

Annual Assessment Report

College of Chiropractic

March, 2006

1. Introduction

The academic year 2005-2006 has been marked by significant change within the College of Chiropractic. These changes include the hiring of a new Dean, the creation of three new positions, Associate Dean of Clinical Services, Associate Dean of Chiropractic Education, and Associate Dean of Clinical Education. One of these positions is held by an incumbent administrator (Dr. Kurt Wood, Associate Dean of Clinical Services, formerly Associate Dean (without distinction), and three are held by newly hired (Dr. Mike Wiles, Dean) or newly promoted administrators (Dr. Julia Bartlett, Associate Dean, Chiropractic Education, formerly Director, University Health Services; Dr. Lynne Hvidsten, Associate Dean of Clinical Education, formerly Director, Clinical Education). Adding to the novelty of these administrative positions is the fact that Dr. Hvidsten formerly reported directly to the Provost and upon being promoted to Associate Dean of Clinical Education assumed a position which reports directly to the Dean of the Chiropractic Program. In essence, the entire academic leadership of the College of Chiropractic was renewed during the 2005-2006 academic year.

The most obvious effect of this administrative and academic leadership change is a period of adjustment, as the new team assesses the current state of the College and determines its strategic direction. Unfortunately, prior to the arrival of the new Dean, the College was essentially without formal leadership for approximately six months, being administered jointly by the Associate Dean and Provost. Upon the arrival of the new Dean, a period of administrative stabilization and adaptation to a major change in the academic schedule (changing from 3 annual student admissions to 2) required considerable energy and commitment over 3-4 months. This clearly interrupted assessment activities which were established by the former administration and created an opportunity for renewal and recommitment to an ongoing assessment program.

2. Response to Recommendations to Implement Program Level Assessment

On October 28, 2005, the Dean received a document entitled "Recommendations to implement program level assessment" from the University Assessment Committee. This document contained eight suggestions related to program assessment and I would like to briefly address each, with regards to actions or proposed actions within the DCP.

Recommendation 1: Direct and focused communication on curriculum issues among instructors teaching within departments and programs.

In November 2005 (see minutes of November 8, 2005, Appendix 15), Dr. Wiles introduced a report to the Curriculum Committee entitled "A proposal to enhance communication, collaboration and shared decision-making in managing and developing our curriculum". This report was accepted as presented by a motion of the Curriculum Committee. There were several components to this proposal but the key element was to restructure the Curriculum Committee into representative units called Curriculum Management Teams (CMT's). Formerly, the eight "curriculum interest groups" were each represented by a faculty member, but were not truly "representative" in that there was no expectation of collaboration or engagement with other faculty members. The new CMT's are represented by leaders who have been given a mandate to meet regularly and independently with the faculty members teaching courses within their respective teams. The Curriculum Committee was in effect given a face-lift, including a name change to the "Curriculum Management Council" (CMC). Each of these teams meets regularly and the feedback to the CMC has been very positive. Recently a new proposal was submitted to the CMC to realign the courses within the CMT's in order to create more appropriate and balanced representation (see Appendix 2). The decision to accept this realignment has been delayed while the Foundational Sciences CMT deliberates to consider its approval of the proposed structure.

Recommendation 2: Release time/equivalencies should be given to faculty who are involved with the curriculum review and assessment process.

Each CMT leader receives one FTE unit for their participation on their CMT and the CMC. Also, a number of faculty have received between 1-2 FTE units in the Fall 2005 and Winter 2006 trimesters for course and curriculum development. The new Associate Dean of Chiropractic Education has program assessment as one of her primary administrative duties. Initially, she will be working with the Dean to establish an assessment strategy, following which it is anticipated that much of the ongoing assessment program will be managed by the Associate Dean. Finally, in the Fall 2006 term, three faculty members will be engaged in developmental activities while on sabbaticals (two on full sabbaticals and one on a half-sabbatical for two terms).

Recommendation 3: Recognition should be given for faculty members who participate in curriculum review, revision and use of evidence to improve student learning.

So far, this recognition has been given in terms of participation in faculty development programs, often involving trips to conferences and symposia. Several faculty members have traveled to the IUPUI Assessment Conference, the HLC Conference and the ACC-RAC meeting, among others. Faculty have been encouraged to contribute to conferences such as these, with the understanding that this will lead to travel opportunities. At this point, several studies are in the planning stages for papers to be submitted to upcoming ACC and WFC meetings. Also, the Dean has worked closely with the PEC committee of the Faculty Senate. Recent approval of the Senate PEC program will mean that monetary

bonuses can be awarded for meritorious participation in curriculum review and assessment activities.

Recommendation 4: Block off time within the University class schedule for faculty discussion and collaboration on curriculum improvement.

The complexity of our ten-trimester chiropractic program within a five-program university schedule leaves very little time for all-faculty common meeting opportunities. However, we have dealt with this issue in two ways: first, the new CMC structure places greater emphasis on CMT's and since these are essentially departmental, it is easier for these smaller units to meet regularly; second, we have initiated bimonthly all-faculty meetings which so far, have been held at 7 am which virtually ensures that the majority of faculty can attend. Attendance has been good and these meetings have provided an opportunity for not only sharing information, but for polling the faculty on subjects of importance to the chiropractic program. While no distinct plans have been made yet, a faculty retreat has also been discussed among the Dean and Associate Deans.

Recommendation 5: Re-establish the Year One (Basic Sciences) and Year Two (Clinical Sciences) Committees.

For a number of reasons, this is the one recommendation that we have preferred not to implement at this time. For one thing, we are attempting wherever possible to integrate the basic and clinical sciences, at least as far as shared course material and exposure to clinical cases are concerned. Integration of basic and clinical sciences is a major theme in medical education generally and there is much to be done in our program. For example, the location of faculty offices tends to isolate these two groups and until recently they had separate administrative support units, and essentially functioned as if they were separate sub-programs within the DCP. This has led to isolationism of both areas and we are working to alleviate this using integration strategies. Implementation of recommendation 5 would be counter-productive. Also, our program is based on trimesters and the distinction of "year one" and "year two" committees would also be counter-productive to integration of our curriculum. However, in support of the basic intent of this recommendation is the creation of Trimester Coordinators. These "horizontal" curricular positions were described in the aforementioned document to enhance communication and collaboration (Appendix 1) and have yet to be introduced into the CMC due to the fact that the group is still in the process of developing effective "vertical" communication within the CMT's. It is anticipated that these Trimester Coordinators will be introduced over the next 6-12 months, starting with a coordinator charged with overseeing the first three trimesters (essentially a "year one" coordinator). The trimester coordinators will work with the various CMT's to review the specific learning objectives and competencies in individual courses.

Recommendation 6: The chairs of these committees should communicate with each other by sharing ideas and attending each other's meetings to help coordinate the process.

As has been described under Recommendation 1, the new structure of the CMC provides for wide engagement of the faculty within the CMT's. This is considered the first phase of a program to enhance communication within the DCP. The second phase is interaction between the various CMT's and CMT leaders. This has actually begun as a spontaneous effect of the greater degree of collaboration and communication initiated by the new CMC structure.

Recommendation 7: A yearly assessment of students similar to the DA or OSCE format would be helpful to set benchmarks for their learning.

Discussions have been initiated among some CMT's regarding more frequent and more complex Developmental Assessments. This recommendation has not yet received the full attention of the CMC but there have been discussions about creating a DA at the T3 level as well as the T7 level. Over the next year, this item will receive considerable attention as we review our current clinical assessment procedures. It has been noted that the University of Cincinnati Medical School has a 14 patient DA at the end of their four year program, and that Texas Chiropractic College has an 8 patient OSCE at the end of their 9th trimester. Clearly we need to review the depth and breadth of our DA program and this item is scheduled for discussion throughout 2006-7.

Recommendation 8: Information from the DA exam should be shared with other faculty members to inform them about competency results to help make decisions on possible changes in the curriculum.

Essentially there are two parts to this recommendation. First, sharing of the DA data among faculty members is seen as useful feedback in the curriculum review process. The Associate Dean of Clinical Education has been directed to assemble these data (from the most recent DAs) and present this to the CMC. This process is fairly new (see minutes from the Curriculum Committee of March 11, 2005, Appendix 5) and data has not yet been presented to the CMC in a manner conducive to the discussion of its impact on our curriculum. Unofficial discussion has led to a concern about the synthesis of skills of history taking and physical examination and this has led to our Diagnosis CMT (under the leadership of Dr. Brad Finer) reviewing all course material pertaining to these areas with a goal of creating a more effective curriculum sequence than presently exists. Second, this recommendation refers to the use of DA data as it relates to "possible changes in the curriculum". Certainly the DA results will be instrumental in identifying areas of concern in the curriculum, but the overall curricular structure is holistic, complex and under review by the Dean's office. Once the CMC is fully operational with its new structure and membership, a more global review of the curriculum will be undertaken and strategies identified to enhance its effectiveness. Changes will be made only after thoughtful and evidence-based review of our current curriculum and our current outcome measures. Among these are our NBCE results. These have been discussed at a number of CMC meetings, distributed to CMT leaders and are being monitored carefully. Our

most pressing concern with the recent NBCE data was with regard to the result of the Neuromusculoskeletal Diagnosis exam. An analysis of sub-groups within this exam revealed a less than average performance of our graduates in the area of orthopedic and neurological testing. We feel that there are two aspects to these data. First, our review of all diagnosis courses, from the foundational program in history taking and physical examination upwards, will result in meaningful recommendations to the CMC. Second, our analysis of these two areas suggests that the NBCE places greater importance on eponyms than exists in our curriculum. Our program emphasizes the rationale behind orthopedic testing, not just the name of the tests. For this reason, and given the known source of a large number of questions on these national tests (from colleges which teach orthopedics from an eponymic and descriptive perspective) we are not overly concerned with these data and intend to carefully analyze the NBCE results over the next 2 years. In summary, our current DA process is fairly new, dynamic and evolving. It is too early to apply the data from this process with the confidence needed to mandate curricular change.

3. Status of Higher Priority ULO's (#1, #4, # 7, and # 8)

University Learning Outcome 1 – Effective Communication

Graduates will demonstrate effective verbal, non-verbal, and written communication skills in a wide variety of contexts, including collaborative activities.

The previous Annual Assessment Report (May 2005) reported progress in this ULO based on data collected from four courses, three in the Business and Professional Foundations sequence and the Clinical Internship I course (held in T6). Also mentioned was the role of the T7 Developmental Assessment (DA) as a source of assessment of effective communication. Finally, the use of LiveText software in the Business and Professional Foundations sequence of courses was described as providing a basis for assessing effective communication, at least in T1 and T2 students.

Communication continues to be assessed in the T7 Developmental Assessment and this effectively represents a benchmark assessment for this ULO. The communication assessment rubric is reproduced in Appendix 3.

Also, communication skills are specifically assessed in several courses as a regular part of the curriculum: Business and Professional Foundations 1 and 2 (both of which include modules in professional communication, assessed by written and oral presentations using the communications rubric shown in Appendix 3; Patient Interviewing (course 41040) in which students are assessed for verbal and non-verbal communication skills while performing a simulated patient history; Clinic Internship 1 and 2 in which students are assessed for professional communication skills in small group format and through practical experience and interaction with early term chiropractic students in a clinic setting; Mental Health 2 (course 26280) in which professional communication skills are indirectly assessed through independent study projects focusing on the attributes of an effective helping relationship with patients. Finally, all of the upper trimester clinical

courses include some component of communication skill assessment whether direct or indirect.

University Learning Outcome 4 – Understanding of Individuals, Communities and Cultures

Graduates will demonstrate awareness and sensitivity to the cultural and health practices of individuals and communities. Graduates will be able to identify appropriate resources available to meet health-related needs.

The College of Chiropractic has adopted the following statement in the area of Cultural Competency:

“We acknowledge the dignity of all human beings, and resolve to treat each other and our patients with respect and equality. We recognize the differences among us, including, but not limited to: culture, race, ethnicity, age, ideology, class, gender, sexuality, disabilities, religion and spirituality”.

Students at Northwestern College of Chiropractic will demonstrate competency in the following aspects of culture and diversity:

1. **The provider as a cultural being**
 - Identify one’s own cultural influences
 - Identify one’s own perspectives on and attitudes towards health and disease.
2. **The culture of the chiropractic healing system**
 - Describe/identify potential cultural differences between patient and provider expectations regarding the role of the doctor and the role of the patient.
 - Describe/identify culturally-driven behaviors and attitudes that can facilitate or hinder the development of an effective doctor/patient relationship.
3. **Disparities in health status and health care**
 - Appraise current literature regarding disparities in health and health care.
 - Describe factors that contribute to disparities in health and health care.
4. **Culture in the clinical encounter**
 - Describe how perceptions and models of health and illness impact a clinical encounter.
 - Describe other healing systems that may be accessed by patients
 - Identify personal biases that may emerge in the clinical encounter.
 - Describe select models of health and illness
5. **Cross-cultural skills**
 - Communicate effectively, using various means, with people of diverse populations

- Demonstrate strategies for interviewing a patient about cultural dimensions of health and healing
- Demonstrate strategies to negotiate between the patient and the provider's models for health and illness

6. **Service**

- Describe one's own personal ethic regarding social responsibility and service
- Demonstrate social responsibility and service within communities that are different from one's own

Also, cultural competency has been mapped throughout our curriculum, and the results of this mapping are shown in Appendix 4. This mapping process has only recently been completed. Accordingly, no instruments have yet been developed for assessing these competencies other than the indirect measures used in the courses outlined on the curriculum map. Our data indicates that these competencies are being addressed (in whole or in part) in 17 courses, with three additional courses planning to add material which addresses these competencies.

University Learning Outcome 7 – Critical Thought and Knowledge Acquisition

Graduates will acquire, appraise and apply scientific information. Graduates will contextually organize and synthesize relevant information to address an issue or problem.

This ULO is yet to be addressed by the CMC and requires curriculum mapping as a prelude to further consideration. In the meantime, the subject of critical thought and knowledge acquisition is addressed indirectly in a large number of courses and directly in Principles of Evidence-Based Healthcare (course 32030). We anticipate a considerable emphasis on this ULO over the next 12 months because in addition to the fact that it has been identified as a assessment target by the UAC, it is also the subject of an application for a research grant from NCCAM. This grant, if successful, will provide for a collaborative effort with the University of Minnesota to create a research curriculum to enhance the critical appraisal skills of our students and to ensure that our curriculum is evidence-based. Clearly, the receipt of this grant will require that ULO #7 be reconsidered in considerable detail.

University Learning Outcome 8 – Competence in one's Discipline

Graduates will demonstrate competence of appropriate depth and scope for one's discipline.

This ULO is being reviewed by the Dean and Associate Dean of Chiropractic Education. It is hoped that the currently used criteria, shown below, will be updated and documented as being representative of the competencies outlined in the CCE Standards, and a more comprehensive list published in 1998 called "Instructional Outcomes on Northwestern

College of Chiropractic: clinical competencies required for the practice of chiropractic”. The abbreviated list of criteria with which to measure achievement of chiropractic graduates of NWHSU has been grouped into five domains: patient assessment, diagnosis, patient care, professional issues, and doctor-patient relationship. These are as follows:

- I. **Patient Assessment**
 - A. **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.
 - B. **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)
 - C. **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
- II. **Diagnosis.** The competent graduate is capable of integrating patient assessment data in a manner that facilitates the formation of a diagnosis, i.e.:
 - A. a provisional diagnosis
 - B. a differential diagnosis
 - C. a working diagnosis
 - D. a final diagnosis
- III. **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. Re-evaluation
5. Physical rehabilitation
6. Discharge and follow-up from active care
7. Preventive care (i.e. non-symptomatic care)
8. Health promotion (e.g. smoking cessation, healthy diet, exercise, mental health)
9. Public and community health (e.g. resources, answering questions)

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

1. Treat all records with the patient's privacy rights in mind
2. Respond to requests for patient records in a timely manner
3. Keep abreast of current trends, laws and technology for record keeping, communications and data transfers

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

- A. Ethics
- B. Federal and state regulations (e.g. HIPAA and OSHA)
- C. Professional practice (e.g. billing, fees, advertising, collection procedures)
- D. Professional reporting requirements (e.g. child and vulnerable adult abuse)
- E. Community involvement or service
- F. Legal aspects of health care
- G. Interdisciplinary collaboration

V. 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:

- A. Boundaries
- B. Characteristics of treatment-dependent patients (e.g. yellow flags)
- C. Patient-oriented health care
- D. Confidentiality
- E. Cultural competency

As stated above, this list and the specific criteria for assessing these competencies are under review and will be given the highest priority by the Dean's office and the CMC during 2006-7. As far as current outcome measures and assessment is concerned, the NBCE test results for Parts 1-4 provide a general overview of strengths and weaknesses of our graduates. For the most part, our graduates' results on these exams exceeds the national average. Our NBCE scores (from 1997-2005) are attached to this document in PDF format.

4. Status of Lower Priority ULO's (#2, #3, #5, and #6)

University Learning Outcome 2 – Self Directed and Lifelong Learning

Graduates will be aware of the limits of one's personal knowledge and experience and have an intellectual interest in scholarly and creative endeavors. Graduates will actively set clear learning goals, pursue them, and apply the knowledge gained.

Current Status: As indicated on the University Assessment Program Timeline, the criteria for this ULO will be established during Fall, 2006, following which these criteria will be mapped on our curriculum. Measurement tools will be established, data collected and analyzed, and curricular recommendations determined throughout 2007-8.

University Learning Outcome 3 – Ethics and Moral Reasoning

Graduates will demonstrate a willingness to recognize the values of others while maintaining one's own integrity.

Current Status: The University Assessment Program Timeline indicates that the criteria for this ULO will be established during Winter, 2006, following which these criteria will be mapped on our curriculum. The administrative changes described in the introduction to this report have necessitated a change to this proposed timeline. It is anticipated that these criteria will now be established during Winter, 2007 and that subsequent activities related to this ULO will be similarly delayed by one year. Measurement tools will therefore be established, data collected and analyzed, and curricular recommendations determined throughout 2007-2009.

University Learning Outcome 5 – Service to the Community

Graduates will understand and value the benefits of service to the community.

A preliminary document has been created outlining the criteria for this ULO within the College of Chiropractic. It is anticipated that these will be reviewed and established during the next academic year (2006-7).

University Learning Outcome 6 – Influence of Mind, Body and Spirit in Health

Graduates will recognize the inter-relationship of the mind, body and spirit and the influence of extrinsic factors on an individual's health.

An Ad-Hoc Committee of the Provost has been deliberating on the subject of integrated health and wellness for several months. It is anticipated that within 3-4 months this group will present a document to the University proposing a University-wide definition of integrated health and wellness as well as a model for the University programs to use when determining curriculum content within this area. At that time, the CMC will determine what effect this model will have on our curriculum, what changes might be necessary and what assessment tools and instruments might be appropriate for this ULO.

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APPENDIX 1

A Proposal to Enhance Communication, Collaboration and Shared Decision-Making in Managing and Developing our Curriculum

November 8, 2005
Michael R. Wiles, DC
Dean, College of Chiropractic

Preamble:

I have made the following observations over the past 3 weeks: one, we have an extraordinarily skilled and qualified faculty; two, most faculty are anxious to be part of a reform and renewal process; three, many faculty feel disengaged from the process of curriculum management; and, four, the result of this is both perceived and actual inertia (and in some cases, even apathy) resulting in a sense of helplessness with regard to curricular matters. I believe that an effective organizational structure must include participation and communication of all involved parties, to the extent that decisions and actions impact upon a faculty member's engagement in the overall educational experience. To this end, I propose the following action steps as a prelude to genuine enquiry into our curriculum and its needs.

1. Currently our Curriculum Committee consists of the Dean and Associate Deans, 8 Coordinators of various curriculum interest groups, the Faculty Senate President, a student representative, and the Coordinator of Outpatient Internship. The curriculum interest groups appear to have been developed in 1999, as part of a general re-organizing strategy and this structure has survived until the present time. Documents from 1999 suggest that these groups were representative and that they were each engaged in an active cycle of review and renewal within their respective fields of interest. In many cases, genuine *de novo* curricular revisions and enhancements were proposed and acted upon. However, this general structure has evolved into a somewhat less efficient body with little or no current engagement of the faculty-at-large.

Therefore, I propose that the 8 interest groups be renamed "Curriculum Management Teams" and that the current Coordinators (who shall be re-titled as Curriculum Management Team Leaders) present a list of their members, along with a commitment to monthly CMT meetings at the next meeting of our current Curriculum Committee.

Further, that these 8 CMT's determine a strategy to review the general program of courses within their purview, consider the vertical sequencing of material, and make recommendations relating to proposed or considered curriculum changes, budget requirements, human resource needs, or any other area that they believe should be brought forth to the larger curriculum management body (currently our Curriculum Committee). Each CMT may set its own agenda and if desired, elect a rotating or permanent team leader. Naturally, the Dean's office will do its best to provide support and/or resources as may be considered necessary by each CMT.

2. The current Curriculum Committee shall be renamed as the “Curriculum Management Council”. This name change is symbolic of our renewed commitment to curriculum review, reform and assessment. By definition a committee is usually meant to be an advisory group (often temporary) as in “a body of persons delegated to consider, investigate, take action on, or report on some matter” (Webster). In contrast, a council is defined as “a governing body of delegates from local units of a federation” and I felt that this more adequately represented the idea of curricular management “of the faculty, by the faculty and for the faculty”.

3. In the recent past, there have existed committees to study and integrate the Year 1 program and the Year 2 program. Documents suggest that these were active committees who made thoughtful recommendations to the DCP-CC. I feel that horizontal integration is an important part of our overall planning process and to this end, I recommend that Trimester Coordinators be added to the Curriculum Management Council. Initially I propose that four faculty members be appointed to these functions, with responsibilities for reviewing the curriculum as it applies to each individual Trimester, ensuring balance and horizontal integration and acting as a resource for the CMT’s. These four “horizontal integration” positions shall represent the interests of T1-3, T4-5, T6-7, and T8-10. Recommendations will be accepted for these positions from the CMC and the Dean shall appoint these positions prior to the next CMC meeting.

Summary: These three proposals constitute the first step in a larger process of curriculum review, renewal and assessment. Effective communication and broad engagement of the faculty is an essential prerequisite to an ongoing process of curriculum management. I would solicit the DCP-CC’s adoption of these reforms as a significant action step towards our goal of ensuring the effectiveness of our curriculum to meet the needs of the DCP.

APPENDIX 2

Proposed Realignment of Courses and CMT's

Current CMT: "Principles and Methods" (Dr. Amundson)

Proposed CMT: Chiropractic Methods and Therapeutics

Current Courses	Credits	Proposed Courses	Credits
Methods 1	2	Methods 1	2
Methods 2	2	Methods 2	2
Methods 3	3.25	Methods 3	3.25
Methods 4	3.25	Methods 4	3.25
Methods 5	2	Methods 5	2
Methods 6	2	Methods 6	2
Methods 7	1.5	Methods 7	1.5
Physiological Therapeutics 1	2.25	Physiological Therapeutics 1	2.25
Physiological Therapeutics 2	1.5	Physiological Therapeutics 2	1.5
Physiological Therapeutics 3	1.5	Physiological Therapeutics 3	1.5
Principles and Philosophy 1	1	Spine and Pelvis	3
Principles and Philosophy 2	2	Cardiopulmonary Resuscitation	0.5
Principles and Philosophy 3	2	Emergency Procedures	2.5
Principles and Philosophy 4	2		
Principles and Philosophy 5	1		
Totals	29.25		27.25

Proposed CMT: Chiropractic Principles and Philosophy (CMT Leader TBA)

Current Courses	Credits	Proposed Courses	Credits
		P and P 1	1
		P and P 2	2
		P and P 3	2
		Principles of Evidence-Based Healthcare	1
		P and P 4	2
		P and P 5	1
Totals	0		9.0

Current CMT: “Diagnosis and Special Studies” (Dr. Finer)

Proposed CMT: Diagnostic and Clinical Sciences – Clinical Specialties Section

Current Courses	Credits	Proposed Courses	Credits
Physical Diagnosis	4	Physical Diagnosis	4
NMS1	3	NMS1	3
NMS2	4.5	NMS2	4.5
NMS3	3.625	NMS3	3.625
Neurodiagnosis	2.75	Neurodiagnosis	2.75
EENT	2.5	EENT	2.5
Infectious Diseases	2	Infectious Diseases	2
Cardiopulmonary System	4	Cardiopulmonary System	4
GI/GU System	3.5	GI/GU System	3.5
Dermatology	1	Dermatology	1
Endocrinology	1.5	Endocrinology	1.5
Clinical Pathology 1	2.75	Patient Interviewing	1
Clinical Pathology 2	4.25	Mental Health 1	2
		Mental Health 2	2
Totals	39.375		37.375

Current CMT: “Health and Wellness Education” (Dr. Oyelowo)

Proposed CMT: Diagnostic and Clinical Sciences: Special Populations Section

Current Courses	Credits	Proposed Courses	Credits
Children’s Health	2	Children’s Health	2
Health and the Older Person	2	Health and the Older Person	2
Maternal and Infant Health	2	Maternal and Infant Health	2
Women’s Health	2.375	Women’s Health	2.375
Clinical Nutrition 1	4		
Clinical Nutrition 2	2		
Infection Control	0.2		
Mental Health 1	2		
Mental Health 2	2		
Pharmacology	2		
Public and Preventive Health	2		
Totals	22.575		8.375

Current CMT: “Diagnostic Imaging” (Dr. DeVries)

Proposed CMT: Diagnostic Imaging

Current Courses	Credits	Proposed Courses	Credits
Skeletal Radiology 1	1.5	Skeletal Radiology 1	1.5
Skeletal Radiology 2	2.5	Skeletal Radiology 2	2.5
Skeletal Radiology 3	2.5	Skeletal Radiology 3	2.5
Skeletal Radiology 4	2.5	Skeletal Radiology 4	2.5
Radiation Physics and Safety	2.5	Radiation Physics and Safety	2.5
Radiology of the Chest and Abdomen	2.5	Radiology of the Chest and Abdomen	2.5
Radiographic Technology and Positioning	1.5	Radiographic Technology and Positioning	1.5
Totals	15.5		15.5

Current CMT: “Business and Professional Foundations” (Dr. Erickson)

Proposed CMT: Business and Professional Foundations

Current Courses	Credits	Proposed Courses	Credits
BPF 1	1	BPF 1	1
BPF 2	1	BPF 2	1
BPF 3	0.75	BPF 3	0.75
BPF 4	0.75	BPF 4	0.75
BPF 5	0.75	BPF 5	0.75
BPF 6	0.75	BPF 6	0.75
BPF 7	0.75	BPF 7	0.75
Business of Clinical Practice 1	2	BPF 8	2
Business of Clinical Practice 2	3	BPF 9	3
Legal Aspects of Healthcare	2		
Totals	12.75		10.75

Current CMT: “Foundational Sciences” (Dr. Tuchscherer)

Proposed CMT: Anatomy and Pathology

Current Courses	Credits	Proposed Courses	Credits
Gross Anatomy 1	5.5	Gross Anatomy 1	5.5
Gross Anatomy 2	5.5	Gross Anatomy 2	5.5
Embryology	2	Embryology	2
Histology 1	3.75	Histology 1	3.75
Histology 2	3.5	Histology 2	3.5
Neuroscience 1	4	Neuroscience 1	4
Neuroscience 2	3	Neuroscience 2	3
Pathology 1	3	Pathology 1	3
Pathology 2	3	Pathology 2	3
Biochemistry 1	5		
Biochemistry 2	2		
Physiology 1	4.5		
Physiology 2	4.5		
Immunology and Clinical Microbiology	3.5		
Spine and Pelvis	3		
Totals	55.75		33.25

Proposed CMT: Biochemistry and Physiology (CMT Leader TBA)

Current Courses	Credits	Proposed Courses	Credits
		Biochemistry 1	5
		Biochemistry 2	2
		Physiology 1	4.5
		Physiology 2	4.5
		Clinical Nutrition 1	4
		Clinical Nutrition 2	2
		Pharmacology	2
Totals	0		24.0

Proposed CMT: Microbiology and Immunology (CMT Leader TBA)

Current Courses	Credits	Proposed Courses	Credits
		Infection Control	0.2
		Microbiology	3.5
		Clinical Pathology 1	2.75
		Clinical Pathology 2	4.25
		Public and Preventive Health	2
Totals	0		12.7

Current CMT: “Clinician Development” (Dr. Bartlett)

Proposed CMT: Clinical Clerkship

Current Courses	Credits	Proposed Courses	Credits
Intro to Clinical Chiropractic	1	Intro to Clinical Chiropractic	1
Clinical Internship 1	3	Clinical Internship 1	3
Clinical Internship 2	4	Clinical Internship 2	4
Emergency Procedures	2.5		
EMT Basic (elective)			
CPR	0.5		
Patient Interviewing	1		
Principles of Evidence-Based Healthcare	1		
Totals	13.0		8.0

Current CMT: “Clinical Education” (Dr. Hvidsten)

Proposed CMT: Internship Programs

Current Courses	Credits	Proposed Courses	Credits
Clinical Case Studies 1	1	Clinical Case Studies 1	1
Clinical Case Studies 2	1	Clinical Case Studies 2	1
Clinical Internship 3	8.5	Clinical Internship 3	8.5
Clinical Internship 4	8.5	Clinical Internship 4	8.5
Clinical Internship 5/6	10	Clinical Internship 5/6	10
		Legal Aspects of Healthcare	2
Totals	29.0		31.0

APPENDIX 3

Communication Assessment Rubric

Please circle one # that reflects the student's skills in communication		Evaluation Criteria
Verbal Communication	5	Speaks clearly and understandably with good volume; adapts language to audience; pronounces terms correctly
	4	
	3	Fairly understandable; clarity and volume generally appropriate; most terms are correct and appropriate to the audience
	2	
	1	Poorly understood and heard; doesn't adapt language to audience; mispronounces terms.
Non-Verbal Communication	5	Excellent active listener; appropriate eye contact and posture; facial and hand gestures show interest and facilitation
	4	
	3	Fair active listener; most eye contact and posture is appropriate; facial and hand gestures show moderate interest and facilitation
	2	
	1	Poor active listener; interrupts patient repeatedly; no or little eye contact; poor facilitation of interaction
Complementary Communication	5	Respectful; empathetic; ethical; sensitive to confidentiality; courteous demeanor; professional attitude
	4	
	3	Considerate; warm; honest; aware of confidentiality
	2	
	1	Distant; uncaring; aloof; cold; insensitive to confidentiality; inconsiderate; immature; disrespectful

APPENDIX 4

CULTURAL COMPETENCY MAP OF CURRICULUM

TRI		PCB	CHS	DHS	CCE	CCS	S
1	Infection Control - Bowers	1	1	1	1	1	1
1	Spine & Pelvis - Novak	1	1	1	1	1	1
1	Gross Anatomy 1 - Wallace	1	1	1	1	1	1
1	P & P 1 - Sweere	4	4	2	4	3	4
1	Biochemistry 1	9	9	9	9	9	9
1	Histology 1	9	9	9	9	9	9
1	Methods 1:Skills analysis	9	9	9	9	9	9
1	Skeletal Radiology 1	9	9	9	9	9	9
1	CPR	9	9	9	9	9	9
1	BPF 1- Elkington	4	4	2	4	2	2*
1	PNS 1 - Tuchscherer	9	9	9	9	9	9
2	Physiology 1 - Hinck	1*	1	1	2*	1	1
2	Gross Anatomy 2 - Wallace	1	1	1	1	1	1
2	Embryology - Wallace	1	1	1	1	1	1
2	Histology 2 - Wittich	1*	1*	1*	1*	1*	1*
2	CNS - Wittich	1*	1*	1*	1*	1*	1*
2	Physiology 2 - Hinck	1	1	1	2	1	1
2	P & P 2 - Sweere	1	1	3	1	3	3
2	Methods 2: Skills analysis	9	9	9	9	9	9
2	BPF 2	9	9	9	9	9	9
	Pri of Evid-Based HC - Hulbert	2	1	2	2	1	1
3	Skeletal Radiology 2 - Mick	2	2	2	2	2	2
3	PDX - Finer	4	2	4	1	4	4
3	NMS 1 - Sweere	4	4	3	4	3	3
3	P & P 3 - Sweere	4	4	3	4	3	3
3	Biochemistry 2	9	9	9	9	9	9
3	Pathology 1	9	9	9	9	9	9
3	Methods 3: Bergmann	9	9	9	9	9	9
3	B PF 3 - Erickson	9	9	9	9	9	9
4	Skel Rad 3 - R. DeVries	1	1	1	4	1	1
4	Microbiology	9	9	9	9	9	9
4	Pathology 2	9	9	9	9	9	9
4	Neurodiagnosis	9	9	9	9	9	9
4	Methods 4	9	9	9	9	9	9
4	Neuromusculoskeletal 2	9	9	9	9	9	9
4	Neuromusculoskeletal 3	9	9	9	9	9	9
5	EENT - Elkington	3	4	2	4	4	2*
5	Skeletal Radiology 4 - Mick	9	9	9	9	9	9
5	Pub& Prev Health - Ja. Bartlett	3	1	4	1	1	4
5	Clinical Pathology 1	9	9	9	9	9	9
5	Infectious Diseases	9	9	9	9	9	9
5	Methods 5	9	9	9	9	9	9
5	PT 1: modalities	9	9	9	9	9	9

TRI		PCB
6	Radiology: Abdomen/Chest	9
6	GI/GU System-Williams	9
6	PT 2: soft tissue tech-thornhill	9
6	Methods 6-Finer	4
6	P & P 5: ethics	9
7	CliniIntern 2 - Ju. Bartlett	2
7	Rad Tech & Pos- DeVries	1
7	Women's Health - Oyelowo	1
7	M 7 Extremities - Sweere	1
7	M 7 Spine & Pelvis - Sweere	4
7	Mat & Infant Health - Bowers	1
7	T7 Research 2 - Hulbert	1
7	Endocrin-Larson	9
7	Dermatology-Wood	9
7	Emerg Procecd-Turner	9
7	Pharmacology-Epshteyn	9
7	Mental Health 1-Johnsen	9
7	M 7Activator - Osterbauer	9
7	M 7 Selective - Larson	9
7	Clinical Nutrition 2-Pins	9
7	PT 3: excser/rehab-Klein	9
8	T8 Reseach 3 - Hulbert	1
8	T8 Reseach 4 - Hulbert	1
8	Children's Health-Spicer	9
8	Hlth &Older Pers-Osterbauer	9
8	Mental Health 2-Weiszhar	9
8	Clinic Internship 3	9
8	Clini Case Studies 1	9
8	Bus of Clin Prac. 1-McDonald	9
9	T9 Research 5 - Hulbert	1
9	Clinical Intership 4	9
9	Clin Case Studies 2-Moe	9
9	Bus of Clinical Practice 2-Mcdonald	9
9	Legal Aspects Chiro-Wolff	9
Misc	EMT Basic-elective	9
	Clinic - David Smith	4
	Woodwinds - Vincent & Heing	4
	32030 - Hulbert	1
	Clinic - Devries	4

PCB = Provider as a cultural being

CHS = chiropractic healing system

5	Clinical Nutrition 1	9	9	9	9	9	9
5	Patient Interviewing	9	9	9	9	9	9
5	Intro to Clin Chiro - Novak	1	1	1	1	1	1
6	T6 Research 1 - Hulbert	1	1	1	1	1	1
6	Clin Path 2 - Bowers	1	1	1	1	1	1
6	Cardiopulm- Elkington	4	4	2	4	4	2*
6	Clin Intern 1 - Ju. Bartlett	2	2	2	2	2	2
6	Radiation Physics & Safety	9	9	9	9	9	9

DHS = disparities in health status

CCE = culture in the clinical encounter

CCS = cross cultural skills

S = Service

APPENDIX 5

Minutes of Curriculum Committee, March 11, 2005

Present: Drs. Amundson, Bartlett, Erickson, Horton, Johnson, Mick, Moe, Oyelowo, Thornhill, & Wood (Chair); Ms. Jones
Absent: None
Guests: Dr. Threinen

The February 25, 2005 meeting minutes were approved without amendment.

Intern Education: Due to personal and/or professional commitments of Ms. Miller and Dr. Hvidsten in the following weeks, further discussion will be tabled until early in the Summer-'05 term.

T7 Developmental Assessment Proposal: The final edits to the Developmental Assessment Objectives, Structure & Assessable Elements (DA-OSAE) document were completed (see addenda) and unanimously approved by the Committee. The Chair will forward the DA-OSAE to the Department of Clinical Education for the development of an implementation plan and timeline. Committee members recommended a thorough, faculty-employed review of the current DA cases, the elements of the encounter (i.e., patient history, objective physical, radiographic and laboratory findings, DDx's, final/working diagnoses and management questions to be asked of examinees), and the mechanisms/weighting of scoring. More extensive faculty training (including the use of a faculty development day) was suggested as well.

In an effort to provide greater scoring reliability, a motion was offered by Oyelowo to propose an annual rotation of 10-12 trained faculty members being assigned to score DA's in that particular year; the motion failed to receive a second and therefore was not acted upon.

Course Withdrawal Policy: Concerns about the University withdrawal policy (Student Handbook-Section 5.4.) have been expressed by some faculty to the CC-Chair. Currently students may withdraw from courses outside the split-scheduling option "until the end of the 12th week of the term." Allowing withdrawals so late in the term not only confounds the instruction-schedule planning processes, but also is inconsistent with current instructional innovations in the DC-program (i.e., block or half-term scheduled courses in trimesters-6 & 7). The Committee felt that the 12th week (or its equivalent) was substantially too late in the term for withdrawals, and that withdrawal being allowed through the equivalent of the week 9 (after midterm exams) was adequate. Motion was offered, seconded and unanimously adopted to amend Section-5.4 of the University's Student Handbook language as follows:

- Outside of the split scheduling option, students may withdraw from courses (required or elective) up to, but not beyond the equivalent of 60% of the course contact time [the end of the 9th week in a traditional, 15-week course]. University

refund policies will apply. Any course withdrawal after the fourth week of the term will be assigned a grade of “W”.

Because this proposal for amending the Student Handbook would also impact other University programs, it was suggested by the Chair, and agreed to by Committee members that the proposal be forwarded to the Academic Affairs Committee of the Faculty Senate for review and comment.

Cultural Competencies: With the participation of Committee members, Dr. Oyelowo continued with and completed the discussion and editing of the DCP cultural competencies proposal draft (see addenda). The Chair will forward the draft of the proposal to all DCP-faculty, and invite their review and comment to their respective Curriculum Coordinators. Coordinators will be responsible for gathering, collating and presenting faculty comments at the March 25th CC-meeting.

With no further business before the Committee, the meeting was adjourned at 1:30 p.m.; the Committee will reconvene on Friday, March 25th, from 11:30 a.m. – 1:30 p.m. in the 2nd floor faculty conference room.

Minutes approved by: _____ Kurt Wood, DC – Chair

Date: _____

ADDENDA

Developmental Assessment Objective, Structure & Assessable Elements March 11, 2005

DA OBJECTIVE: To assess the competence of a T7 student’s clinical problem solving capability during a simulated new patient encounter; that capability is defined as:

- Using verbal and non-verbal communication skills to obtain information about the patient’s presentation and health history
- Obtaining objective clinical findings relevant to the presenting complaints
- Interpreting and synthesizing obtained information into justifiable working diagnoses
- Providing justifiable responses to a series of 4-5 standardized questions posed by the faculty examiner relevant to the management of the diagnosed condition(s)
- Demonstrating verbal and non-verbal interactive skills befitting a chiropractor acting in a primary care, portal-of-entry capacity

STRUCTURE & ASSESSABLE ELEMENTS OF THE DA: Each DA case presentation will include: 1) A somatic chief complaint that represents the manifestation of a condition commonly treated by a chiropractor, and 2) A comorbid, non-somatic condition often encountered by a chiropractor

In advance of the DA patient encounter, the student will have the opportunity to review simulated admittance materials describing the patient's presentation, the history of the present illness/injury and their personal health history. During the simulated new patient encounter, the student will be evaluated on their ability to:

- Exhibit professional behavior, demeanor and interactive skills, and appropriately respond to verbal and non-verbal cues from the patient during the simulated encounter
- Develop and perform a patient interview that: 1) Confirms admittance information, and 2) Elicits additional, necessary history elements
- Prioritize and justify the 3 most likely differential diagnoses for the patient's presentation based upon the obtained history information
- Perform and interpret the simulated clinical findings obtained from a problem-focused physical examination intended to objectify and/or rule out the differential diagnosis possibilities; elements of the physical examination for each case presentation will include:
 - + Vital signs (e.g., height, weight, temperature, pulse & respiration rate, and blood pressure)
 - + Inspection/observation (e.g., posture, AROM, PROM & RROM)
 - + Orthopedic examination (i.e., provoking maneuvers)
 - + Neurological examination (e.g., myotatic reflex, sensory & motor functions, and when indicated, cranial nerve, superficial reflexes & long tract sign assessment)
 - + Chiropractic P-A-R-T-S evaluation
 - + Case-dictated physical examination procedures, not otherwise specified (e.g., abdominal or thorax examination)
- Obtain/order and interpret spinal radiographs germane to the patient's presentation, the differential diagnoses and the physical examination findings
- Obtain/order laboratory tests and interpret supplied laboratory reports germane to the patient's presentation, the differential diagnoses and the physical examination findings
- Develop and justify final or working diagnoses (for the somatic chief complaint & the comorbid condition) consistent with the simulated subjective and objective clinical findings
- Respond to a series of 4-5 standardized questions posed by the faculty examiner relevant to the management of the simulated patient, including:
 - + Treatment trial length and care frequency
 - + CMT, modality and/or ancillary care description
 - + Therapeutic goals

- + Objective/outcome measures to be monitored for progress
- + Evaluation procedure rationale (e.g., reasons for obtaining or ordering an MRI)
- + Co-management or coordination of care

Curriculum Cultural Competencies – Chiropractic

March 11, 2005

Definition of Diversity – We acknowledge human dignity, difference and equality. That includes but is not limited to race, ethnicity, age, class, gender, sexuality, disabilities, religion, spirituality,

1. **Provider as a cultural being**
Identify ones own cultural influences e.g. family
Identify ones own perspectives on health
2. **Culture of the Chiropractic Healing System**
Identify cultural differences in patient and provider behaviors
Identify elements that facilitate or hinder care
3. **Health Status and Health Disparities**
Appraise the literature on health care disparities
Describe the factors that contribute to health disparities
4. **Culture in the Clinical Encounter**
Understand how the perceptions and models of health and illness impact a clinical encounter.
Understand that other healing systems may be accessed by their patients
Identify personal biases that may emerge in the clinical encounter.
Demonstrate a basic understanding of select models of health and illness
5. **Cross-Cultural Skills**
Communicate effectively through various means with a diverse population base e.g. interpreters, TTD, elderly
Demonstrate strategies for interviewing a patient about cultural dimensions of health and healing
Demonstrate strategies to negotiate between the patient and the providers models for health and illness
6. **Service**
Demonstrate a personal ethic of social responsibility and service within communities that are different from their own

APPENDIX 6

Minutes of Curriculum Committee, March 25, 2005

(These minutes are not available and appear to have been lost from the Network Drive. The file labeled March 25, 2005 actually contains the minutes from the May 25, 2005 meeting)

APPENDIX 7

Minutes of Curriculum Committee, May 25, 2005

Present: Drs. Amundson, Bartlett, Erickson, Mick, Moe, Oyelowo, Thornhill & Wood (Chair); Ms. Masis
Absent: Dr. Horton
Guests: Drs. Sawyer & Osterbauer

The March 25, 2005 meeting minutes were approved as amended.

Student Government (Chiropractic) Vice President Molly Masis (T3) was welcomed to the Committee.

CCE Site Team Report & Response: Dr. Sawyer discussed the CCE site team report, the response filed by the University to the report, and the accreditation renewal process that will follow later this summer. A draft of the response was provided to each Committee member. Dr. Sawyer initially charged the Committee with the first concern offered by the site team – to review the statement of purpose and chiropractic health care model (Appendix, tab A.2.1 of the Program Self-Study) – and bring these concepts into conformity with Section III.A of the CCE-DCP program accreditation standards language regarding mission, goals & objectives.

Online Dermatology Proposal: Chair Wood presented a proposal to deliver Dermatology in an online format by or before the Winter-'06 term (see addenda). Advantages of delivering Dermatology online include reducing the “seat-time” class from trimester-7, in particular the block-schedule courses offered on Monday & Wednesday evenings, allowing the week of midterms & the 2-weeks of finals to be without evening classes, the possibility of “open” registration for Dermatology – say, open to T5 students and above, the simultaneous offering the course as online continuing education for field practitioners wishing to brush up on family practice issues, and the option of adopting various online delivery “structures,” such as online, programmed instruction with online assessment, programmed instruction with scheduled classroom tests/assessments, online discussion, etc.

Committee members were concerned about the duplication of “technical” efforts when developing online delivery, recommending that, in the process of converting Dermatology a blueprint of resources and processes also be developed. Motion offered by Oyelowo, and seconded by Amundson to accept the proposal; the motion carried unanimously.

DA Update: Coordinator Moe described the progress made by Department of Clinical Education personnel with regard to the revised objectives, structure and assessable elements of the developmental assessment in time for implementation in the Summer-'05 administration. Dr. Moe reviewed the modifications made to the Examiner Checklist, and took suggestions from the Committee for further editing. The next step will be to

have faculty participate in the review of the respective DA cases to determine accuracy and completeness of the case, and competency consensus. The DCE will be offering mandatory training for faculty examiners a few days in advance of the June 16th DA date.

New Product Merit Proposal: Dr. Osterbauer asked the CC to consider the merit of the Pro-Adjuster instrument adjustment system for use at the Marian Center in St. Paul, where he is a staff chiropractor.

Dr. Osterbauer provided background regarding the development of the Marian Center practice as well as the development of the Pro-Adjuster (see addenda). A CD-presentation demonstrating the use of the Pro-Adjuster was provided to Committee members as well. How the unique features of the Pro-Adjuster would accommodate the special population of the Marian Center practice was also discussed by Dr. Osterbauer. In response to questions from Committee members, Dr. Osterbauer related:

- That all costs of the device and for support would be assumed by the manufacturer/developer, Dr. Maurice Pisciotano.
- The manufacturer/developer using this approval as a blanket endorsement of the device would not be tolerated; the approval should be considered investigational.

Coordinator Moe related that investigation of new technologies should be in the purview of academic institutions and programs, allowing institutions to control the extent students are exposed to them.

Motion offered by Thornhill, and seconded by Mick to approve the review of product merit for use of the Pro-Adjuster at the Marian Center practice. The motion carried unanimously.

With no further business before the Committee, the meeting was adjourned at 12:45 p.m.; the DCP-CC will reconvene on Wednesday, June 8 from 11-1:00 in the 2nd floor FCR.

Minutes approved by: _____ Kurt Wood, DC – Chair

ADDENDA

May 25, 2005

TO: DCP Curriculum Committee
FROM: Kurt Wood, DC
RE: Proposal to deliver Dermatology (T7) in online format

Dermatology (course #23890) is a systems course that has been traditionally offered in trimester-7 and traditionally delivered in a classroom setting. Currently Dermatology is

one of the four 'block-scheduled' courses offered from 6-9:30 p.m. during trimester-7. This format lends itself well to the course and its content, essentially having 4 general subject topics, one each session, as follows:

- Basic terminology, types of skin lesions, focal integument infections, systemic viral/bacterial infections
- Tumors, neoplasms & hyperplasias
- Dermatitis, eczema variants, scaling diseases, vesicular/bullous diseases & pigmentary disorders
- Inflammatory skin disorders, hair follicle, sebaceous & apocrine gland disorders, insect bites & infestations, miscellaneous disorders

The presentation in class is quite visual, with anywhere from 75-100 slides per class session.

PROPOSAL: Convert Dermatology from didactic, classroom delivery to an online delivery by or before the Winter-'06 term.

Students would continue to register for, and complete Dermatology during trimester-7.

Advantages of delivering Dermatology online include:

- The visual nature of the content lends itself well to online delivery.
- The reduction of a "seat-time" class from trimester-7, in particular the block-schedule courses offered on Monday & Wednesday evenings. This would allow the week of midterms & the 2-weeks of finals to be without evening classes.
- The possibility of "open" registration for Dermatology – say, open to T5 students and above. Students could register for, and complete the class when they choose.
- Simultaneously offering the course as online continuing education for field practitioners wishing to brush up on family practice issues.
- The option of adopting various online delivery "structures," such as online, programmed instruction with online assessment, programmed instruction with scheduled classroom tests/assessments, online discussion, etc.

May 20, 2005

To: Dr. Kurt Wood

From: Dr. Paul Osterbauer

Re: Review of product merit for use of the Pro-Adjuster at the Marian Center

Message: Following up on our discussion some of the unique challenges of providing care to the patients at the Marian Center, I recommend the Curriculum Committee approve acquisition of a Pro-Adjuster to be used at the center.

Background: Instrument adjusting provides some unique properties that make it attractive to use on subluxations occurring in patients with acute painful conditions or bone weakening disorders such as osteopenia. The peak forces typically are a third less (e.g. 100 Newtons vs. 3-500 N) and are delivered with significantly higher loading rate (300 times faster than manual HVLA). They can be delivered in an open-pack (neutral) position with the patient prone or if this is a difficult position to attain, the patient may lie on their side or be seated. The peak force, while much lower than manual HVLA, are delivered at a frequency that is intended to match the resonant frequency of the spine. Therefore, it has been suggested that the force provided by mechanical devices may be amplified to attain the range of forces delivered by manual HVLA that are delivered at lower frequency. Another feature of instrument adjusting is that it is applied over a smaller surface area than a manual contact (approximately 1cm² vs. 6cm²).

Description: the Pro-Adjuster is a hand-held diagnostic and adjusting instrument. It estimates the relative stiffness of spinal segments by providing a test impulse and then calculating the response of the tissue. Based on this assessment, it delivers impulsive loads, bilaterally, to the desired segment until it senses what is considered a clinically important increase in the tissue compliance, and then it stops. The level treated and the test/response profile are stored electronically as a part of the patient's medical record. The Pro-Adjuster can also be used on a manual setting, providing the number of impacts and force level at the discretion of the clinician.

The recommended protocol for care is to screen each segment beginning at the Occiput and ending at the Sacrum. Based on the tissue response profile (stiffness), specific segments are targeted. During this process, the patient is seated comfortably in a special chair that resembles a portable massage chair.

Special Populations: The elderly patients at the Marian center are frail and exhibit many conditions such as osteoporosis, compression fractures, surgical instrumentation, that require significant modifications to the delivery adjustments. Therefore, the Pro-Adjuster can play an important role to safely deliver manipulation to this group. Another factor that makes the Pro-adjuster attractive is that its protocols are designed for adjustments to be delivered with the patient's seated. This is important since, many patients at the Marian Center are not able to lie prone or supine.

Disclosure Statement: I have worked as a consultant advising Dr. Pisciotano regarding developing a research strategy and the importance of making claims supported by data in promotional material.

Supporting Documentation and Research:

1. Menke JM, Fuhr AW. Status of activator methods chiropractic technique, theory, and practice. J Manipulative Physiol Ther 2005 Feb; 28(2):e1-e20.
2. Pisciotano M. A breakthrough: Pro-Adjuster. DVD, ProSolutions; 2002

APPENDIX 8

Minutes of Curriculum Committee, June 8, 2005

Present: Drs. Amundson, Bartlett, Erickson, Horton, Mick, Moe, Oyelowo,
Thornhill, Wallace & Wood (Chair); Ms. Masis
Absent: None
Guests: Drs. Hvidsten & Finer

The May 25, 2005 meeting minutes were approved as amended.

Dan Wallace, PhD was welcomed to the Committee as the Foundational Sciences Coordinator.

DCP Mission, Goals & Objectives: In response to Dr. Sawyer's charge to review the statement of purpose and chiropractic health care model (Appendix, tab A.2.1 of the Program Self-Study) and bring these concepts into conformity with Section III.A of the CCE-DCP program accreditation standards language regarding mission, goals & objectives, the following DCP-Mission Statement was developed:

The Doctor of Chiropractic Program will contribute to the mission of the University by advancing chiropractic health care through education, scholarly activity and clinical service.

Motion was offered by Amundson and seconded by Horton to approve the DCP-Mission Statement and forward to the program faculty for input. Motion carried unanimously.

It was suggested that the former DCP-statement of purpose be edited to now read as our first DCP-goal as follows:

To provide a first-professional, chiropractic education comprised of the knowledge, skills and attributes necessary to practice effectively, ethically and safely as a portal-of-entry, primary care doctor.

Committee members felt that a DCP-goal for scholarly activity should include the following components:

- Support of University research efforts
- The promotion of scholarship within the curriculum
- The interpretation and utilization of evidence in clinical practice

The Committee felt that a DCP-goal for clinical service should include the following components:

- Early clinical exposure
- A commitment to an active participation, mentor-model internship experience

- Interdisciplinary experiences and/or exposure
- Preceptorship/externship opportunities

There was some discussion, but no consensus to add University discipline integration and collaboration as well.

Committee members suggested the Chair draft goals that reflect these components for discussion at the June 22 meeting.

Department of Clinical Education presentation: Dr. Hvidsten presented each Committee member with foundational resource material regarding issues and concerns about the CI-3 & 4 courses. In addition, she provided an executive summary of the DCE observations, the recent CCE site team concerns and recommendations, and a prioritization of the most pressing issues, including:

- CCE Section H concerns, recommendations & suggestions
- The standards of CI-3 & 4 (i.e., model of internship; perceived or real differences in on-campus vs. CBI internships)
- T 8 & 9 clinical rotations (formerly known as IDP's)

Drs. Hvidsten and Moe fielded questions from Committee members, mostly in regard to the content of the resource material.

Exercising the Chair's prerogative, the model of internship and CR/IDP issue will be taken up at the June 22 meeting date.

With no further business before the Committee, the meeting was adjourned at 1:00 p.m.; the DCP-CC will reconvene on Wednesday, June 22 from 11-1:00 in the 2nd floor FCR.

APPENDIX 9

Minutes of Curriculum Committee, June 22, 2005

Present: Drs. Amundson, Erickson, Horton, Mick, Moe, Oyelowo, Thornhill,
Wallace & Wood (Chair); Ms. Masis
Absent: Bartlett
Guests: Dr. Hvidsten

The June 8, 2005 meeting minutes were approved as amended.

Department of Clinical Education issues: The current definition of the “mentor-model” of internship utilized for both University and CBI placements was reviewed by Drs. Moe and Hvidsten. Pertinent, but not all inclusive features of this model include (DCE resource; 3.2):

- A contract of understanding between the supervising clinician and student intern
- A syllabus for CI-3 & 4 with learning objectives and expectations for both the supervising clinician and student intern
- The intern must complete at least 17 hours per week in the internship
- A requirement for no less than 50% supervisor/intern direct contact
- The supervising clinician on-premises at all times the intern is present
- Supervisor responsible for formal, systematic evaluation of the student intern
- The supervisor’s practice shall not be dependent upon the presence of interns

Committee members questioned Drs. Moe & Hvidsten about various components of the mentor-model definition, and the level of equivalence between on-campus and CBI internships.

Motion was offered by Amundson, and seconded by Thornhill to affirm the use of the mentor-model internship within the DCP and accept the current definition of the mentor-model internship. Motion carried unanimously. Further DCE issue discussion was tabled.

T1-3 Midterm Week: Chair Wood forwarded to the Committee’s attention concerns received from DCP-faculty members and lower term students regarding a T4-7 midterms week, but no such opportunity for T1-3 students. The history behind the development of the T4-7 midterms week was reviewed. The advantages and disadvantages of having a midterms week for Trimesters 1-3 were discussed. Motion was offered by Erickson and seconded by Wallace to retain the current midterms week schedule (T4-7 only). An amendment offered by Mick to allow laboratory midterms examinations was accepted by Erickson and Wallace. A Chair recommendation to have the Coordinators consult with their respective faculty about the issue before acting on the motion was supported by Mick. However, the motion carried unanimously.

DCP Mission, Goals & Objectives: Chair Wood recommended that the Committee add to the DCP Mission Statement as follows to bring the program into conformity with the University's Mission Statement:

The Doctor of Chiropractic Program will contribute to the mission, *vision, goals & objectives* of the University by advancing chiropractic health care through education, scholarly activity and clinical service.

Motion was offered by Horton and seconded by Mick to approve the addition to the DCP-Mission Statement; the motion carried unanimously.

The Chair's draft of the DCP goals were reviewed and edited as follows:

The goals of the NWHSU-Doctor of Chiropractic Program include:

- Providing a chiropractic education comprised of the knowledge, skills and attributes necessary to practice effectively, ethically and safely as a portal-of-entry, primary-care doctor
- Advancing scholarship within the chiropractic profession by supporting University research efforts, advocating scholarly activity within the curriculum, and promoting the utilization and interpretation of evidence in clinical practice
- Promoting clinical relevance and experience throughout the curriculum, providing active-participation internships in a mentor-model delivery of clinical services, and offering interdisciplinary practice and externship opportunities

The DCP Mission Statement and Goals will be forwarded by the Chair to the program faculty for review and comment.

With no further business before the Committee, the meeting was adjourned at 12:55 p.m.; the DCP-CC will reconvene on Wednesday, July 6 from 11-1:00 in the 2nd floor FCR.

APPENDIX 10

Minutes of Curriculum Committee, July 6, 2005

Present: Drs. Amundson, Bartlett, Erickson, Horton, Mick, Moe, Oyelowo,
Thornhill, Wallace & Wood (Chair); Ms. Masis
Absent: None
Guests: Drs. Hvidsten & Finer

The June 22, 2005 meeting minutes were approved as amended.

DCP Mission, Goals & Objectives: The Committee considered recommendations from two faculty members that were forwarded to the Chair. Coordinators reported that there was no other faculty feedback or comments provided to them. The following was unanimously approved the Committee:

NWHSU-DOCTOR OF CHIROPRACTIC PROGRAM MISSION STATEMENT

The Doctor of Chiropractic Program will contribute to the mission, vision, and goals & objectives of the University by advancing chiropractic health care through education, scholarly activity and clinical service.

The goals of the NWHSU-Doctor of Chiropractic Program include:

- Providing educational resources and opportunities for students to obtain the knowledge, skills and attributes to practice chiropractic effectively, ethically and safely as a portal-of-entry, primary-care doctor
- Advancing scholarship within the chiropractic profession by supporting University research efforts, advocating scholarly activity within the curriculum, and promoting the utilization and interpretation of evidence in clinical practice
- Providing clinical relevance and experience throughout the curriculum, active-participation internships in a mentor-model delivery of clinical services, and interdisciplinary practice and externship opportunities

In accordance with CCE requirements, the DCP Mission Statement and Goals will be forwarded to the University administration; they, in turn, will submit them to the University's governing board for approval

2005-06 DCP planning: Chair Wood informed Committee members of the University administration's plan to not offer Summer-term matriculations beginning in the Summer-'06 term. A graphic illustration was presented to Committee members by the Chair to assist them seeing the potential impact of the lack of a Summer-term admittance. There was preliminary discussion about how to handle that impact, including a suggestion by coordinator Amundson to restructure the curriculum into core courses required each term

combined with required “selectives” that the student could potentially complete at any time during their student tenure. In contrast, Dr. Bartlett contributed that educational studies suggest the “cohort” model we currently use may provide an environment more conducive to learning.

Department of Clinical Education issues: There was lengthy discussion about on-campus and CBI intern placement. Drs. Hvidsten and Moe outlined the multiple factors involved with current placement procedures. Dr. Finer provided his opinions relative to intern placement and IDP/Clinical Rotations interference with obligatory clinic rounds. It was pointed out by Drs. Mick & Hvidsten that faculty clinicians have contractual mentorship obligations for student interns; CBI clinicians do not. Dr. Mick also related that faculty practices provide direct revenue to the University that support and defray DCP educational costs; CBI practices provide only indirect revenue.

In light of these and other considerations, a motion was offered by Mick and seconded by Horton to: 1) Give placement preference to on-campus faculty practice internships; and 2) Give preference to on-campus faculty clinicians relative to the number of interns for their practices.

Further discussion of the motion was offered by Dr. Moe, essentially stating that, with few exceptions, the current placement procedures satisfy the criteria of the motion. After this discussion, Dr. Mick withdrew his motion.

The meeting was adjourned at 12:59 p.m.; the DCP-CC will reconvene on Wednesday, July 20 from 11-1:00 in the 2nd floor FCR.

APPENDIX 11

Minutes of Curriculum Committee, August 3, 2005

Present: Drs. Amundson, Bartlett, Erickson, Finer, Horton, Mick, Moe, Oyelowo & Wood (Chair); Ms. Masis
Absent: Dr. Wallace (final examination conflict)
Guests: Drs. Hvidsten

The July 6, 2005 meeting minutes were approved as amended.

The July 20, 2005 DCP-CC meeting was cancelled as it conflicted with the funeral of Mary Williams, spouse of faculty member Jon Williams.

Brad Finer was welcomed to the DCP-CC; Dr. Finer replaces Stacy Thornhill as the Coordinator for the Diagnosis & Special Studies faculty. Dr. Thornhill was thanked by the Committee for her 3+ years of service to the Curriculum Committee.

DCP-CC dates & times for the Fall-'05 term were reviewed by the Chair. The Coordinators were reminded that their appointments were annually renewable, and that they should inform the Chair personally ASAP of their desire to continue on the Committee, or if they wish to be rotated off.

Old Business: Subsequent to his email forwarded to Committee members after the July 6th meeting regarding on-campus and CBI intern placement, Dr. Mick offered the following motion: *That contracted NWSU clinical faculty who are employees of the University be allowed to help establish the optimal number of interns they will mentor each term, a number they may voluntarily modify, upon the request of the Clinical Education Department.* The motion was seconded by Erickson. During discussion, Drs. Moe & Hvidsten asked that it be noted that the motion represents current DCE procedure. The motion carried, 6-2-1.

Department of Clinical Education issues: Regarding T 8 & 9 Clinical Rotations (fka IDP's), Dr. Hvidsten offered a compromise to the Committee, developed from a meeting with Dr. Sawyer and Ms. Miller, requiring three CR's in T8 & 9 for CBI interns, and offering CR's as an elective for T8 & 9 on-campus interns beginning in the Winter-'06 term. Committee members expressed concern about their perception of an obvious lack of equivalence between the two forms of internship. Collectively, the Committee felt that there was a value to the CR experience, and that it should be required of both on-campus and CBI interns. Drs. Finer & Horton felt that decreasing the number of required CR's would subsequently diminish the practice interruptions they have experienced. Since Clinical Rotation relationships and assignments have already been developed for the Fall-'05 term, changes cannot be implemented until the Winter-'06 term. A motion was offered by Mick and seconded by Erickson to: 1) Decrease the Clinical Rotations to no more than 3 per term; 2) Require the CR's for both on-campus and CBI interns; and 3)

Encourage the DCE to make every effort to minimize potential practice interruptions, effective in the Winter-'06 term. After further discussion the motion carried, 8-1-0.

Longer-term, it was felt that the Committee should review the Clinical Rotation concept, potentially offering changes in its administration or to the types of rotations offered. For example, the Committee could consider requiring CR's, say, as early as T5 as a component of the Internship sequence of courses. A motion was offered by Dr. Oyelowo to affirm that the DCP-CC will take a longer term review of the Clinical Rotations issue. Due to lack of a second, the motion was not acted upon.

The CCE site team visit concerns will be a priority for Committee action in the Fall-'05 term, in particular: 1) The identification & integration of 25 case types common to the practicing chiropractor; 2) Direct observational assessment of 75 chiropractic adjustments; and 3) The evaluation & management of 15 "complex" cases. Discussion ensued regarding the fact that we likely are satisfying all three of these concerns, but simply have not codified them or adequately documented their completion. The use of LiveText to electronically document these and other program requirements/competencies was discussed at length. A motion was offered by Amundson, and seconded by Masis to encourage the University to provide support and resources necessary to fully implement and use LiveText within the DCP during the 2005-06 academic year. Motion carried unanimously.

Research Department Grant Proposal: Research Dean Roni Evans reviewed the CAM Research Education Project grant being offered by the NCCAM of the NIH, and the effort by the University's research department to secure a grant. The project grant would provide financial and other resources that could be applied to satisfy University learning objective #7, University strategic goal #1 and the University's best practices initiative. The objectives of the project include the development and implementation of a research curriculum development plan and the design and implementation of a faculty development program geared toward injecting research into the classroom of all the University's programs. Also discussed were the aims of the project, timelines, funding implications and the people currently involved in the project development. A motion was offered by Horton and seconded by Oyelowo for the Doctor of Chiropractic Program to fully support the CAM Research Education Project grant initiative. The motion carried unanimously.

Faculty 2-admission, ad-hoc committee report discussion: The observations, conclusions & recommendations of the 2-admittance ad hoc committee, chaired by Dr. Elkington, were briefly discussed by Committee members. The University administration has decided not to postpone the two matriculation cycle – there will not be a Summer-'06 DCP admittance. There was concern expressed about the viability of the ad hoc committee's suggestion to mandate a "split" schedule for a number of students, in particular, Fall term matriculants, in that it could impact and impede new student recruitment efforts. Like the ad hoc committee, concern was expressed with the perceived inequity of having each course each term from trimester-5 to 9, as was done in

the past. Nonetheless, further Coordinator discussion and faculty involvement will be a priority for the Committee in the Fall-'05 term.

The meeting was adjourned at 12:59 p.m.; the DCP-CC will reconvene on Tuesday, September 13 from Noon-2:00 in the 2nd floor FCR.

APPENDIX 12

Minutes of Curriculum Committee, September 13, 2005

Present: Drs. Amundson, Bartlett, Erickson, Finer, Horton, Mick, Oyelowo,
Wallace & Wood (Chair); Ms. Masis
Absent: Drs. Moe
Guests: Dr. Hvidsten

The August 3, 2005 meeting minutes were approved without amendment.

ACC Presidents' CVA Initiative: Chair Wood provided details of the training being planned by the ACC Presidents regarding cervical manipulation and cerebrovascular accidents. The initiative is being coordinated on behalf of the ACC Presidents by Gerald Clum, DC, president of Life-CCW. At the request of President Traina, Chair Wood represented NWHSU at a conference in Chicago on August 18 in which the program was comprehensively reviewed. It is the intent of the ACC Presidents to have the program production complete and distributed to chiropractic colleges, state associations, etc. by the end of the year. The ACC Presidents' goal is to give every chiropractor in North America the opportunity to be exposed to the program in calendar year 2006.

It was brought to the attention of the Committee members that in 2004 the ACC Presidents voted unanimously to NOT teach vertebrobasilar provoking maneuvers as valid, predictive screening procedures in the member institutions. Rather, current evidence suggests that VBI provoking maneuvers are not reliable or valid, and they have no predictive value for screening patients potentially susceptible to post-cervical manipulation CVA. Chair Wood expressed concern that such provoking maneuvers continued to be taught and eluded to as being of some value within the DCP. In addition, the performance of VBI testing remains as a competency on the T7 DA.

After some discussion, a motion was offered by Erickson and seconded by Finer that, in accordance with the ACC Presidents' Initiative: 1) Remove VBI provocational testing from the DA, effective immediately; 2) Immediately remove references of VBI provoking maneuvers from the C-Th-L examination form; and 3) Forward the DCP-CC recommendation to the Clinic Services Leadership Council. Motion carried unanimously.

Department of Clinical Education issues: The section-H CCE site team visit concerns, as summarized under Tab-2 in the DCE reference, were discussed as follows:

H.b.(5): It was felt that the DCP currently satisfied the requirement for identification & integration of 25 case types common to the practicing chiropractor in the curriculum; however, the case types were not adequately codified within syllabi. It was suggested that Institutional Effectiveness personnel or student assistance could be employed to assist in identifying the common case types currently covered in the curriculum, and that LiveText could be employed to demonstrate the student's exposure and assessment with

regard to the case types. Drs. Finer and Moe (in abstentia) volunteered to coordinate this effort.

H.b.(6): Again, it was felt that, including the pre-clinical sequence, at least 75 chiropractic adjustments were being directly assessed, but not adequately or satisfactorily recorded. Assessment (including a competence rubric) and recording forms currently used to record adjustments in the pre-clinical Methods sequence were reviewed by Dr. Amundson and found to be, with some modification, satisfactory with Dr. Hvidsten for recording direct assessments of adjustments. DCE Director Hvidsten and Dr. Amundson will coordinate the effort to account for the assessment of 75 chiropractic adjustments.

H.b.(7): While the DCP may not have identified as a requirement for graduation the evaluation & management of (as of Fall-'05) 20 "complex" cases, Committee members were certain that students are exposed to them in accordance with the CCE requirements. It was suggested that a number of the 25 "common" case presentations required in H.b.(5) may also qualify for the H.b.(7) requirement. However, it is likely that the DCP has not adequately documented their completion. The use of LiveText to electronically document these and other program requirements/competencies was again discussed at length.

Faculty 2-admission, ad-hoc committee report discussion: Deferred due to time constraints.

The meeting was adjourned at 12:59 p.m.; the DCP-CC will reconvene on Tuesday, September 27 from Noon-2:00 in the 2nd floor FCR.

APPENDIX 13

Minutes of Curriculum Committee, September 27, 2005

Present: Drs. Amundson, Bartlett, Erickson, Finer, Horton, Hvidsten, Mick, Oyelowo, Wallace & Wood (Chair); Ms. Masis
Absent: None

The September 13, 2005 meeting minutes were approved without amendment.

Lynne Hvidsten was welcomed to the Committee as the new coordinator representing the Department of Clinical Education. Warren Moe was cited and thanked by Committee members for his service to the DCP-CC, and the contribution he made during his tenure in representing the interests of all the chiropractic faculty, and in particular the DCE faculty.

Old Business: Chair Wood informed Committee members of the following:

- Having informed the Senior Vice President & Provost, Dr. Sawyer, of the unanimous decision of the DCP-CC at the August 3, 2005 meeting to encourage the University administration to provide the resources needed to complete the LiveText electronic portfolio use for the DCP curriculum during the 2005-06 academic year.
- Assuming the production is complete, the 2006 Homecoming Committee will likely present the ACC Presidents' cervical CMT/CVA as an educational component at the upcoming Homecoming.

Dr. Hvidsten informed Committee members that, as requested by the DCP-CC, VBI provocational tests were removed from the Fall-'05 DA.

Department of Clinical Education issues: Discussion continued with the following:

H.b.(4)e: After discussion of the site team concern, motion was offered by Finer and seconded by Amundson to require the completion of, and offer a basic life support training program for participating CBI doctors that satisfies the CCE standard. Motion carried unanimously.

The CCE site team suggestions and comments were individually reviewed by Committee members. It was noted that a number of suggestions or comments were already addressed in the CCE concerns action plans adopted by Committee members. It was the consensus of the Coordinators that the suggestions and comments would likely be addressed in the normal course of DCP-Curriculum Committee business. A motion was offered by Mick and seconded by Finer to that effect. Motion passed unanimously.

2005-06 2-admission discussion: The components of the ad hoc committee report, authored by Bill Elkington, were reviewed by the Committee. Discussion centered on the “absolutes” with regard to two admissions beginning this academic year. As the Chair understands them, they are: 1) There will be no Summer-'06 admitting class; and 2) The DC-program will remain on a trimester schedule.

Concern was expressed about the options detailed by the ad hoc committee, in particular, whether it would be possible to have two admittances of approximately the same size (i.e., 100 students @) during this academic year or in any immediate, future academic year, and doubt as to whether the “term-off mandate” would pass University administration muster.

There was discussion about this being an opportunity for radical curriculum reform, but concern expressed regarding whether the resources and time were available for such reform.

New business: Dean Mike Wiles is expected on-campus on October 11. Since this is likely the last DCP-CC meeting Dr. Wood will chair, he took the opportunity to thank the Curriculum Coordinators, past and present, for their service and contributions to the program and faculty.

The meeting was adjourned at 12:50 p.m.; the DCP-CC will reconvene on Tuesday, October 11 from Noon-2:00 in the 2nd floor FCR.

APPENDIX 14

Minutes of Curriculum Committee, October 11, 2005

Present: Drs. Bartlett, Erickson, Finer, Horton, Hvidsten, Oyelowo, Wallace, and Wiles (Chair); Ms. Masis
Absent: Drs. Amundson, Mick, and Wood
Guest: Mary Berg

The September 27, 2005 minutes were approved without amendment.

Business arising from previous minutes:

1. Department of Clinical Education: Dr. Finer introduced discussion of the issue of documentation of 20 “complex cases” (as outlined in item H.b. (7) of the CCE site visit concerns). The CCE requirement is 20 complex cases, as of 2006, increasing 5 cases every two years to 35 cases in 2011. Dr. Finer presented a list of 10 complex cases which form a part of the Methods 6 course. He felt that Dr. Bergmann presented other complex cases in Methods 5 and offered to contact Dr. Bergmann for a list of case discussions in that course.

The committee felt that other “complex” case discussions and workups were likely to be found among the various clinical courses in the DCP, and that there was some expectation that we are already meeting the requirement of 2006. The committee agreed that, ideally, we should be at the 35 case level as soon as possible to avoid the need to make up this requirement in the future. Dr. Finer offered to investigate this possibility and report back to the Curriculum Committee on November 1. Specifically, Dr. Finer will contact Dr. Threinen regarding a master list of patient cases used in the DCP, and Dr. Hvidsten regarding the list of 25 complex cases which were documented in the recent CCE self study.

2. Parking issue: Mary Berg, representing the University Planning Committee, introduced the ongoing issue of campus parking needs. Copies of memos and other documentation pertaining to this issue were included with the agenda for this meeting.

Ms. Berg gave a historical review of the issue. A recommendation had been made by Drs. Scott and Hvidsten, and Ms. Debbie Miller, on January 24, 2005, to Dr. Chuck Sawyer, that the T9 curriculum be modified in an attempt to resolve a parking problem on Thursdays. This issue was revisited on September 26, 2005 at a meeting of the UPT. At that meeting, Dr. Traina charged Ms. Berg with the task of taking this issue back to the DCP-CC with a request to act on the aforementioned recommendations of January 24. Ms. Berg mentioned that the UPT’s goal was a long-term solution to this problem.

A lengthy discussion ensued in which many opinions and viewpoints were expressed. Specifically, regarding curricular modification for T9, the following concerns were introduced:

- By the time such a change was implemented (Winter, 2006), the class size will be smaller and there will be less impact on the parking problem
- We are still not sure about the exact nature of the parking requirement. Members of the DCP-CC were not aware of any objective documentation of the parking concerns and were worried that the proposed curricular change would not adequately address the problem.
- The DCP-CC had heard that the City of Bloomington did not allow parking on the university's unpaved areas and felt that if this, in fact, was the case, then perhaps this decision should be appealed as being unreasonable.
- It was further discussed that not only Thursdays, but Tuesdays are also a problem with regards to parking.
- Ms. Masis felt that moving the T9 lectures from Thursdays to an evening or weekend schedule would negatively impact on the function of the Student Senate.

Off-campus courses were discussed as one possible solution, as well as the need to re-visit the City of Bloomington's refusal to permit more parking facilities on campus. Also mentioned was the fact that Thursday was the ideal day for the T9 courses because of the tendency for many CBI doctors to close their offices on Thursdays. Overall, the DCP-CC felt that this was much more complex an issue than it seemed and that the proposed solution of changing the T9 curriculum was inappropriate.

Motion: The DCP-CC submits that this issue is a facilities issue, and is therefore beyond the scope of the DCP-CC and should be referred to the UPT for resolution and further, that the UPT consider asking the University administration to consider approaching the City of Bloomington to obtain a temporary permit for extra parking. (Erickson; Finer; accepted)

Motion: Altering the curriculum program to address parking issues should only be considered as a last resort, and further, any proposed curriculum changes need to be considered carefully and should involve all concerned parties. (Finer; Masis; accepted)

3. Issue of Two Intakes per Year: The final report and recommendations of the Ad Hoc Faculty Committee on "Considerations regarding two enrollments at Northwestern Chiropractic College" (included with the minutes of September 27, 2005) were discussed. The DCP-CC understood that the decision had been made to eliminate the summer 2006 matriculation, and that the DCP would remain as a trimester system. It is within these parameters that curricular reorganization would occur to accommodate the revised two-intake program. Many issues were raised and Dr. Wiles asked for this issue to be placed on the next agenda, in order to give him time to meet with Dr. Bergmann about the details of the recommendations. It was further agreed that Dr. Bergmann or his designate would be asked to attend our next meeting, as a resource for the DCP-CC.

APPENDIX 15

Minutes of Curriculum Committee, November 8, 2005

Present: Drs. Amundson, Bartlett, Erickson, Finer, Horton, Hvidsten, Mick, Oyelowo, Wallace, Wood and Wiles (Chair), Ms. Masis

Guests: Drs. Bowers, Elkington and VanFleet

The October 11, 2005 minutes were approved without amendment.

Chris Zeches was introduced to the members as the recording secretary for the DCP-Curriculum Committee.

Dr. Wood suggested to Dr. Wiles that documents pertaining to the DCP-Curriculum Committee be stored on an appropriate drive and shared with the entire Chiropractic faculty. The suggested was so noted and agreed upon.

Agenda items:

1. Documentation of Observed Adjustments and Compliance with CCE Standard
Drs. Hvidsten, Amundson and Bartlett met on October 12, 2005 to discuss the documentation of observed adjustments and compliance with CCE standards. Their tabled report identified the CCE Standard relating to observed adjustments and our need for compliance in distinguishing and documenting that at least 75 adjustments are assessed through direct evaluation.

Two documents were provided by the Ad Hoc Committee:

- 1) Intern Service Report (ISR) – This chart will be used by students to document adjustments performed and observed in Methods 3-7 as well as Clinical Internship 1.
- 2) Monthly Adjustment Record (MAR) – This Scantron-based record documents adjustments performed and observed during T8-10.

Discussion ensued about the definition of an ‘adjustment’ and this item will be discussed further at our next meeting on November 15, 2005.

2. Discussion of two-intake proposal

It was suggested that through the transition into the two-intake proposal that classes will continue to be offered through the summer trimesters to accommodate students who split classes and students that have failed.

The pros and cons of the two-intake proposal were discussed in depth. Dr. Bowers stated that very small class sizes were not feasible and room availability was very limited. She noted that she does not care for the idea at all.

Dr. Oyelowo expressed concerns that some of the students that are challenged by language barriers may fall out of the system.

There was considerable discussion on this topic.

Motion: No T1 classes will be scheduled during the summer 06 trimester, since there will be no summer 06 matriculation (Wood; Finer; accepted with one abstention)

3. Proposal for structural and functional change of the DCP-CC

Dr. Wiles introduced a report entitled, "A proposal to enhance communication, collaborate and shared decision-making in managing and recycling our curriculum". Dr. Wiles discussed the key points of this proposal which met with the general approval of the committee.

Motion: To accept the proposal and its provisions as written. (Wood; Amundson; accepted with 1 abstention)

4. Proposal for Chiropractic and Biomedical Science Collaborative Award

Dr. Wiles introduced a proposal for a Chiropractic and Biomedical Service Collaborative Award. The purpose of this would be to encourage scholarly investigation and collaboration between members of the Foundational Science faculty and the Chiropractic faculty. Dr. Oyelowo mentioned that the deadline for submissions of collaborative proposal should be changed from December 1 to some time in the spring, such as March.

Motion: To accept the proposal with modified dates. (Oyelowo; Bartlett; accepted)

5. Scheduling of mid-terms and T1-3 schedule

A discussing ensued about scheduling mid-term exams for the T1-3 students during the same period designated for T4-7 exams, thus allowing for a break in their schedule. Dr. Wallace commented that this issue had been discussed previously and it had been decided at that time not to make any changes. Because of the late hour, Dr. Finer made the motion and Dr. Hvidsten seconded to table the subject for now and to further discuss it in the future. It was a unanimous vote by the committee.

6. Old Business

Ms. Masis inquired where she was to deliver the results from the Student Senate regarding the parking issues. The issue was resolved and will be re-introduced at a later time.

Dr. Finer discussed the Complex Case Evidence Forms. Because of the lateness this subject will be put on the next agenda

7. New Business

Dr. Wiles announced that the Winter '05 schedule is out. Any changes must be requested by November 10, 2005.

Dr. Threinen has set up presentations for faculty to discuss the Overview of University Strategic Plan. The memo/sign-up sheet is located on Dianne Dormandy's desk Dr. Wiles encourages faculty attendance.

Dr. Wiles is implementing socializing opportunities for faculty. The first of these will be scheduled for November 29 @ 7:00am and December 1 @ 7:00pm

Dr. Wiles distributed a list of innovated characteristics of DCP's he assembled from a recent article in the ACA news. This was provided on a "FYI" basis as a means of stimulating further discussion among the council members.

Dr. Wood informed us that the University of Minnesota will be on campus December 6, 2005. The purpose for this on site visit is to allow U of M students the opportunity to observe manual therapy procedures as part of their course in CAM. Dr. Wiles and Dr. Dale Healy are organizing the visit. Faculty volunteers are requested to be demonstrators during this visit.

Dr. Finer made the motion to adjourn and it was seconded by Dr. Wood.

Next meeting will be November 15 from Noon -1 in the large faculty conference room.

APPENDIX 16

Minutes of Curriculum Management Council, November 15, 2005

Present: Drs. Amundson, Bartlett, Erickson, Finer, Horton, Hvidsten, Mick, Oyelowo, Wallace, Wood and Wiles (chair), Ms. Masis

Guest: Dr. Tuchscherer

The November 8, 2005 minutes were approved.

Agenda items:

1. Introduction of the new leader for Foundational Science CMT

Dr. Wiles announced that Dr. Mary Tuchscherer will be replacing Dr. Dan Wallace as leader of Foundational Sciences CMT. Dr. Wallace was thanked for his past service to the committee and Dr. Tuchscherer was welcomed into the CMC.

2. Guidelines for CMT leaders

Dr. Wiles discussed the recently distributed guidelines for CMT leaders. There were no questions or clarifications requested and the CMT leaders expressed their agreement with these guidelines.

3. Forms used to document "Complex Cases" as per CC requirements

Dr. Finer will E-mail to the council members a copy of the proposed forms before the next meeting date of November 29 at which time the utilization and distribution of the forms will be decided upon

4. Summer '06 T1 program

Dr. Wiles asked each council member to report to him by the next meeting how the new intake program will impact the schedules of their CMT members.

5. Graduation Procedure

It was announced that the Academic Council has assigned each academic program the responsibility for graduation preparation. Faculty is asked to pick up their gown, cap and hoods from the faculty office area and return them to L4 after the graduation.

6. DCP Mission Statement

Dr. Wiles announced that the mission statement needed to be slightly reworded for consistency with CCE requirements. The original statement and the proposed re-wording are attached.

Motion: To adopt reconstructed Mission Statement. (Mick, Amundson, accepted)

7. Old business

Dr. Wiles discussed the Chiropractic and Biomedical Science Collaborative Award which had been introduced at the previous council meeting. He stated that due to payroll and IRS regulations, the award would be treated as income, making it subject to the usual deductions.

8. New Business

Dr. Oyelowo thanked council members for their participation in the curriculum mapping of the learning outcome related to continued competency..

The use of “Live Text” was discussed. Dr. Wiles said that he and Dr. Threinen were going to set up a training session in the computer learning lab. It was suggested that a student introduction to Live Text could be planned as part of their orientation program at the beginning of T1. Dr. Wiles will follow up on this with Dr. Tweed.

Dr. Erickson moved for adjournment.

APPENDIX 17

Minutes of Curriculum Management Council, December 13, 2005

Present: Drs. Amundson, Bartlett, Erickson, Finer, Horton, Oyelowo, Tuchscherer, Wood and Wiles (chair), Ms. Masis

Absent: Drs. Hvidsten and Mick

Guest: Dian Larson

The November 15, 2005 minutes were approved

Agenda items:

1. Chiropractic Liaison in Library

Ms. Larson discussed with the Council members her role as the DCP liaison librarian in the library. Discussion ensued on the following points: the nature of e-reserves, the role of the library staff (and Dian Larson, specifically as our liaison officer) as a valuable resource for our faculty, and, the need for faculty input regarding the development and maintenance of a relevant collection of books, journals and other library resources. Dr. Tuchscherer added that the issue of copyright is very important to faculty and suggested that a seminar with library staff might be useful.

MOTION: To request that CTLA provide an executive summary on the University's guidelines on copyright and fair use of resources in teaching. Dr. Wiles will forward this request to the Dr. Threinen.

(Wood, Amundson, accepted)

2. Four-dimensional Pyramid model for chiropractic practice

Dr. Wiles introduced this model which was developed by Dr. Tom Mikus of the CCGPP. It was suggested that the model may facilitate discussion about the concept of best practices.

3. NBCE Fall Test Data

As a point of information, Dr. Wiles distributed copies of the fall test summary sheet of the National Boards parts 1,2, and 3 provided by the National Board of Chiropractic Examiners. CMT leaders were asked to identify any areas of concern within their teams domain.

4. HIPPA Compliance

Dr. Wood informed Council that the majority of the faculty is compliant with their HIPPA training. As of 12/01/05 any faculty that has not taken the testing is in violation.

5. CMT Activity

Dr. Wiles asked team leaders to arrange to meet with their team members on a regular basis and to report any ideas, problems or concerns to CMC.

6. Syllabus on Web

Dr Wiles would like faculty to consider ways to improve and enrich their syllabus. All syllabi on the Web site are to be brought up to date.

7. Implications of lack of summer enrollment

Dr. Wiles asked for feed back from the CMT'S. It was generally agreed upon that some of the implications may not be seen until the program has started. Some ideas and suggestions were discussed.

8. New business

Max Hines is looking for a replacement Biomechanics instructor at Inverhill College. Dr. Wiles asked Council for suggestions. Dr. Tuchscherer recommended Dr. Kren McManus. Dr. Wiles will forward this information to Max.

Concepts for discussion: T10 Colloquium.

There was considerable discussion regarding the need for an enriched T10 academic experience. Proposals included internet-based clinical colloquia, or asynchronous web-based program, and a detailed teleconference-based debriefing in small groups at the end of the T10 program. No formal decisions were made. This item will be discussed further at a future CMC meeting.

The council has decided to meet again on January 10, 2006 and on a monthly basis thereon to allow for monthly CMT meetings, alternating biweekly with CMC meetings. Dr. Wiles asked each member to continue communication with him between meetings

Dr. Amundson moved for adjournment

APPENDIX 18

Minutes of Curriculum Management Council, January 10, 2006

Present: Drs. Bartlett, DeVries, Erickson, Finer, Hvidsten, Horton, Wood, and Wiles (chair), Ms. Masis

Absent: Drs. Amundson, Oyelowo, Tuchscherer

Guest: Ms. Jackie Plum

The December 13, 2005 minutes were approved

Agenda items:

(Because of scheduling conflicts the numerical order of the agenda has been changed)

1. Introduction of the new leader for. Dr. Wiles announced that Dr. Renee DeVries will be replacing Dr. Tim Mick as leader of. Dr. Mick was acknowledged by the council for his past service and Dr. DeVries was welcomed into the CMC.

2. Proposal for fixed split schedules (guest: Jackie Plum)

Jackie Plum introduced a proposal for a fixed split schedule as an alternative to the current system which allows considerable flexibility for split schedules

After a lengthy discussion the general consensus was in favor of fixed split schedules

Motion: To accept the concept of a structured split schedule. The details of which will be presented and discussed on a later date.(Erickson, Masis, accepted)

3. Concerns of clinical faculty (Dr. Horton)

Dr. Horton presented the council with a summary of concerns from the clinicians. Due to time restraints some of the issues were not addressed. It was agreed that they would be addressed and reviewed in the future. Concerns discussed and result and action steps are as follows:

A. Intern lack of exposure to coding and documentation in the curriculum prior to T8 and T9 experiences.

Action: Drs. Bartlett, Erickson and Finer will collaborate to identify and map “coding and documentation” in our current curriculum, and report to the council at the next meeting.

B. Chart notes in SHS/UHS seem burdensome and do not prepare students adequately for the thorough yet streamlined note-taking/charting form that they are exposed to in T8 and T9.

Dr. Wiles will co-ordinate a meeting of Drs. Finer, Erickson, Burs-Ryan, Amundson, and Bartlett, to discuss coordinating the teaching format for the history and physical exam throughout the curriculum.

C. Practical application of Knowledge.

The committee was in general agreement that the internship is an extension of the learning experience and a student learning curve is to be expected.

D. Clinic Rotation

Action: An Ad Hoc Committee consisting of Drs. Bartlett, Horton, Hvidsten, Moe and Ms. Berg was formed to address this subject. They will report to the council at a later date.

E. X-Ray experience

Action: Drs. Bartlett and DeVries will meet to discuss x-ray assignments in UHS and will present their findings to the CMC. Also, Dr. DeVries will begin a vertical assessment of the Imaging curriculum with her CMT

F. Assessed adjustments

Action: It was felt that the new MAR and CRA forms will satisfy the requirements of documenting assessed adjustments from T6 – T9. The issue of intern assessment was discussed and it was felt that clinicians have dual roles with teaching and delivery of clinical services. Dr. Wood was asked to ensure that our Clinical Service Faculty appreciates their dual role.

4. Forms used to document Complex Cases as per CCE requirements

Dr. Finer supplied the council with a draft of the form. With a few changes suggested by the council, the form was accepted. Dr. Finer will make the changes and present it to the council at the next meeting.

Dr. Finer moved for adjournment

APPENDIX 19

Minutes of Curriculum Management Council, January 25, 2006

Present: Drs. Amundson, Bartlett, DeVries, Erickson, Hvidsten, Finer, Oyelowo, Tuchscherer, Wood (chair) and Wiles. Ms. Masis

Absent: Dr. Horton

The January 10, 2006 minutes were approved

Dr. Wood chaired meeting in Dr. Wiles temporary absence.

Agenda items:

1. *Concerns of clinical faculty* (Dr. Wood, in Dr. Horton's absence) – continued from previous meeting.

A. Costa Rica Experience- A discussion ensued on whether it would be helpful to give interns more advance notice if they would be rotating in the Costa Rica experience in order to avoid assigning more than one of these interns to the same doctor. The council felt that the students needed to be informed but that no action was necessary at the present time.

B. T8 orientation – Interns are not exposed to campus clinics prior to their first day. Clinicians would like to see an orientation scheduled for the intern prior to their first rotation. The council was in agreement that the student should be informed by the DCE during the T7 orientation that they may shadow in the clinic prior to their first day, though it would not be mandatory.

C. Report of finding- Interns seem to have a difficult time talking to patients about health care issues. Dr. Finer discussed these concerns with members of the council. It was the general consensus of the council that this issue was part of the student learning experience and that no action was needed. Dr. Amundson suggested that cameras in the UHS would be very useful and instrumental in their evaluations of students. Drs. Bartlett and Wiles will meet to discuss a remedy.

2. Forms used to document Complex Cases as per CC requirements- Dr. Finer supplied the council with a draft of the completed form. It was decided by the council that the final forms would be distributed to all instructors and the collected information would be tabulated and made available as a resource. Drs. Wiles and Erickson will discuss ways to document the data and will report back to the council.

3. Update re: Copyright and Fair-use of Resources- A visual web site was presented to the council as a general base for copyright information. Suffice it to say it is still a complicated and vague issue. There is a brown bag update scheduled for sometime in February according to Dr. Threinen.
4. Use of Live Text as an educational resource and tool- The council discussed the possibility of chiropractic courses becoming available on the web. Although there is no plan to institute this in the immediate future, Drs. Erickson and Elkington are experimenting with it and will be offering a lunch hour seminars for interested faculty, similar to the “tablet users group”.
5. Course evaluation process - Dr. Wiles informed the council that he will be having all Chiropractic course evaluated this trimester for the purpose of establishing a base line. The ‘Course Evaluations’ will now be referred to as ‘Student Assessment of Courses’.
6. Schedule of CMC meetings – Dr. Wiles felt it is necessary for the council to meet more frequently. However, with the conflict of schedules, it is very difficult for all members of the council to find a common date/time. The next meeting is scheduled for February 8, 2006.
7. Update from CMT leaders – Dr. Wiles asked all team leaders to meet with their team and to supply the counsel with an updated status report.
8. New Business – Dr. Erickson is on a committee working with on line course content development and if anyone is interested in learning more they may contact him. Dr. Wood reminded the CMC of their decision in the Summer ’05 term allowing the investigation of placing Dermatology on line.

Meeting adjourned

APPENDIX 20

Minutes of Curriculum Management Council, February 8, 2006

Present: Drs. Amundson, Bartlett, Erickson, Finer, Hvidsten, Manne (Substituting for Dr. DeVries), Oyelowo, Tuchscherer, Wiles (chair). Ms. Masis

Absent: Drs. DeVries, Horton, Wood

The January 25, 2006 minutes were approved with amendments.

Agenda items:

1. Forms used to document Complex Cases as per CCE requirements

Dr. Finer exhibited the Complex Case Record form. Agreeing that the form met the criteria, the council felt it necessary to add another column for the patient's ethnic background. Drs. Finer and Oyelowo will discuss the proper wording and submit their findings to council at a later date.

MOTION: To accept the amended version of the Complex Case Record form.
(Masis/Hvidsten – Passed)

Dr. Wiles reviewed information he received from the CCE. A discussion ensued about the requirement to document both assessment and management of cases. Dr. Hvidsten stated that the new forms used during Internships 3–6 met these criteria. It was felt that to qualify, a case must contain both diagnostic and management components.

2. Policy on Intern Employment

Dr. Hvidsten presented the council with a policy proposal, expressing the need to clarify guidelines during a student's internship.

MOTION: To accept the Intern employment policy presented by Dr. Hvidsten, with the stipulation that Dr. Hvidsten will introduce an amendment at the which covers exceptions to this policy.
(Erickson/Bartlett – Passed)

3. Fixed Split Schedules

A motion from the January 10, 2006 meeting was worded that the counsel accepted the concept of a structured fixed split schedule, with the details of the split schedule to be determined. Dr. Wiles presented the structure of a fixed split schedule which was recommended by Jackie Plum. There were no objections to the proposed split schedule.

MOTION: To accept the Fixed Split Schedule as presented.
(Finer/Amundson – Passed)

4. Course pre requisites

Dr. Wiles stated that the 2006-8 catalog was under development and that he wanted team leaders to review their course pre-requisites. This was felt to be important because of the anticipated complexity of the planning for split schedules and adjusted schedules, in view of the absence of T1 summer courses, T2 Fall classes, or T3 winter classes. Some members felt that while many of the stated pre-requisites were solid and important, others were no longer relevant and could be dropped.

5. Proposed Course Numbering System

Dr. Wiles proposed for a new Course Numbering System, explaining that the current system is out dated and the new proposed system would better categorize classes.

MOTION: To accept new course numbering system as written.

(Oyelowo/Finer – Passed)

6. Proposed Realignment of Courses and CMT'S

Dr. Wiles presented to the council a proposal for the Realignment of Courses and CMT's After much discussion, council members expressed the need to present the proposal to their teams before voting on it. The issue was tabled for future discussion.

7. Updates from CMT leaders

- Dr. Amundson - Principles & Methods Team meets every other Monday.
- Dr. Bartlett – Clinician Development Team had its first formal meeting.
- Dr. Manne – Diagnostic Imaging team is busy but is doing very well.
- Dr. Erickson – Business and Professional Foundation Team has its meetings electronically due to the conflicting schedules of members. Terry had the opportunity at homecoming to discuss issues with some of his team and feels things are going well.
- Dr. Finer - Diagnostic & Special Studies Team is off to a slow start. Will meet Friday to discuss the sequencing of their curriculum.
- Dr. Hvidsten – Clinical Education Team is busy with CBI doctor recruiting.
- Dr. Oyelowo – Health & Wellness Education Team meets once a month as a collective group and had their first meeting on January 7th. The team is doing a lot of work in defining a volunteer/community service component of the curriculum.

8. New Business

Due to time restraint no new business was discussed.

Meeting adjourned.

APPENDIX 21

Minutes of Curriculum Management Council, March 1, 2006

Present: Drs. Amundson, Bartlett, DeVries, Erickson, Finer, Hvidsten, Oyelowo, Tuchscherer, Wiles (chair), Wood. Ms. Masis

The February 8, 2006 minutes were approved with amendments.

Agenda items:

1. Forms used to document Complex Cases as per CCE requirements (Dr. Finer)

Dr. Finer reported to the council that the document had been refined and he was waiting for Dr. Oyelowo's input on the correct wording regarding the patient's ethnic background. Dr. Wiles suggested adding an area for documentation on case management as he felt that the collection of cases used in our curriculum could be of value to instructors who might share some of the same cases.

Dr. Finer agreed to do so and will present the draft to the council at the next meeting.

2. Learning Management Systems (update)

Dr. Wiles opened the discussion explaining to the Council that the University is considering adoption of a Learning Management System, and that so far, Blackboard, Angel and Moodle had been considered. Dr. Sawyer has formed a small Ad-Hoc group to consider the choices and make recommendations. Dr. Erickson is a member of this group. Hopefully, soon this group will recommend one of these LMS's to the faculty for its consideration. Concerns were expressed and discussed.

3. Split Schedules

Dr. Wiles met with Jackie Plum, Ruth Ann Marks and Jan Featherstone and finalized the structure of the fixed split schedules for students wishing to split their programs. Dr. Wiles mentioned that faculty should review their stated course pre-requisites (if applicable) and determine whether or not these needed to be updated or eliminated. It would be helpful for arranging splits and adjusted schedules if unnecessary pre-requisites were dropped.

4. New Associate Dean

Dr. Wiles announced that Dr. Julia Bartlett has accepted the position of Associate Dean, Chiropractic Education.

5. Clinic Start-Stop Times (Dr. Finer)

Dr. Finer discussed the problems in the clinic associated with the current start/stop times for the term. He stated that the current program creates a shortage of interns during the start/stop times. The issue centers on the fact that the T9 term ends Aug 11 but the incoming T8's don't start until September 8. The interval creates disruption in clinic function.

Dr. Hvidsten requested that her department discuss this issue and then she would meet with Drs. Finer, Wood and Wiles to resolve the problem.

6. Proposed Realignment of Courses and CMT'S

The new numbering of courses accepted by Council has been put on hold. Dr. Wiles was informed by the Registrar's Office that changing the course numbers in the current Aggresso System would be virtually impossible at this stage of development and that perhaps the numbers could be changed within two or three years.

Dr. Wiles introduced a proposed realignment of courses within the existing CMT's and which included 3 new proposed CMT's. This was designed to promote greater engagement and representation of faculty as well as providing the basis for the future development of a departmental structure.

MOTION: To accept the proposal to realign courses within the CMT's (DeVries, Amundson)

Dr. Tuchscherer expressed concerns from her CMT. It was decided that the Foundational Sciences CMT needed more time to consider this proposal and Dr. DeVries withdrew her motion.

7. Update from CMT leaders

Terry Erickson – No report

Lynne Hvidsten – No report

Kurt Wood – Has been meeting with clinicians regarding proposed quality assurance program. Will eventually be presenting final version to the CMC.

Jim Amundson – Group met last week and continues to study the integration of the Methods program

Renee DeVries – Group met last week and are gathering good ideas. Still working plans for the program after Dr. Mick leaves.

Mary Tuchscherer – Group met on Monday and will meet again to discuss the Realignment of Courses

Julia Bartlett- No report

Tolu Oyelowo – her CMT has been meeting to establish some experiential competencies (for example, a service component in the geriatrics program). Dr. Oyelowo also announced the dates for her evening program in cultural competence, called Conversations in Culture: April 4, May 23, Nov 14,28 and Dec 12.

8. New Business

Dr. Wood announced that Dermatology will be offered on a weekend format in May. Some concern was expressed regarding the appropriateness of the current ICPA program, involving lower trimester students. This issue will be discussed at a future CMC meeting.

Meeting adjourned

Next meeting (LFCR) March 22, 2006, 11am-1pm