

## Interim Site Team Visit Guide

An interim site visit occurs midway through the accreditation cycle, four years following the comprehensive site visit review, and differs in scope from a comprehensive site visit. The program's interim report and subsequent interim site visit are not designed to evaluate all the requirements within the 2025 CCE Accreditation Standards (*Standards*); rather, specific *Standards* are reviewed. These include Standard A.3: Program Effectiveness; A.4: Student Outcomes; H.2: Assessment of Learning Outcomes and Curricular Effectiveness; and Standard H.3: Quality Patient Care.

This Interim Site Visit Guide is effective for interim reports and site visits occurring after January 1, 2025.

**Standard A.3: Program Effectiveness**

The DCP evaluates its program effectiveness by utilizing both academic and non-academic performance measures with established thresholds. Results are tracked, disseminated internally, and analyzed in a timely fashion to support data-informed decision making for program improvements and program planning. The DCP demonstrates periodic reviews of its program effectiveness measures and assessment processes to make appropriate changes.

Evaluation of program effectiveness includes cohort analysis of student achievement data used to inform program improvements. Measures must include, but need not be limited to, program-level student learning outcomes as well as the achievement of CCE meta-competency outcomes; student success measures (retention or attrition rates, program completion rate); and performance data from at least one of the following: 1) National Board of Chiropractic Examiners (NBCE), 2) Canadian Chiropractic Examining Board (CCEB), or 3) licensure rates.

**Standard A.4: Student Outcomes – CCE Policy 56 Thresholds and Public Disclosure Requirements**

The DCP demonstrates student outcomes are at or above established thresholds in compliance with CCE Policy 56. The DCP publishes current, accurate student outcomes data on its website. Data must include, but need not be limited to, 1) program completion rates and 2) performance rates on licensing exams or licensure rates.

Calendar Year (Last Four Years)	Number of Graduates	Number of Graduates Passing All Parts of licensing exams* or are licensed to practice chiropractic, within six (6) months post-graduation	Percentage of Graduates Passing All Parts of licensing exams* or are licensed to practice chiropractic, within six (6) months post-graduation
<b>Totals</b>			

\*NBCE Parts I, II, III, and IV or CCEB Components A, B, and C

<b>Trimesters X or Quarters X</b>				
Column A	Column B	Column C	Column D	Column E
Entrance Term	# of Students Matriculated in Entrance Term	Term <b>21 Quarters</b> After Entrance Term	# Students in Column A That Graduated by Term in Column C	Completion Rate at the 150th Percentile
<b>2-YR TOTAL:</b>				

**Standard H.2: Assessment of Learning Outcomes and Curricular Effectiveness**

The meta-competency outcomes are assessed through case-based activities and supervised student experiences at a DCP-managed clinic site, DCP-approved external sites, or both. In the case of external sites, student learning outcomes are identified and evaluation of these meta-competency outcomes is consistent with evaluation in the DCP settings. The DCP determines its own method of meta-competency delivery and assessment to document student competency and curricular effectiveness. Best practices are employed to assess and demonstrate achievement of meta-competency outcomes. Assessment of clinical competency must:

- be performed in the context of the clinical workplace, based on authentic encounters, which may include simulated patient encounters, clinical case studies, or similar methods;
- be criterion-referenced through the identification of expected behaviors and skills with defined performance standards;
- include frequent assessments by multiple qualified evaluators;
- include multiple assessment strategies, as appropriate; and
- be a valid and reliable measure of the meta-competency outcome.

Documented and systematic processes are used to confirm each student’s meta-competency outcomes achievement data prior to graduation. Additionally, performance expectations and thresholds are communicated to students. Systematic mechanisms are used to identify and remediate students when deficiencies are identified.

Aggregate student learning and meta-competency outcomes data are utilized to evaluate curricular effectiveness.

**Standard H.3: Quality Patient Care**

The DCP employs a quality assurance system to evaluate and utilize data to improve the structure, process and outcomes of patient care. This system must demonstrate evidence of:

- a. standards of care that are patient-centered, evidence-informed, consistent with accepted industry standards, compliant with applicable jurisdictional laws and regulations, and provided in a format that facilitates assessment with measurable criteria;
- b. an ongoing review of a representative sample of patient records to assess the appropriateness, necessity, and quality of the care provided;
- c. thresholds for performance that are set, tracked, and reviewed by the DCP to inform improvements to patient care and the curriculum, where appropriate;
- d. mechanisms to address patient response to care and evolve treatment plans as appropriate; and
- e. regular review of the instruments used and training of reviewers, at a minimum annually, to improve the validity and reliability of the patient records audit process.