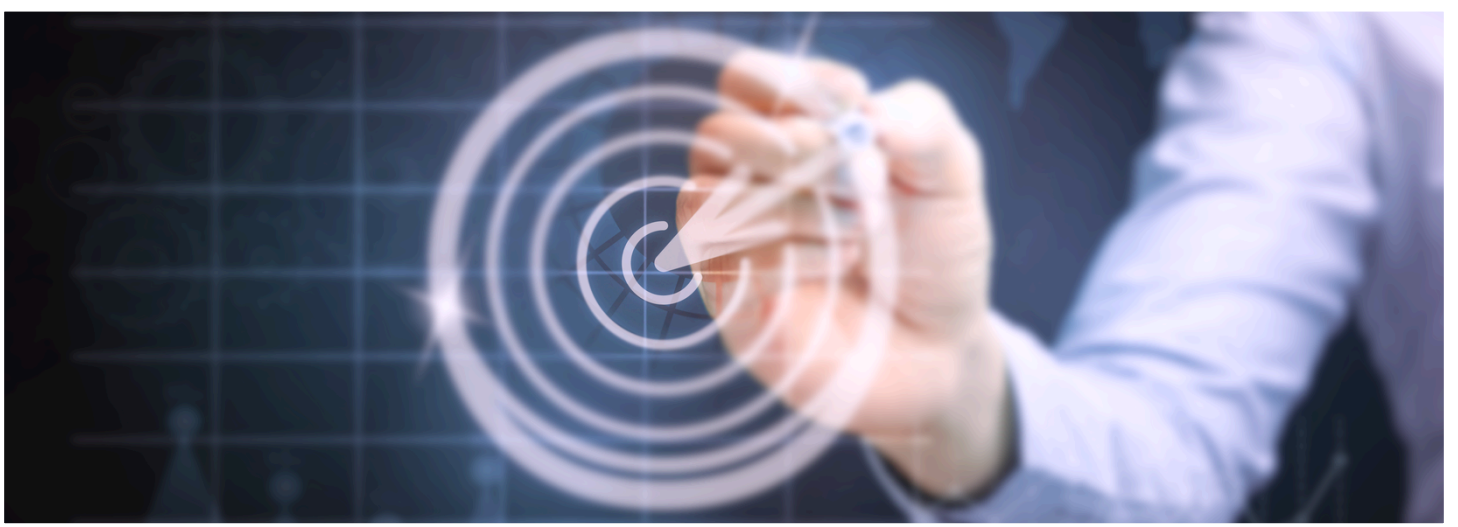


# Council on Chiropractic Education

## STANDARDS GUIDANCE

for the 2026 CCE *Accreditation Standards*

**Second Edition**



## NOTE

This information is intended for guidance purposes only and does not in any way override the peer review process. The Council recognizes that a program's approach to *Standards* compliance may vary according to the size, type, and resources of the program. The Council supports and encourages innovative and experimental approaches to educational processes, provided *Standards* compliance is maintained.

In the pages that follow, "Questions to Consider" are provided to assist programs in developing the narrative for each *Standard*.

Similarly, "Examples of Evidence" are provided to assist programs in identifying appropriate artifacts to include with reports submitted to the Council, but do not represent an exhaustive list of evidence, nor a list of required documentation, for each *Standard*. Examples of evidence may vary based on the unique nuances of each individual program.

Specific questions related to the *Standards* should be directed to the CCE Administrative Office.

# STANDARD 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.

### **A.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.

<b>QUESTIONS TO CONSIDER</b>	<b>EXAMPLES OF EVIDENCE</b>
<ul style="list-style-type: none"><li>• What is the DCP’s mission?</li><li>• How does the mission interface with the mission of any overarching institution?</li><li>• How does the DCP ensure that the mission is made available to its various constituents?</li><li>• How does the mission relate to the program’s purpose, and/or to the curriculum?</li><li>• Who is responsible for reviewing and approving the mission?</li><li>• At what frequency is the mission reviewed?</li><li>• When was the last review conducted? Were any revisions made as a result?</li></ul>	<ul style="list-style-type: none"><li>• Programmatic mission statement</li><li>• Institutional mission statement, core values, institutional goals, etc., if applicable</li><li>• Examples of places where the mission is made available to constituents</li><li>• Policies or written procedures related to mission review and approval</li><li>• A record of mission statement approval by the appropriate institutional body</li><li>• A record of periodic mission review (such as meeting minutes/approval), as well as any modifications resulting from these activities</li></ul>

# STANDARD A:

## *Mission, Planning, and Program Effectiveness*

### A.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.

#### QUESTIONS TO CONSIDER

- What are the DCP's planning processes?
- What cycle is used for planning processes?
- Who participates in planning?
- How do planning processes utilize data analysis to develop/inform goals and objectives?
- How is the achievement of goals/objectives measured and tracked and/or reported?
- How does the planning process continuously analyze program data to identify priorities and/or action steps for program planning?
- How do program effectiveness processes and resultant data inform the program's planning activities?
- Who is responsible for data collection, analysis, and dissemination?
- What is the process to allocate necessary resources to the planning goals/objectives?
- How is this resource allocation process tracked?

#### EXAMPLES OF EVIDENCE

- Documents and/or diagrams that demonstrate alignment between the DCP's planning goals/objectives and the DCP's mission statement
- The most recent version of the DCP's planning goals and objectives, including timelines and metrics used to measure the achievement of the goals and objectives
- Data analysis used to identify the DCP's planning goals/objectives, such as a SWOT (or similar process) and/or recurrent data analysis used to update planning action steps, initiatives or progress toward goal/objective achievement
- Documentation that evidences resource allocation to specific DCP planning goals/objectives and/or priorities, initiatives, action-sets, etc., such as budget request forms
- and/or committee minutes that demonstrate consideration of program data and outcomes
- Policies and/or written procedures regarding planning, budget and resource allocation

# STANDARD A:

## *Mission, Planning, and Program Effectiveness*

### 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 metacompetency 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.

### QUESTIONS TO CONSIDER

- What is the DCP's program assessment/effectiveness cycle?
- What performance measures, thresholds, and/or benchmarks enable the DCP to systematically monitor the effectiveness of its academic and non-academic functions?
- How are performance measures, thresholds, and/or benchmarks set?
- How are the various student outcomes data (i.e., learning outcomes, meta-competency outcomes achievement, retention/attrition rates, program completion rates, and licensing outcomes) collected and analyzed?
- How are various DCP operational data (e.g., enrollment trends, student-to-faculty ratios, utilization and/or satisfaction rates with student and academic services, Title IV default rates, clinical quality assurance performance rates, research and scholarship output, etc.) collected and analyzed?
- How are feedback and/or data (e.g., student satisfaction, technical support logs, resource utilization) used to improve the delivery and support of distance education courses?
- How, when, and to whom are results distributed?
- How are program improvement activities tracked or monitored to ensure sufficient progress or follow-up, as needed?
- How does the program request/receive new or additional resources for program improvement activities, when needed?
- Is this tied to budgeting and/or planning processes?
- How does the DCP ensure that effectiveness processes and metrics are regularly reviewed and updated as appropriate (for example, based on trend data, changes in the program, or the need for additional data to inform decision-making)?
- What trends do Policy 56 data suggest and what action steps have been implemented if a negative trendline is identified?

# STANDARD A:

## *Mission, Planning, and Program Effectiveness*

### **A.3 PROGRAM EFFECTIVENESS (CONT'D)**

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 metacompetency 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.

### **EXAMPLES OF EVIDENCE**

- Institutional or DCP operational documents which describe program assessment/effectiveness processes and cycle(s)
- Charts or other graphical representation of effectiveness data collection and analysis cycle(s)
- Dashboards or assessment reports, or similar, which track performance or key performance indicators, Both academic and non-academic measures
- Reports which track and analyze program-level outcomes data, such as those related to student learning outcomes, meta-competency outcomes, program retention, completion rates, licensing exam performance, licensing/job placement rates, and/or survey data, regardless of instructional modality
- Reports which track trends and document the analysis of operational data, specifically for the DCP (disaggregated from institutional-level data)
- Data, policies, and procedures demonstrates that students in distance education courses have comparable access to faculty interaction, learning resources, and academic support services as students in face-to-face courses
- Program documents, such as effectiveness/assessment reports or committee minutes, that demonstrate data-informed decision-making and responsiveness to program data.
- Examples of changes resulting from the analysis of DCP academic or non-academic data, e.g. curricular changes, policy changes, expanded student or academic services, modifications in assessment methods or processes, hiring of additional personnel, etc.
- Examples of resource requests resulting from the analysis of DCP academic and/or non-academic outcomes

# STANDARD A:

## *Mission, Planning, and Program Effectiveness*

### **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.

#### **QUESTIONS TO CONSIDER**

- What are the DCP's current student outcomes related to CCE Policy 56?
- Where on the DCP website are these data made available?
- Who is responsible for ensuring these data are posted in compliance with Policy 56?
- How are these data compiled and verified prior to their publication?

#### **EXAMPLES OF EVIDENCE**

- Most recent program completion rates
- Most recent licensing exam performance/licensure rates
- Web address where public disclosures are posted
- A.4 DCP Completion Rate Worksheet
- A.4 Licensing Exam Success Rate Worksheet

# STANDARD 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.

### **B.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.

#### **QUESTIONS TO CONSIDER**

- What policies are in place to ensure ethical behavior among DCP administrators, faculty, staff, and students?
- What curricular content addresses ethical behavior in the classroom and clinic?
- How are faculty members assured of academic freedom?
- How is the DCP engaged in ethical practices related to employee recruitment, hiring, and promotion?
- How does the DCP protect its constituents against acts of discrimination?
- How does the DCP respond to complaints from students, employees, and the public?
- How does the DCP protect the safety and welfare of employees, students, and patients?

#### **EXAMPLES OF EVIDENCE**

- Policies and/or formal procedures which guard against conflicts of interest, retaliation, and harm to constituents
- Academic freedom policies
- Faculty, student, intern, and/or employee codes of conduct
- Faculty, student, intern and/or employee handbooks
- Syllabi or course descriptions for content related to the ethical behavior of doctors of chiropractic/chiropractic physicians
- Activities/policies related to DEI
- Documentation of compliance with relevant governmental regulations (ADA)
- HIPAA Compliance Policy and training requirements for faculty and students
- Safety audits

# STANDARD B:

## *Ethics and Integrity*

### B.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.

#### QUESTIONS TO CONSIDER

- What sorts of policies and/or procedures exist to prevent issues arising from conflicts of interest; inconsistencies or inaccuracies in marketing and advertising (including catalogs and other publications); predatory or discriminatory student admissions, recruiting, and financial aid processes; or insufficient protections of student and patient privacy?
- How does the DCP ensure that the curriculum is developed and delivered in accordance with best practices regarding academic freedom, equity, and inclusion?
- What policies/procedures ensure the verification of student identity? How are students assured of fairness and equity in grading?
- What is the grade appeals process?
- What policies/procedures exist to ensure non-discriminatory hiring and performance evaluations?
- How does the DCP ensure integrity in research activities?
- Where are these policies published, and how can they be accessed by appropriate constituents?

#### EXAMPLES OF EVIDENCE

- Policies/ procedures that govern/articulate:
  - hiring (including appropriate anti-discrimination policies), performance review, promotion or advancement in rank decisions, and grievances for faculty, staff, and administrators
  - the role of faculty, students and administrators in course and curriculum development
  - academic freedom
  - student admission, academic prerequisites and technical standards, degree requirements, course descriptions and syllabi, academic calendar, academic standards and standing, tuition, fees and financial aid
  - identity verification; class attendance; student evaluation; grade appeal; course withdrawal; withdrawal from and re-admission to the DCP; access to tutoring, health, counseling and professional development services
  - the safety of students, employees, and patients
- Documentation of the availability of these policies to appropriate constituents

# STANDARD 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.

### C.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 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.

#### QUESTIONS TO CONSIDER

- Who are the personnel charged with overseeing the DCP?
- What are their qualifications and how do these align with their assigned responsibilities?
- How does the chief administrative officer interface with the appropriate senior administrator or institutional CEO?
- How does the institution or program evaluate the sufficiency of its academic and non-academic administrative structure?
- What is the decision-making chain of command for the DCP? How is this communicated to constituents?
- How and at what frequency are DCP administrators evaluated?

#### EXAMPLES OF EVIDENCE

- Organizational charts sufficiently detailed to clearly depict the reporting structure of all DCP components.
- Evidence of sufficiently qualified senior officers as demonstrated by curriculum vitae and position descriptions.
- Data analysis/trends of the number of academic and staff administrators in comparison with student enrollment trends.
- Descriptions of administrative decision-making processes.
- Documentation of evaluations or other forms of assessments of the performance and effectiveness of DCP administrative personnel.
- Policies/written procedures related to administrator evaluations.
- Constituent surveys related to DCP communication/decision-making processes.

# STANDARD D:

## Resources

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

### D.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.

#### QUESTIONS TO CONSIDER

- How does the DCP evaluate and prioritize its budgetary needs to develop short- and long-term budget projections?
- What is the relationship between the DCP mission, goals/objectives, planning, program effectiveness activities, and resource allocation?
- How does the DCP ensure that it exercises appropriate control over its allocated financial resources?
- What evidence demonstrates that the program has sufficient financial and administrative resources to sustain the quality delivery of distance education courses over time?
- How do DCP planning and program effectiveness/ assessment activities inform financial planning and resource allocation?

#### EXAMPLES OF EVIDENCE

- Current DCP budget, showing operational and capital allocations, and other resources, as well as long-term budget projections correlated to DCP planning, including revenues, expenses, and allocations for staffing, facilities, equipment
- Appropriate policies and/or procedures that control the allocation of assets
- Documents or reports that demonstrate the connection between data analysis, planning, and resource allocation (also see A.2 and A.3 examples)
- Examples of budgetary requests resulting from the analysis of DCP academic and/or non-academic outcomes (also see A.2 and A.3 examples)
- Budget or resource allocation reports indicating financial support for distance education infrastructure, staffing, and training.

# STANDARD D:

## *Resources*

### D.2. LEARNING

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

#### QUESTIONS TO CONSIDER

- How does the DCP evaluate its learning resources (personnel, facilities, collections, and services) for sufficiency to support the mission, goals, and objectives of the program?
- What collections and services are available to constituents?
- What collections and services are available to support students enrolled in distance courses?
- What are the qualifications of the personnel who manage learning resources?
- What types of library instruction are made available to constituents?
- What types of technological resources (personnel, facilities, collections, and services) are made available to constituents?
- What types of technological instruction are made available to constituents?
- During what hours are the various collections and services available to constituents?

#### EXAMPLES OF EVIDENCE

- Collection development policies/procedures
- Collection analyses
- Library circulation, reference, access or visit statistics
- Pictures of library, technology labs, or other facilities supporting learning resources
- Results of evaluative measures, such as surveys or related curricular/co-curricular activities
- Lists of available journals/databases
- Job descriptions and curriculum vitae for learning resource and technology personnel
- Menu of instructional/training offerings
- Examples of learning resource or technology instructional/training materials

# STANDARD D:

## Resources

### D.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.

#### QUESTIONS TO CONSIDER

- Which spaces are dedicated to and/or utilized by the DCP?
- How are these spaces managed?
- What types of instructional and clinical equipment, information technology and supplies are made available for the provision of the DC curriculum (clinical and didactic) and student support, as well as the work of faculty with regard to teaching and scholarship?
- How do the institution and/or program ensure the adequacy of these resources?
- What policies are in place to ensure the appropriate investment in, allocation of and management of physical facilities, information technology, and supplies?
- How does the program evaluate the adequacy and reliability of its technological infrastructure (e.g., learning management systems, video platforms, testing security) used to support distance education?
- How are physical resources and informational technology resources monitored in accordance with programmatic planning efforts?

#### EXAMPLES OF EVIDENCE

- Facility maps identifying any specific space/square footage dedicated to DCP
- Policies that govern the operations, allocation and management of physical resources
- Evidence regarding constituent satisfaction with physical resources
- Infrastructure master plan to include DCP academic and clinic physical resources
- Facilities management and maintenance plans for DCP-related physical resources
- Data or reports demonstrating learning management system reliability, downtime, or technical support responsiveness.

# STANDARD 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.

### **E.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.

### **QUESTIONS TO CONSIDER**

- What are the minimum qualifications for faculty members? Do qualifications vary per content area or assignment? If so, how?
- How does the program determine and ensure sufficiency of faculty across instructional modalities, clinical/didactic education, and patient care settings?
- How is faculty workload quantified? What are the parameters in calculating faculty workload?
- What are the responsibilities and prerogatives of faculty in developing, delivering, and revising courses and assessing student learning in those courses?
- What are the expectations for faculty in terms of program evaluation and curricular development?
- What responsibilities do faculty members have with regard to student advising/mentoring, governance, and research/scholarly activity?
- How are these various responsibilities integrated into faculty workload calculations?
- How do policies and procedures promote the recruitment, hiring, and retention of a diverse faculty population?
- Are there any additional qualifications required for faculty members teaching distance education courses?

# STANDARD E:

## *Faculty*

### **E.1. ATTRIBUTES (CONT'D)**

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.

### **EXAMPLES OF EVIDENCE**

- Faculty rosters, including course(s) assigned and associated workload totals, for the most recent 12 months.
- Faculty handbook, collective bargaining agreement or equivalent document(s), written policies and other documents that address faculty workload and faculty responsibilities.
- Position descriptions and personnel files for faculty members, to include documentation of relevant academic credentials, licensure, expertise and experience.
- Search and promotion committee procedures and/or meeting minutes
- Policies and written procedures/practices related to the recruitment, hiring, promotion, and retention of a diverse faculty population
- Workload calculation for classroom, laboratory, and clinical instruction that also reflect time allotted for research and scholarship.
- Student-to-faculty ratios and analysis of trends (also see A.3 examples)
- Programmatic (or institutional, if appropriate) definition of diversity
- Faculty retention data

# STANDARD E:

## *Faculty*

### **E.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.

### **QUESTIONS TO CONSIDER**

- How do faculty members contribute to the development, assessment, and refinement of the DCP curriculum?
- How does the program ensure that faculty members maintain currency in their content areas as well as in the fields of teaching, learning, and student assessment (didactic and clinical, as appropriate)?
- What are the roles and responsibilities of faculty in assessing student learning of didactic subject matter and attainment of clinical competencies?
- What internal opportunities for faculty development are provided by the DCP?
- What resources are available to faculty for the purpose of pursuing external professional development?
- What expectations are in place for faculty members with regard to their ongoing engagement in professional development? How does the DCP monitor their fulfillment of these expectations?
- How does the DCP analyze results from faculty members' participation in professional development?
- Have there been any issues related to academic freedom and, if so, how were they addressed?
- How does the program ensure that faculty teaching distance education courses are trained and supported in implementing effective practices for that instructional modality?

# STANDARD E:

## *Faculty*

### **E.2. CURRICULUM AND PROFESSIONAL DEV'T (CONT'D)**

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.

### **EXAMPLES OF EVIDENCE**

- Planning and/or budget documents related to faculty professional development activities.
- Committee minutes and/or other documents related to faculty participation in formulation and implementation of academic policy; course and curriculum development and implementation; and student and curricular assessment.
- Minutes of faculty governance bodies, faculty surveys, or other documents that denote faculty participation in academic and programmatic governance matters.
- Professional development expenditures for DCP faculty.
- Internal professional development offerings.
- Programmatic expectations for faculty participation in internal and/or external development opportunities.
- Training materials or records for faculty members teaching distance courses showing instruction in regular and substantive interaction requirements and best practices for online engagement.
- Evidence of collaboration between faculty and instructional design staff to develop or revise online courses.
- Results of faculty engagement in professional development (e.g., examples of improvements in instructional skills, course and/or assessment designs, and/or research and scholarship output, etc.)
- Academic freedom policy
- Faculty Handbook

# STANDARD E:

## *Faculty*

### E.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.

#### QUESTIONS TO CONSIDER

- What are the parameters, including the frequency of and criteria for, faculty evaluations?
- How are outcomes of the evaluation process used to improve the academic program and/or faculty performance?
- What is the process for faculty members to apply for rank promotion?
- What are the criteria for faculty members to qualify for each rank level?
- What personnel or programmatic bodies are involved in the evaluation of faculty promotion applications, and what are the roles and responsibilities of each?

#### EXAMPLES OF EVIDENCE

- What are the parameters, including the frequency of and criteria for, faculty evaluations?
- How are outcomes of the evaluation process used to improve the academic program and/or faculty performance?
- What is the process for faculty members to apply for rank promotion?
- What are the criteria for faculty members to qualify for each rank level?
- What personnel or programmatic bodies are involved in the evaluation of faculty promotion applications, and what are the roles and responsibilities of each?

# STANDARD F:

## *Student Support Services*

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

### **F.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; 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.

### **QUESTIONS TO CONSIDER**

- What support services are available to DCP students?
- How does the program ensure that students enrolled in distance education courses have equitable access to academic advising, tutoring, disability support, and other student services?
- If the institution manages student support services, how are the needs of the DCP students supported?
- What policies and procedures govern the delivery of student support services?
- What policies and procedures are in place to continuously monitor and respond to student life, health, and safety issues for all students?
- What policies and procedures are in place to maintain the confidentiality of student records?
- How does the DCP ensure a welcoming, supportive, and encouraging learning environment for all students, including students enrolled in distance education courses?
- What support services are available to DCP students?
- How does the program ensure that students enrolled in distance education courses have equitable access to academic advising, tutoring, disability support, and other student services?
- If the institution manages student support services, how are the needs of the DCP students supported?
- What policies and procedures govern the delivery of student support services?
- What policies and procedures are in place to continuously monitor and respond to student life, health, and safety issues for all students?
- What policies and procedures are in place to maintain the confidentiality of student records?
- How does the DCP ensure a welcoming, supportive, and encouraging learning environment for all students, regardless of background, including students enrolled in distance education courses?
- How does the DCP orient/introduce students to its student support services offerings?

# STANDARD F:

## *Student Support Services*

### **F.1. SUPPORTED FUNCTIONS (CONT'D)**

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; 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.

### **EXAMPLES OF EVIDENCE**

- What support services are available to DCP students?
- How does the program ensure that students enrolled in distance education courses have equitable access to academic advising, tutoring, disability support, and other student services?
- If the institution manages student support services, how are the needs of the DCP students supported?
- What policies and procedures govern the delivery of student support services?
- What policies and procedures are in place to continuously monitor and respond to student life, health, and safety issues for all students?
- What policies and procedures are in place to maintain the confidentiality of student records?
- How does the DCP ensure a welcoming, supportive, and encouraging learning environment for all students, regardless of background, including students enrolled in distance education courses?

# STANDARD F:

## *Student Support Services*

### F.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.

#### QUESTIONS TO CONSIDER

- What processes, technology, and/or personnel does the DCP utilize to monitor student academic progress?
- What personnel, departments, and/or programmatic bodies are involved in the provision of academic support services?
- What interventions are dictated by policies and/or procedures, and under what circumstances?
- What academic support services are made available to DCP students to optimize their success?
- What constitutes satisfactory academic progress for DCP students? What happens when a DCP student fails to maintain satisfactory academic progress?
- How does the DCP ensure that academic plans are designed to address students' specific challenges?
- How are students monitored following a failure to maintain satisfactory academic progress?
- How are students informed about the availability of academic support services?

#### EXAMPLES OF EVIDENCE

- Samples of dashboards and/or reports used to monitor student progress
- Policies or processes related to the monitoring of student progress
- Organizational charts and/or job descriptions related to departments and/or personnel involved in the provision of academic support services
- Menu of academic support service offerings.
- Policies or processes related to satisfactory academic progress
- Samples of DCP students' academic plans, including the trigger that necessitated the creation of the plan
- Samples of campus communications related to available academic support services
- Training for faculty and staff to ensure they can direct students to necessary resources
- Surveys designed to measure DCP students' support needs

# STANDARD F:

## *Student Support Services*

### F.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.

#### QUESTIONS TO CONSIDER

- How does the DCP monitor the effectiveness of its student and academic support services?
- How does the DCP identify potential gaps in student support services?
- What measures and thresholds have been established for the DCP's student and academic support services?
- Are these measures and thresholds monitored and analyzed through program effectiveness/assessment processes and/or reports?
- What cycle exists for the ongoing monitoring of the DCP's performance relative to these thresholds?
- What analyses have been conducted to evaluate the DCP's performance relative to these thresholds?
- What changes/improvements have been made as a result of these analyses?

#### EXAMPLES OF EVIDENCE

- Program effectiveness measures and thresholds for DCP-related student support services
- Student survey instruments and outcomes/results for student/academic support-related items, e.g., gaps, utilization and/or satisfaction rates for academic advising, tutoring, board reviews, orientation, debt management counseling, career counseling, etc. (also see A.3 examples)
- Reports, processes, timelines, charts, etc., demonstrating cycles of data collection and analysis in conjunction with program effectiveness activities
- Assessment or program effectiveness reports for student support services (also see A.3 examples).
- Meeting minutes or reports demonstrating the analysis of assessment data related to student/academic support services
- Examples of changes/improvements made in response to analysis of these data
- Disaggregated data demonstrating alignment between the needs of the student population and support offerings

# STANDARD F:

## *Student Support Services*

### F.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.

QUESTIONS TO CONSIDER	EXAMPLES OF EVIDENCE
<ul style="list-style-type: none"><li>• What policies and/or processes govern the handling of student complaints/grievances against:<ul style="list-style-type: none"><li>○ other students,</li><li>○ the program, and</li><li>○ its personnel?</li></ul></li><li>• What mechanisms are in place to ensure that students are informed of, and have access to, procedures for addressing complaints or grievances related to distance education?</li><li>• How is the record of these complaints maintained, and by which department(s) or personnel?</li><li>• What process is in place to ensure a global periodic review of this complaint/grievance record to determine whether any systemic problems exist?</li><li>• What programmatic changes have been made in response to any such identified problems?</li></ul>	<ul style="list-style-type: none"><li>• Policies or procedures related to the handling and/or maintenance of a record of student complaints and/or grievances</li><li>• Record of student complaints (redacted)</li><li>• Aggregate or trend data on various types/categories of student complaints and, grievances.</li><li>• Reports, meeting minutes, or other evidence of a systematic complaint/grievance review process</li><li>• Documentation of any changes/improvements made in response to any identified trends/systemic issues</li></ul>

# STANDARD 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..

### **G.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.

### **QUESTIONS TO CONSIDER**

- What are the criteria for admission to the DCP?
- What requirements does the DCP have in place to ensure that each student has the necessary attributes for success in the program and to pass the licensure examinations?
- What are the DCP's recruitment practices?
- What training is provided to those engaging in recruitment activities?
- Where are the DCP's recruitment and admission policies, procedures, and practices published?
- How does the DCP ensure the consistent and equitable application of these policies, procedures, and practices?
- What steps are taken to aid in the retention of admitted students?

# STANDARD G:

## *Student Admissions*

### **G.1 ALIGNMENT WITH PROGRAM (CONT'D)**

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.

### **EXAMPLES OF EVIDENCE**

- Admission policies and/or procedures.
- Published admissions requirements and policies that support and reflect the enrollment of students prepared to succeed in the DCP and on the licensing examinations.
- Admissions records documenting each admitted student meets the minimum criteria as established by the DCP.
- Outcomes analysis correlating admissions decisions with students' DCP GPA, course completion rates, retention rates, performance on internal benchmark and external national board exams, and graduation rates (also see A.3 examples).
- Training materials used for individuals engaged in recruitment activities.

# STANDARD G:

## *Student Admissions*

### G.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.

#### QUESTIONS TO CONSIDER

- What technical and/or special preparatory coursework is required for admission to the DCP, and when, how, and where is that information made available to applicants?
- How and when are students informed regarding projected additional charges associated with identity verification?
- What is the DCP's process for informing applicants about jurisdictional variations in educational and licensure requirements as well as scope of practice parameters?
- What are the DCP's policies regarding transfer credits, advanced placement, and the application of credits earned outside of the DCP curriculum, as well as financial aid? How are these policies made available to applicants?
- How is information on available scholarships and grants made available to applicants?

#### EXAMPLES OF EVIDENCE

- Catalog, website information, and/or communications to applicants regarding technical standards, special preparatory coursework required for admission, and jurisdictional variations related to licensure and scope of practice
- Copies of communications/notifications to students regarding identity verification charges
- Published admissions requirements and admissions records demonstrating compliance with applicable state regulations for college admission criteria
- Policies and published information addressing transfer credit, advanced placement, non-institutionally based learning, financial aid, scholarships, grants, loans, and refunds
- Evidence of the application of these policies
- Evidence of the availability of these policies

# STANDARD 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, incorporate best practices and measures student proficiency in the identified meta-competency outcomes, and 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.

### **H.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 of students.

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, skills, and promote synthesis of learning in a sequence or 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.

# STANDARD H:

## *Curriculum, Competencies, and Outcomes Assessment*

### H.1. CURRICULAR CONTENT AND DELIVERY (CONT'D)

#### QUESTIONS TO CONSIDER

- How are the didactic and clinical education components of the curriculum sequenced to enable a graduate to demonstrate achievement of the meta-competency outcomes?
- How are course content, learning activities, identified learning objectives, and course assessments aligned to the meta-competency objectives?
- How do the program and its faculty ensure all the meta-competency curriculum objectives are addressed in the curriculum?
- What processes are used to update the curriculum-to-meta-competency curriculum objectives map, as courses are modified?
- Are additional learning outcomes identified by the DCP? If so, how are these integrated and assessed in the curriculum?
- How does the program ensure that learning outcomes, instructional quality, and assessment methods for distance education courses are equivalent to those of face-to-face courses?

#### EXAMPLES OF EVIDENCE

- A table or similar representation that provides instructional hours for each course in the DCP curriculum and provides the sum of all instructional hours for the program (at minimum, 4200 instructional hours).
- A table or similar representation that provides instructional hours for the clinic practicums (at minimum, 1000 instructional hours).
- A curriculum map or similar representation that displays where topics related to the meta-competency curriculum objectives are addressed in the curriculum.
- Published syllabi with learning objectives for all courses within the curriculum that include methods of evaluating student learning.
- Processes and procedures to update the curriculum map, including committee charters, committee minutes demonstrating review/approval, and examples of recent updates to the curriculum map, as appropriate.

### ADDITIONAL GUIDANCE

If the DCP is using equivalency hours, has the DCP obtained CCE approval, per Policy 1, to use equivalent instructional hours in lieu of demonstrating a minimum of 4,200 instructional hours? Provide evidence of CCE approval to deliver competency-based education (CBE) utilizing direct assessment as a measure of student learning in lieu of the required instructional hours. Note, all DCP's are required to demonstrate that students complete a minimum of 1,000 instructional hours in a patient care setting.

# STANDARD H:

## *Curriculum, Competencies, and Outcomes Assessment*

### **H.2. ASS'T OF LEARNING OUTCOMES/CURR. 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.

### **QUESTIONS TO CONSIDER**

- Where/when does the assessment of MCO achievement occur (e.g., clinical practicums I-IV, OSCE(s), final-year clinical courses, preceptorships, etc.)?
- How are best practices employed to assess and demonstrate the achievement of the MCOs?
- How are the clinical components structured in the curriculum?
- Where do the clinic practicums occur, e.g., on-campus clinics, local DCP-managed clinics, community-based internships (CBI), healthcare centers, preceptorships, etc., and how are these communicated to the student-intern?
- How does the program ensure that the assessment of the MCOs is criterion-referenced (rather than norm-referenced) using standardized expectations for behaviors and skills with defined performance standards (e.g., rating scales framed in the context of supervision, independence, and/or development levels)?

# STANDARD H:

## *Curriculum, Competencies, and Outcomes Assessment*

### H.2. ASS'T OF LEARNING OUTCOMES/CURR. EFFECTIVENESS (CONT'D)

#### QUESTIONS TO CONSIDER (CONT'D)

- How is the assessment of clinical competency provided at external sites consistent with the assessments that exist in the DCP settings?
  - What strategies are used to train external site assessors?
  - What types of quality assurance methods used to ensure student assessment is similar at external sites?
  - Are additional student learning outcomes identified for external sites, (e.g., business acumen)? If so, how are these assessed?
- What strategies and/or methods are used to assess the MCOs (e.g., direct observations, clinical reasoning worksheets, file reviews, case studies, global assessments, OSCEs, etc.)
- What criteria are used to establish the expected behaviors and skills for various performance levels/scales for the MCO assessments (e.g., levels 1-4; unsatisfactory, needs assistance, competent, aspirational, etc.), and how are these communicated to the student-intern?
- What is the frequency of the MCO assessments?
- Who assesses the student-interns? What processes does the DCP use to ensure that students are assessed by multiple, qualified evaluators across the MCOs, including those performed through direct observation in the clinical setting?
- How does the DCP train its clinical assessors to improve the reliability of the assessment data?
- How has the DCP determined that the clinical assessment captures accurate and meaningful data related to the associated MCO(s)?
- How are MCO assessment performance scores calculated (e.g., averaged within each term, averaged across terms, rolling average of the most recent three assessments, etc.)?
- What are the thresholds/performance requirements for the MCO assessments?
- How are performance expectations and thresholds communicated to students?
- What process is used to monitor an individual student's MCO performance data to identify and remediate deficiencies?
- What process is used to confirm each student's meta-competency outcomes achievement data prior to graduation?
- How are aggregate student learning and meta-competency outcomes data used to evaluate curricular effectiveness, inform curricular improvements, and/or inform improvements to the assessment methods and/or processes?
- How frequently are the aggregate MCO data collected and analyzed?
- Who is responsible for analyzing the aggregate MCO data and using the data to inform curricular improvements?
- What is the performance target or threshold for aggregate MCO performance (e.g., ≥85% of Clinic I students will perform at Level 2: Advanced Beginner or better; ≥90% will achieve each MCO without formal remediation, etc.)?
- What occurs if a threshold for aggregate MCO performance is not met?
- Where is the aggregate MCO data analysis and any follow-up activities recorded (also see A.3)?

# STANDARD H:

## *Curriculum, Competencies, and Outcomes Assessment*

### **H.2. ASS'T OF LEARNING OUTCOMES/CURR. EFFECTIVENESS (CONT'D)**

#### **EXAMPLES OF EVIDENCE**

- A list and description of the DCP-managed clinic site and/or DCP-approved external clinic sites.
- Policies and procedures to approve external clinical sites, CBIs, preceptorships, etc.
- An assessment map or similar representation, which identifies each MCO and the associated assessment methods/tools/rubric/strategies to measure the MCO.
- A clinical assessment plan to measure the achievement of the MCOs that describes and provides the multiple assessments used, the frequency of the assessments, and associated thresholds (e.g., thresholds for each clinical practicum term; graduation threshold).
- Copies of each assessment method/tool/rubric, including MCO tags (identifiers) for each assessed item/skill, where applicable.
- Examples of completed assessment method/tool/rubric, including feedback/comments provided to the student.
- Copies of the grading rubric(s) that define expected behaviors and skills for various performance levels/rating scales for the MCO assessments, accessible to students and faculty, as published in the course syllabi, clinic manual, the assessment platform(s), and/or similar channels.
- Written policies or procedures stating that MCO assessments must be completed by multiple qualified evaluators and describing how evaluators are assigned, rotated, or scheduled.
- MCO achievement data for each student of the two most recent graduating cohorts
- Clinic Manual, course syllabi, and dashboards that communicate the thresholds or performance requirements for the MCO assessments to students.
- Copies of training materials for clinical assessors and related procedures and/or manuals
- Examples of inter-reliability data from calibration exercises conducted with clinical assessors, demonstrating the level of consensus among assessors. These data should illustrate how reliability is measured and include evidence of steps taken to further calibrate assessors to improve inter-reliability on an ongoing basis.
- Clinic Manual, course syllabi, and/or policies that provide the processes/procedures for student remediations when clinical assessment performance requirements are not met.
- Sample (completed) remediation plans.
- Aggregate or cohort-level student learning and MCO assessment data, longitudinal trend analysis reports, or similar (also see A.3 examples).
- Examples of implemented program improvement activities, based on the analysis of aggregate student learning and meta-competency outcomes data (e.g., curricular changes, modifications to assessment methods, and/or process improvements, etc.)

# STANDARD H:

## *Curriculum, Competencies, and Outcomes Assessment*

### 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, comply with applicable jurisdictional laws and regulations, and are 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.

### QUESTIONS TO CONSIDER

- What processes are used to improve the structure, process, and outcomes of patient care in the DCP? (e.g., patient file reviews, patient-reported outcomes, patient satisfaction surveys, clinic policies/procedures, incident reports, HIPAA and OSHA compliance certifications, etc.)
- How is quality patient care defined by the DCP?
- How are these standards of care patient-centered, evidence-informed, consistent with accepted industry, and compliant with applicable jurisdictional laws and regulations?
- How are structure, process and outcomes of care defined by the DCP?
- What criteria are used to measure the standards of care?
- What processes are used for an ongoing review of a representative sample of patient records to assess the appropriateness, necessity, and quality of the care provided?
- Who reviews the patient records?
- How frequently does this occur?
- What number or percentage of patient records are reviewed?
- What performance thresholds are established for the quality assurance system?
- How are performance data tracked?
- What mechanisms are in place to ensure timely review and follow-up on identified deficiencies from the chart audits to ensure appropriate patient care and quality documentation (e.g., policies, remediation procedures)?

# STANDARD H:

## *Curriculum, Competencies, and Outcomes Assessment*

### H.3 QUALITY PATIENT CARE (CONT'D)

#### QUESTIONS TO CONSIDER (CONT'D)

- How does the DCP ensure that effectiveness processes and metrics are regularly reviewed and updated as appropriate (for example, based on trend data, changes in the program, or the need for additional data to inform decision-making)?
- What processes are used to review and analyze this data to inform improvements to patient care, the curriculum, and student learning?
- What mechanisms are used to address patient response to care and evolve treatment plans, as appropriate?
- How often are the patient records audit instruments reviewed and updated?
- What processes are used to train the auditors (e.g., inter- intra-rater reliability)? Does this training occur, at a minimum, annually?

#### EXAMPLES OF EVIDENCE

- Copies of the clinic manual, operational/clinical guidelines, QPC handbook, standards of care, KPIs, or similar documents.
- Copies of the patient records audit procedural manual and forms/instruments, standards of care criteria, and patient survey instruments.
- Quality assurance system's outcomes/results reports, including analysis against established performance thresholds and distribution list.
- Quantitative and/or qualitative mechanisms to establish and monitor progress toward patient goals
- Presentations and meeting minutes with faculty-clinicians that demonstrate dissemination of performance results and subsequent discussion and/or calibration for improvement.
- Examples of implemented action steps for improvements to patient care, the curriculum, and student learning based on the quality assurance system's data and findings (also see A.3 examples).
- Examples of remediation or action steps employed when an individual faculty-clinician does not meet the established performance threshold(s).
- Copies of training materials/manual for the patient records auditors; evidence of completed training(s).
- 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.
- 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.
- Meeting minutes documenting, and/or policies/written procedures related to, processes for the creation and periodic review of thresholds

# STANDARD 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.

### **I.1. SCOPE**

The DCP actively engages 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 established 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.

#### **QUESTIONS TO CONSIDER**

- What are the goals and objectives for research and scholarship?
- What are the expectations for engagement by faculty, staff, and students in research and scholarship?
- How will the goals, objectives, and outcomes in research and scholarship advance chiropractic education and improve the quality of health care in chiropractic clinical practice?
- How does research and scholarship impact the instructional objectives and curricular content, and guide clinicians in the care of their patients?
- How does the DCP ensure that research and scholarship comply with internal policies, external legal requirements, and accepted research practices?

#### **EXAMPLES OF EVIDENCE**

- Established goals and objectives for research and scholarship activities, and timelines, including expected outcomes or performance targets
- Handbooks, policies, and/or syllabi, which outline expectations for faculty and staff, and when appropriate, students in their active engagement in research and scholarship
- Internal policies and/or procedures addressing the DCP's compliance with the myriad regulatory, legal, and ethical requirements associated with research and scholarship
- Meeting minutes documenting the development of goals, objectives, outcomes, and expectations related to research and scholarship

# STANDARD I:

## *Research and Scholarship*

### I.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.

#### QUESTIONS TO CONSIDER

- What resources (physical, financial, and human) has the DCP dedicated to the conduct of research and scholarship?
- How does research and scholarship factor into faculty members' workload calculations and other assigned responsibilities?
- How does the DCP budget support personnel in their research and scholarship endeavors, including resources allocated for travel for presentations and development activities?
- How does the institution provide access to an IRB?
- What policies and/or procedures has the DCP established to manage and support research and scholarship?
- What policies and/or procedures has the DCP established to ensure the protection of human and/or animal subjects?

#### EXAMPLES OF EVIDENCE

- Budgets demonstrating financial resources allocated for the conduct of research and scholarship
- Organizational charts and/or job descriptions for departments and/or personnel dedicated to or supporting research and scholarship
- Faculty Handbooks, contracts, release time, policies, and/or other evidence of the integration of research and scholarship expectations into faculty workloads and other assigned responsibilities
- Documentation of the operations of an internal IRB or detailing access to an external IRB
- Policies and/or procedures related to the management and support of research and scholarship
- Policies and/or procedures related to assurance of the protection of human and/or animal subjects

# STANDARD I:

## *Research and Scholarship*

### I.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.

#### QUESTIONS TO CONSIDER

- What are the research and scholarship outcomes as defined by the DCP?
- Do the research and scholarship outcomes result from basic science, clinical, psychosocial, or educational methodology studies, or some combination?
- What measures and thresholds have been established for research and scholarship outcomes?
- What processes are in place to track and analyze progress in meeting these thresholds, and how has the DCP performed?
- How has analysis of outcomes informed the establishment of successive goals and objectives for research and scholarship?
- How were the measures and thresholds for research and scholarship established?
- What grant applications has the DCP submitted? How would these grants, if awarded, contribute to the advancement of chiropractic education and clinical practice?
- How do research and scholarship promote internal and external collaborations?
- What publications and professional presentations have resulted from the DCP's research and scholarship?

#### EXAMPLES OF EVIDENCE

- Handbooks and/or policies/procedures that define research and scholarship
- Descriptions/categorizations of the types of studies conducted by the DCP
- Planning/effectiveness documents and processes that demonstrate established measures and thresholds relative to research and scholarship as well as the tracking of the DCP's progress toward meeting these thresholds (also see A.3 examples)
- Meeting minutes or other evidence of the establishment of these thresholds
- Submitted grant applications
- Examples of internal and external collaborations
- Evidence of the publication and/or presentation of research and scholarship completed by DCP faculty, staff, and students
- Examples of curricular and/or teaching and learning modifications that have occurred as a result of research and scholarship

# STANDARD J:

## *Distance Education*

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

### J.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.

#### QUESTIONS TO CONSIDER

- Which courses are offered via distance education? What percentage of the curriculum is available online?
- What expectations exist for faculty-student interaction in distance education courses?
- How is student engagement monitored?
- How does the program compare outcomes between distance and face-to-face sections of the same course? What metrics are used?
- Who reviews the data, and how is it used?
- Have any differences been identified between modalities?
- How do you evaluate faculty members' readiness to teach in this format?
- What professional development opportunities are available to faculty members? Is there any required training?
- How are faculty members evaluated with regard to their effectiveness in distance education?
- What technology requirements are communicated to students? When and how do they receive this information?
- How do students in distance education courses access student support services, technical support, and learning resources?
- How are online students informed about grievance/complaint procedures?
- What contingency plans exist for system outages?
- How is cybersecurity/data privacy managed?
- How does the program evaluate whether resources are sufficient to support distance education?

#### EXAMPLES OF EVIDENCE

- Distance education policies and procedures
- Course design guidelines/checklists/audit forms
- Quality review rubrics
- Syllabi from online/face-to-face sections of the same course
- Weekly modules showing learning activities
- Examples of learning activities (e.g. discussions, group projects, recorded lectures, etc.)
- Assignments, exams, and/or grading rubrics used in online/face-to-face sections of the same course
- LMS analytics
- Policies defining expectations for faculty engagement in distance education
- Faculty guidelines for office hours, communication and feedback
- Course evaluations
- Distance education satisfaction surveys
- Comparative student outcomes data
- Training materials and records for faculty members teaching online
- Published technology requirements for students
- Documentation showing distance students can access services such as advising, tutoring, disability services, library services, wellness services, IT, etc.
- Student Handbook sections addressing grievance/complaint procedures
- Infrastructure sufficiency information such as budget allocations, uptime reports, technology upgrade plans, enrollment projections for online courses, etc.

# STANDARD J:

## *Distance Education*

### J.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.

#### QUESTIONS TO CONSIDER

- How does the DCP confirm the identities of students completing work in distance education courses?
- What policies and processes has the DCP established to protect students' privacy?
- Have there been any known breaches of student-protected information?
- Are there any additional charges (for example, technology fees) associated with the verification of student identity?
- How and when are students notified of any such charges?
- How and when are students notified of any technology requirements for distance education courses?
- How are students oriented to online learning?

#### EXAMPLES OF EVIDENCE

- Policies and procedures for secure login and pass code
- Policies and procedures for proctored examinations
- Technologies and practices that are used in verifying student identity
- Policies and/or written processes designed to protect student privacy
- Notifications sent to students regarding additional charges related to identity verification
- Communications to students regarding technology requirements
- Orientation or other instructional materials addressing online learning expectations and requirements

# STANDARD J:

## *Distance Education*

### J.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.

#### QUESTIONS TO CONSIDER

- What requirements has the DCP established to ensure that there is regular and substantive interaction (RSI) between students and instructors in distance education courses?
- What strategies, technologies, or instructional methods are employed to promote meaningful engagement in both synchronous and asynchronous course formats?
- How do syllabi and course schedules clearly communicate expectations for frequency and type of instructor-initiated interaction?
- How is student participation monitored in the learning management system (LMS), and what processes are in place for faculty outreach to students exhibiting low engagement or academic performance?
- What internal review or quality assurance processes (e.g., online course assessment tools, peer review, instructional design collaboration) are used to ensure that online course design supports RSI and continuous improvement?
- How does the program ensure that instructional staff are trained and supported in implementing effective RSI practices?
- How are data from course reviews, student feedback, or LMS analytics used to evaluate and enhance the quality of instructor-student interaction in distance education courses?

#### EXAMPLES OF EVIDENCE

- Course syllabi and schedules demonstrating instructor-initiated interaction (e.g., discussion requirements, office hours, feedback timelines).
- Representative samples of online courses showing integration of synchronous and asynchronous engagement strategies.
- Documentation of LMS tracking features (e.g., attendance logs, analytics, outreach records).
- Policies or guidelines defining expectations for regular and substantive interaction in distance education courses.
- Utilization of quality review tools, such as Online Course Assessments (OCA) or similar, demonstrating structured evaluation of course design and interaction components.
- Faculty training materials or records showing instruction in RSI requirements and best practices for online engagement.
- Evidence of collaboration between faculty and instructional design staff to develop or revise online courses.
- Student satisfaction or course evaluation data reflecting perceptions of interaction and engagement in online or hybrid formats.
- Meeting minutes, program review reports, or improvement plans referencing RSI-related course enhancements.

