



ASSESSMENT REPORT

College of Chiropractic

May 17, 2004

The College of Chiropractic has been actively engaged in the assessment process as outlined by the University Assessment Committee. To date, the curriculum committee and faculty have made progress towards identifying criteria; developing measuring tools; and assessing Learning Outcomes #1 and #8. The following is a brief report of the College of Chiropractic's activities regarding each learning outcome.

1. **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 curriculum committee worked through the fall and winter of 2002-3 to develop communication criteria specific to the chiropractic program (attached). A written communication matrix was developed from the UAC template that was more specific for the desired needs of the chiropractic program. It was determined that written communication would be assessed using this matrix in trimester 7. The major writing assignment for that trimester is the narrative report. Prior to implementing the matrix in T7, each member of the curriculum committee "piloted" the matrix on two writing assignments which were provided the committee. Following this, efforts were focused on identifying areas of the matrix that needed to be clarified in order to minimize the variability that occurred in using the matrix.

Dr Bartlett applied the matrix on the first writing assignment in Dec 2003. Her experience with the process was discussed by the CC and it was determined that another trimester of data be collected before any analysis, review and revision is conducted. This information is currently being tabulated and is on the curriculum committee's agenda for this summer trimester.

Verbal and Non-verbal Communication. The criteria for verbal and non-verbal communication were addressed by the UAC, CC and Clinical Education. A matrix was again developed to be incorporated into the major competency examination at the end of T7 – the Developmental Assessment. Results from these assessments have been tabulated over the past four trimesters (attached). Presently the analysis of this information and recommendations are scheduled to be addressed by the CC during the summer trimester.

A timeline for the activities involved with completing the assessment loop for outcome #1 has been established and is attached.

2. **Outcome #8 - Competence in one's Discipline.** Graduates will demonstrate competence of appropriate depth and scope for one's discipline.

A committee of faculty and alumni representatives was established to identify the criteria for the chiropractic program that would define this criterion. This committee, chaired by Dr. Manne, utilized the Council on Chiropractic Education's Clinical competency documents and those competency documents previously developed by the faculty. Criteria were identified and approved by CC (attached). Presently, the CC has been charged with assessing the current DA and identifying any measurements currently being captured that may be useful in the assessment of this outcome. This activity will continue throughout the summer trimester. In addition to the current DA, the CC will also be identifying assessment activities and tools that may be utilized in the curriculum during earlier trimesters.

A timeline for the activities involved with completing the assessment loop for outcome #8 has been established and is attached.

3. **Learning Outcomes #2 - #7.** During the summer trimester faculty will be appointed to small working committees that will be assigned one of the remaining learning outcomes. It will be each working committee's responsibility to develop criteria for these outcomes. The criteria will be brought to the Curriculum Committee for faculty input into the criteria.

Attachments:

1. Communication Criteria for Outcome #1
2. Written communication matrix
3. Data from DA verbal & non-verbal
4. Timeline outcome #1
5. Criteria for outcome #8
6. Timeline #8
7. Assessment Plan and Report Forms – Outcome #1 and #8

**College of Chiropractic
Learning Outcome #1**

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

1. Uses written language effectively

The chiropractic graduate will employ skills resulting in appropriate, comprehensible, organized and legible written communication for professional tasks, including:

- Written history and physical
- Progress notes
- Discharge summary
- Case summary/treatment plan
- Pretreatment authorizations
- Interdisciplinary plan of care
- Case report/poster/scientific article
- Letters to patients and/or families

2. Uses verbal language skills effectively

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

- Doctor-patient interactions
 - ✓ History-taking and information gathering
 - ✓ Screening and patient assessments
 - ✓ Counseling, patient education and advising
 - ✓ Telephone communication
- Communication with families
 - ✓ Education
 - ✓ Counseling
 - ✓ Advising
 - ✓ Mediating family decision making
- Communication with peers and colleagues
 - ✓ Effective group participation and input
 - ✓ Oral case presentations
 - ✓ Informal and telephone consultation
 - ✓ Interpersonal skills-effective collaboration
 - ✓ Clinical team meetings
 - ✓ Allied professionals

3. Uses nonverbal skills effectively

The chiropractic graduate will employ listening skills necessary in the doctor-patient relationship, including:

- Conveying the appropriate affect to patients
- Interpreting an individual's nonverbal cues
- Guiding and facilitating effective interactions

4. Recognizes and is responsive to gender, ethnic, socioeconomic and other diversity in an individual's background and/or life experiences

5. Recognizes and employs the following complementary communication principles:

- Confidentiality of patient information
- Patient rights and responsibilities
- Respect of and for the patient
- Therapeutic effects of interaction

Collaborative Grading Rubric for Written Communications

Written communication skills: The graduate will employ skills resulting in **legible, comprehensible, organized** and **appropriate** written communication for professional tasks.

Legibility of the material

5	4	3	2	1
All of the material is legible and easily read.	Most of the material is legible and easily read with little effort to avoid misinterpretation.	The material is readable with effort to avoid misinterpretation.	The material is readable, but poor legibility causes a risk of misinterpretation.	The material is not readable.

Comprehensibility of the material

5	4	3	2	1
The material is easily and clearly understood by the intended audience.	Most of the material is understood by the intended audience.	Extra time and effort are required to understand the material.	The material is difficult to understand and at risk of being misunderstood.	The material is impossible to understand.

Organization of the material

5	4	3	2	1
The methods of decision making are obvious. Ideas are arranged logically, support the author's purpose and flow smoothly from one to another. Ideas are clearly linked to each other, allowing the reader to follow the author's reasoning.	A general sense of the methods of decision making can be ascertained. Ideas are arranged logically and support the author's purpose. Most of the ideas are clearly linked to each other, allowing the reader to generally follow the author's reasoning.	The material is inconsistently organized and the methods of decision making are difficult to ascertain. However, with some effort, the reader can determine the author's intent and follow the author's reasoning.	The methods of decision making can be only vaguely ascertained. Ideas are not arranged logically. The ideas frequently fail to flow. It requires considerable effort for the reader to determine the author's intent.	The methods of decision making are impossible to ascertain. The flow of ideas lacks logical organization. The reader cannot identify a line of reasoning and loses interest.

Appropriate professional syntax of the material

5	4	3	2	1
Vocabulary, spelling, grammar, and style are ideally matched to the task, providing effective communication and an unmistakable professional appearance.	Vocabulary, spelling, grammar, and style are appropriate to the task and generally create an effective professional appearance.	There are occasional errors of syntax, but they do not represent a major distraction or obscure the meaning.	Vocabulary, spelling, grammar, and style communicate writer's intent, but contribute minimally to a professional appearance.	Vocabulary, spelling, grammar, and style are poor or inappropriate to the task, leading to an unprofessional appearance.

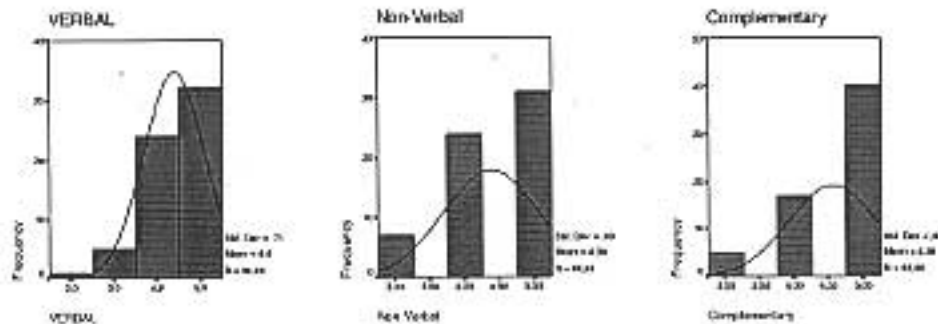
Please circle one # that reflects the student's skills in communication		Evaluation Criteria
Verbal Communication	5	Speaks clearly and understandably with good volume; adapts language to audience; pronounces terms correctly
	4	
	3	Fairly understandable; clarity and volume generally appropriate; most 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

DA Communication Ratings for Four Trimesters

	<u>Winter 03-04 (n=64)</u>	<u>Summer 03-04 (n=15)</u>	<u>Fall 03-04 (n=47)</u>	<u>Winter 04-05 (n=58)</u>
VERBAL				
Mean	4.40	4.33	4.43	4.41
Std Deviation	0.712	0.816	0.683	0.773
NON-VERBAL				
Mean	4.39	4.33	4.40	4.33
Std Deviation	0.686	0.724	0.538	0.803
COMP				
Mean	4.56	4.67	4.53	4.41
Std Deviation	0.643	0.488	0.620	0.750

Discussion

The data indicate that ratings are stable across the samples of students and trimesters. The distributions are heavily weighted toward higher ratings, indicating (1) possible rater bias toward higher ratings or (2) scores that reflect highly-skilled students, or (3) both. The shape of the distributions follows the pattern (Winter 03-04):



Outcome #8
Competence in One's Discipline

Northwestern Health Sciences University
College of Chiropractic

Competency in One's Discipline. Graduates will demonstrate competence of appropriate depth and scope for one's discipline.

Preamble:

This is one of eight University-wide competencies adopted in the fall of 2002. What follows is a list of criteria with which to measure achievement of chiropractic graduates of NWH SU by the conclusion of their training. They are grouped in five domains: Patient Assessment, Diagnosis, Patient Care, Professional Issues and Doctor/Patient Relationship.

Further details of competency expectations of graduates of the Northwestern Health Sciences University College of Chiropractic can be found in two documents: 1) *Council on Chiropractic Education Standards for Doctor of Chiropractic Programs Required Clinical Competencies, January, 2003*; and 2) *Instructional Outcomes of Northwestern College of Chiropractic Clinical Competencies Required for the Practice of Chiropractic, October 1, 1998*.

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



ASSESSMENT PLAN AND REPORT FORMS

MAY 17, 2004

NORTHWESTERN HEALTH SCIENCES UNIVERSITY MISSION STATEMENT

To advance and promote natural approaches to health through education, research, clinical services and community involvement.

1.	2.	3.	4.	5.	6.	7.
University Learning Outcome	Program Criteria for Learning Outcome	Assessment Method(s)	Implementation Plan	Results this Year **	Resources needed for proposed improvements	Actions Taken on Results
Communication	1. Verbal and Non-Verbal Communication	1. A Verbal Communication Matrix (attached). Matrix developed by UAC and Clinical Education to be incorporated in T7 DA examination.	1. Matrix was utilized in the DA examination beginning in Winter 2003.	1. Four terms of data have recently been provided to the CC from Clinical Education (see attached). This information will be reviewed by the CC in summer 2004	None to date – pending results of Curriculum Committee review during summer 2004 term.	None to date – pending results of Curriculum Committee review during summer 2004 term.

- **Assessment Plan:** Columns 1, 2, 3 and 4
- **Assessment Annual Report:** Columns 1, 2, 3, 4 from the Assessment Plan are copied as part of the assessment annual report. Columns 5, 6 and 7 are then added to indicate the results, resources needed and actions taken. It is possible to indicate that "results" need to be accumulated for more years before "action" might be taken. It is also possible to indicate on the annual report that a particular part of the plan was *not* implemented in a given year.



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University Learning Outcome	Program Criteria for Learning Outcome	Assessment Method(s)	Implementation Plan	Results this Year **	Resources needed for proposed improvements	Actions Taken on Results
<u>Communication</u>	I. Written Communication	I. Written Communication Matrix (attached). Applied to T7 narrative report.	I. Matrix was developed from template provided by UAC. Curriculum Committee "piloted" matrix among committee members before implementing in T7 in Fall 2003 trimester.	I. One term was determined insufficient to base decision upon. Was used again in Winter 2004 tri. Curriculum is reviewing results beginning summer 2004 trimester.	None to date – pending results of Curriculum Committee review during summer 2004 term.	None to date – pending results of Curriculum Committee review during summer 2004 term.

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