

Northwestern College of Chiropractic

Assessment Plan and Report for 2007-2008



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Assessment Activities for 2007-2008 Academic Year

I. Developmental Assessment

The Doctor of Chiropractic Program (DCP) administers the Developmental Assessment (DA) to the students in their seventh trimester as a comprehensive clinical competency examination. The purpose of the DA is to assess the students on their ability to take a health history, examine the patient, order and review x-ray and lab tests, and develop a diagnosis and treatment plan. The student interacts with a trained simulated patient during this exam. The students are also assessed on their interactive skills with the patient. The students take the exam during midterms and again during finals if they do not pass the first time. An example of the examiner checklist is included in the appendix.

In the past, the exam results for a full year were compiled and analyzed by the Office of Institutional Effectiveness. The results from 2006-2007 exams will be analyzed and the results will be given to Curriculum Management Council (CMC) for review, discussion and action, if any is necessary, in their academic departments or for the overall curriculum.

During 2007-2008 academic year, the aggregate results from the DA will be shared with the CMC to review and use the data to discuss with faculty in their academic departments to advise changes in their courses or the curriculum as needed.

The data from the previous two years' DA results will be reviewed to establish the most appropriate benchmark at this time.

Responsible Parties:

Historically, the exam was administered by Clinical Education. The Associate Dean of Chiropractic Education, Julia Bartlett, will administer the DA beginning in the fall of 2007. An assessment coordinator position was also created to help with coordinate this exam and other chiropractic program assessment activities. This position will be posted in the fall of 2007.

The CMC and individual faculty will use the data to make appropriate refinements within the curriculum and individual courses.

University Learning Outcome(s):

The DA primarily assesses ULO #8 – Competence within One's Discipline. and ULO # 1 Effective Verbal and Nonverbal Communication Skills.

The following components of **ULO #1** are assessed in the DA:

2. Uses verbal language skills effectively

The chiropractic graduate will use verbal language effectively in a sensitive, comprehensible, organized and audience-appropriate manner. Skills may be demonstrated in the context of:

- a. Doctor-patient interactions
 - i. History-taking and information gathering
 - ii. Screening and patient assessments
 - iii. Counseling, patient education and advising
 - iv. Telephone communication
3. Uses nonverbal skills effectively
The chiropractic graduate will employ listening skills necessary in the doctor-patient relationship, including:
 - a. Conveying the appropriate affect to patients
 - b. Interpreting an individual's nonverbal cues
 - c. Guiding and facilitating effective interactions
4. Recognizes and is responsive to gender, ethnic, socioeconomic and other diversity in an individual's background and/or life experiences
5. Recognizes and employs the following complementary communication principles:
 - a. Confidentiality of patient information
 - b. Patient rights and responsibilities
 - c. Respect of and for the patient
 - d. Therapeutic effects of interaction

The following components of **ULO #8** are assessed in the DA:

Patient Assessment

- **Health History.** The competent graduate is capable of eliciting and documenting a health history appropriate in scope to the clinical encounter. (e.g. focused, comprehensive, emergency), on a wide variety of patients: adults, children and adolescents, seniors, and special populations such as hostile patients and hearing impaired patients.
- **Examination.** The competent graduate is capable of performing and documenting a physical exam appropriate in scope to the clinical encounter. (e.g. focused, comprehensive, emergency), on a wide variety of patients: adults, children and adolescents, seniors, and special populations such as hostile patients and hearing impaired patients.
 1. Physical Exam
 - a. General (e.g. vital signs, screening exam, comprehensive)
 - b. Organ-specific (e.g. HEENT, skin, cardiovascular, abdominal)
 2. Chiropractic analysis
 - a. Biomechanical (e.g. motion palpation, static palpation)

3. Neuromusculoskeletal (e.g. muscle stretch reflexes, provocative tests)

- **Diagnostic Studies.** The competent graduate is capable of performing/ordering/interpreting clinically indicated diagnostic procedures. For example:
 1. Laboratory
 2. Radiology
 3. Specialized diagnostic studies

Diagnosis. The competent graduate is capable of integrating patient assessment data in a manner that facilitates the formation of a diagnosis, i.e.:

- a provisional diagnosis
- a differential diagnosis
- a working diagnosis
- a final diagnosis

Patient Care. The competent graduate will be able to create a care plan consistent with findings obtained from the patient assessment in a patient-oriented manner.

A. Clinical Decision Making

1. Emergency
2. Emergent
3. Referral
4. Co-management
5. Problem complexity (i.e. straightforward, low, moderate or high complexity)
6. Evidence-based as appropriate (e.g. guidelines, consensus statements)

B. Chiropractic Care

1. Chiropractic manipulative therapy
2. Adjunctive procedures (e.g. soft tissue, physiotherapy, support bracing, exercise)
3. Patient education (e.g. safe lifting, good posture, health care advice, side effects)
4. Health promotion (e.g. smoking cessation, healthy diet, exercise, mental health)

Doctor/Patient Relationship. The competent graduate will respond to his/her patients' needs and provide care in an atmosphere of trust and confidence acting at all times with the interests of the patient in mind, and with appropriate attention to:

- Boundaries

- Patient-oriented health care
- Confidentiality
- Cultural competency

II. Coding and Documentation Curriculum Mapping

The DCP is working with the Office of Institutional Effectiveness (IE) and the Information Technology department to develop and administer an online survey to faculty. The purpose of the survey is to map how and where coding and documentation are being taught in the DCP curriculum. The survey will be administered for each course and will collect data about the depth of instruction and the types of assessment used within each course regarding these subjects.

The survey will be administered in August 2007 and will be available for completion for 2 weeks.

Responsible Parties:

The survey will be created with input from the Dean, Mike Wiles, Associate Dean of Chiropractic Education, Julia Bartlett, and faculty member, Jonathon Williams.

The administration of the survey will be a coordinated effort with Angie Przybylski, IE and Doug Cran, IT.

The data will be reviewed by the Dean and Associate Dean with the help of the Office of Institutional Effectiveness.

The CMC and individual faculty will use the data to make appropriate refinements within the curriculum and individual courses.

University Learning Outcome(s):

The data will be used to assess Council of Chiropractic Examiners' requirements regarding coding and documentation as well as the following components of ULO #8 – Competence in One's Discipline.

Record Keeping. The competent graduate will ensure that all patient records contain legible, accurate, complete and current information.

Professional Issues. The capable graduate will provide competent and effective care, and do so in a professional manner that is consistent with:

- Ethics
- Federal and state regulations (e.g. HIPAA and OSHA)
- Professional practice (e.g. billing,

III. National Board of Chiropractic Examiner (NBCE) Scores

Students in the DCP who are also seeking licensure within the United States must take four levels of national board exams administered by NBCE. The purpose of this analysis is to compare and analyze student data from all parts of the National Board results from 1997-2007. The data will be used to highlight trends in scores by subject and will compare cohorts of students. The data will also be compared to the national average scores from other chiropractic colleges. When appropriate, the trends noted will inform curricular changes.

This analysis will occur during the Winter 2008 term.

Responsible Parties:

The Dean, Michael Wiles, will supply the department of Institutional Effectiveness with scores for the exams administered from 1997-2007. Nick Linde, in IE will analyze and report the data results.

The CMC will use the data to set appropriate benchmarks for student performance. The CMC and individual faculty will also use the data to correlate results of individual section results to the DCP course content and student performance.

University Learning Outcomes:

These data will be correlated to measures of student achievement identified by the Council of Chiropractic Education (CCE), the University Learning Outcomes, and course objectives within the chiropractic curriculum.

IV. Curriculum Mapping of CCE Standards and ULOs

The Council of Chiropractic Education accredits the DCP and lists specific minimum competencies for chiropractic education. The competencies are categorized into 16 meta-competencies followed by sub competencies. The CCE standards will be linked to the ULOs allowing the curriculum to be mapped to the ULOs and CCE standards simultaneously. The purpose of this mapping project is to identify in which courses the individual competencies are met.

The online survey will be administered for each course. The results of this project will provide information on the following list and will inform curriculum revision, when necessary.

- The results may reveal that some competencies are not met and need to be addressed.
- The data can determine logical courses in which to insert the competencies.
- The results will may reveal that there is too much redundancy of a particular competency or that its sequence within the curriculum is not logical.
- The results will also reveal courses that do not meet any of the competencies.
- The results may reveal that all or some of the competencies are being met well within the DCP.

This assessment will occur during the Winter 2008 term.

Responsible Parties:

Julia Bartlett, Associate Dean, Cathy Wigstrom, Assessment Coordinator and Michael Wiles, Dean will provide the information needed for the survey. Noni Threinen, VP of Institutional Effectiveness and Nick Linde, IE research analyst will assist in the creation of the survey and analysis of the data.

The CMC and individual faculty will use the data to make appropriate refinements within the curriculum and individual courses.

University Learning Outcomes:

This assessment will address all ULO's and CCE standards as described above.

Assessment Report for 2007-2008

Introduction

During the past academic year, there has been a notable increase in assessment activities within the College of Chiropractic. Assessment is becoming a coordinated effort among departmental faculty, and a culture of assessment is being nurtured at all levels of teaching and administration. Assessment has been constant agenda item at meetings at all administrative levels: the university level, the program level, the departmental level, and the course level. The Dean has repeatedly stressed the importance and utility of assessment with the department chairs and individual faculty. The department chairs worked with their faculty to develop assessment activities within their areas of curricular responsibilities. The evidence of this increased assessment activity is presented in the following report.

Some of the activities conducted at the program level are in line with recommendations made by Susan Hatfield, Ph.D. on March 7, 2006. Dr. Hatfield has been an assessment consultant for Northwestern Health Science University. She recommended that the program map its professional accreditation standards with the institution learning outcomes and the program level. The core curricular courses were mapped to the Council on Chiropractic Education (CCE) standards and the University Learning Outcomes during the summer term.

When the survey was created, the program level learning outcomes had not been finalized. The Curriculum Management Council has since developed and approved the five program level outcomes which were based on the existing model of chiropractic care at Northwestern (ULO #8) and were subsequently aligned with the 16 CCE metacompetencies. The program level outcomes will be fairly easy to align with the data collected with the survey. Further assessment of the five program level outcomes will continue over the coming years. This will be accomplished via multiple methods including through the development of the new Comprehensive Competency Assessments. These are addressed further in the discussion of the Developmental Assessment Results in the following section.

The report also includes departmental and course level activities which include the following: data and rationale behind restructuring the clinical internship program, a comprehensive radiology assessment, a new lecture in Business and Professional Foundations 1 in response to the 2006 Student Satisfaction Survey, course reviews in the Department of Health Promotion and Wellness, and course administration changes in Clinical Skills Analysis base on a course level student survey.

The report reflects activities that are in three different stages: completed, in progress, and continual.

Developmental Assessment (DA) Data and Results

The DA was administered in the Fall 2007 and Winter 2008 terms to the trimester 7 students. It was not administered during the Summer 2008 term due to the lack of trimester 7 students.

Following the winter administration, Julia Bartlett held a discussion with the faculty regarding the results from the Fall and Winter terms and their comparison to the previous three terms. The data was presented to the faculty to make them aware of aggregate student performance.

The format of the DA changed in the fall of 2007 to include a written component. This was the first step in moving the exam towards a multistation OSCE from a one station practical exam. The data revealed some of the areas with which the students were struggling. The section that the students collectively scored the lowest was choosing supportive tests needed to verify a diagnosis. The students scored well in their communication skills (ULO #1) with consistent average scores at 4.5/5 or higher. The presentation in Appendix A contains the numerical data. Even though of the five terms presented, the failure rate of Winter 2008 at 18.3 percent was higher, the failure rate still falls within the typical failure range which historically can go up to 20 percent.

Observations extracted from the written exam revealed that some students have difficulty in defending their diagnosis. Some students also are drawn away from the correct diagnosis by one stray, incorrect, finding. Some students also appeared to have difficulty developing a rational treatment plan based on their history and exam findings. Some treatment plans were very rudimentary.

During the faculty discussion, many different discussion points surfaced. One point of concern was that some faculty felt that the exam tried to accomplish too much within an hour period. Whereas this may be a valid concern, the statistics show that of the students that did not pass the first time, they all did not run out of time. Only 4 of the 11 who failed ran out of time. With the new format of the exam, running out of time did not cause the students to miss the heavily weighted portion of the exam. The concern was raised that maybe the other students who failed did poorly because they were trying to get everything done within the hour time frame.

The plan for the future terms includes developing a multi station OSCE exam for different stages of student learning. The current plan is to develop OSCEs for trimester 3, 6, and 9 students. The multistage OSCEs will help take the pressure off of one exam designed to accomplish too many objectives. The OSCEs will be developed by the newly formed Assessment Committee for the College of Chiropractic.

Coding and Documentation Curriculum Mapping

An online survey was completed by faculty members during September, 2007, mapping a number of competencies related to coding and documentation to our current courses.

The results are tabulated in Appendix C. This particular mapping exercise yielded a large amount of information, and due to a number of personnel changes in the Office of Institutional Effectiveness over the past academic year, we have been somewhat delayed in providing these data to the Curriculum Management Council. This will be done at the meeting of the CMC of October 2, 2008. In the meantime, the Dean and Associate Dean of Chiropractic Education have had an opportunity to review the data and discuss it with the Chair of the Department of Business and Professional Foundations. The survey results indicated that Coding was taught at an introductory to intermediate level in only one course offered by the Department of Business and Professional Foundations, and documentation was not taught at all in courses offered by this department. The Chair of this department felt that this indicated a deficiency and he indicated that he would be bringing forth a plan to include aspects of coding and documentation longitudinally within the courses in his department.

The 12 courses covering aspects of coding were from the following departments:

- ◆ Chiropractic Studies, 3
- ◆ Clinical Sciences, 3
- ◆ Diagnostic Imaging, 1
- ◆ Business and Professional Foundations, 1
- ◆ Clinical Education, 4

The 28 courses covering aspects of documentation were from the following departments:

- ◆ Chiropractic Studies, 11
- ◆ Clinical Sciences, 6
- ◆ Health and Wellness Promotion, 3
- ◆ Diagnostic Imaging, 1
- ◆ Clinical Education, 5

Once the CMC members (including all Department Chairs) have had an opportunity to study the mapping data, they will be asked to report to the CMC as to the appropriateness of the content of their identified courses, and to propose changes designed to eliminate unnecessary repetition, to provide for a sequence of course material from introductory to advanced as students progress through the course, and to ensure that the material is appropriately assessed.

Considerable data were obtained regarding the assessment of the material taught on coding and documentation (see data in the appendix). The data show that coding is being taught in 12 courses from T3 to T9, but there does not appear to be a progression from introductory content to advanced content throughout these courses. Department Chairs will be asked to identify opportunities to correct this. Documentation is taught in 28 courses and unlike coding, this component appears to have a general progression of

depth of content throughout the program from T2 to T9. The lowest level 14 courses (from T2 to T5) and the highest level 14 courses (from T6 to T9) include reported content as follows:

- ◆ Lowest 14 courses: 46 introductory components, 27 intermediate components and 0 advanced components
- ◆ Highest 14 courses: 19 introductory components, 35 intermediate components and 33 advanced components

While this can likely still be improved, it is seen as good evidence of appropriate course content sequencing in the area of clinical documentation.

These data show that, in general, all components related to coding and documentation are being assessed, by multiple measures including written tests, case studies, behavioral observations, clinical performance appraisals, surveys and questionnaires, and in one course, student portfolios.

Department Chairs will also be asked to review the assessment of the material covering coding and documentation and to make recommendations as appropriate to their course instructors. Coding and documentation, as components of University Learning Objective 8, Professional Competency, and as components of the Program Learning Outcomes of the chiropractic program, will be also be assessed in the Comprehensive Competency Assessments (CCA's) that are scheduled to commence in T7 this Fall, and by the end of this academic year, to be held in T3, T6 and T9. The data from this mapping project and the recommendations from our Department Chairs will be used to create appropriate assessment tools for these CCA's.

National Board of Chiropractic Examiner (NBCE) Scores

Data from our students' NBCE results from 1997-2007 were analyzed by the Office of Institutional Effectiveness. These data showed that in general our average passing rate was above the national average passing rate in most courses, in most years. A trend analysis over a ten year period failed to show any clear and observable trends in any courses over this period. These results indicate to us that our graduates are well prepared for and succeeding with these examinations.

During the course of the academic year, we receive reports periodically from the NBCE with the most recent examination results. These reports are distributed to the members of our Curriculum Management Council, usually at the next scheduled meeting (the Council meets once per month). Discussion follows and the Department Chairs are asked to respond to concerns they may have about their specific areas of responsibility.

At a recent CMC meeting a motion was passed to establish a benchmark for our NBCE passing rate scores. It was decided that the performance goal would be to have a passing rate above the national average in every subset of the NBCE tests. Periodically we have observed one or more test components in which our scores are lower than the national average (usually by an insignificant amount). Historically we have observed that this condition does not persist beyond one NBCE exam period and that these unusual lower than average scores are unexplainable and unpredictable. As stated above, our trend analysis did not reveal any consistent patterns. Therefore, it was felt by our CMC that this was an appropriate benchmark for minimum performance and that a specific response would be required from a Department if their exam scores fell below the national average for two successive examination periods.

The only other concern that has been identified is the fact that our Part IV results tend to be lower than our Part I, II and III results with respect to our passing rate compared to the national average. In fact, our cumulative passing rate of 90.9% matches the national average passing rate exactly. In the other NBCE parts, our cumulative passing average is considerably higher than the national average. We believe that this may be due to the fact that many other colleges have OSCE-type examinations during their programs so that students are familiar with this type of exam (which the NBCE uses for its Part IV). The advent of our new Comprehensive Competency Assessment program using the OSCE format may influence our future Part IV results. We will be observing carefully to see if this indeed is the case.

Curriculum Mapping of CCE Competencies and ULOs

The Curriculum mapping project began at the beginning of summer term 2008. The dean dedicated the college specific portion of faculty development day for faculty to complete the online survey. The faculty were given 3 hours to complete the survey based on the course(s) they teach. The courses surveyed were limited to the core courses in the chiropractic curriculum.

The initial review of the collected reveals that the survey was a successful tool to map both the CCE competencies and ULOs simultaneously. Some of the data needs clarification. It appears that the reporting of the CCE and ULO results have some inconsistencies. These will be investigated and corrected as necessary. The preliminary ULO mapping results are located in Appendix E.

The data are still incomplete since not all of the part time faculty were on campus during the summer term. They will be asked to complete the survey when they return in September.

Following the completion of data collection, the data will be analyzed with the assistance of the Office of Institutional Effectiveness. Ideally, the data will be displayed in a large chart making the results easy to reference for use in curricular revision.

Departmental Assessment Activities

The following section reflects the assessment activities that took place within the departments of the college of chiropractic. Department chairs, who evolved from the Curriculum Management Team chairs, officially took on departmental responsibilities during the Fall 2008 term. The Dean, Associate Dean and Provost consistently stressed the importance of assessment during the Curriculum Management Committee meetings. The culture of assessment is gaining momentum within the departments as is indicated by the following reports.

Department of Clinical Education: Assessment Activities

1. Clinical Internship Experience Evaluation (CIEE)

Responsible Party

Associate Dean, Department of Clinical Education

Assessment Content

The interns evaluate their clinical experience, the Department of Clinical Education, their supervising doctor, and the curriculum as it relates to their internship experience.

Assessment Timeline

This evaluation is completed at the end of each term by all interns.

Data Usage

The second week of each term the Clinical Education reviews all CIEEs from the previous term. CIEEs flagged as problems to review are categorized by headings and reviewed by the Clinical Education faculty. All concerns regarding supervising doctors are assigned to CE faculty and addressed with phone calls or visits to the doctor's office for a problematic feedback session.

Issues regarding Clinical Education are documented and addressed at the weekly staff meetings.

Issues regarding the curriculum are documented and addressed at the Curriculum Management Council meetings.

2. Preceptorship Activity Log with Experience Evaluation

Responsible Party

Clinical Coordinator, Department of Clinical Education

Assessment Content

The externs evaluate their clinical experience, the Department of Clinical Education, their supervising doctor, and the T10 Marketing assignment..

Assessment Timeline

This evaluation is completed at the end of the term by all externs.

Data Usage

Issues regarding Clinical Education and the T10 Assignment are documented and addressed at weekly staff meetings.

Comments regarding the supervising doctor are placed in the doctor's file, and are available for students to review when they are looking for a T10 Preceptorship experience.

3. Clinic Performance Assessment (CPA)

Responsible Party

Curriculum Coordinator, Department of Clinical Education

Assessment Content

The faculty clinicians evaluate the intern's clinical and interactive skills.

Assessment Timeline

This evaluation is completed at the end of each term by the faculty clinician for each intern assigned to them.

Data Usage

Interns receiving a grade less than 3 in any clinical or interactive category are referred to the Remediation Coordinator, Clinical Education Remediation Panel (CERP). A personalized remediation plan is developed for interns referred to CERP.

4. Midterm and Final Evaluation of Extern Performance

Responsible Party

Clinical Coordinator, Department of Clinical Education

Assessment Content

The faculty clinicians evaluate the extern's clinical and interactive skills.

Assessment Timeline

Evaluations are completed at midterm and the end of the term by the faculty clinician for each extern assigned to them.

Data Usage

Faculty clinicians grading an extern with less than 3 in any clinical or interactive category are contacted to discuss the performance/competency issue. Externs must improve grades to 3 or above before graduating.

5. Changes in the Clinic System as a Result of Going from a 3-Term to 2-Term Enrollment

Responsible Party

Curriculum Coordinator, Department of Clinical Education

Assessment Content

The projections, issues and plans associated with adapting to this change which will affect the clinic system beginning in the summer of 2008.

Assessment Timeline

Discussions regarding this issue began in November, 2006. The Winter 09 term (ending in April, 2009) will complete the first year-long cycle. Assessment will occur throughout the first year and particularly during the Fall 09 term.

Data Usage

The assessment information will be used to make improvements in the clinic system before the second cycle begins in the Summer 09 term.

Clinic Assessment Report

Northwestern Health Sciences University went from enrolling students 3 times a year to twice a year. As a result, every 3rd term is without students. Assessment of this change regarding its affect on the clinic system began in November, 2006. This change will begin to affect the clinic system, University Health Service (UHS) and Out-Patient Clinics (OPC) in the Summer 08 term.



Summer 08 Clinic Planning



The following plan was designed to compensate for the fluctuation of student numbers in the clinic system.

Table 1 shows the disproportionate allotment of students in the clinic system for the upcoming terms.

Table 1

Term	S08	F08	W09	S09
T7 (UHS)		120	82	
T8 (OPC)	73		120	82
T9 (OPC)	90	73		120

Total	163	193	202	202
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UHS (T7)	Average number of interns 62 Maximum number of interns 66
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OPC (T8/9)	Average number of interns 118 Maximum number of interns 156
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A 5-point plan was created to incorporate T7 interns into one year of clinical internship (Year 3 Internship) with T8 and 9 interns.

Five-Point Clinic Plan

Point 1

The clinical experience is divided into a Year 1 – Year 3 format. The level of clinical interaction begins with observation and progress to hands-on. This process is outlined in Table 2.

Table 2

	Terms	Clinical Interaction Level	Clinical Interaction (includes student assignment)	Clinical Environment
Year 1	1 - 3	Mostly observation	<ul style="list-style-type: none"> • Professionalism • Communication skills • Dr / Patient Relationship • Recordkeeping 	UHS; Univ, clinics; CBI/non-CBI offices
Year 2	4 - 6	Combination of observation & patient interaction	<ul style="list-style-type: none"> • History taking • Physical examination • Adjusting techniques • Diagnosis • Management plan 	UHS Univ. clinic CBI Designated sites
Year 3	7 - 9	Mostly patient interaction	<ul style="list-style-type: none"> • Above competencies • Patient management • Practice management • Legal aspects • Front and back office 	UHS Univ. clinics CBI Pillsbury House Salv. Army Marion Center Sports clinic

The Summer 08 term has no interns available for UHS. The total number of interns for Summer 08 (163) is higher than the maximum number of clinical opportunities (156). Taking 20 interns from the OPC and placing them in UHS creates clinical opportunities for all interns.

Table 3 reflects adding and subtracting interns between these two clinical environments.

Table 3				
Term	S08	F08	W09	S09
UHS (T7)	0 (20) +20 (T8)	120 66 -54	82	0
OPC (T8,9)	163 (143) - 20	73 127 (91) +54 ÷3=18	120	202
Total	163	193	202	202
UHS	Average Maximum	62 66		
OPC	Average Maximum	118 156		

Decoding information:

- / + = students added or subtracted from projected numbers for each term

Bolded numbers = projected students

Tan numbers = actual student numbers after making modifications

Point 2

Create a shift in clinical education to provide more University experiences and decrease the dependency on the Community Based Internship (CBI) program.

Point 3

Students enter the OPC system beginning at T8, with a competency evaluation during T7. Since T7s are now part of the OPC system, the Comprehensive Competency Assessment (CCA) evaluation will be moved from T7 to T6.

Point 4

Students should be better prepared for Year 3 Internship. This will involve enhancement of both clinical and academic education during Year 2.

Point 5

Students consider interning at UHS for T8 to be a lesser clinical experience. A priority is to market UHS as a viable clinical experience for all Year 3 interns. There are clinical components to this site which some students may not recognize.

Points 1 and 5 were deemed most important at this time, and were the first to be addressed. The following two tables show the result of changes made to the clinic system.

Table 4 shows the maximum number of clinical opportunities in each environment available for Summer 08 interns.

Table 4

Clinic Opportunity	Maximum placements	Clinic hrs per week
BNCC	28	17
WNCC	23	to
CBI	103	21
UHS	20 (T8/9)	17
Total Max	174	



Fall 08 Clinic Planning



Table 5 shows the outcome of distributing the interns. As there were no T7 interns available for Summer 08, T8 interns were assigned to UHS via computer generated random numbers, and 9 interns were polled for a desire to intern in UHS.

Table 5

Clinic Opportunity	Intern Placements	Clinic hrs per week
BNCC	28	17
WNCC	23	to
CBI	93	21
UHS	18 (T8) 1 (T9) 1 (T10) PT	17 20 12
Total	163	

Using the Year 3 format created space for all Summer 08 interns in the clinic system.

Table 1(from Summer 08 planning) has been revised to show the actual number of interns for the Summer and Fall 08 terms. The clinic system for Fall 08 has 1 T8 interns, and an excessive amount of T7 interns.

Table 1

Term	S08	F08	W09	S09
T7 (UHS)		116	82	
T8 (OPC)	73	1	120	82
T9 (OPC)	90	71		120
Total	163	188	202	202



Winter 09 Clinic Planning



UHS (T7)	Average number of interns 62 Maximum number of interns 66
OPC (T8/9)	Average number of interns 118 Maximum number of interns 156

Computer generated random numbers were distributed to Summer 08, T6 students to sign-up for their Fall 08 clinic assignments. The results of this process are shown in Table 6.

Table 6

Clinic Opportunity	Intern Placements	Clinic Hours / Week
BNCC	14 (T7)	6
	17 (T9)	17-21
WNCC	25 (T7)	6
	11 (T9)	17-21
CBI	11 (T7)	6
	1 (T8)	17-21
	43 (T9)	17-21
UHS	66 (T7)	6
Total	188	

The overall clinic placement outcome for Fall 08 was favorable. One issue, however, was the limit of 6 clinic hours per week for T7 interns. The doctor and intern schedules did not always coincide. Some T7 interns at the college clinics were assigned to 2 different faculty clinicians to meet the clinic hour's requirement.

Planning for Winter 09 should progress with the least amount of difficulty. The number of interns and clinic opportunities are more comparable than the previous two terms.

Table 1(from Summer 08 planning) has been revised to show the actual number of interns for all terms.

Table 1

Term	S08	F08	W09	S09
T7 (UHS)		116	83	
T8 (OPC)	73	1	116	83
T9 (OPC)	90	71		116

Total	163	188	199	199
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UHS (T7)	Average number of interns 62 Maximum number of interns 66
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OPC (T8/9)	Average number of interns 118 Maximum number of interns 156
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Table 7 shows the projected numbers and distribution of interns for the Winter 09 term.

Table 7

Clinic Opportunity	Intern Placements	Clinic Hours / Week
BNCC	5 (T7)	6
	28 (T8)	17-21
WNCC	5 (T7)	6
	23 (T8)	17-21
CBI	13 (T7)	6
	65 (T8)	17-21
UHS	60 (T7)	6
Total	199	

During the Winter 09 term, the Clinic Planning Committee will review the 5-point plan, and determine what changes need to be made for enhancement of the clinic program before starting the new cycle in the Summer 09 term.

Department of Diagnostic Imaging

Curricular Initiatives in the Department of Diagnostic Imaging 2007-2008

Assessment of Key Radiology Concepts

In response to a charge from the Dean of Chiropractic to create a list of “key” concepts for each course, the Department of Diagnostic Imaging created its first comprehensive assessment exam. During the Winter 2008 term, an 18 point, multiple choice exam was administered to T7 students following their final exam in Radiographic Technique and Positioning. The exam attempted to cover key points from Skeletal Radiology 2, 3, 4 and Chest and Abdomen courses. Student identities were kept anonymous and 66 of 69 students chose to participate.

The results of the exam showed an average score of 55%, with a range of 4/18 to 16/18. The percentage of incorrect answers was calculated for each question and was tracked back to the corresponding radiology course. For Skeletal Radiology 3, the performance of each question was also compared to the performance on those same items by current Skeletal Radiology 3 students. Except for one question, there was a significant difference between the T7s and the T4s, with the T4s performing much better on those same questions.

The low average on the exam raises some concern from the radiology department and this will be a topic of discussion at our next departmental meeting. While the obvious reason for the low scores is that the students do not know the material, there may be other factors to consider.

One point to consider is that the exam questions were created by the course instructors without input from other members of the department. It is possible that some of the questions tested material that other radiologist would not consider “key” points. Before the exam is administered a second time, the questions will be reviewed by the department and replaced, if necessary.

A second point to consider when interpreting the results of this assessment, is that the students taking the exam did not put forth their full effort. Since they did not identify themselves on the score sheet, the exam was essentially “no stakes”. While this exam will remain anonymous until it is a part of a programmatic comprehensive assessment exam, we may decide to administer future exams during normal class time.

A third contributing factor to the poor performance may be the timing of this exam. It was administered at the end of finals week, following a final exam. T7 is traditionally a taxing term for students and this cohort had the added stress of taking National Board exams mid way through the trimester. It is possible that

the students were tired and that they simply did not care about performing well on a no-stakes exam.

Despite the imperfections of this assessment, it is possible to gain some information regarding the retention of radiologic information. Drs. DeVries and Manne will use this information to review the way that they teach those “key concepts” in their courses and will consider ways to reinforce these concepts in subsequent trimesters.

Action Steps:

- The department will work together to reach consensus on what constitutes a “key” concept and will create an exam that reflects those items
- Consider expansion of the exam to more than 18 questions
- Consider the timing of the exam – perhaps following a midterm exam, or even during a lecture period
- Lead instructors will review their courses to ensure that the key concepts are being adequately addressed/stressed

Radiology Report Writing Course

This course evolved out of a need for improvement in radiology reporting skills for the upper trimester students. The radiology department consistently received feedback from DA examiners that the students were lacking in skills regarding the interpretation of radiographs. Though report writing is discussed in the Skeletal Radiology course series, it is not formally assessed. Prior to the implementation of this course, the radiology department was not participating in the grading of the 20 CCE required radiology reports. During the summer of 2007, the radiologists met with the Dr. Moe, from the Clinical Education Department, to discuss transferring the responsibility of some of the CCE required reports to the radiology department.

The course was offered for the first time in the Fall of 2007 as a pass/fail, online course which is imbedded in the Radiographic Technique and Positioning course. During the course of the trimester, students are required to write reports on radiographic studies that are posted to a Moodle website. The reports are graded for content and accuracy and students must receive passing grades on 12 reports.

At this point, there have been no formal assessments of this course, however, the instructors performing the grading report a significant improvement in the overall quality of the radiology reports during the course of the trimester. The informal feedback from the students is positive. Though the course requires them to do a lot of work, they feel that they are gaining much needed skills.

In an attempt to create consistency for T8 and T9 interns, Dr. DeVries will be participating in a seminar for CBI doctors during the month of April. The doctors will be introduced to the Moodle website and the elements of a quality radiology

report will be discussed. The goal is to encourage/ persuade the CBI doctors to reinforce the good report writing habits that were stressed in T7.

Action Items:

- Create a formal rubric for the grading of the radiology reports
- Consider ways to increase report writing opportunities prior to T7

Radiology Elective- Clinical Imaging- A Multi-Modality Case Study Approach

This course was designed to provide vertical integration of the radiology curriculum and was offered for the first time in Winter 2008 as an elective. The imaging elective course forces the students to assimilate information from all of the radiology core courses as they work through case studies using plain films and advanced imaging.

Active Learning in the Classroom

Over the last year, the Department of Diagnostic Imaging has increased opportunities for active learning in the classroom. Since the University acquired personal response devices (clickers), they have been used in Skeletal Radiology 2 and Skeletal Radiology 3 to administer non-credit review quizzes, and pre-test type quizzes. The same technology has also been used to create a Jeopardy-style, comprehensive review of arthritic conditions for Skeletal Radiology 3. The performance data from those quizzes has been collected and could be compared to the data from the midterm and final examinations.

Action Item:

- Compare the data from the in class clicker quizzes to the midterm and final examinations
- Compare class data (performance on exams) pre and post implementation of clickers

Other Curricular Initiatives

The Department of Diagnostic Imaging has embraced the Moodle platform as a way to enhance the radiology curriculum. The Skeletal Radiology courses, Radiology of the Chest and Abdomen, and Radiographic Positioning and Technique all utilize Moodle to post notes and other resources for students. In addition, Dr. Manne holds online office hours for her courses through Moodle.

Dr. Manne has been using lecture capture software for Skeletal Radiology 1 and Skeletal Radiology 4, with plans to use this technology for Radiology of the Chest and Abdomen. Both Drs. Manne and DeVries have plans to utilize Mediasite to capture lectures and post them on the internet.

Business and Professional Foundations (BPF)

In response to the 2006 Student Survey, the chair of the BPF sequence, Terry Erickson, developed a lecture to outline the entire curriculum. Dr. Erickson responded to the student survey by stating that since the survey was completed by higher numbers of lower trimester students than higher level students, the students may not have been aware of the topics that would be covered throughout the entire sequence. The new overview can be found in Appendix [?????](#).

Health Promotion and Wellness Department

This department reviewed the courses within their curricular content area to make additions, deletions or corrections to individual course content. The following report is a sample of their progress.

ADD TOLU REPORT

Course Level Assessment

Clinical Skills 2: Physical Diagnosis

Dr. Brad Finer made changes to the manner in which he utilizes the Moodle course management system based on a survey he administered. The

Moodle Feedback Summary Spring 2008

Things students liked in CS2 – Approximate most common to least common.

Multiple person comments:

1. Having PowerPoint presentations with pictures available.
2. Having the lab grading rubrics for the practical examinations available.
3. Having links to the examination videos.
4. Appreciated the calendar (Google calendar link)
5. Most of the resources available in one area.
6. Ability to print off the lecture note/slides.
7. Ability to view the materials prior to the lecture.
8. Ability to see exam videos before lab.
9. Having heart and lung sound access.
10. Ability to access materials from home.
11. Liked the interactive sections (take a blood pressure).
12. Ability to take notes in PowerPoint.
13. Access to lecture information in the case of having to miss a day.
14. Notifications if there were changes or updates.
15. Ability to see materials/equipment needed for lab.
16. Being able to access anything course related from the privacy of my own home and at any time it works according to my schedule.

This is that I recommend for Finer to change on the PDX Moodle resource to make it better (CS2).

Multiple person comments:

1. A separate link for all the sounds.
2. Combine e-Northwestern and Moodle for grading.
3. Get a back-up system for Moodle – because it is down a lot.
4. Weekly quiz questions for self evaluation.
5. Sounds need to be accessible to everyone. (Some students could not access with PowerPoint viewer or other machine specific problems.)
6. More interactive material.
7. Write the extra comments from lecture on the slides.
8. Sample clinical application test questions.

One person comments:

9. Make sure numbers match on practical sheets and notes for vital signs
10. Change the background color of PowerPoint so we don't have to save the file and change it ourselves before printing.
11. If I knew the PowerPoint slides were available I would not have purchased the notes.
12. Keep the calendar updated.
13. Have one spot for the schedule for tests, lab practical examinations, what to bring to lab, and announcements so I know exactly where to find it.
14. Make sure that everything is listed in Moodle so I have everything I need for lab.
15. Have recordings of the lecture on Moodle.
16. Links to outside information for topics covered in class
17. Have the calendar on the opening page – not a link.
18. The page is a little too busy.

Advantages of Moodle how it is generally used at Northwestern.

Multiple person comments:

1. I like the fact that power point slides are available online.
2. The lecture PowerPoints are what I liked the most, and how easy they were to find.
3. Ability to access material from multiple classes.
4. Access is possible from home/anywhere.
5. Teachers can post feedback.
6. The best part is that it is easy to access and has all the classes on it and if you need to check something most information is on it. Video links.
7. Being able to see what week things were talked about and when assignments are due in the future.
8. Access anytime I want.
9. Saves paper.
10. The ability to upload assignments without the hassle of an e-mail or handing in a hard copy.
11. The ability to print off notes, view due dates, and submit papers
12. The ability to access all materials necessary for the course, notes, videos

One person Comments:

13. It is nice to have the option to print what suites you and your learning style
14. I like the fact that the professor and everyone's e-mail is on the page. It helps when you don't know how to spell names.
15. I like that I can access class notes and any additional information from all of my classes on one site.
16. It is much easier to have links posted than to quickly try and copy down long web sites in class.

This is the most annoying thing about how Moodle is currently being used at Northwestern.

The Big Three comments:

1. Not all instructors are using Moodle. Some teachers use Moodle for everything and other teachers don't touch it.
2. Some teachers use Moodle excessively instead of verbally communicating things to the students (not Dr. Finer though). I think sometimes we use Moodle just a little too much and forget to have person-to-person connection. The most annoying thing about Moodle is the lack of contact and verbal communication between instructors and students. I find it frustrating when Moodle is used to convey important messages instead of the teacher telling us in person. It irritates me when a student asks for clarification of an assignment and they get the following answer: "It's on Moodle." or "Check Moodle."
3. Moodle and e-Northwestern are not integrated.

Multiple person comments:

4. I really don't like how Moodle or the internet impersonalizes the learning experience.
5. I dislike it when professors require you to check Moodle hourly, because any change of plans will be announced at the last minute.
6. I think all class material should be required to be posted by all instructors.
7. I really don't find Moodle annoying. It has helped me a great deal.
8. We do NOT need to be emailed for every post to every forum on Moodle!
9. I would like it if when we logged on to e-northwestern it would also log us onto Moodle simultaneously.
10. Extended down time when the server went down. Login troubles.

One person comments:

11. That Moodle has a hard time opening things in explorer.
12. You don't get updated when a professor has added/changed something.
13. I hate that you have to scroll down so much.
14. It seems to be used by some faculty for the ease of issuing and collecting busy work.
15. When grading feedback is used only for criticism and not constructive tips on how to improve.
16. I'd like to see upcoming events for all my classes on the home screen vs. having to go to individual classes to see what is coming due.

17. It can be a little difficult to find what you want at times and I think clearer headings would definitely improve this.

Moodle Do's and Don'ts – Based upon Moodle Feedback Survey
AKA – This is what I am going to do in my classes now based upon this assessment!

<i>Do</i>	<i>Don't</i>
Post links to PowerPoint or other documents/teaching materials used in lecture.	Avoid using Moodle – students actually appreciate and like it.
Have as much pertinent information in the titles of Moodle – students may not even need to open the page to get the information they need.	Neglect verbal communication with students. Be careful not to just say – “Look on Moodle” Reinforce important dates and requirements verbally in class.
Post grading rubrics – students really like this.	Use the forum – responses are sent to everyone – who likes getting 120 emails?
Put up instructional materials before the lecture or lab where they are used - some students will actually access and use the information before the class meets!	Place information on Moodle at the last minute or place without informing the students.
Use Moodle to communicate dress/equipment needed for a classes or labs – this will help you and the students.	Use PowerPoint with sounds. Use a different method for sound files. Try to convert them all to MP3 files and post in a different way.
Link to interactive activities when available.	Overwhelm the students with information or busywork.
Create and post practice quizzes or questions.	Only provide negative feedback.
Use more than just text on your Moodle pages – make the page interesting to keep students engaged.	Make you page too complex or try advanced features initially.
Make certain the information is consistent in all the postings.	Spend a lot of time trying to use the Calendar in Moodle – it will likely only cause frustration.
Ask for feedback and suggestions – students are very forgiving and helpful if they know you are trying to help them.	Go it alone – ask for help!
Use Moodle to post grades when this feature becomes available.	

Appendix A

DCP - CURRICULUM MANAGEMENT COUNCIL September 27, 2007 Approved (with corrections)

Present: Drs. Amundson, Burns Ryan, Erickson, Hvidsten, Moe, Oyelowo, Tuchscherer, Wiles (chair), Mr. McKeague. We did not have a member-at-large today.

Absent: Drs. Bartlett, Bergmann, DeVries, Williams.

Also Present: Dr. Anita Manne is here today sitting in for Dr. Devries as her representative. Additionally, Dr. Manne is here as a guest to present information on behalf of the Academic Standards Committee.

Meeting called to order at 12:00 PM.

Minutes

Motion: (Tuchscherer/Amundson) Accepted the minutes of July 25, 2007, as corrected.

1. Academic Standards Committee (Dr. Manne)

Dr. Manne extended her thanks to the members for allowing her to attend this meeting. She hopes that this will be the first of several such meetings

where Academic Standards could meet with the College of Chiropractic CMC in an effort to synergize our efforts. Dr. Manne summarized the role of the Academic Standards Committee and outlined some of the challenges facing this committee. In the ensuing discussion, Dr. Wiles suggested that the Academic Standards Committee and the Curriculum Management Council might ponder the issue of a grade of "D". It was noted that many faculty have expressed concern with the significance of allowing this provisional passing grade, and also that many chiropractic colleges do not permit a grade of D, especially in clinical courses. Dr. Manne also noted that the student handbook needs to be continuously reviewed to ensure relevance and congruency with current procedures and practices. Dr. Wittich suggested that we consider focusing on the review of a particular section of the book at a time. The Admissions department was brought up in the discussions and the CMC members suggested a meeting with Bill Kuehl to talk about the possibility of increasing our admissions standards. Katie Burns Ryan and Jim Amundson volunteered to meet with Bill Kuehl and Mike Wiles. Finally it was agreed that the Academic Standards Committee and the CMC would have a reciprocal relationship in that each group would be able to bring matters forward for review by the other group as deemed appropriate.

2. Departmental Structure Proposal (Dr. Wiles) (handout distributed, copy on file)

Dr. Wiles presented a proposal to change the organizational structure of the College of Chiropractic to a departmental structure. Dr. Wiles noted that he had consulted with each

curriculum management team leader and made some modifications to his original plan based on the feedback he had received. The plan calls for an increasing level of responsibility over the next 2 trimesters, with accompanying increased FTE allotment for the position of Department Chair (see details in accompanying report). Faculty have been assigned to home departments according to the weighting of their current FTE allotments; and other faculty that teach in those departments that have a different home department are called cross-appointed faculty.

Dr. Tuchscherer requested an amendment to change the name of Foundational Studies to Department of Basic Sciences, with second by Katie Burns Ryan. Approved.

A motion was made by Dr. Tuchscherer, second by Katie Burns Ryan, and carried to accept this proposal which creates Departments (formerly known as CMT's) and Department Chairs (formerly known as CMT leaders) and assigns faculty to a particular department according to their teaching assignments. All in favor, no opposed, no abstentions. Motion approved.

3. Clinical Training Proposal (Dr. Moe)
(handout distributed, copy on file)

A group of faculty consisting of Drs. Wiles, Bartlett, Ewald, Horton, Kalb, Hvidsten and Moe has been working on a proposal in preparation for the upcoming summer 08 trimester when there

will be no T7 students (and hence, no UHS interns). Dr. Moe summarized the work of this Ad Hoc group which essentially proposes a grouping of trimesters ~~(8-10)~~ 7-9 for internship purposes. This follows an earlier proposal from the Department of Clinical Education in which this model was first suggested. Dr. Moe will update the CMC as this proposal is developed.

Other agenda items were tabled to a future meeting: EBH-IM curriculum (Dr. Wiles); Assessment Update (Dr. Moe); Assessment Coordinator (Dr. Wiles),

The next meeting will be held on October 25, 2007, 12:00–1:00 PM, in the faculty conference room.

Meeting adjourned at 1:00 PM

Minutes approved by: Michael Wiles, Dean

Submitted by: Dianne Dormady

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DCP - CURRICULUM MANAGEMENT COUNCIL
October 25, 2007
Approved

Present: Drs. Bartlett, Burns Ryan, Bergmann, Erickson, Finer, Horton, Manne, Oyelowo, Tuchscherer, Wiles (chair), Williams, Wittich. Dr. Anita Manne is present today as representative for Dr. DeVries. We did not have a member-at-large today.

Absent: Drs. Amundson, DeVries, Hvidsten, Moe; Mr. McKeague.

Meeting called to order at 12:00 PM.

Minutes

Motion: (Tuchscherer/Wittich) Minutes of September 27, 2007, were accepted as amended.

1. EBH-IM Curriculum (Dr. Wiles)

NWHSU has received an NIH grant to develop an evidenced based curriculum, and is the third CAM institution to receive such an award. This grant provides us with support from the U of M as well as other resources to develop a portion of our curriculum dedicated to evidence-based healthcare through literature review and critical thinking skills. Dr. Wiles recently discussed this program with Louise Delagrang, a faculty member at the U of M. She explained how this program would address challenges such as embedding principles of evidence-based healthcare (EBH) in our curriculum. Few details are currently available but as soon as the project committee (under Roni Evans) has met, the CMC will be kept apprised of any plans. This is a university-wide project and all three academic programs are involved.

2. Assessment updates (Dr. Bartlett)

Yesterday Drs. Bartlett and Wiles attended a meeting with Drs. Sawyer and Threinen the other program deans. Dr. Sawyer stressed that assessment is crucial. With NCA coming, the campus must be thinking and talking “**assessment**”. The DCP must develop an assessment plan and make it available to everyone. We have to begin assessing the data that has already been collected, show that we are using it to make informed decisions, and show that we have a cycle of collection and utilization on a regular basis. Dr. Wiles stated that we must clearly and concisely outline the details of the program outcomes; what measures are used to assess the outcomes; who is doing it; where will the data go and what will be done with the information. The assessment loop must be closed by utilizing the data and documenting the use of the information.

3. Assessment coordinator (Dr. Bartlett)

Dr. Bartlett stated we are in the process of interviewing for a competency assessment coordinator. Dr. Bartlett thanked Mary Berg, Warren Moe and Pam Anderson for all of their hard work in providing the support necessary to accomplish the recent T7 DA's. The new assessment coordinator will assist Dr. Bartlett and the Dean's office in organizing and coordinating our multilevel competency assessment program. It was suggested that it would be advisable to begin informing and encouraging students to be aware of these upcoming assessments. The institutional effectiveness department will also be available as a resource to assist faculty in determining how they can measure and document data in their assessment process.

4. Student Assessment of Courses (Dr. Bartlett)

For the coming term, students will be able to assess all courses online. However, the Dean's office will determine specific courses which students will be strongly urged to assess. This will allow us to cycle through all of our courses over each 12 month period, with the opportunity for students to be able to comment on any course in any term.

5. Department Chairs updates (Dr. Wiles)

As the last item of business, Dr. Wiles reinstated the departmental updates from the department chairs. However, due to lack of time today, there were no updated reports. Reports will be expected at future meetings.

The next meeting will be held on Friday, November 16, 2007, 12:00–1:00 PM, in the faculty conference room.

Meeting adjourned at 1:00 PM

Minutes approved by: Michael Wiles, Dean

Submitted by: Dianne Dormady

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DCP - CURRICULUM MANAGEMENT COUNCIL

November 16, 2007

Approved

Present: Drs. Bartlett, DeVries, Erickson, Finer, Oyelowo, Tuchscherer, Wiles (chair), Williams, Wittich, Mr. McKeague. Dr. Major was the invited member-at-large for today's meeting.

Absent: Drs. Amundson, Bergmann, Burns Ryan, Hvidsten, Horton, Moe

Meeting called to order at 12:00 PM by Dr. Bartlett (awaiting Dr. Wiles arrival).

Minutes

Motion (Wittich/Finer) Motion approved to accept the minutes of October 25, 2007, as submitted.

1. Basic Science Resident (Dr. Tuchscherer)

The Basic Sciences Department has been discussing some new ideas including developing research projects and the possibility of establishing a Basic Science Residency. Discussion followed and questions were raised concerning the initiation of such a residency, whether such a residency could be developed into a diplomate program, should it be defined as a Teaching Fellowship rather than an actual Residency program, and whether or not grants might be available to fund such a program. The group needs to develop a solid proposal to be submitted for consideration. It was suggested that the faculty continue to brainstorm for further ideas and seek input from other areas and continue to explore these concepts.

2. Discussion: Departmental Research (Dr. Wiles)

Dr. Wiles stated that he felt it is the responsibility of faculty as educators and teachers to participate in the scholarly development of their particular fields. This is really the essence of scholarship. Dr. Wiles would like to see a scholarly agenda developed for the College of Chiropractic. Some individuals are already developing research projects. Dr. Wiles asks every department head to contemplate their role in a scholarly agenda for the College of Chiropractic. There was considerable discussion and ideas expressed by many individuals. Dr. Wiles asks that faculty continue to explore the possibilities presented in Items 1 and 2 and carry these ideas into the future for our program.

3. Discussion: lecture sections vs. large lectures (Dr. Wiles)

Dr. Wiles stated that he had been told by Dr. Sawyer that the build-out of L1 and L2 is probably not possible due to structural considerations. The institution will still need some larger spaces for the large classroom groups. Dr. Wiles asked CMC members for feedback on the concept of delivering the same lecture twice to groups of 60 instead of 120. The matter of space requirements for future classes is currently under discussion and no decisions have been made. Dr. Wiles will be meeting about this with Dr. Sawyer and will report back to the CMC.

4. NBCE Scores (Dr. Wiles)

September board exam scores were fairly good overall (copies were not available for distribution at this time). As an observation, Dr. Wiles stated that of the two groups taking Parts I, II, & III, the smaller group of students seemed to perform at a lower level than the larger cohort. Dr. Wiles certainly wants to follow up on the characteristics of the January and September matriculants to see if there are any consistent performance patterns. The CMC members will get copies of the entire scoring package.

5. Dr. Finer had to depart early, and as a point of information, he discussed the idea of developing a new elective in soft tissue techniques including Graston. He is trying to put this together for Summer 08, but currently, the electives are offered in T7, and there will not be a T7 cohort this summer. According to Dr. Wiles, this may be our first opportunity to broaden elective offerings and expand into T 6, 8, and 9. Dr. Osterbauer has expressed his willingness to help in organizing the elective program.

6. Summer 08 Internship Planning (Dr. Bartlett)

Drs. Moe, Bartlett, Ewald, Kalb, Hvidsten and Horton continue to plan to combine T-7-8-9 as an intern pool, and combine UHS, Bloomington and Woodwinds as site pools. This will probably be implemented in Summer 2008 term.

6. AAMC Update (Drs Wiles/Bartlett)

Tabled to future meeting

7. New Agenda Item Assessment/Competency - first draft (Dr. Bartlett)
(handout distributed, copy on file)

Dr. Wiles and Dr. Bartlett continue to meet discussing the development of the T3, T6, T9 assessments. They want the exams to reflect the CCE competencies and want to give the faculty a chance to participate in developing the competency levels. A survey will be sent to all faculty giving everyone an opportunity for input. After the data is aggregated, they will be brought back to the group for further review. This survey will

be sent electronically to faculty next week to allow time to work on them. Over the upcoming break, Dr. Bartlett will review the responses. Dr. Bartlett encourages faculty to take this opportunity to participate in this assessment process.

8. Departmental Updates (Dept. chairs)

Dr. Wittich: In reference to the year-one student reviews, and carrying this into the second year, Dr. Wittich recommended that in the absence of Dr. Burns Ryan (returning February), Dr.

Bowers be named as temporary coordinator of the year-two student reviews. This was agreeable to members of the CMC.

Dr. Williams: He is working with faculty in T5, T6, and T7 to develop a lecture defining treatment plans.

Dr. Oyelowo: She is placing her final exam on Moodle. The students will have a time limit for completion and she will report back to the CMC on the advisability of administering exams in this format.

The next meeting will be Friday, December 7, 2007, 12:00-1:00 PM, in the faculty conference room.

Meeting adjourned at 1:15 PM.

Minutes approved by: Michael Wiles, Dean

Submitted by: Dianne Dormady

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DCP - CURRICULUM MANAGEMENT COUNCIL

December 7, 2007

Approved

Present: Drs. Bartlett, Bergmann, DeVries, Erickson, Finer, Moe, Oyelowo, Tuchscherer, Wiles (chair), Williams, Mr. McKeague. Dr. Christopher Major was the invited member-at-large for today's meeting.

Absent: Drs. Amundson, Burns Ryan, Hvidsten, Horton, Wittich

Meeting called to order at 12:00 PM by Dr. Wiles.

Minutes

Motion (Tuchscherer /Williams): Approved the minutes of November 16, 2007, as submitted.

1. National Board Scores (Dr. Wiles)

Dr. Threinen's office is doing a trend analysis of our NBCE scores which will be available for our next meeting. She also has the current pass rate data which will also be available by our next meeting.

2. AAMC Up-Date (Drs. Wiles and Bartlett)

Dr. Bartlett indicated that the medical schools are struggling with many of the same issues as chiropractic schools such as integration of basic sciences and clinical sciences and how that would affect their boards, the same way we do. Simulation and standardized patients play a large role in clinical education and computer simulations are becoming increasingly complex. She also made contact with the Dean and an Associate Dean's assistant from the U of Minnesota who can serve as resources to us as we develop our program in clinical assessment. Dr. Wiles attended a session on honor codes. There is a general concern among medical schools that honor codes actually increase the incidence of cheating, but as one speaker stated, they "are willing to accept this". Stanford University has an extremely liberal testing program. All their medical school tests can be taken anywhere on campus anytime they want and none of their courses are graded, they are pass/fail. This evidently works for them because most assessment goes on in one-on-one clinical encounters with a supervisor and a patient. Academic scholarship is being emphasized in medical education and it was clear that there is a genuine need to know if students actually are getting the knowledge and skills that they are supposed to be getting in their education. We need to emphasize this in our own program. Dr. Wiles encouraged the CMC members to take a careful look at their own courses with this in mind.

3. Completion of X-Ray Requirements (Dr. Moe)

The major issue is that our students are having problems getting their CCE requirement of 20 X-ray tech studies before they graduate. The time frame for getting their tech credits starts in T7 and goes to the end of T9. Students can't go into their T10 preceptorship without meeting this requirement. Dr. Tuchscherer had a question as to whether positioning can be moved to T6. Another problem is the increasing trend for field doctors not to have an x-ray machine in their offices. Dr. Bergmann stated that there are practitioners who are going to have to use regular x-ray until digital is the only way to take x-ray. He further stated that the school still has the responsibility to train them in all the areas. Dr. DeVries and Dr. Moe had a discussion where doctors are going towards using an outside service for x-rays. We need to come up with a solution for our students to get them their requirements. The best place to look is at the process for giving tech credits. It was proposed that a lead intern could get full credit for the study but assisting interns could receive a partial credit (half). This might help alleviate this problem at least in the short term. This way they could leave T7 with more tech credits than they do now. We need to look at CCE requirements to see

if this would be permissible or not. Dr. Bartlett suggested setting time aside in the evening to do the x-ray reading to get the T1 x-rays done faster. Dr. Bergmann suggested looking at the National Board Survey to see the percentage of people who have their own machines and are taking their own x-rays instead of saying “the trend is”. Dr. Wiles suggested revisiting the topic at the next meeting in January.

**4. Summer 2008 Internship Plan
(Dr. Moe)**

The committee includes Drs. Wiles, Moe, Julie Bartlett, Kalb, Ewald, Horton and Hvidsten. Dr. Moe indicated the committee has been meeting regularly. He presented two pages of information. The first page indicated the intern clinic numbers for the summer of 2008, which is estimated at 160. Dr. T was questioning what kind of experience that the interns are getting in UHS, the variety. John McKeague said there was concern as to how often students would intern at UHS versus other places and that they don't want to just intern there all the time at T8 and T9's. Dr. Wiles indicated that the committee has addressed this issue. Dr. Moe talked about the wide variety of cases seen in the UHS including pediatric cases. Dr. Bartlett suggested generating a list of types of conditions seen in UHS. Dr. Wiles indicated that there is a perception that UHS is a “baby” clinic and that you would have to go to BHCC for the “real stuff.” This is a perception issue that we have to deal with. There was a suggestion by Mr. McKeague to do public relations to detail the **distinct** division between T6 UHS and T7 UHS. He was also concerned that if you are an intern in UHS at a T8, then you would not be there as a T9. Dr. Bergmann suggested calling UHS a Student clinic because T6 students are there as part of an assessment process, not as interns. Also it should be understood that there is a doctor there at all times to do the adjusting. Dr. Wiles encouraged using the term **clerk** for T4, T5 and T6 students and the term **intern** for T7, T8 and T9 students to indicate there is a difference between them. In medical schools, the students are called clerks before they are interns and we should do the same thing here. He also suggested that T1, T2 and T3 students be called **observers**, during their clinical experiences.

The second page of information shared the UHS schedule for the summer of 2008, which includes four sections, each having five students (indicated as A, B, C and D), and each students is in clinic for 17 hours a week. He tried to put the groups three days in a row so that they are doing clinic for three days and then off three days. Also, each student may not be assigned the same doctor. Mr. McKeague indicated that he liked that because as a T6 he could see how different doctors assess and work with patients. Dr. Bartlett indicated that she is going to schedule the same doctors to each section to have some consistency for the patients. Dr. Wiles recognized Drs. Bartlett and Moe for their efforts to solve this dilemma and for doing all they could to enhance the experience of all interns, particularly those who will be interning in the UHS.

**5. Roles of Departmental Chairs
(Dr. Wiles)**

Tabled until next meeting.

**5. Student Concerns
(Mr. McKeague)**

Mr. McKeague reported that the Student Senate met and discussed several issues that they wanted brought to the attention of the CMC:

1. BPF courses: students in early trimesters need to be aware of overall program to prevent them from jumping to conclusions about deficiencies in the program.
2. Dissection of the spine should be included in the anatomy course.
3. Students would like to have opportunities to participate in research projects.
4. Many students would like to have their spine x-rays taken in T10 to compare them with those taken in T1
5. There should be more time for “open labs” in chiropractic methods.
6. Students want more opportunities to study abroad.
7. Students want to discuss their needs for child care facilities on campus.

**6. Assessment of two intake
system (Dr. Wiles)**

Tabled until next meeting.

**6. Departmental Updates
(Chairs)**

Dr. DeVries indicated that they are closer to making a decision regarding the use of digital x-rays. The BNCC is close to switching over, maybe as soon as early next year and probably switching UHS at the same time.

The next meeting date and time is TBD.

Meeting adjourned at 1:15PM

Minutes approved by: Michael Wiles, Dean

Submitted by: Pam Anderson

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DCP - CURRICULUM MANAGEMENT COUNCIL
February 15, 2008
Approved

Present: Drs. Julia Bartlett, DeVries, Oyelowo, Wiles (chair), Williams, Burns Ryan, Erickson, Hvidsten, Wittich, Elkington. The guest speaker was Dr. Ziegler. Dr. Zachman was the invited member-at-large for today's meeting.

Absent: Drs. Amundson, Bergmann, Finer, Tuchscherer, Horton,

Meeting called to order at 12:00 PM by Dr. Wiles.

Welcoming Dr. Elkington who is now chair of the Department of Diagnostics and Clinical Studies

Minutes

Motion (DeVries/Williams): Approved the minutes of December 7, 2007, with Drs. Erickson and Moe added to the names present at the meeting.

**Mediasite Presentation
(Dr. Sawyer)**

Dr. Sawyer indicated that there is a folder on the I-Drive called Mediasite Presentations where there are links to various sites showing examples of Mediasite. Mediasite is a lecture capture system which can be used to capture individual lectures, grand rounds or state of the university addresses, for example. As the presentation is recorded, it encodes the recording in real time and the file is sent to a server. There are many options as to where to place it such as a website, Moodle and even delivered to e-mail for distribution. The system uses a high-end computer that is mobile and connects to laptops or podium computers. There are cable connects for video and audio so basically the presenter doesn't have to do anything but present. Dr. Sawyer then showed several examples of this application. He feels that we would benefit from such a system at NWHSU and will pursue this on behalf of the faculty.

**1. New Electives in Summer '08
(Drs. Wiles and Bartlett)**

Tabled until next meeting.

**2. Comprehensive Competency
Assessment update (Dr. Bartlett)**

See Item 6.

**3. Clinical Case Studies Course
in T2 (Dr. Wiles)**

Tabled until next meeting.

**4. Roles of Department Chairs
(Drs. Wiles and Elkington)**

Dr. Elkington communicated with and met with the Department Chairs to get agreement on the list of duties that would comprise the position of Department Chair. Dr. Wiles thanked Dr. Elkington for his work on this project. The CMC endorsed the terms of reference for Department Chairs which are attached for reference.

5. Assessment of Two Intake System (Dr. Wiles)

Dr. Wiles is preparing a report for Dr. Sawyer on the first 2 years of two-intakes per year in the DCP. He sought opinions from CMC members on this topic. Dr. Wittich would like to see three intakes a year because her labs are so large and the students are not getting the experience that they need. Dr. DeVries agreed. Dr. Burns Ryan felt that the two-intakes per year worked better for Physiology. There was discussion on this topic with a variety of opinions expressed. Dr. Wiles will distribute his report at the next CMC meeting.

6. Assessment Plan (Dr. Bartlett)

Dr. Bartlett discussed the nature of our annual assessment plan and report. Our current assessment plan is being written and may be available at the next CMC meeting. Most of our data currently come from our DA's, the coding and documentation survey, and NBCE data. We are in the process of mapping our curriculum for CCE competencies and this is an important step in the development of a more comprehensive assessment plan.

7. NBCE Scores (Dr. Wiles)

There was a handout distributed. Dr. Threinen's office did a trend analysis of our NBCE results over the last 10 years. There is no distinct trend up or down. We consistently do better than the national average. Dr. Wiles decided to send an e-mail copy to everyone. The scores are also available on the school website. CMC members are invited to comment after reviewing this trend analysis. Some colleges are doing their own internal preparation for boards, such as giving mini exams to the students. This might be something that can be done here.

8. Departmental Updates (Chairs)

Radiology: Dr. DeVries indicated that three Fuji CR digital x-ray systems have been purchased. They are cassette-based digital radiography. The work stations and server to store the images are on order. Once they are installed, the Bloomington clinic will be switched over to the digital process. Drs. Bartlett, DeVries and Finer are going to get together with the Methods faculty and talk about how digital radiography is going to impact Methods courses and get them ready to go. Then digital x-ray can be installed in UHS. Dr. DeVries reported that her department has discussed doing a short comprehensive review of student knowledge in radiology, probably in the T4 class. Dr. Wiles asked her to report the results of this assessment to the CMC.
Health and wellness promotion: Dr. Oyelowo indicated that her department is defining what health and wellness means and what is the role of chiropractic in primary health care. This is preliminary and they are welcomed to any recommendations.

Added to Agenda:

Issues regarding testing center.

Some faculty members have expressed concern that Lori is not always present in the testing center when they are asked to deliver exams for students with accommodations. A solution is to give Pam or Dianne the test to bring to Lori. Dr. Wittich indicated that students are not filling out the cover sheet that is supposed to accompany the test, and she felt that students should be more responsible with this duty. Dr. Erickson indicated that he feels that the number of students with accommodation has increased considerably and that the testing center may be getting overwhelmed. Dr. Wiles will bring the recommendation to the testing center that Pam and Dianne collect tests for students in the testing center and then Lori can retrieve them once a day. There was discussion about what qualifies as special cases, what is reasonable. Dr. Wiles suggested a forum with the student affairs office and faculty to discuss this issue. Dr. Burns Ryan suggested looking into how other schools handle this.

Graduation

Academic Council still wants graduation on Saturdays. Emily Tweed feels that they might agree to the August graduation on Friday (August 2nd). Also, graduations are always here, and the November group would like it somewhere else. The auditorium holds 550 with the gym holding less. If this becomes an issue, should off site be considered with the reception back here? Should the class be charged for additional tickets? Dr. Hvidsten mentioned that there are two comments that they have heard and the first is to let them know in advance and the second is that Friday graduation is preferred.

Meeting adjourned at 1:15PM

Minutes approved by: Michael Wiles, Dean

Submitted by: Pam Anderson

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Curriculum Management Council
March 26, 2008, 1-2 pm, Fetzer Board Room
Approved as Amended

Present: Julia Bartlett, Renee DeVries, Tolu Oyelowo, Mike Wiles (chair), Terry Erickson, Lynne Hvidsten, Warren Moe, Tom Bergmann, Mary Tuchscherer, Bill Elkington. Katie Lundell, student senate representative was introduced as a new member, replacing John McKeague.

Dr.Chuck Sawyer was introduced as a guest.

Absent: Jon Williams, Katie Burns-Ryan, Jane Wittich, Brad Finer, and Amy Horton

Meeting called to order at 1 pm by Dr. Wiles

1. Assessment Issues (Dr.Sawyer)

Dr. Sawyer addressed the CMC about the importance of a well defined assessment plan, and its importance to our self study for the NCA. In preparation for a site visit by our accrediting agency in May 2010, we need to consider the following:

- a. We need to address assessment across courses. An example would be to have the Methods department agree on gross competencies that should be met by a particular trimester and then determine how, as a department, to assess those competencies.
- b. We need to use the data obtained in our assessment process to inform the development of our curriculum. Where is the data being collected, by whom, and where is it available?
- c. We need to clearly document that we are doing this and to "provide convincing evidence" that this process is occurring.

2. Two-enrollment report (Dr. Wiles)

Dr.Wiles distributed a report addressed to Dr.Sawyer on our current two-enrollment pattern after its first two years of implementation. He briefly described the report and asked CMC members to read it and bring any comments to our next meeting

3. Clinical Case Study Course in T2 (Drs. Wiles and DeVries)

(Tabled until next meeting)

4. Proposed Elective Policy Change (Dr.Wiles)

(Tabled until next meeting)

5. Course Competencies for EBH-IM project (Dr. Bartlett)

Dr. Bartlett introduced the course competencies for the EBH-IM project which have been developed by the EBH-IM team. These were distributed and will be voted on for acceptance at our next meeting

6. Hooder's Policy at graduation (Dr.Wiles)

Dr. Wiles stated that there was no official policy or decision on the subject of who could hood graduates. The student affairs office is reporting increasing pressure from graduates to have a variety of individuals perform the hooding.

Motion (Bergmann, Moe): Only a parent ~~family member~~ who is a Doctor of Chiropractic (regardless of the college of graduation) may be allowed ~~invited~~ to assist in the hooding of a graduate. Accepted.

7. Program Outcome Statements (Dr. Wiles)

There was considerable discussion about the proposed Program Outcome Statements prepared by Drs. Wiles and Bartlett. Members could not agree on the wording of Outcome 3, and Dr. Wiles offered to propose alternate wording, to be presented at our next meeting.

8. Technical Standards for the DCP (Dr. Wiles)

There was discussion about the possible revision of our current technical standards, as published in our catalog. Drs. Erickson, Bergmann and Finer offered to review these standards and report back to the CMC.

Meeting was adjourned at 2:05

CURRICULUM MANAGEMENT COUNCIL
May 15, 2008, 12:00-1:00 PM
Approved

Present: Drs. Bartlett, Bergmann, DeVries, Elkington, Erickson, Finer, Hvidsten, Moe, Oyelowo, Tuchscherer, Wiles (chair); and Ms. Katy Lundell.

Absent: Dr. Horton

Meeting called to order at 12:00 PM by Dr. Wiles.

The minutes of the March 26, 2008, were approved as amended. (Bartlett/Elkington)

1. **Two-enrollment report (Dr. Wiles)**

At the previous CMC meeting, an interim report on the results of eliminating the summer matriculation was distributed to CMC members. This report had originally been requested by Dr. Sawyer. Dr. Wiles had requested discussion of any issues or concerns that were forthcoming from this report. Dr. Bergmann expressed some concern that students in academic difficulty would be held back due to the missing class. Although this is expected to affect only a small number of students it is still an unfortunate consequence of the missing trimester. This concern is also outlined in the two-enrollment report and Dr. Wiles stated that he would review this situation with Jackie Plum to monitor the number of affected students.

2. **Clinical Case Studies Course in T2 (Drs. Wiles/DeVries)**

Dr. Wiles and Dr. DeVries presented a summary of the two Case Studies Courses in T1 and T2. These courses consist of facilitated tutorials and are graded as pass/fail. Course assessment indicates that students enjoy and appreciate the opportunity to talk about patients in small groups. There are currently no plans to propose similar courses at the T3 or above level. Some concern was expressed about the credit loads imposed on T1 and T2 students. Dr. Wiles agreed to meet with Drs. Tuchscherer, Wittich and Bartlett to review this and explore potential solutions.

3. **Proposed Elective Policy: expand to T7-T10 effective Summer 08 term; Increase to 3.00 credit requirement effective Fall 08 term (Dr. Wiles)**

Dr. Wiles reviewed our current elective course policy. Students currently must choose 2 courses in T7 from a list of elective offerings. Previously, all of these electives were Methods courses and this "selective" program was originally intended as a T7 Methods course (two 0.75 credit selectives for a total of 1.5 credits). It is proposed that the elective course requirement be increased to 3.00 credits (representing four 0.75 credit electives) that can be taken in any combination from T7 to T10. Dr. Wiles also stated that concurrent with this proposed change, the School of Massage Therapy is increasing its elective requirement to 3.00 credits, raising their total program credits from 36 to 39.

There was discussion about the proposed elective program and some concerns were expressed regarding the loss of a T7 Methods program. Dr. Elkington had further questions related to the cost for the students. Also, Dr. Hvidsten suggested that elective requirements should be completed by the end of T9 so that graduation dates would not be affected by incomplete transcripts. A motion was made to accept this proposal with the provisions that 2 of the 4 required elective courses must be chosen from a list of Methods electives, and that the elective requirement must be completed by end of T9, rather than T10 as had been originally proposed. Motion made by Dr. Finer, seconded by Dr. Bergmann and approved.

4. **Program outcome statements for assessment plan (Dr. Wiles)** [Handout distributed, copy on file]

Dr. Wiles proposed alternate wording for item 3 of the previously distributed Program Level Student Learning Outcomes. After discussion, item number 3 will be changed to read as follows: “Students will be able to construct appropriate patient care plans, and demonstrate **competence** in the delivery of chiropractic care in the management of **the** cases typically seen in chiropractic practice.” A motion was made by Dr. Oyelowo, seconded by Dr. Finer, and approved.

5. **Technical Standards for DCP (Dr. Wiles)** [Dr. Bowers technical standards document, copy on file]

Dr. Wiles discussed the benefits of reviewing the Technical Standards for DCP students as described in our Catalog, since this is a Catalog revision year. Dr. Linda Bowers has created a proposed technical standards document and distributed it to the faculty. Drs. Finer, Erickson and Bergmann are asked to review the document and prepare recommendations. It was noted that Dr. Bowers did an excellent job, which was very much appreciated.

6. **Future meetings dates (Dr. Wiles)**

It was determined that the CMC committee will meet the first Thursday of each month. 12:00-1:00 PM, through the remainder of this term: June 5, July 3, and August 7 in the Fetzer board room.

7. **BPF Survey (Dr. Erickson)** [Handout-survey distributed, copy on file]

Dr. Erickson and Dr. Wiles are reviewing all of the BPF courses and are looking at foundational objectives. Dr. Erickson is interested in getting CMC members’ opinions on some areas such as “what constitutes professional success?” and “what does a successful practice look like?” Dr. Erickson will e-mail the survey to everyone, and is asking this group to complete the survey and include any criticisms, complements or suggestions.

8. **DCP-IT interface (Dr. Finer)**

Tabled to next meeting.

9. **Chair’s e-mail signatures (Dr. Wiles)**

Dr. Wiles requested that Department Chairs add this title to their e-mail signature if they hadn’t already done this. This is important to the development of a culture of departments and department heads.

10. **Elimination of trimester coordinator positions and creation of the Assessment Committee as standing committee of the DCP (Dr. Wiles)**

Dr. Wiles advised that the positions of trimester coordinators have been eliminated and an Assessment Committee chaired by Dr. Bartlett has been created. She will be bringing forth information about the role and constitution of the Assessment Committee. Our DCP has 3 standing committees: Curriculum Management Council, Assessment Committee, and Academic Standards Committee.

Meeting was adjourned at 1:05 PM

Minutes approved by: Michael Wiles, Chair

Submitted by: Dianne Dormady

CURRICULUM MANAGEMENT COUNCIL

June 5, 2008, 12:00-1:00 PM

Approved

Present: Drs. Elkington, Erickson, Finer, Hvidsten, Moe, Tuchscherer, Wiles (chair); and Ms. Katy Lundell.

Absent: Drs. Bartlett, Bergmann, DeVries, Horton, Oyelowo.

Meeting called to order at 12:00 PM by Dr. Wiles.

The minutes of the May 15, 2008, meeting were approved as written. (Finer, Tuchscherer)

Technical Standards for DCP (Drs. Erickson, Finer, Bergmann)

Tabled until the next meeting.

DCP-IT interface (Dr Finer)

Dr. Finer discussed his concerns that there is a gap in communication between the IT department and the DCP. The chiropractic program has no formal faculty liaison or representative who can interface with IT. Dr. Finer suggested that it might be important to establish some kind of liaison with IT. Further, he suggested that the IT department must become more sensitive to the educational needs of the chiropractic program and the faculty. In discussing this matter, one important concern is whether we need **password protection** on classroom computers. Dr. Tuchscherer also suggested that memory limitations on Moodle might be a source of concern. Dr. Elkington added that assessment of our technology needs and concerns was something that CCE would want to see us doing. Dr. Wiles and Dr. Finer will discuss this matter with Dr. Sawyer and report back to the CMC.

Use of Moodle in assessment of PDX course (Dr. Finer) [Moodle Do's & Don'ts handout distributed, copy on file]

Dr. Finer distributed a survey used in the PDx course to gain information regarding the students' thoughts on the use of Moodle in his course. Students have responded well to the Moodle presentations; and Ms. Lundell said that students perception was that the survey was "right on the mark". Dr. Wiles wants to see that this survey information gets distributed to our faculty; and Dr. Finer agreed to make an e-version available.

Benchmarks for assessment (Dr. Wiles)

[National Board Assessment summary handout was previously made available to faculty]

Dr. Wiles initiated discussion about the concept of formal assessment benchmarks, especially as they might apply to NBCE results. Generally our students do well, and our pass rate is almost always above the national average – but is this good enough and at what point should we be concerned? We might not want to set up standards so high that we set ourselves up for failure to meet our own benchmarks. Should our benchmark be based on competencies? Should our goal be to consistently beat the national average in all areas of the NBCE? While there was no formal motion made, it was generally agreed that, in the absence of a formal study of this area, a reasonable benchmark would be to be above the national average in all subject areas of all NBCE exams. It was decided by consensus that a cause for concern would be falling below the national

average in a given area in two successive NBCE examinations. Such an occurrence should trigger a formal response from the subject Chair with a remediation plan. This will be an ongoing discussion point as we continue to evolve our assessment activities and Dr. Wiles asked for comments and feedback from all CMC members.

Research and Scholarship initiatives (Dr. Wiles)

Dr. Wiles recently asked faculty members to report their interests and activities in research and scholarship. There are a growing number of faculty members involved in scholarship activities. This was reflected in Dr. Wiles' report to the Board of Trustees in June. Chairs are encouraged to identify scholarly activity within their departments and facilitate it as much as possible. Dr. Finer was commended for his Moodle assessment project (see above) which yielded considerable information that can be used by other faculty.

New Business:

Volunteers of America (Dr. Wiles)

Dr. Wiles stated that the University is in the process of finalizing a contract to provide chiropractic, massage therapy and acupuncture services in two nearby facilities operated by Volunteers of America. The chiropractic services will be offered by our geriatric residents and Dr. Osterbauer. This amounts to a demonstration project over a two year period which, if successful, may lead to the inclusion of these services on a much wider basis across the country.

Report on Biochemistry 1 and 2 (Dr. Tuchscherer)

Dr. Tuchscherer indicated that within the last year, the credit loads of Biochemistry 1 and 2 were changed (to 3 credits each from 4 and 2 credits respectively). After reviewing this change and with respect to the current overall credit loads in Trimesters 1 and 2, these loads will be changed back to their original levels of 3 credits each, effective Fall 08. This is not expected to impact any current students.

The next CMC meeting will be held on July 3, 2008, 12:00-1:00 PM, in Fetzer Board Room.

Meeting adjourned at 1:00 PM.

Minutes approved by: Michael Wiles, Chair

Submitted by: Dianne Dormady

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CURRICULUM MANAGEMENT COUNCIL
July 3, 2008, 12:00-1:00 PM
Fetzer Board Room
Approved

Present: Drs. Bartlett, Hvidsten, Moe, Oyelowo, Tuchscherer, Wiles (chair); and Ms. Katy Lundell.

Absent: Drs. Bergmann, DeVries, Elkington, Erickson, Finer, Horton.

Dr. Borggren was invited to be the member-at-large; however, she was unable able to attend.

Meeting called to order at 12:00 PM by Dr. Wiles.

The June 5, 2008, CMC minutes approved as written.

Dr. Wiles wanted to comment on an item that was discussed in the last CMC meeting. Dr. Wiles and Dr. Finer were going to arrange to meet with Dr. Sawyer concerning the communications issues of DCP-IT interface. Dr. Wiles and Dr. Finer talked individually with Dr. Sawyer, as it was not possible for the three of them to get together due to conflicting schedules. Dr. Wiles stated Dr. Glori Hinck is our IT interface person for the chiropractic faculty, and faculty should be addressing any difficulties that are being encountered with the Moodle program directly to Dr. Hinck and she will take them to the Moodle Committee and IT. Dr. Oyelowo brought up the issue of copyright protection in Moodle, and it was suggested that this be discussed with Dr. Hinck.

DCP–Health Promotion and Wellness Education (Dr. Oyelowo) (Handout distributed, copy on file)

Dr. Oyelowo’s department has been working on a definition of health and it was brought forward today for discussion or revision. There was some discussion about CCE and the new required competencies in the area of Health and Wellness. It was suggested that the spiritual component of health and wellness should be considered in a definition of health. .

Dr. Hvidsten made a motion that we adopt a definition of health as follows:

Health is a modifiable state composed of physical, mental, spiritual and social well being for a person’s circumstance and stage in life and not merely the absence of disease or infirmity.

Dr. Bartlett seconded the motion. The motion was unanimously approved.

Ms. Lundell made a motion to also include the definition of health promotion as follows:

Health promotion is the science and art of helping people change their lifestyle to move toward a state of optimal health.

Dr. Bartlett seconded the motion. The motion was unanimously approved.

Mediasite Segments for CE (Dr. Wiles)

Dr. Wiles and Diana Berg, from CE, have been discussing the possibility of small segments or units of our courses being recorded by Mediasite for use in our CE programs. This

could occur with little or no extra work on the part of a faculty member and could help build a bank of 1-2 hour CE programs. If they are deemed useful by CE, then a contract would be drawn up and the faculty member would be eligible for earning royalties on the use of the material. Dr. Wiles would like to get people thinking about this concept and generating input and ideas. If there are any faculty who would like to pursue ideas for this continuing education concept they should contact their Chair as well as Diana Berg.

ACC-CAO Faculty Forum (Dr. Wiles)

Dr. Wiles will email faculty with the links and instructions. At the last ACC Deans' meeting, it was agreed that they would create a forum that all faculty from all of the ACC member colleges could interact with one another. Dr. Wiles will email the information he has about this site directly to faculty.

Elective Catalog (Dr. Wiles)

Tabled until the next meeting.

Department Research Agenda (Dr. Wiles)

Dr. Wiles stated he was delighted by all the people who came forward with research or scholarship projects and ideas. He asked that all department chairs continue to encourage academic scholarship in their departments, and if appropriate, to think in terms of specific departmental research themes. Dr. Oyelowo stated that the two-enrollment process has had an effect in this area and there is definitely a correlation.

The next CMC meeting will be held on August 7, 2008, 12:00-1:00 PM, in Fetzer Board Room.

Meeting adjourned at 1:00 PM.

Minutes approved by: Michael Wiles, Chair

Submitted by: Dianne Dormady

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