Council on Chiropractic Education

THE COUNCIL ON CHIROPRACTIC EDUCATION

CCE Accreditation Standards

Principles, Processes & Requirements for Accreditation

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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 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 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. The Council administers the process of accreditation, renders accreditation decisions, and establishes bylaws, policies, procedures, and accreditation requirements.

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 Mission Statement

Mission

To ensure the quality and integrity of doctor of chiropractic 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
- Cultivation and support of an environment that demonstrates commitment to diversity, equity, and inclusion.

CCE welcomes, embraces, and respects diversity of people, identities, abilities, and cultures.

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 Doctor of Chiropractic Programs (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 DCPs 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 and continued 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 appropriate authorities and the public in accordance with CCE Policy 111.

While it is the responsibility of the DCP to demonstrate and maintain compliance with the standards, CCE provides assistance through training; guidance provided to the DCP and published on its website; and through formal meetings with program leadership as part of the accreditation process.

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 accreditation, providing written evidence that it meets the eligibility requirements for accreditation, and submitting initial accreditation fees in accordance with CCE Policy 14.

2. Requirements for Eligibility

The eligibility requirements provide an initial foundation for the development of a DCP within the context of the CCE requirements for accreditation. In addressing the eligibility requirements, applicants are advised to be familiar with the CCE *Standards*, Section 2.A through Section 2.J.

To be eligible for accreditation, the application must include evidence of:

a. Accreditation of the institution by an accrediting agency in the U.S. recognized by the U.S. Department of Education or Council for Higher Education Accreditation (or equivalent outside the U.S. as determined by the Council). Provide the most recent letter from the institutional accrediting agency confirming the institution's accreditation status and term.

b. Approval from its institutional accrediting agency, or an application for such approval, to develop/offer a doctor of chiropractic program/degree. If approval is not necessary from the institutional accrediting agency, documentation from that accrediting agency MUST include written communication to program representatives or CCE that confirms approval to offer the program/degree is not required. NOTE: Under no circumstances will the Council grant accreditation to a program that is part of an institution/organization that is subject to an action by a recognized institutional accrediting agency, which includes: 1) a final decision to place the institution/organization on probation or 2) a final decision to deny, withdraw, revoke, or terminate accreditation.

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

d. Description of the administrative structure of the program, including the individual responsible for the DCP and their credentials.

e. A mission (or equivalent) statement, approved by the appropriate institutional body, that provides for an educational program leading to the doctor of chiropractic degree and describes the overall purpose(s) of the program.

f. A process for assessing programmatic effectiveness to include a description of how the program will analyze and use assessment results.

g. Program length with a minimum of 4,200 instructional hours (or equivalent, following approval under the terms and conditions of CCE Policy 1, Program Changes), and 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.

h. An assessment plan that includes defined competencies and programmatic learning outcomes; identification of the methods to measure achievement of meta-competencies and outcomes; and a description of how the program will use the assessment results.

i. Operational description of clinic practicum courses and DCP-managed and/or approved clinic site(s).

j. Current faculty and hiring plans for additional faculty leading up to the graduation date of the first cohort of students. Include the number of full-time and part-time faculty and the credentials of current faculty.

k. Number of students currently enrolled in the program and total enrollment projections leading up to the graduation date of the first cohort of students.

l. An operational financial plan and documentation (income, revenue sources, and expenses) for the DCP from the beginning of the process through the anticipated graduation date of the first cohort of students.

3. CCE Response

Upon application by the DCP for accreditation:

a. The CCE Administrative Office staff reviews the evidence of eligibility documents submitted by the DCP. If further documentation is necessary to complete the application, CCE staff notifies the program prior to forwarding to the Council. Upon receipt, CCE staff forwards the completed application to the Council for review at the next regularly scheduled meeting to determine if the eligibility requirements are met.

b. The Council may approve, defer, or deny the application. If the application is deferred, the Council will request additional documentation be provided in a follow-up report. If the application is approved, 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.

NOTE: Approval of the initial accreditation application does not constitute accredited status of the program; the Council will determine the accreditation status of the program at the Status Review Meeting following the self-study and comprehensive site visit processes.

B. Application for Continued Accreditation

1. Letter of Intent

A DCP seeking continued accreditation must send a letter of intent from the individual responsible

for the program to the CCE Administrative Office stating its intention to pursue continuation of its accredited status.

2. Requirements for Eligibility

The DCP need not submit evidence of eligibility documents required for initial accreditation, rather, the DCP must maintain and make available for review by the site team and/or Council documentation that includes evidence of:

a. Accreditation of the institution by an accrediting agency in the U.S. recognized by the U.S. Department of Education or Council for Higher Education Accreditation (or equivalent outside the U.S. as determined by the Council). Provide the most recent letter from the institutional accrediting agency confirming the institution's accreditation status and term.

b. Program length with a minimum of 4,200 instructional hours (or equivalent, following approval under the terms and conditions of CCE Policy 1, Program Changes), and 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.

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/Continued)

1. DCP Self-Study

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

a. provide clear evidence that the DCP complies with the CCE requirements for accreditation (Section 2, *Requirements for Doctor of Chiropractic Degree Educational Programs*),

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 Standards and other requirements for accreditation, and

d. be submitted to the CCE Administrative Office no later than nine months prior to the Council 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 *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 individual responsible for the program 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 individual responsible for the program, governing body chair, and site team members.

d. The DCP is provided the opportunity to submit a written response to the site team report, and it *must* submit a written response if the report identifies areas of deficiency. The DCP sends the response to the CCE Administrative Office, which distributes it to the CCE President and Council. 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, which is the next step in the review (or accreditation) process.

3. Council Status Review Meeting

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 report and DCP response, 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.

4. Council Review, Action, and Notification

   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 *Standards*.

   The Council's action concludes with a written decision regarding accreditation status that is sent to the individual responsible for the program, governing body chair, and CCE Councilors.

5. Next Comprehensive Review

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

D. Additional Reports and Visits

In accordance with CCE policies and procedures, the Council monitors continuing compliance with accreditation standards and requirements through requiring additional reports, applications, and/or visits to a DCP. Monitoring reports and processes require the DCP to critically evaluate its efforts in any area(s) of deficiency, initiate measures that address those deficiencies, and provide evidence of the degree of its success in rectifying the area(s) of deficiency. Failure on the part of a DCP to furnish a required application or requested report or to host a site visit on the date specified by the Council constitutes cause for sanction or adverse action. These actions are at the discretion of the Council, following appropriate notification.

1. Program Characteristics Report (PCR)

   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 *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 *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. Program Changes Requiring Notification and/or Reporting

Accreditation is granted or continued according to curricula, services, facilities, faculty, administration, finances, and conditions existing at the time of that action in accordance with the CCE *Standards*. To ensure programs maintain compliance with the eligibility and accreditation requirements of the *Standards*, the CCE requires prior approval of specific changes before each change can be included in the doctor of chiropractic degree program accredited status. For this reason, all CCE-accredited programs are required to notify (in writing) or submit applications to the Council as identified in CCE Policy 1.

5. Interim and Focused Site Visits

    a. Interim Site Visits focus on monitoring specific requirements in the CCE *Standards*, and also provide an opportunity for dialogue with the program and 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.

    b. 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.

If an interim or focused site visit was conducted, the DCP is provided the opportunity to submit a written response to the site team report, and it *must* submit the written response if the report identifies areas of deficiency. The DCP sends the response to the CCE Administrative Office, which distributes it to the Council for review. Any DCP response to the site team report must be submitted to the CCE no less than 30 days prior to the Progress Review Meeting, which is the next step in the review (or accreditation) process.

E. Progress Review Meeting

In the event an additional report or visit has been required, a Progress Review Meeting will be conducted by the Council to determine the adequacy of ongoing progress, the sufficiency of evidence provided regarding such progress, whether any other significant deficiencies have emerged, and what, if any, subsequent interim reporting activities are required.

F. Council Action and Notification

A written decision conveying the Council's action regarding continued accreditation status is sent to the individual responsible for the program and governing body chair (when applicable). The Council also determines if an appearance, or participation via conference call, by DCP representatives is necessary at a subsequent Council meeting.

G. Withdrawal from Accreditation

1. Voluntary Withdrawal of Initial Application

A DCP 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 desiring to withdraw from CCE accreditation forfeits its accredited status when the Council receives official notification from the sponsoring institution clearly stating its desire to withdraw from accredited status, together with a resolution to that effect, from its governing board.

3. Default Withdrawal from Accredited Status

When a DCP fails to submit a timely application for continued accreditation, the Council acts at its next meeting to remove the DCP's accredited status. This meeting of the Council normally occurs within six months of the date when the DCP application for continued accreditation 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.

H. Reapplication for Accreditation

A DCP seeking CCE accreditation that has previously withdrawn from accredited status, withdrawn its application for accreditation, had its accreditation revoked, 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 initial 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 an 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 regarding any accreditation standard and/or policy indicates that the program 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. Notify the program of the finding(s) of noncompliance and require the program 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. In cases of noncompliance resulting from a failure to meet any of the student outcomes thresholds stipulated by Standard 2.A.4 (Student Achievement), the program must take appropriate action to bring itself into compliance with Standard 2.A.4 and CCE Policy 56 within a time period that must not exceed four years.

2. If the program does not bring itself into compliance within the initial 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 must address the four conditions for "good cause" listed below.

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

    b. the program provides evidence that it has access to sufficient resources to remedy all non-compliance items within the extended time defined by the Council, *and*

    c. the program provides assurance to the Council that the circumstances requiring the extension are beyond the control of the program, and

    d. the program provides evidence that any good cause extension granted will not result in undue hardship for students or compromise the program's academic quality.

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 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 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, or revocation of accreditation.

In all cases, the program 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 regarding the accreditation of a program seeking initial accreditation or continued accreditation, the Council may choose to defer a final decision regarding accreditation status. The additional information requested through the deferral process may relate to information submitted by a program following an on-site evaluation that raises additional questions or requires clarification or additional evidence from the program.

The Council may require the DCP to submit a report, host a site visit, and/or make an 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 one year. Deferral is not a final action and is not subject to appeal.

V. Noncompliance Actions

When the Council determines that a DCP is not in compliance with CCE *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 maximum allowable 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 of the requirement to address specific deficiencies regarding its accreditation. The Council may decide to issue a warning if the Council concludes that a DCP:

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 within the permissible timeframe; or
2. has failed to comply with reporting or other requirements and/or provide requested information.

Following a notice of warning, the Council may require additional reporting, a site visit, and/or an appearance before the Council to permit the DCP to provide additional information and/or evidence of compliance. Warning is a sanction, is not subject to appeal, and shall not exceed one year.

The Council will make notification of a final decision to impose warning by notifying the individual responsible for the program and governing body chair 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, if the number of areas of noncompliance, financial stability, or other circumstances cause reasonable doubt that compliance can be achieved in the permissible timeframe;
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 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, is subject to appeal (see CCE Policy 8), and shall not exceed two years. In cases of noncompliance resulting from a failure to meet one of the student outcomes thresholds stipulated by Standard 2.A.4 (Student Achievement) and CCE Policy 56, probation shall not exceed four years.

The Council will make public notice of a final decision to impose probation by notifying the U.S. Department of Education, 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 provide evidence to inform the Council and demonstrate why the program's accreditation should not be revoked. The Council may require the DCP to submit a report, host a site visit, and/or make an appearance before the Council to provide such evidence. If the DCP does not provide evidence sufficient to demonstrate resolution of the deficiencies within the timeframe established by the Council, the DCP's accreditation will be revoked. A show cause order is a sanction, is subject to appeal (see CCE Policy 8), and shall not exceed one year. The Council makes public notice of a final decision to impose a show cause order by notifying the U.S. Department of Education, 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 continued accreditation may be denied if the Council concludes that the DCP 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 continued 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 seeking CCE accreditation that has previously withdrawn its accreditation or its application for accreditation; 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, 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 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 stating the reason(s) for the action taken.

VI. Status Description

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

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

a. month/year of initial accreditation status awarded by CCE and all subsequent years continued accreditation following a status review meeting was awarded;

b. location and official website link to the program;

c. most recent accreditation activity, to include the bases and reasons for the decision;

d. next accreditation cycle reporting, to include the year the Council is scheduled to conduct its next comprehensive site visit review for continued accreditation and the next scheduled Council Status Review Meeting regarding that comprehensive site visit review; and

e. any public disclosure notices regarding the accreditation status of the program.

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 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, 9393 N 90th Street, Ste 102-660, Scottsdale, AZ 85258, Telephone: 480-443-8877, E-mail: complaints@cce-usa.org, or Website: www.cce-usa.org.

Introduction

Sections 2.A. through J. consist of bold-faced language that cites the particular requirement in overarching terms. This is followed by a Context section that further clarifies the requirements of each section. In all instances, the DCP is required to submit appropriate documentation as evidence of addressing the requirement.

The requirements listed in Sections 2.A. through J that refer to CCE Policies are to be considered as essential components of the requirements themselves. All requirements are applicable to the program, wherever offered and however delivered.

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 DCP planning goals and objectives congruent with the DCP 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.

Context

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's plan reflects and is an outcome of a planning process that focuses on the achievement of the DCP mission and includes timelines for achievement of DCP goals and objectives. The planning process is informed by performance results and data analysis to identify program goals and objectives. The DCP demonstrates that its systems and processes are aligned with its mission, making certain that the necessary resources are allocated and used to support program priorities.

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.

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.

B. Ethics and Integrity

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

Context

1. Ethics

Ethics are 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. Policies and procedures include those 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 relating to personal behavior when engaged in chiropractic practice, are addressed throughout the curriculum in both classroom and clinical settings.

2. Integrity

The DCP's policies and procedures promote integrity and transparency including, but not limited 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; grading policies and grade appeal processes; protection of student and patient privacy; research activities; hiring; performance reviews; and catalogs and publications. Policies and procedures related to these matters are accurate, current, and readily available to all constituencies.

C. Administration

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. 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. 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 in fulfilling 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.

D. Resources

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

Context

1. Financial

Financial resources of the DCP are adequate to achieve the DCP's mission, goals, and objectives. The DCP has and maintains current, institutionally approved operating and capital allocations budget(s) 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.

2. Learning

The DCP demonstrates adequate access to current learning resources with personnel, collections, and services relevant to support the DCP's mission, goals, and objectives.

3. Physical

The DCP demonstrates appropriate investment in and allocation of physical resources to ensure successful curricular and co-curricular outcomes and clinical operations. The institution provides, and adequately manages and maintains, physical facilities; instructional and clinical equipment; information technology; supplies; and other physical resources that are necessary and appropriate for meeting the mission, goals, and objectives of the DCP in accordance with institutional policies.

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. The program engages in efforts to recruit and retain a diverse faculty. With the support and expectation of the program, the faculty is engaged in research and scholarship, professional development, and governance activities.

Context

1. 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 and program learning objectives. The policies, procedures, and practices of the DCP promote diversity within the faculty. The determination of the number of full- 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 supervisors.

2. Curriculum and Professional Development

The faculty are involved in the development, assessment, and refinement of the curriculum. In addition, they demonstrate 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 provided opportunities for professional development to improve their content expertise and competence, their instructional skills, and their capabilities in research and scholarship. The DCP establishes expectations for, and analyzes results from, faculty engagement in these opportunities. Faculty members are afforded academic freedom and utilize a curriculum delivery model/method endorsed by the DCP as appropriate for the instructional content being delivered.

3. Evaluation

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.

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 are provided to meet the needs of each of its student populations. Student support services include the following areas: registration, orientation, academic advising, and tutoring; financial aid and debt management counseling; disability services; career counseling; and processes for addressing academic standing reviews and student complaints, grievances, disciplinary issues, and appeals matters. Confidentiality of student records is ensured. The program ensures a welcoming, supportive, and encouraging learning environment for all students, including students with diverse backgrounds and from underrepresented communities. 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 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. Academic Support

The DCP monitors each student's academic progress and implements policies and procedures that dictate active interventions based upon student needs, including academic support services to optimize the ability of admitted students to succeed in the program, e.g., transitional studies, tutorials, academic advising, and study strategies. Further, an academic plan is formulated for each student who fails to make satisfactory academic progress in accordance with DCP policies.

3. Effectiveness

Student services support all learning activities in the context of the DCP's mission and chosen educational delivery system. Measures and thresholds for student support services are set, tracked, and used to inform program improvement.

4. Record of Student Complaints

The DCP maintains a record of student complaints, as well as 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.

G. Student Admissions

The DCP admits students who possess academic and personal attributes consistent with the DCP's mission. Admitted students have completed a baccalaureate degree at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency. Alternatively, students may matriculate into the program having obtained 90 semester hours at an institution(s) accredited by an agency recognized by the U.S. Department of Education or an equivalent foreign agency if those students have 1) a cumulative GPA of 3.0 or higher on a 4.0 scale for the 90 semester credits; or 2) a cumulative GPA between 2.75 and 2.99 on a 4.0 scale for the 90 semester credits with a minimum of 24 semester credits in life and physical science courses appropriate as undergraduate preparation for chiropractic education as determined by the DCP. Students admitted with advanced standing or transfer credit must earn not less than 25 percent of the total program credits from the DCP that confers the degree.

Context

1. Alignment with Program

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 to pass the exams necessary to obtain a license to practice as a doctor of chiropractic/chiropractic physician. The DCP engages in ongoing, systematic, and inclusive recruitment and retention activities. Program policies, procedures, and practices related to student recruitment and admission are published and made available to prospective students, and are applied consistently and equitably.

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.

H. Curriculum, Competencies and Outcomes Assessment

The DCP curriculum contains a minimum of 4,200 instructional hours (or equivalent, following approval under the terms and conditions of CCE Policy 1, Program Changes) 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-competency outcomes necessary to function as a doctor of chiropractic/chiropractic physician. Assessment of student learning, regardless of instructional modality, incorporates best practices and measures student proficiency in the identified meta-competency outcomes, providing data that are used to guide programmatic improvements.

Students must complete a minimum of 1,000 instructional hours in a patient-care setting. 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 curricular improvements and student learning.

Context

1. Curricular Content and Delivery

The meta-competency curricular objectives are described in a manner that allows the DCP flexibility in the development of curriculum by incorporating teaching techniques and strategies that address the variety of student learning needs.

The DCP demonstrates that it addresses the meta-competency curricular objectives through instructional content. There is a clear linkage between the design of specific courses and learning activities aligned with the meta-competency curricular objectives. DCP course offerings display academic content, breadth, rigor, and coherence that are appropriate to its mission. Course offerings identify student learning objectives, including knowledge and skills, and promote synthesis of learning in a sequence that is conducive to providing explicit opportunities for students to achieve the required meta-competency outcomes and any additional learning outcomes identified by the DCP.

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.

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.

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 in developing the diagnosis/es.

D. perform and interpret diagnostic studies, inclusive of imaging, clinical laboratory, and specialized testing procedures based on clinical needs, and refer to other providers for consultations when appropriate.

E. formulate an evidence-informed diagnosis/es supported by information gathered from the history, examination, diagnostic studies, and relevant scientific literature to inform patient care.

OUTCOMES:
Students will be able to:

1) perform a case-appropriate history that evaluates the patient's health status.

2) perform a case-appropriate examination that leads to the identification of significant findings and determine the need for additional examination, diagnostic and/or confirmatory tests, and consultations.

3) perform/order and interpret clinical laboratory, imaging, and other diagnostic studies required for formulating an appropriate diagnosis.

4) demonstrate clinical reasoning to generate a corresponding list of current/active diagnosis/es.

META-COMPETENCY 2 - MANAGEMENT
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. critically appraise scientific literature to inform evidence-informed practices in patient management.

B. 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.

C. evaluate the clinical indications and rationale for selecting chiropractic adjustment/manipulation or other appropriate forms of active or passive modalities supporting the goals of 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 as new clinical information becomes available.

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

2) develop an evidence-informed management plan appropriate to the diagnosis, including elements such as obstacles to improvement, measurable healthcare goals, prognoses, and target endpoint of care in consideration of bio-psychosocial factors, natural history, and alternatives to care.

3) identify the need and refer for emergency care as appropriate.

4) perform a review of findings that outlines benefits, risks, and alternatives to care and obtain informed consent for care.

5) deliver appropriate chiropractic adjustments/manipulations and/or other forms of passive care.

6) implement appropriate active care.

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

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

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 the importance of primary, secondary, and tertiary prevention in population health, including health promotion, disease prevention, and screening.

B. explain the major causes and trends in chronic disease, comorbidity, and mortality, including those for patients from diverse backgrounds and from underrepresented communities.

C. recognize the importance of social determinants and impact of health care disparities within diverse populations.

D. recognize reporting responsibilities 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) identify, recommend, and/or provide resources (educational, community-based, etc.) for influencing public health.

3) apply appropriate hygiene practices in the practice environment.

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 with patients and other health care professionals.

B. create and maintain accurate, appropriate, and legible records.

C. 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) exhibit verbal and non-verbal communication skills supportive of patient-centered care.

3) safeguard and keep confidential the patient's protected health and financial information.

4) generate patient records, narrative reports, and correspondence that comply 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 boundaries with patients, including physical, communication (verbal and non-verbal), and emotional.

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

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

META-COMPETENCY 6 –CULTURAL COMPETENCY
Cultural competency includes the knowledge, skills, and core professional attributes needed to provide care to patients with diverse values, beliefs, and behaviors, including the tailoring of health care delivery to meet patients' social, cultural, and linguistic needs in an effort to reduce disparities in healthcare delivery.

CURRICULAR OBJECTIVE:
The program prepares students to:

A. demonstrate an awareness of biases and social determinants of health that may impact the delivery of care to a diverse population.

B. evaluate the role of sociocultural, socioeconomic, and diversity factors in contemporary society to meet the healthcare needs of persons, groups, and populations.

OUTCOMES:
Students will be able to:

1) communicate respectfully and effectively with patients of diverse social, cultural, and linguistic backgrounds in a manner that protects the dignity of individuals and communities.

2) design a care plan that considers and respects the culture of the patient.

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

C. explain the roles and responsibilities of each member of the health care team.

D. collaborate with health team members to clarify each member's responsibility in executing components of a management plan or public health intervention.

OUTCOMES:
Students will be able to:

1) communicate information with health team members in a manner that is understandable, avoiding discipline-specific terminology when possible.

2) apply collaborative strategies with members of the healthcare team to support a team approach to patient-centered care.

I. Research and Scholarship

The DCP demonstrates its commitment to research and scholarship by establishing goals and objectives that support and expect activities intended to advance chiropractic education and improve the quality of health care in chiropractic clinical practice.

Context

1. Scope

The DCP actively engages and supports its faculty, staff, and, when appropriate, students in best practices for research and scholarship to advance chiropractic education and improve the quality of health care in chiropractic clinical practice. The DCP establishes goals, objectives, and outcomes for research and scholarship. Additionally, research and scholarship inform 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. Research and scholarship are conducted in accordance with programmatic/institutional policies, external legal requirements, and accepted research practices.

2. Support

Research and scholarship are supported by appropriate levels of physical, financial, and human resources. The DCP provides the workload allocation and assignment of faculty responsibilities, as well as access to budgetary infrastructure and resources, including an Institutional Review Board (IRB), necessary to support research activities. Policies and procedures are in place to manage and support the conduct of internally and externally funded research and scholarship and to ensure the protection of human and/or animal subjects.

3. Outcomes

Research and scholarship outcomes defined by the DCP result from basic science, clinical, psychosocial, or educational methodology studies that inform quality improvement in chiropractic education and chiropractic clinical practice. Measures and thresholds for research and scholarship outcomes are set, tracked, and analyzed to inform future goals and objectives. Research and scholarship position the DCP to apply for grant funding that contributes to the advancement of chiropractic education and clinical

practice; promote internal/external collaborations; and result in publications and professional presentations.

J. Distance Education (if applicable)

The DCP has processes in place to support the use of distance education within the program.

Context

1. Equivalent Learning Experience

The DCP ensures that students who participate in courses offered via distance education receive equivalent learning and engagement opportunities as those in face-to-face courses. The program must demonstrate that student outcomes in distance education courses are equivalent to those in the same courses delivered face-to-face. Faculty members teaching distance education courses must be qualified by their academic and professional education, training, and experience in the delivery method. The program must ensure that students enrolled in distance education courses have access to the necessary technology, resources, student support services, and grievance/complaint mechanisms. The program must demonstrate adequate infrastructure and financial resources to support quality delivery of distance education courses.

2. Identity Verification and Transparency

The DCP verifies the identity of a student who participates in class or coursework; publishes and applies policy(ies) and 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. The program accurately represents academic requirements, required technology, and student responsibilities for distance education courses.

3. Regular Interaction

A DCP offering courses by distance education ensures regular interaction between a student and an instructor or instructors prior to the student's completion of a course or competency, by:

a) providing the opportunity for *substantive interactions* with the student on a predictable and regular basis commensurate with the length of time and the amount of content in the course or competency; and
b) monitoring the student's *academic engagement* and success and ensuring that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student when needed on the basis of such monitoring, or upon request by the student.

The following definitions apply to this standard:

Academic engagement: Active participation by a student in an instructional activity related to the student's course of study that:

(1) is defined by the program in accordance with any applicable requirements of its institutional accrediting agency;
(2) includes, but is not limited to:
    (i) attending a synchronous class, lecture, recitation, or field or laboratory activity, physically or online, where there is an opportunity for interaction between the instructor and students;
    (ii) submitting an academic assignment;
    (iii) taking an assessment or an exam;
    (iv) participating in an interactive tutorial, webinar, or other interactive computer-assisted instruction;
    (v) participating in a study group, group project, or an online discussion that is assigned by the program; or
    (vi) interacting with an instructor about academic matters; and
(3) Does not include, for example:
    (i) living in campus housing;
    (ii) logging into an online class or tutorial without any further participation; or
    (iii) participating in academic counseling or advisement.

Distance Education - Education that uses one or more technologies 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.

Substantive interaction - engaging students in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

(1) providing direct instruction;
(2) assessing or providing feedback on a student's coursework;
(3) providing information or responding to questions about the content of a course or competency;
(4) facilitating a group discussion regarding the content of a course or competency; or
(5) other instructional activities approved by the CCE.