.

B. Application for Reaffirmation of Accreditation

1. Letter of Intent

A DCP seeking reaffirmation of accreditation must send a letter of intent from the program/institution's CEO/President to the CCE Administrative Office stating its intention to pursue reaffirmation of its accredited status.

2. Requirements for Eligibility

The DCP need not submit evidence of eligibility documents required for initial accreditation unless eligibility requirements have changed from the last reaffirmation visit. However, the DCP must maintain documentation that it complies with the eligibility requirements.   This information must be available for review by appropriate representatives of CCE and/or the Council.

3. CCE Response

The Council establishes timelines regarding the DCP self-study, comprehensive site visit and Status Review Meeting in coordination with the CCE Administrative Office and the DCP, according to CCE policies and procedures.

C. Process of Accreditation (Initial/Reaffirmation)

1. DCP Self-Study

The DCP must develop and implement a comprehensive self-study process that involves all constituencies of the DCP and relates to effectiveness regarding its mission, goals and objectives. The self-study report must:

a. Provide clear evidence that the DCP complies with the CCE requirements for accreditation.

b. Focus attention on the ongoing assessment of outcomes for the continuing improvement of academic quality.

c. Demonstrate that the DCP has processes in place to ensure that it will continue to comply with the CCE requirements for accreditation.

d.   Be submitted to the CCE Administrative Office no later than nine months prior to the CCE meeting wherein a decision regarding accreditation will be considered.

2.   Comprehensive Site Visit and Report to CCE

Following receipt of the self-study report, the Council appoints a site team to review evidence contained within the eligibility documentation and self-study report relative to compliance with the CCE Accreditation Standards. The comprehensive site visit and report to the CCE are an integral part of the peer-review process that uses the DCP's self-study as the basis for an analysis of the strengths, challenges, and distinctive features of the DCP. This process is designed to ensure that, in the best judgment of a group of qualified professionals, the DCP complies with the requirements for eligibility and requirements for accreditation and that the DCP is fulfilling its mission and goals. In addition to ensuring quality, an enduring purpose of CCE accreditation is to encourage ongoing improvement.

a.   The DCP must provide the site team with full opportunity to inspect its facilities, to interview all persons within the campus community, and to examine all records maintained by or for the DCP and/or institution of which it is a part (including but not limited to financial, corporate and personnel records, and records relating to student credentials, grading, advancement in the program, and graduation).

b.   A draft report is prepared by the site team and sent by the CCE Administrative Office to the DCP/institution CEO/President for correction of factual errors only.

c.   Following the response of the DCP to correction of factual errors, a final report is sent by the CCE Administrative Office to the DCP/institutional CEO/President, governing body chair and site team members.

d.   The DCP may submit a written response to the site team report, and it must submit a written response if the report identifies areas of concern. The DCP sends the response to the CCE Administrative Office which distributes it to the CCE President, Councilors and Site Team Chair. Any DCP response to the site team report must be submitted to the CCE no less than 30 days prior to the Status Review Meeting.

3.   CCE Status Review Meeting

a.   The objective of the Status Review Meeting is to provide an opportunity for the Council to meet with DCP representatives to discuss the findings of the site team in accordance with CCE policies and procedures. The Site Team Chair or other members of the site team may also be present at the request of the Council Chair.

b.   Following the status review meeting, the Council reviews the self-study and supporting documentation furnished by the DCP, the site team report, the program's response to the report, and any other appropriate information, consistent with CCE policies and procedures, to determine whether the program complies with the CCE Accreditation Standards.

c. The Council's action concludes with a written decision regarding accreditation status that is sent to the DCP/institutional CEO/President, the chairperson of the institutional governing body, and CCE Councilors.

d. The next comprehensive site visit normally is four years following the award of initial accreditation, or eight years following the award of reaffirmation of accreditation.

D. Additional Reports and Visits

In accordance with CCE policies and procedures, the Council may require additional reports from, and/or visits to, a DCP to confirm its continued compliance with the accreditation requirements. The DCP must critically evaluate its efforts in the area(s) of concern, initiate measures that address those concerns, and provide evidence of the degree of its success in rectifying the area(s) of concern. Failure on the part of a DCP to furnish a requested report or host a site visit on the date specified by the Council constitute cause for sanction or adverse action. These actions are at the discretion of the Council, following appropriate notification.

1. Program Characteristics Report (PCR)

Biennial PCRs must be submitted to the Council in accordance with the CCE policies and procedures. PCRs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited programs, at regularly established intervals, to ensure the programs remain in compliance with the CCE Accreditation Standards.

2. Program Enrollment and Admissions Report (PEAR)

Annual PEARs must be submitted to the Council in accordance with the CCE policies and procedures. PEARs are required as one of the reporting requirements the Council utilizes to continue its monitoring and reevaluation of its accredited programs, at regularly established intervals, to ensure the programs remain in compliance with the CCE Accreditation Standards.

3. Progress Reports

Progress Reports must be submitted to the Council, on a date established by the Council. Progress reports address previously identified areas of non-compliance with accreditation requirements or areas that require monitoring.

4. Substantive Change Reports

Accreditation is granted or reaffirmed according to curricula, services and conditions existing at the time of that action. Substantive Change applications must be submitted to the Council to provide evidence that any substantive change to the educational mission, curriculum or program/institutional location, control or legal status, does not adversely affect the capacity of the program/institution to continually comply with the CCE Accreditation Standards. The program/institution must obtain Council approval of the substantive change request prior to implementing the change in accordance with CCE Policy 1.

5. Interim Site Visits

Interim Site Visits focus on institutional progress since the last self-study, and provide an opportunity for institutional dialogue with the Council. At the discretion of the Council, visits are normally conducted at the midway point of the eight-year accreditation cycle in accordance with CCE policies and procedures.

6. Focused Site Visits

At the discretion of the Council, Focused Site Visits are conducted in order to review progress of identified areas that require monitoring; compliance with accreditation standards or policies; or, circumstances that may prompt action to protect the interests of the public.

A Progress Review Meeting is conducted by the Council to review any additional reports submitted as outlined in sections 1-6 above. The Council determines the adequacy of ongoing progress, the sufficiency of evidence provided regarding progress on areas of concern, whether any other significant concerns have emerged, and what, if any, subsequent interim reporting activities are required. If a site visit was made, the site team report is discussed.

The Council determines if an appearance, or if participation via conference call, is necessary by DCP representatives at the next Council meeting. The Council then sends a follow-up letter to the DCP identifying the status of previous concerns (if any), and/or a substantive change application, and the requirements for any additional interim activities. The DCP must continue to submit PCRs in accordance with CCE policies and procedures.

E. Withdrawal from Accreditation

1. Voluntary Withdrawal of Initial Application

A DCP/Institution may withdraw its application for accreditation at any time prior to the Council decision regarding initial accreditation by notifying the CCE Council of its desire to do so.

2. Voluntary Withdrawal from Accredited Status

An accredited DCP/Institution desiring to withdraw from CCE accreditation forfeits its accredited status when the Council receives a certified copy of the sponsoring institution's governing board's resolution clearly stating its desire to withdraw.

3. Default Withdrawal from Accredited Status

When a DCP/Institution fails to submit a timely application for reaffirmation of accredited status, the Council acts at its next meeting to remove the DCP's/Institution's accredited status. This meeting of the Council normally occurs within six months of the date when the DCP/Institution application for reaffirmation was due. Involuntary withdrawal of accreditation is an adverse action that is subject to appeal (see CCE Policy 8).

4. Notification

      In cases of voluntary withdrawal and default withdrawal CCE makes appropriate notification in accordance with CCE Policy 111.

    F.   Reapplication for Accreditation

A DCP/Institution seeking CCE accreditation that has previously withdrawn its accreditation or application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation.

III. Accreditation Actions

    A.   Decisions and Actions

Based on evidence, when considering the accreditation status of a program, the Council may take any of the following actions at any time:

1. Award or reaffirm accreditation
2. Defer the decision
3. Continue accreditation
4. Impose Warning
5. Impose Probation
6. Deny or revoke accreditation
7. Withdraw accreditation

In addition to regular reporting requirements and scheduled evaluation visits, the Council may also require one or more follow-up activities (site visits, reports, and/or appearance); if, a) the Council has identified areas that require monitoring where the final outcome could result in noncompliance with accreditation standards or policies; or, b) the Council determines that the program is not in compliance with accreditation standards or policies.

    B.   CCE Notifications

The CCE makes notifications of Council accreditation decisions and actions in accordance with CCE Policy 111.

    C.   Enforcement and Time Frames for Noncompliance Actions

1. The U.S. Department of Education requires the enforcement of standards for all recognized accrediting agencies. If the Council's review of a program or institution regarding any accreditation standard and/or policy indicates that the program or institution is not in compliance with that accreditation standard and/or policy, the Council must:

   a. Immediately initiate adverse action against the program or institution; or,

   b. Require the program or institution to take appropriate action to bring itself into compliance with the accreditation standard and/or policy within a time period that must not exceed two years. NOTE: If the program, or the longest program offered by the institution, is at least two years in length.

2. If the program/institution does not bring itself into compliance within the initial two-year time limit, the Council must take immediate adverse action unless the Council extends the period for achieving compliance for "good cause". Such extensions are only granted in unusual circumstances and for limited periods of time not to exceed two years in length. The program/institution must address the three (3) conditions for "good cause" listed below.

    a. the program/institution has demonstrated significant recent accomplishments in addressing non-compliance (e.g., the program's/institution's cumulative operating deficit has been reduced significantly and its enrollment has increased significantly), *and*

    b. the program/institution provides evidence that makes it reasonable for the Council to assume it will remedy all non-compliance items within the extended time defined by the Council, *and*

    c. the program/institution provides assurance to the Council that it is not aware of any other reasons, other than those identified by the Council, why the program/institution should not be continued for "good cause."

3. The Council may extend accreditation for "good cause" for a maximum of one year at a time (not to exceed two years in total). If accreditation is extended for "good cause," the program/institution must be placed or continued on sanction and may be required to host a site visit. At the conclusion of the extension period, the program/institution must appear before the Council at a meeting to provide further evidence if its period for remedying non-compliance items should be extended again for "good cause."

4. Adverse accrediting action or adverse action means the denial, withdrawal, revocation, or termination of accreditation, or any comparable accrediting action the Council may take against the program or institution.

In all cases, the program/institution bears the burden of proof to provide evidence why the Council should not remove its accreditation. The Council reserves the right to either grant or deny an extension when addressing good cause.

IV. Deferral

In cases where additional information is needed in order to make a decision, for programs seeking initial accreditation or reaffirmation of accreditation, the Council may choose to defer a final decision regarding accreditation status. The additional information must be linked to insufficient evidence submitted by the site team in the final site team report; failure of the site team to follow established CCE policies or procedures; or, consideration of additional information submitted by the program following the on-site evaluation.

The Council may require the DCP/Institution to submit a report, host a site visit and/or make and appearance before the Council to provide such information. When a decision is deferred, the program retains its current accreditation status until a final decision is made. Deferral shall not exceed twelve (12) months. Deferral is not a final action and is not subject to appeal.

V. Noncompliance Actions

When the Council determines that a DCP/Institution is not in compliance with CCE Accreditation Standards, including eligibility and accreditation requirements, and policies and related procedures, the Council may apply any of the following actions. In all instances, each action is included in the 24-month time limit as specified in Section 1.III.C, *Enforcement and Time Frames for Noncompliance Actions*.

A. Warning
The intent of issuing a Warning is to alert the DCP/Institution of the requirement to address specific Council concerns regarding its accreditation. The Council may decide to issue a Warning if the Council concludes that a DCP/Institution:

1. Is in noncompliance with the accreditation standards or policies and the Council determines that the deficiency(ies) do not compromise the overall program integrity and can be corrected by the DCP/Institution within the permissible timeframe; or
2. Has failed to comply and/or provide requested information.

Following a notice of Warning, the Council may require the DCP/Institution to submit a report, host a site visit and/or make an appearance before the Council to provide additional information and/or evidence of compliance. Warning is a sanction, that is not subject to appeal, and shall not exceed twelve (12) months.

The Council will make notification of a final decision to impose Warning by notifying the DCP/Institution CEO/President and chairperson of the institution's governing body that a program has been placed on Warning in accordance with CCE policy and procedures.

B. Probation
Probation is an action reflecting the conclusion of the Council that a program is in significant noncompliance with accreditation standards or policy requirements. Such a determination may be based on the Council's conclusion that:

1. The noncompliance compromises program integrity; for example, the number of areas of noncompliance, institutional finances, or other circumstances cause reasonable doubt on whether compliance can be achieved in the permissible timeframe; or
2. The noncompliance reflects recurrent noncompliance with one or more particular standard(s) and/or policy(ies); or
3. The noncompliance reflects an area for which notice to the public is required in order to serve the best interests of students and prospective students.

The Council may require the DCP/Institution to submit a report, host a site visit and/or make an appearance before the Council to provide evidence of compliance. Probation is a sanction, subject to appeal (see CCE Policy 8), and shall not exceed twenty-four (24) months. The Council will make public notice of a final decision to impose Probation by notifying the U.S. Department of Education, regional (institutional) accrediting agency, jurisdictional licensing boards, and the public that a program has been placed on Probation in accordance with CCE policy and procedures.

C.   Show Cause Order

A Show Cause Order constitutes a demand that the DCP/Institution provide evidence to inform the Council and demonstrate why the program's accreditation should not be revoked. The Council may require the DCP/Institution to submit a report, host a site visit and/or make an appearance before the Council to provide such evidence. If the DCP/Institution does not provide evidence sufficient to demonstrate resolution of the Council's concerns within the time frame established by the Council, the DCP's/Institution's accreditation is revoked. A Show Cause Order is a sanction, subject to appeal (see CCE Policy 8), and shall not exceed twelve (12) months. The Council makes public notice of a final decision to impose a Show Cause Order by notifying the U.S. Department of Education, regional (institutional) accrediting agency, jurisdictional licensing boards, and the public that a program has been placed on Show Cause Order in accordance with CCE policy and procedures.

D.   Denial or Revocation

An application for initial accreditation or reaffirmation of accreditation may be denied if the Council concludes that the DCP/institution has significantly failed to comply and is not expected to achieve compliance within a reasonable time period. Denial of an application for Initial Accreditation or a Reaffirmation of Accreditation constitutes Initial Accreditation not being awarded or Revocation of Accreditation, respectively.

Denial or Revocation of accreditation is an Adverse Action and subject to appeal (see CCE Policy 8). A DCP/Institution seeking CCE accreditation that has previously withdrawn its accreditation or its application for accreditation, or had its accreditation revoked or terminated, or had its application for accreditation denied, follows the process for initial accreditation. The Council makes public notice of a final decision to deny or revoke accreditation by notifying the U.S. Department of Education, regional (institutional) accrediting agency, jurisdictional licensing boards, and the public in accordance with CCE policy and procedures.

E.   Accreditation is a privilege, not a right. Any of the above actions may be applied in any order, at any time, if the Council determines that DCP/Institutional conditions warrant them. If the Council imposes any of the following actions: Deferral; Warning; Probation; a Show Cause Order; or Revocation of Accreditation, the Council provides a letter to the DCP/Institution stating the reason(s) for the action taken.

VI. Status Description

A DCP or an institution accredited by the Council must describe its accreditation status in accordance with CCE Policy 22.

The Council updates the accredited status of the programs/institutions it currently accredits on its official website following each Council Meeting, to include:

a.   Month/Year of initial accreditation status awarded by CCE.

b.   The year the Council is scheduled to conduct its next comprehensive site visit review for reaffirmation of accreditation and the next scheduled Council Status Review Meeting regarding that comprehensive site visit review; and,

c.   Designation of any solitary-purpose institutions awarded institutional accreditation.

VII. Complaint and Contact Information

Complaint procedures are established to protect the integrity of the CCE and to ensure the avoidance of improper behavior on the part of those individuals acting on behalf of the CCE, the Council and the CCE-accredited DCPs. By establishing formal complaint procedures, the CCE provides responsible complainants the opportunity to submit specific grievances and deal with them through a clearly defined process. CCE Policy 64 outlines the complaint procedures and may be obtained via the CCE website and/or through the CCE Administrative Office.

Information describing the organization and operation of the CCE and its Council may be obtained from the CCE Administrative Office, 8049 North 85th Way, Scottsdale, AZ 85258-4321, Telephone: 480-443-8877, Toll-Free: 888-443-3506, Fax: 480-483-7333, E-Mail: cce@cce-usa.org, or Website: www.cce-usa.org.

Introduction

Section 2 A. through K. consist of bold-faced language that cites the particular Requirement in overarching terms. This is followed by (1) a <u>Context</u> section that further clarifies the requirements of each section, and (2) an <u>Examples of Evidence</u> section that provides documentation examples for the DCP to evidence compliance with the Requirement. The examples listed are not all inclusive, and the DCP may choose to use all, some, or none of the examples of documentation. A DCP, at its discretion and where it feels warranted, may provide alternate or other forms of evidence to demonstrate compliance with a particular Requirement. However, the DCP is required to submit appropriate documentation as evidence of addressing the Requirement.

The Requirements listed in Sections 2.A, Mission, Planning and Program Effectiveness and 2.G, Student Admissions, refer to CCE Policies that are to be considered as essential components of the Requirements themselves.

Section 2 – Requirements for Doctor of Chiropractic Degree Educational Programs

A. Mission, Planning, and Program Effectiveness

The DCP has a mission or equivalent statement, approved by the appropriate institutional body, and made available to all stakeholders. Measurable goals and objectives congruent with the mission must be developed. These goals and objectives both shape the DCP and guide the creation of a plan that establishes programmatic and operational priorities, and program resource allocations. The plan is structured, implemented, and reviewed in a manner that enables the DCP to assess the effectiveness of its goals and objectives, and permits the DCP to implement those changes necessary to maintain and improve program quality.

<u>Context</u>

1. Mission
The mission provides for an educational program leading to the Doctor of Chiropractic degree. A DCP has a published programmatic mission statement that describes the overall purpose(s) of the program and is periodically reviewed by the appropriate institutional body.

2. Planning
The DCP links its processes for assessment of student learning, evaluation of operations, planning, and budgeting. The DCP is guided by a strategic plan and planning process, that focuses on the achievement of the DCP mission, and includes timelines for achievement of goals and objectives. The planning process uses performance results, data analysis, and assessment as they relate to each of the requirements noted in Sections 2.A-K. The DCP demonstrates that its systems and processes are aligned with its mission, making certain that the necessary resources – human, physical, fiscal and capital – are allocated and used to support strategic priorities as well as the overall mission.

3. Program Effectiveness

The DCP evaluates its operations to identify strategic priorities and improve performance through institutional and program effectiveness processes. The DCP develops performance metrics for academic and non-academic operations and the results obtained are tracked, analyzed, and regularly reviewed to inform planning. Periodic reviews are conducted to ensure the effectiveness of performance measures and planning processes.

The DCP systematically reviews its program effectiveness to make appropriate changes. The program review process includes an analysis of aggregate outcome data. The DCP establishes thresholds for student outcome data to measure performance and improvement over time. Program effectiveness data are disseminated internally in a timely fashion and incorporated in institutional effectiveness, planning and decision-making processes to revise and improve the program and support services, as needed.

4. Student Achievement

The DCP demonstrates performance data that includes, but is not limited to, licensing exam success rates and program completion rates at or above established thresholds identified in CCE Policy 56. The DCP also publishes performance data annually as required by CCE Policy 56.

Examples of Evidence Related to Mission, Planning, and Assessment

*   The mission statement for the DCP and examples of where the mission statement is available.
*   A record of a mission statement approval by the governing body.
*   A record of periodic reviews of the mission statement, and any modifications made resulting from these activities.
*   A clear, concise description of the strategic planning process.
*   A copy of the most recent version of the DCP strategic plan.
*   Documentation that links DCP priorities and resource allocations to strategic planning process outcomes.
*   A copy of policies regarding planning, budget and resource allocation both institutionally and specific to the DCP.
*   Institutional effectiveness report or similar document, which tracks performance metrics or key performance indicators, for academic and non-academic operations.
*   Program effectiveness or review report or similar document that tracks and analyzes program-level outcome data; such as, student achievement of the program's learning outcomes and the meta-competencies; retention and completion rates; NBCE performance; licensing and/or placement rates; and program satisfaction.

B. Ethics and Integrity

The DCP demonstrates integrity and adherence to ethical standards as they relate to all aspects of policies, functions, and interactions regarding stakeholders of the institution to include the governing body; administration; faculty; staff; students; patients; accrediting, educational, professional, and regulatory organizations; and the public at large.

Context

1. Ethics

Ethics represent rules of conduct that are vital, indispensable and critical components of an effective DCP and should be evident in the conduct of all members of a DCP as they strive to fulfill the mission and graduate doctors of chiropractic/chiropractic physicians capable of, and committed to, practicing in an ethical and professional manner. Ethical behaviors and actions are demonstrated and guided by policies related to codes of conduct and grievance procedures; academic freedom; sensitivity to equity, discrimination, and diversity issues; safety and welfare of the academic community and patients in administering healthcare to the public; and provisions of assistance and mechanisms to promote student academic and professional success. Ethical issues, especially as they relate to personal behavior when engaged in chiropractic practice, are addressed throughout the curriculum in both classroom and clinical settings.

2. Integrity

Integrity and transparency are manifested throughout the DCP's culture and actions with respect to avoidance of conflicts of interest; advertising and marketing activities; student admissions and financial aid processes; recruiting; development and delivery of the DCP curriculum; identity verification in both student enrollment and student course assessments, wherever offered and however delivered; grading policies and grade appeal processes; protection of student and patient privacy; research and service activities; hiring; performance reviews; and catalogs and publications. High levels of integrity are exhibited in the DCP environment and serve as positive examples to students. Policies and procedures related to these matters are accurate, up to date and readily available to all constituencies.

Examples of Evidence Related to Ethics and Integrity

- Institutional policies and procedures that document commitment to ethics and integrity including but not limited to:
  - Governing board bylaws and institutional policies and procedures that address conflicts of interest by governing body members, administrators, and faculty and staff of the DCP and institution.
  - Policies and procedures that convey expected ethical and professional behaviors, and that ensure proper investigation and response to reported violations of ethics and integrity on the part of faculty members, students, staff members, administrators, and members of the governing body.
  - Policies and procedures that govern hiring (including appropriate anti-discrimination policies), performance review, promotion or advancement in rank decisions, and grievances for faculty, staff, and administrators.
  - Policies and procedures that articulate the role of faculty, students and administrators in course and curriculum development, and related academic matters including statement(s) of academic freedom.
  - Policies, procedures and information regarding the DCP curriculum that address student admission, academic prerequisites and technical standards, degree requirements, course descriptions and syllabi, academic calendar, academic standards and standing, tuition, fees and financial aid.
  - Policies and procedures that govern identity verification in both student enrollment and student assessments in coursework; class attendance; grading and other forms of student evaluation; grade appeal; course withdrawal; withdrawal from and re-admission to the DCP

and/or institution; tuition refund, access to tutoring, health, counseling and professional development services; course syllabi documenting coverage of ethics and integrity with learning outcomes that are assessed, a student code of conduct; and a student grievance process.

o Policies for student interns that identify the elements and boundaries related to ethical and professional interactions with patients.
o Policies and procedures addressing the safety of students, faculty and employees.
o Documentation that all policies and procedures are implemented and consistently followed, using the system in place to address violations.
o Documentation that all policies and procedures are readily available to all appropriate DCP constituencies.
o Documentation of the use of a process to assess the effectiveness of, and improve, ethics, professionalism, and integrity policies, procedures, and activities.
o Documentation of compliance with relevant governmental regulations.

C. Governance and Administration

The DCP is housed in an institution with an appropriate governing body that is vested with the authority, structure, and organization necessary to ensure appropriate transparency and accountability, ensure program viability, fulfill its responsibility for policy and resource development, and approve or delegate approval of the mission of the DCP. The DCP's administrative structure and personnel facilitate the achievement of the mission and goals of the DCP and foster programmatic quality and improvement.

Context

1. Governance
The governance of the DCP is vested in an appropriate governing body composed of a diverse group of individuals appropriate to support the DCP's and institution's mission. The governing body has the authority, structure, and organization necessary to ensure good stewardship, accountability and appropriate transparency; ensure its integrity and an absence of conflicts of interest; fulfill its responsibility for policy and resource development, and grant sufficient autonomy for the program to develop and be of high quality to address the expectations of its stakeholders.

The functions of the governing body or its delegated authority with respect to the DCP include: formulation of policy to oversee strategic planning to achieve the programmatic mission and goals; approval of the mission; appointment of the chief executive officer of the institution housing the DCP; appropriate fiduciary oversight; active participation in resource development; establishment of, and adherence to, a conflict of interest policy that ensures no member of the governing body directly or indirectly profits from, or inappropriately influences, the functioning of the DCP; and monitoring and periodic assessment of the effectiveness of the strategic plan, the chief executive officer, and the governing body and governance of the institution housing the DCP.

While the chief executive officer of the institution housing the program may serve as a member of the governing body, that individual may not chair the governing body. Additionally, if a DCP is governed by a body responsible for a parent institution, the DCP may, but is not required to, establish an advisory body, subject to the authority of the institution's governing body.

2. Administration

The administration and administrative structure promote and facilitate the achievement of the mission and goals of the DCP, allocate resources adequate to support and improve the program, and assess the effectiveness of the DCP. The chief administrative officer of the DCP is qualified by training and experience to lead the DCP. If not the CEO of the parent institution, the individual responsible for the DCP leadership must have ready access to the institutional CEO or appropriate senior administrator within the institution's reporting structure. There is a sufficient number of academic and staff administrators with appropriate training and experience to carry out their responsibilities, assist the DCP to fulfill its mission, and guide activities relevant to programmatic improvement. Clear lines of authority, responsibility, and communication among faculty and staff exist concurrently with systems for decision-making that support the work of the leadership. There is a periodic assessment of administrator performance and service.

While the curriculum and experiences of the program, the faculty, and the students are the heart of any Doctor of Chiropractic degree program, excellence and strong outcomes also require responsible, experienced ethical leadership at the governance and administrative levels of the program.

Examples of Evidence Related to Governance and Administration

- Governing body bylaws and policies.
- Brief biographical sketches or resumes/C*urriculum vitae* of governing body members.
- A minimum five-year historical record of membership on the governing body with sufficient detail to document diversity, length of service, and overlap of service.
- Minutes of the appropriate institutional body covering the past five years indicating approval of the DCP mission statement.
- Minutes of the governing board meetings covering the past five years indicating approval of the DCP budget on a periodic basis.
- Evidence of selection (if applicable) and periodic evaluation of the chief administrative officer of the DCP.
- Minutes of DCP advisory body meetings covering the last five years, if applicable.
- Organizational charts sufficiently detailed to clearly depict the reporting structure of all DCP components.
- Evidence of sufficiently qualified senior administrative and academic officers as demonstrated by *Curriculum vitae* and position descriptions.
- Descriptions of administrative decision-making processes.
- Documentation of evaluations or other forms of assessments of the performance and effectiveness of administrative personnel and the governing body.
(NOTE: Reference items 3, 4 & 5; a DCP, less than five years old, will submit its complete records.)

D. Resources

The DCP provides and maintains financial, learning, human and physical resources that support the DCP mission, goals, objectives, and strategic plan.

Context

1. Financial

The recent financial history of the institution demonstrates adequacy and stability of financial resources to support the DCP mission, goals, objectives and strategic plan. The DCP has and maintains a current operating and capital allocations budget(s) approved by the governing body, and develops long-term budget projections congruent with its planning activities. The DCP also demonstrates that it utilizes sound financial procedures and exercises appropriate control over its allocated financial resources. An independent certified public accountant, or its equivalent, conducts and submits an annual audit, prepared in compliance with appropriate standards and employing the appropriate audit guide. An annual financial aid audit is conducted and submitted in like manner if the DCP participates in such programs.

2. Learning

The DCP demonstrates adequate access to learning resources (e.g., library and information technology systems, either internally operated or externally provided) with personnel, facilities, collections, and services sufficient to support the mission, goals, objectives and strategic plan of the program. The DCP offers opportunities for all students to receive assistance such as academic advisement, tutoring, and reasonable accommodations to address their needs, and in particular the needs of students with disabilities.

3. Human

The DCP demonstrates appropriate investment in and allocation of human resources, with appropriate qualifications, to achieve the DCP's mission, goals, objectives and strategic plan.

4. Physical

The DCP demonstrates appropriate investment in and allocation of physical resources to ensure successful curricular and co-curricular outcomes, clinical operations and clinical services. The institution provides, and adequately manages and maintains, physical facilities, equipment, information technology, supplies and other physical resources that are necessary and appropriate for meeting the mission, goals, objectives and strategic plan of the DCP in accordance with institutional policies. The DCP has appropriate affiliation agreements for clinical or other facilities that it operates in but does not own, lease, or otherwise control.

Examples of Evidence Related to Resources

- Current budget supporting operational and capital activities and long-term budget projections that show revenue streams and financial allocations correlated to the strategic plan.
- Evidence of periodic assessment of the effectiveness of DCP and institutional support activities, and the required investments, with timelines, necessary to sustain and improve these activities.
- Appropriate policies and procedures that control the allocation of assets; and an allocation approach that ensures adequate human resources to support the DCP's mission and outcomes expectations.
- An institutional investment policy approved by the governing body.
- Policies, documentation of strategies, and outcomes relevant to institutional advancement and support activities.
- The two most recent annual audit reports of the institution housing the DCP.

- The two most recent annual financial aid program audits.
- A detailed compilation of DCP physical and learning resources, policies that govern the operations of these resources, and evidence regarding the frequency of their utilization and constituent satisfaction.
- A comprehensive infrastructure master plan to include academic, clinic and administrative computer hardware and software, and facilities management and maintenance plans.
- Staffing plan demonstrating adequate administrative, faculty, and support staff to advance the DCP's mission, goals, objectives, and strategic plan.

E. Faculty

The DCP employs a sufficient cohort of faculty members who are qualified by their academic and professional education, training and experience to develop, deliver and revise the courses and curriculum of its educational program, wherever offered and however delivered, and to assess both student learning and program effectiveness. With the support of the institution, the faculty is engaged in research and scholarship, service, professional development and governance activities.

Context

1. Cohort Attributes
The faculty is of sufficient size and ability, with appropriate experience and expertise, to effectively design, deliver and revise the DCP curriculum, regardless of instructional modality, and to effectively assess student learning. The faculty enable the DCP to meet its mission, goals, and objectives in instruction, research and scholarship, and service. The determination of the number of full-time and part-time faculty members is based on sound pedagogical rationales in both physical and virtual classroom, laboratory, and patient care settings. Faculty members have appropriate credentials, including licensure where required in clinical and didactic instructional settings, academic expertise, and experience to fulfill their responsibilities as instructors, mentors, subject matter/content experts, clinical educators and student intern supervisors. Faculty members demonstrate integrity and a commitment to high ethical standards in dealing with students and colleagues, in their research and scholarship and in their interactions with external constituencies.

2. Curricular Attributes
The faculty are involved in the development, assessment and refinement of the curriculum. In addition, they demonstrate currency in their discipline, ongoing development of expertise and use of resources in teaching theory and instructional methodology, effective curriculum and course design and development, and assessment of student achievement in both didactic subject matter and in the attainment of clinical competencies. Faculty members are afforded appropriate academic freedom and utilize a curriculum delivery model/method endorsed by the DCP as appropriate for the instructional content being delivered.

3. Professional Development and Evaluation
Faculty members are provided opportunities for professional development to improve their content expertise and competence, their instructional skills, and their capabilities in research and scholarship. Faculty members are evaluated on a regular basis, and appropriate processes and criteria are in place to govern advancement in rank based upon performance expectations.

Examples of Evidence Related to Faculty

- Faculty handbook, collective bargaining agreement or equivalent document(s), written policies and other documents that address: faculty workload; faculty responsibilities with respect to instruction, research and scholarship, service, student assessment, and professional development; faculty recruitment and hiring procedures; performance evaluation, advancement in rank, terms and conditions of employment; academic freedom; integrity; conflicts of interest; non-discrimination; and grievances and dismissal.
- Planning and budget allocation documents related to faculty professional development activities.
- Committee minutes and/or other documents related to faculty participation in DCP planning and assessment, formulation and implementation of academic policy, course and curriculum development and implementation, and student and curricular assessment.
- Position descriptions and personnel files for faculty members, to include documentation of relevant academic credentials, licensure, expertise and experience.
- Search committee procedures, minutes, and other documents related to the recruitment and employment of qualified faculty members.
- Workload calculation and assignments for classroom, laboratory, and clinical instruction that also reflect time allotted for research and scholarship and service activities.
- Records of implementation of faculty performance evaluation processes.
- Documentation of the use of student ratings of instruction, faculty performance evaluation and professional development activities to improve the quality of the faculty and the academic program.
- Minutes of faculty governance bodies, faculty surveys, or other documents that denote faculty participation in academic and institutional governance matters.
- Documentation of adjudication of faculty conduct and grievance matters.

F. Student Support Services

The DCP provides support and services that help students maximize their potential for success in the program.

Context

1. Supported Functions

Student support services include the following areas: registration, orientation, academic advising and tutoring; financial aid and debt management counseling; disability services; career counseling; processes for addressing academic standing reviews and student complaints, grievances, disciplinary issues and appeals matters. Confidentiality of student records is ensured. As determined by the DCP, student services may also include, but not be limited to, support for a student governance system, student organizations and activities, cultural programming, athletic activities, and child care. The DCP has policies and procedures to monitor and respond to campus safety and student life issues, including mental health and safety. Students are also provided opportunities for curricular and co-curricular activities that facilitate their development as ethical doctors of chiropractic/chiropractic physicians and engaged citizens.

2. Effectiveness

A broad-based commitment to student services supports the program's educational goals and promote the comprehensive development of students as doctors of chiropractic/chiropractic physicians. Student services support all learning activities in the context of the DCP's mission and chosen educational delivery system. The DCP provides student support services in ways that meet the needs of each of its student populations and evaluates the effectiveness of these support services through processes designed to promote continuous improvement. Measures and thresholds for student support services are set and tracked by the DCP.

3. Record of Student Complaints

The DCP maintains a record of student complaints, its processing of those complaints, and ensures the process adheres to its policies and procedures established for addressing complaints and/or grievances. The DCP establishes a periodic review process to identify whether a systemic problem has, or is, occurring and demonstrates action steps for improvement when applicable.

Examples of Evidence Related to Student Support Services

- An organization chart of qualified personnel in a structure appropriate to the delivery of student support services.
- An orientation program to introduce entering students to the DCP.
- Student advisement processes and procedures.
- Policies and procedures that address tutoring and other services that support students requiring academic assistance.
- Financial aid counseling and assistance policies and procedures to include debt management programs.
- Policies and procedures that equitably address student complaints and grievances, student conduct issues and academic standing reviews, documented by records of hearings and proceedings related to student conduct.
- Personal counseling policies and procedures.
- Policies and procedures governing career counseling services.
- Policies and procedures related to student governance and student organizations.
- Policies and procedures related to student housing.
- Policies and procedures related to disability services and accommodation and resource allocation for students with disabilities.
- Policies and procedures related to campus safety.

G. Student Admissions

The DCP admits students who possess academic and personal attributes consistent with the DCP's mission, and who have completed the equivalent of three academic years of undergraduate study (90 semester hours) at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency. The GPA for these 90 semester hours is not less than 3.0 on a 4.0 scale. The 90 semester hours will include a minimum of 24 semester hours in life and physical science courses appropriate as undergraduate preparation for chiropractic education as determined by the DCP. The science courses fulfilling the 24 semester hours will provide an adequate background for success in

the DCP, and at least half of these courses will have a substantive laboratory component. The student's undergraduate preparation also includes a well-rounded general education program in the humanities and social sciences, and other coursework deemed relevant by the DCP for students to successfully complete the DCP curriculum. Students admitted with advanced standing or transfer credit must earn not less than 25% of the total program credits from the DCP that confers the degree.

A DCP may admit students who do not meet the requirements stated above under the terms and conditions of CCE Policy 7.

Context

1. Alignment with Program
The DCP's admissions criteria and policies are aligned with the key educational outcomes, as identified in the requirements of Section H, and as directed by the DCP's mission, goals and objectives. The DCP's admissions policies and practices are documented and designed to ensure that admitted students meet the admissions criteria and possess the academic and personal attributes for success in the academic program and pass the exams necessary to obtain a license to practice as a doctor of chiropractic/chiropractic physician.

2. Informed Applicants
Applicants are informed of any technical standards and/or special undergraduate preparatory coursework required for admission to the DCP, to include a notification at the time of enrollment of any projected additional charges associated with verification of identity. The DCP informs applicants that educational and licensure requirements and scope of practice parameters are specific for each regulatory jurisdiction and provides applicants with access to such available information. The DCP has and follows policies addressing transfer credit, advanced placement, non-institutionally based learning experiences, financial aid, scholarships, grants, loans, and refunds and makes such policies available to applicants.

Examples of Evidence Related to Student Admissions

- Published admissions requirements and policies that support and reflect the enrollment of students qualified to achieve the educational outcomes consistent with the DCP's mission.
- Admissions records documenting each admitted student meets the minimum criteria as established in the context of Requirement G or CCE Policy 7.
- Institutional alternative admissions track plan for students admitted under CCE Policy 7.
- Individualized academic plan for each student admitted under the alternative admissions track plan as defined in CCE Policy 7.
- Outcomes analysis correlating admissions decisions with students' DCP GPA, course completion rates, performance on internal benchmark and external national board exams and graduation rates.
- Evidence that each applicant who received higher education and training in an international institution has (1) competence in the language of DCP instruction (2) documented legal entry into the host country of the DCP for purposes of academic study, and (3) demonstrated

academic preparation substantially equivalent to that possessed by either newly admitted or transfer students from institutions in the DCP host country.

- Documentation of implementation and ongoing reviews and assessments of the effectiveness of admissions and financial aid policies, along with evidence of implementation of changes that improve their effectiveness.
- Published admissions requirements and admissions records demonstrating compliance with state regulations for college admission criteria for institutions located within states with such state regulations.

H. Curriculum, Competencies and Outcomes Assessment

The DCP curriculum contains a minimum of 4,200 instructional hours for the doctor of chiropractic degree, thus ensuring the program is commensurate with professional doctoral level education in a health science discipline. The didactic and clinical education components of the curriculum, wherever offered and however delivered, are structured and integrated in a manner that enables the graduate to demonstrate attainment of all required meta-competencies necessary to function as a doctor of chiropractic/chiropractic physician. Best practices in assessment of student learning, regardless of instructional modality, measure student proficiency in the identified meta-competency outcomes and produce data that are utilized to guide programmatic improvements.

A portion of the instructional hours will be accomplished in a patient care setting and will involve the direct delivery of patient care. The DCP has a health care quality management system that measures the structure, process and outcomes of care and uses these data to improve the quality of patient care and inform student learning.

Context

1. Curricular Content and Delivery
The curriculum is consistent with the mission, goals, and objectives of the DCP. The curricular objectives for each meta-competency are described in a manner that allows the DCP flexibility in the development of curriculum. Curriculum design allows that meta-competency requirements are met through didactic education and supervised student experiences at a DCP-managed clinic site, or at DCP-approved external sites or both. In the case of external sites, student learning outcomes are identified and evaluation of these outcomes and the meta-competencies are consistent with those that exist in the DCP settings.

There is a clear linkage between the design of specific courses and learning activities, and the articulated goals of the DCP. DCP course offerings display academic content, breadth, rigor and coherence that are appropriate to its mission and identify student learning goals and objectives, including knowledge and skills, while promoting synthesis of learning in a sequence or series that is conducive to providing explicit opportunities for students to achieve learning outcomes. The DCP demonstrates that it addresses the Meta-Competency Curricular Objectives and measures the student achievement in the Meta-Competency Outcomes defined below.

2. Assessment of Learning Outcomes and Curricular Effectiveness

The DCP employs best practices to assess and demonstrate each student's achievement of meta-competency outcomes. The DCP determines its own method of meta-competency delivery and assessment to document student competency and curricular effectiveness. Data related to assessment of student learning and curricular effectiveness are utilized for program improvement and are factors in institutional planning and program resource allocation. Ultimately, the DCP is accountable for the quality and quantity of its evidence of compliance with the meta-competencies and its curricular objectives and outcomes.

3. Quality Patient Care

The DCP employs a system to obtain, evaluate and utilize data to improve the structure, process and outcomes of patient care. This system includes measurable outcomes and thresholds for performance set and tracked by the DCP. The delivery of patient care will comply with state and federal laws and regulations and applicable/accepted industry standards.

CCE Clinical Education Meta-Competencies
A graduate of a CCE accredited DCP is competent in the areas of:

META-COMPETENCY 1 - ASSESSMENT & DIAGNOSIS

Assessment and diagnosis require developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation, hypothesis generation and testing, and critical evaluation of diagnostic strategies. This dynamic process includes the collection and assessment of data through history, physical examination, imaging, laboratory tests and case-related clinical services.

CURRICULAR OBJECTIVE:
The program prepares students to -

A. Compile a case-appropriate history that evaluates the patient's health status, including a history of any present illness, systems review, and review of past, family and psychosocial histories for the purpose of constructing a differential diagnosis and directing clinical decision-making.

B. Determine the need for and availability of external health records.

C. Perform case-appropriate examinations that include evaluations of body regions and organ systems, including the spine and any subluxation/segmental dysfunction that assist the clinician in developing the diagnosis/es.

D. Perform and utilize diagnostic studies and consultations when appropriate, inclusive of imaging, clinical laboratory, and specialized testing procedures, to obtain objective clinical data.

E. Formulate a diagnosis/es supported by information gathered from the history, examination, and diagnostic studies.

OUTCOMES:
Students will be able to -

1) Develop a list of differential diagnosis/es and corresponding exams from a case-appropriate health history and review of external health records.

2) Identify significant findings that may indicate the need for follow-up through additional examination, application of diagnostic and/or confirmatory tests and tools, and any consultations.

3) Generate a problem list with diagnosis/es.

META-COMPETENCY 2 - MANAGEMENT PLAN

Management involves the development, implementation and monitoring of a patient care plan for positively impacting a patient's health and well-being, including specific healthcare goals and prognoses. It may include case follow-up, referral, and/or collaborative care.

CURRICULAR OBJECTIVE:
The program prepares students to -

A. Develop a management plan appropriate to the diagnosis/es, the patient's health status, obstacles to improvement, specific goals, and prognoses, while incorporating patient values and expectations of care.

B. Determine the need for chiropractic adjustment/manipulation or other forms of passive care.

C. Determine the need for active care.

D. Determine the need for changes in patient behavior and activities of daily living.

E. Determine the need for emergency care, referral and/or collaborative care.

F. Provide information to patients of risks, benefits, natural history and alternatives to care regarding the proposed management plan.

G. Obtain informed consent.

H. Monitor patient progress and alter management plans accordingly.

I. Recognize the point of a patient's maximum improvement and release the patient from care, or determine rationales for any ongoing care.

OUTCOMES:
Students will be able to -

1) Develop an evidence-informed management plan appropriate to the diagnosis, including obstacles to improvement, measureable healthcare goals, prognoses and target endpoint of care in consideration of bio-psychosocial factors, natural history and alternatives to care.

2) Refer for emergency care and/or collaborative care as appropriate.

3) Present a management plan that includes obtaining informed consent.

4) Deliver appropriate chiropractic adjustments/manipulations, and/or other forms of passive care as identified in the management plan.

5) Implement appropriate active care as identified in the management plan.

6) Make recommendations for changes in lifestyle behaviors, activities of daily living and/or dietary and nutritional habits as appropriate.

7) Implement changes to the management plan as new clinical information becomes available.

8) Identify maximum improvement and document the endpoint of care or determine rationales for continuing care.

META-COMPETENCY 3 - HEALTH PROMOTION AND DISEASE PREVENTION

Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognition of the impact of biological, chemical, behavioral, structural, psychosocial and environmental factors on general health.

CURRICULAR OBJECTIVE:
The program prepares students to -

A. Identify appropriate hygiene in a clinical environment.

B. Explain health risk factors, leading health indicators and public health issues to patients.

C. Identify public health issues in diverse populations.

D. Understand their reporting responsibility regarding public health risks and issues.

OUTCOMES:
Students will be able to -

1) Manage health risks and public health issues, including reporting, as required.

2) Recommend or provide resources (educational, community-based, etc.) and instruction regarding public health issues.

3) Address appropriate hygiene practices in the clinical environment.

4) Communicate health improvement strategies with other health professionals.

META-COMPETENCY 4 - COMMUNICATION AND RECORD KEEPING

Effective communication includes oral, written and nonverbal skills with appropriate sensitivity, clarity and control for a wide range of healthcare related activities, to include patient care, professional communication, health education, record keeping and reporting.

CURRICULAR OBJECTIVE:
The program prepares students to -

A. Communicate effectively, accurately and appropriately, in writing and interpersonally with diverse audiences.

B. Acknowledge the need for, and apply cultural sensitivity in, communications with patients and others.

C. Create and maintain accurate, appropriate and legible records.

D. Comply with regulatory standards and responsibilities for patient and business records.

OUTCOMES:
Students will be able to -

1) Document health risks and management options considering the patient's health care needs and goals.

2) Consider the patient's ethnicity, cultural beliefs, and socio-economic status when communicating.

3) Generate accurate, concise, appropriate and legible patient records, narrative reports and correspondence.

4) Safeguard and keep confidential the patient's protected health and financial information.

5) Generate patient records that are in compliance with state and federal laws and regulations and applicable/accepted industry standards.

META-COMPETENCY 5 - PROFESSIONAL ETHICS AND JURISPRUDENCE

Professionals are expected to comply with the law and exhibit ethical behavior.

CURRICULAR OBJECTIVE:
The program prepares students to -

A. Apply knowledge of ethical principles and boundaries.

B. Apply knowledge of applicable health care laws and regulations.

C. Apply knowledge of expected professional conduct.

OUTCOMES:
Students will be able to -

1) Maintain appropriate physical, communication (verbal and non-verbal) and emotional boundaries with patients.

2) Maintain professional conduct with patients, peers, staff, and faculty.

3) Comply with the ethical and legal dimensions of clinical practice.

META-COMPETENCY 6 - INFORMATION AND TECHNOLOGY LITERACY

Information literacy is a set of abilities, including the use of technology, to locate, evaluate and integrate research and other types of evidence to manage patient care.

CURRICULAR OBJECTIVE:
The program prepares students to -

A. Locate, critically appraise and use relevant scientific literature and other evidence.

OUTCOMES:
Students will be able to -

1) Use relevant scientific literature and other evidence to inform patient care.

META-COMPETENCY 7 – CHIROPRACTIC ADJUSTMENT/MANIPULATION

Doctors of chiropractic employ the adjustment/manipulation to address joint and neurophysiologic dysfunction. The adjustment/manipulation is a precise procedure requiring the discrimination and identification of dysfunction, interpretation and application of clinical knowledge; and the use of cognitive and psychomotor skills.

CURRICULAR OBJECTIVE:
The program prepares students to –

A. Assess normal and abnormal structural, neurological and functional articular relationships.

B. Evaluate the clinical indications and rationale for selecting a particular chiropractic adjustment/manipulation.

C. Determine, based on clinical indications and risk factors, the appropriateness of delivering chiropractic adjustment/manipulation.

D. Demonstrate the knowledge, mechanical principles, and psychomotor skills necessary to safely perform chiropractic adjustment/manipulation.

E. Assess the patient outcome(s) of the chiropractic adjustment/manipulation.

OUTCOMES:
Students will be able to -

1) Identify subluxations/segmental dysfunction of the spine and/or other articulations.

2) Analyze and interpret findings indicating the need for chiropractic adjustment/manipulation.

3) Identify indications, contraindications, and risk factors for the chiropractic adjustment/manipulation; and, explain the anticipated benefits, potential complications and effects to patients.

4) Apply chiropractic adjustment/manipulation to patients while ensuring patient safety.

5) Identify the effects following the chiropractic adjustment/manipulation.

META-COMPETENCY 8 – INTER-PROFESSIONAL EDUCATION

Students have the knowledge, skills and values necessary to function as part of an inter-professional team to provide patient-centered collaborative care. Inter-professional teamwork may be demonstrated in didactic, clinical or simulated learning environments.

CURRICULAR OBJECTIVE:
The program prepares students to –

A. Work with other health professionals to maintain a climate of mutual respect and shared values, placing the interests of patients at the center of inter-professional health care delivery.

B. Use the knowledge of one's own role and other professions' roles to effectively interact with team members.

C. Understand different models of inter-professional care, organizational and administrative structures, and the decision-making processes that accompany them.

D. Understand the principles of team dynamics to perform effectively on an inter-professional team influencing patient-centered care that is safe, timely, efficient, effective and equitable.

E. Organize and communicate with patients, families, and healthcare team members to ensure common understanding of information, treatment and care decisions.

OUTCOMES:
Students will be able to -

1) Explain their own roles and responsibilities and those of other care providers and how the team works together to provide care.

2) Use appropriate team building and collaborative strategies with other members of the healthcare team to support a team approach to patient centered care.

Examples of Evidence Related to Curriculum, Competencies and Outcomes Assessment

- An organizational chart or similar graphic representation, with accompanying description, that displays a structure appropriate to the delivery of the educational program for the Doctor of Chiropractic degree.
- A curriculum map or similar representation with accompanying analysis that displays where topics related to the various meta-competencies are presented and assessed.
- Published syllabi with learning objectives for all courses and other components of the curriculum that include methods of evaluating student learning.
- Data derived from assessment tools such as rubrics, performance observation notes, file reviews and audits, surveys, and external exams.
- A description of the healthcare quality management system including outcomes and thresholds for performance.
- Examples of the use of assessment data such as remediation programs, curricular change proposals, strategic planning and budgeting documents, etc.
- Published policies and procedures related to student intern and supervising clinician duties, responsibilities, and conduct in clinic environments that are managed by the DCP and in external settings, as noted in manuals/policies applicable to those environments.
- Documentation that the rights of patients regarding their care and privacy are displayed, promoted, and enforced in the clinics as evidenced by file reviews, postings of appropriate notices, and patient survey results.

I. Research and Scholarship

The DCP conducts and supports research and scholarly activities congruent with its mission, goals, objectives and strategic plan.

Context

1. Scope
Processes involving the DCP's faculty and administration establish the expectations for research and scholarship through specific elements in the mission, goal and objective statements, strategic plan and/or program documents. Additionally, research and scholarship informs the instructional objectives and content of the DCP with respect to research methodology and values, and guide faculty clinicians in the care of their patients.

2. Outcomes
Research and scholarship within the DCP occurs in one or more of the following areas: (1) Discovery – the development and creation of new knowledge resulting from basic science, clinical, psychosocial, and educational methodology studies; (2) Application – the integration and application of existing knowledge to clinical practice and teaching; (3) Integration – the critical analysis and review of existing literature; and (4) Teaching – the critique, analysis, and dissemination of knowledge about teaching, learning, evaluation and assessment. Measures and thresholds for research and scholarship are set and tracked by the DCP.

3. Support
Research and scholarship are supported by appropriate levels of physical, financial and human resources. The DCP provides the infrastructure and resources, including an Institutional Review Board (IRB), necessary to meet its commitments to research and scholarship and to foster the outcomes it expects of its personnel. Appropriate policies and procedures are in place to manage and guide the conduct and management of internally and externally supported research projects and scholarly activities and for the protection of human and/or animal subjects.

<u>Examples of Evidence Related to Research and Scholarship</u>

- Demonstrated institutional support for research and scholarship to include the budget for research and scholarship activities, itemization of research faculty and staff, faculty release time, physical facilities, equipment and technology, coupled with ongoing assessments of the effectiveness of such support.
- The record of external funding from government, foundation, and private sector business/vendor sources.
- Documentation of research and scholarship outcomes for the most recent three-year period as evidenced by reports, peer-reviewed publications, presentations, and grant awards and applications submitted, which may include collaborative efforts with other institutions.
- Curriculum content that introduces students to the value of evidence based scientific and practice research studies, the fundamental aspects of research processes, the development and analysis of research data, and critical appraisal skills.
- Evidence that students and faculty are provided with opportunities to participate in research and scholarship.
- Documentation of activities that promote faculty professional development in the areas of research and scholarship.
- The use of a process to evaluate, improve and implement growth in DCP research and scholarship.
- Evidence of an effectively functioning Institutional Review Board (IRB).

J. Service

The DCP conducts and supports service activities congruent with its mission, goals, objectives and strategic plan.

<u>Context</u>

1. Scope
Service represents a variety of activities that involve faculty, staff, and students that are dependent upon a DCP or an institutional affiliation and/or sponsorship. The DCP defines the scope of service activities in alignment with its mission, goals and objectives.

2. Outcomes
Measures and thresholds for service are set and tracked by the DCP. Service may be manifested in a number of ways and typically occurs in one, or more, of three major categories: (1) programmatic/institutional, (2) professional, or (3) public/community.

3. Support

The DCP provides the infrastructure and resources necessary to meet its commitments to service and to foster the outcomes it expects of its personnel. Policies and procedures are in place to manage and guide service activities.

Examples of Evidence Related to Service

-   A description of the scope of service activities engaged in by the DCP.
-   Policies and procedures germane to services provided by the DCP or its associated groups or individuals.
-   Demonstrated institutional support for the service component of the DCP mission to include the budget for service activities, itemization of faculty and staff release time, institutional facilities, equipment, and technology to support the service activities, coupled with ongoing assessments of the effectiveness of such support.
-   Documentation of service activity outcomes for the most recent three-year period.
-   The use of a process to evaluate, improve and implement growth in DCP service activities.
-   Documentation of leadership or participatory roles in local, state or federal professional organizations, in community and civic organizations and/or in educational and governmental task forces, committees, organizations and conferences.
-   Documentation of the provision of low cost or free health care to underserved populations, and/or the offering of health related seminars, conferences and forums to the public.

K. Distance or Correspondence Education (if applicable)

The DCP has processes in place to verify and confirm 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 course or program and receives the academic credit.

Context

1. Identity Verification

The DCP verifies the identity of a student who participates in class or coursework, clarifies in policy(s) and uses processes that protect student privacy and notifies students of any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

2. Definitions

Correspondence education - Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student. Correspondence courses are typically self-paced. Correspondence education is not distance education.

Distance education - Education that uses one or more of the technologies listed in (1) through (4) below to deliver instruction to students who are separated from the instructor and to support regular and

substantive interaction between the students and the instructor, either synchronously or asynchronously. The technologies may include—

    a.   The internet;

    b.   One-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;

    c.   Audio conferencing; or

    d.   Video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in (1) through (3) above.

<u>Examples of Evidence Related to Distance or Correspondence Education</u>

- Policies and procedures for secure login and pass code.
- Policies and procedures for proctored examinations.
- New or other technologies and practices that are effective in verifying student identity.

Section 3 – Requirements for Institutional Accreditation

Initial Accreditation or Reaffirmation of Accreditation review for award of Institutional Accreditation is provided by CCE upon specific request for solitary purpose institutions that offer **only** the Doctor of Chiropractic degree program (DCP), and that have otherwise not achieved institutional accreditation with a nationally recognized accrediting agency.

The institution meets the Requirements for Institutional Accreditation **in addition** to the Requirements for Doctor of Chiropractic Degree Educational Programs (Section 2) and Requirements for Eligibility (Section 1) in order to be awarded initial or reaffirmed institutional accreditation. These institutional requirements are noted below.

A. The institution documents compliance with the institution's responsibilities under Title IV of the Higher Education Act of 1965 as amended. Documentation includes information regarding participation in federal and private loan programs as well as the three-year Title IV default rates and any default reduction plans provided to the US Department of Education; results of financial or compliance audits; and program reviews provided by the US Secretary of Education.

In addition to the above, the institution's responsibilities include disclosure of the following:
1. Campus Crime Information (Cleary Act and Campus Crime Statistics Act), Athletic Participation {Equity in Athletics Data Analysis (EADA) Report} and Financial Aid Public Disclosure;
2. Satisfactory Academic Progress and Attendance Policies; and,
3. Status of any Contractual and/or Consortial Relationships related to its academic program.

B. The institution's transfer of credit policies are disclosed to the public, and include, a description of the transfer of credit policies; any established criteria the institution uses regarding the transfer of credit earned at another institution; and a list of institutions with which the institution has established an articulation agreement.

C. The institution maintains policies and procedures for determining the credit hours that the institution awards for courses and programs (as defined in 34 CFR 600.2, provided below for reference); the application of these policies and evidence that the assignment of credit hours conforms to commonly-accepted practice in higher education.

34 CFR 600.2 Definitions
Credit hour: Except as provided in 34 CFR 668.8(k) and (l), a credit hour is an amount of work represented in intended learning outcomes and verified by evidence of student achievement that is an institutionally established equivalency that reasonably approximates not less than—
1. One hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or
2. At least an equivalent amount of work as required in paragraph (1) of this definition for other academic activities as established by the institution including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.