International Agency for Chiropractic Evaluation

Site Evaluation Guide

Self-evaluation Manual

Contact:
Executive Director, IACE
1835 Ebenezer Rd.
Rock Hill, SC 29732 USA
803-366-8100
myron@internationalchiropractic.org
http://www.internationalchiropractic.org/

Vision: The International Agency for Chiropractic Evaluation (IACE) exists to advance the availability of high quality vertebral subluxation-centered service to people.

The IACE fulfills its purpose as a chiropractic educational and evaluation resource. To this end its mission is to advance vertebral subluxation (VS) -centered chiropractic by facilitating the achievement of academic excellence. This site evaluation guide is designed to aid programs and evaluators in determining that:

- Organizations and individuals holding status with IACE demonstrate a commitment to rigorous academic and professional standards.
- Institutions holding status with IACE have demonstrated compliance with the IACE Standards of excellence in educational quality and effectiveness, academic and institutional integrity, and providing resources and offering training leading to professional VS-centered practice.

Self-evaluation overview:

The self-evaluation process is well-recognized as a valuable, primary step in accreditation serving multiple purposes. Self-evaluation is universally accepted for its usefulness in making institutions aware of what takes place internally. Providing awareness of what is actually happening within a program or institution is of great value since awareness makes an essential connection with planning and ultimately the feedback catalyzes the action steps that bring improvement. It is widely believed that the former reason is the most important benefit in seeking accreditation.

Additionally self-assessment provides external agencies with the knowledge necessary to gauge the extent to which programs or institutions are achieving their mission. To some extent the process of accreditation involves verification of the program's self-evaluation. Ultimately the quality and integrity of a program are reflected by external evaluations.

In order to further the most transparency in the processes, this Site Evaluation Guide serves the institution or program as an outline of the process while it also serves Site Evaluators in much the same way.

Some of the steps are so obvious as not to require any scripting, while others are quite helpful in order to avoid overlooking important items. Overall the self-evaluation process allows intends to be informative rather than burdensome. The following bullets may help illustrate this point:

- It a way of pooling necessary information.
- Focuses attention on areas of interest.
- Much documentation applicable to a particular institution or program quite likely already exists but may be held in disparate parts of a campus. Hence the self-

evaluation process reduces the amount of on-campus effort by bringing organization to the relevant materials.

- Some items may need minimal updating while others might be required for the legal operation of a program.
- Self-evaluation is much more than as a means to find problems or weaknesses, it is also an opportunity to identify the strengths and accomplishments of the program.
- Collecting and collating self-evaluation content is inevitably found to be a useful exercise. It often serves multiple purposes including providing data for planning; to inform the institution's board or governing body, and even provides opportunities to establish future relationships.
- Some documentation required to confirm compliance with IACE Standards already exists in various publications or other media utilized by the program or institution. For example the non-discrimination policy is probably published in multiple places like faculty and student handbooks, an institution's website, etc. Where information is already available in this way it should simply be referenced rather than packaged into a self-evaluation.

As stated in the Accreditation Documents, the heart of the Accreditation process is the self-evaluation. It enables an educational program to assess the outcomes of the combined efforts of all facets of the institution pursuing its mission and goals.

Mission and goals indicate the desired outcomes, and statements of objectives serve as specific criteria by which outcomes may be assessed. The primary purpose of the self-evaluation is to get the most revealing and objective look at the entire educational program. The institution "looks at itself" more for the purpose of self-improvement and long-term planning than to gain Accreditation. It engages all facets of the program in a critical review of institutional mission, goals and objectives and in identifying strengths and weaknesses in the achievement of intended outcomes.

The self-evaluation report also aids the IACE team to evaluate the program by showing the extent to which the program's mission, goals, and objectives are being met. It takes into account the resources, constituencies, physical facility, and other factors. This report should give the evaluation team a deep understanding of the program's essence and should provide the Site Evaluation Team (SET) with substantial knowledge of the program's faculty, administrators, students, financial integrity, and its governance.

Steps to a successful self-evaluation:

These guidelines are intended to help generate enthusiastic participation essential for an effective self-evaluation.

a. The administration of a program should carefully communicate the value of continual self-evaluation and self-improvement of the institution to all concerned.
b. Faculty and student "buy-in" is essential for a successful self-evaluation process. Creating a sense of ownership of the process is an excellent way to gain the participation of faculty, staff and students.

c. Administrators should emphasize the usefulness of IACE's expert consultation with regard to vertebral subluxation-centered education and practice.
d. It is also important for the institution to demonstrate that self-evaluation is a priority by providing adequate support and financial resources to the self-evaluation activity. Failure to do so actually undermines the entire process by sending the message that it's unimportant.
e. All on-campus constituencies should be involved in the self-evaluation process. This facilitates the most accurate information and reliable assessment of the issues being considered.
f. In addition to on-campus persons, alumni, support staff, trustees, employers, and representatives of the community help develop a better assessment of the program.
g. Programs should not attempt to conceal perceived weaknesses. It is only by uncovering these that programs determine how to increase effectiveness.
h. Candidness, honesty and willingness to find problems and potential solutions open the door to improvement. Administrators continuously bear the key responsibility to make it clear to everyone that the self-evaluation is an important part of planning and improvement.
i. The self-evaluation is also an opportunity to identify and even celebrate the strengths and accomplishments of the program.
j. Before a self-evaluation is submitted to IACE, administrators along with persons involved in all levels of the program should critically review what the self-evaluation reveals. Commendations should acknowledge areas of strength, potential solutions to problems should be derived and new directions should become identifiable as a result of the process.
k. A final review should be performed on campus to ensure the completeness and accuracy of the report.
l. A final Self-Evaluation Report is submitted to the Chair of the IACE Commission on Accreditation.

The Self-evaluation process:

IACE embraces a qualitative approach to evaluation. In keeping with this value IACE leaves latitude in just how an institution or program approaches self-evaluation. Recognizing that educational excellence can be achieved in a variety of ways, IACE standards identify basic essential elements of vertebral subluxation-centered education while respecting institutional autonomy and allowing flexibility in the ways that programs achieve their mission. Key to this is that institutions have a clear set of learning outcomes and assessment measures relevant to their desired outcomes. IACE institutions demonstrate that what is learned through assessment ties back into teaching and curriculum development in an ongoing cycle of planning and improvement. Regardless of the mode of delivery, compliance with all IACE standards is the minimum requirement for Accreditation. Programs or institutions should approach the compilation of self-evaluation materials with the above goals in mind.

It is also important to note that IACE Standards are expressed in terms of "must" and "shall." Whereas statements and guidelines, intended to help interpret the Standards, are expressed in terms of "should" and "may." Also when providing self-evaluation report content, institutions are urged to place the information in order of the categories that IACE deems as core essentials to quality vertebral subluxation-centered education:

A.   Governance
B.   Administration
C.   Faculty
D.   Students
E.   Educational Program (academic/didactic)
F.   Resources
G.   Assessment
H.   Research and Scholarly Activity

A simple to follow and interpret self-evaluation report could address each standard respectively by following the codification appearing in the Standards as published in the Accreditation Documents. For example, category "A" appears in the Standards as below:

A.   Governance

Programs holding status with IACE have mission and goals that are consistent with training for entry into professional practice of vertebral subluxation-centered chiropractic. The mission and goals are formulated through broad representation of the institutional community and approved by the governing board of the institution.

1. Governance

1.1 The governance structure of the program/institution must be a legally constituted authority, responsible for the formulation and implementation of policies to define and sustain the institution and to enable it to fulfill its mission.

To acknowledge and address the standard an institution or program might place the following type of response in its self-evaluation report (note that this is an example, not a prescription of format, content, or style. The sample response appears in blue type face):

A. Governance

The mission of "xyz" College/School, etc. is to prepare…. for the competent practice of vertebral subluxation-centered chiropractic. The institutional goals appear in the official publication (name and provide reference to the publication)… the website (provide link for that portion of the program's website)…and was approved by the Board of Directors on (date and reference).
    1.1 "Xyz" College/School, etc. is a legally constituted according to (name of jurisdiction or granting authority). The Board of Trustees is responsible for

governance and the formulation and implementation of appropriate policies necessary and appropriate to pursue fulfillment of the institution's mission (provide reference to documentation, which may be placed in an appendix).

In order to assure that each requirement of the Standards are addressed in the self-evaluation report, it is recommended that the report continues in a consistent format, addressing each codified item numerically. This process will benefit both the program/institution and the Site Evaluation Team as each ascertains that all requirements of the Standards have been addressed.

It may be useful for programs or institutions to append and make specific references to accreditation reports of other institutional or programmatic accreditors as convenient ways to compile documentation related to compliance with the Standards.

Programs or institutions have latitude in how they provide documentation of compliance with the Standards. It is recommended that the self-evaluation report contains direct and thorough statements relating to compliance since vague or evasive commentary increases the need to provide supplemental information, ultimately increasing the work load for both the institution or program and the IACE Site Evaluation Team. The following are examples of some of the types of information typically used to provide documentation related to compliance with specific Standards (Note the following list of examples is neither exhaustive nor mandatory. The institution or program may wish to consider other forms of documentation that serve to demonstrate compliance with the Standards):
- Minutes from meetings of committees, faculty, students, or governing bodies
- Course schedules, syllabi, etc.
- Self-assessment reports to other agencies
- Policy documents
- Evidence of external activities with organizations and community
- Evidence of the effectiveness activities
- Career advice and counselling
- Educational outcomes records and reports
- Course reviews or evaluations
- Resources allocated
- Details of staff qualifications and experience; staff development activity
- Instructor planning and assessment records
- Institutional research data

Virtual interview procedure:

Upon receipt of a Self-evaluation report, the IACE Executive Director will submit the report to the Chair of the Commission on Accreditation. The Chair will select a Site Evaluation

Team (SET) to serve IACE in assisting it to impartially assess the quality of the vertebral subluxation-centered program in terms of its compliance with the Standards (see Commission on Accreditation, Accreditation Documents, page 10 available online http://www.internationalchiropractic.org/iace-documents.html).

The overarching purpose of the virtual site evaluation is to validate and verify the content of the Self-Evaluation Report. To this end, the IACE Site Evaluation Team will review the Self-evaluation Report and supporting documents and hold a meeting to consider the extent to which the information provided in the report demonstrates compliance with the Standards.

The SET will receive copies of the Self-evaluation Report and supportive materials immediately upon its appointment and be scheduled to meet within two weeks. The purpose of the meeting is to review all materials provided by the program seeking status or renewal of status.

During the meeting the SET will discuss the extent to which the Self-evaluation Report demonstrates compliance with the Standards. Questions involving omissions, clarity, interpretation or other needed support will be formulated by the SET at that time. Within one week of the meeting of the SET the Team Chair will contact the program to schedule virtual interviews as deemed necessary by the SET.

Depending upon the circumstances, the SET and the program will determine which specific forms of communications are to be used for the virtual interviews. These may include videoconferencing, teleconference, other web-based interactions and any other methods of communication deemed mutually acceptable. The virtual phase of the site evaluation is conducted efficiently, respecting the time of all parties involved and should be complete within two weeks to one month. Depending upon the information sought by the SET, it usually includes some members of the leadership team, administrators, faculty, students, Trustees and any other appropriate constituents of the program.

Conducting interviews:
- The Chair of the SET has assigned each team member with the task of fact finding regarding specific portions of the Standards. Team members are encouraged to stay focused on their assignment. Otherwise site evaluation could become a chaotic experience for both the team and program personnel.
- Members of IACE Site Evaluation Teams are committed to collegial interactions with all program personnel.
- SET members will always introduce themselves and explain the purpose of the interview.
- The length of meetings will be agreed in advance; normally meetings will not exceed one hour.
- SET members confine their activities to fact finding during the interview process. In seeking information during interviews, SET members avoid offering advice about how the office or individual might best achieve their objectives. The expertise of IACE personnel is shared in the Preliminary Site Evaluation Report (PSER) or the Final Site Evaluation Report (FSER).

- SET members offer the opportunity for program personnel to ask questions and make points. SET members will respond to questions about IACE Standards and procedures and respectfully decline to offer advice about how program personnel should perform their responsibilities.
- It is important for SET members to avoid any statements or activities that would lead program personnel to feel in any way subordinate to the team member. Although accreditation serves an accountability function, it should not overshadow the underlying goal, which is improvement.
- Program personnel should *not* be encouraged to focus on the perceived preferences of SET members at the cost of their own judgements about achieving academic excellence.

SET meeting

The virtual site visitation, review of documents and other fact-finding dialogue have taken place. It is now the task of the SET to coalesce this information. This meeting should take place within two weeks of the completion of the virtual interviews.

The goal of the SET meeting is to bring together and clarify findings about the extent to which compliance with IACE Standards is being achieved. The Site Evaluation Team members take the opportunity to also interact with each other to contrast and compare information gained in order to achieve the most thorough working knowledge of the program possible. Through interviews and review of requested documentation the individual SET members have gained a depth of knowledge and understanding of the educational program.

During the virtual phase of the site evaluation the Site Evaluation Team members have been tasked with continuously compiling their respective portions of what will become a written report. These sections are reviewed and edited during the meeting and a consensus about the findings is achieved. The written findings and consensus are coalesced into a coherent Preliminary Site Evaluation Report (PSER) by the Team Chair. The report contains any appropriate recommendations that may enhance compliance with the Standards as well as the SET recommendation to the Commission. This report is presented to the CEO and on-campus leadership (as determined by the program CEO), usually during a teleconference or videoconference. The PSER should be made available to the program leadership within one week of the SET meeting.

The time lapse since submission of the Preliminary Self-Evaluation Report is submitted to the Chair of the IACE Commission on Accreditation is approximately six weeks (this may vary due to unforeseen exigencies or delays in scheduling interviews, providing data on the part of the program, or IACE personnel). It is axiomatic that good faith in following timelines is expected from all parties.

Response by program/institution:

The Chair of the SET will copy the PSER to both the program CEO and the IACE office. During the next 30 days the program has the opportunity to correct any perceived errors of fact in the PSER, and provides a written response to the findings and recommendations of the PSER. Correction of errors of fact should be forwarded to IACE separately, as soon as possible, and the written response should be sent to IACE within 30 days.

Responses to the Preliminary Site Evaluation Report are sent to the IACE Executive Director (not the Site Evaluation Team Chair). The PSER and the program's response are then forwarded to the IACE Commission on Accreditation for final evaluation. The final review and action will take place during a meeting of the IACE Commission on Accreditation. The Site Evaluation Team Chair presents the report and responds to questions at the meeting. The CEO of the institution may be present at the IACE Commission on Accreditation meeting, but his/her presence is not required. The PSER will be modified and/or adopted as the Final Site Evaluation Report (FSER). The IACE Commission on Accreditation will take action by granting an appropriate status or taking a negative action.

The Executive Director will send a copy of the FSER and notification of action taken to the institution's CEO.

IACE will not grant Accreditation or Initial Program Status to a program that is subject to:

> • A pending or final action by a governmental agency to suspend, revoke, withdraw, or terminate the institution's legal authority to provide post-secondary education;
> • A pending or final action brought by another accrediting agency recognized by IACE to suspend, revoke, withdraw, or terminate the institution's accreditation or pre-accreditation.

Appendix

Sample Template: a rubric for self-evaluation (Standard 5 Educational Program 5.10 through 5.12)

Outcome	Importance	Prompts to aid Evaluative conversations	Possible sources of evidence
5.1 The educational program is consistent with the mission and goals of the institution/program and prepares students with the opportunity to acquire the knowledge, skills and attitudes necessary to enter the professional practice of vertebral subluxation-centered chiropractic. In addition to didactic education the program must include a minimum of 12 months of supervised direct clinical experience. This delivery of care must include differing populations sufficient to prepare the graduate to enter independent professional practice as a point of entry into the health care delivery system.	Having a clear purpose and direction focuses decision making and improves effectiveness.	How well is the organisation's mission and purpose understood throughout the institution? How well do plans policies and practices support the organisation's mission and purpose? To what extent are practical activities relevant to the objectives of the programme? To what extent do practical activities encourage problem-solving and critical thinking?	• Minutes from meetings of committees, faculty, students, or governing bodies • Course schedules, syllabi, etc. • Educational outcomes records and reports • Course reviews or evaluations • Instructor planning and assessment records • Institutional research data such as case mix reports • Accreditation documents • Charter
5.2 A policy must be formulated and in place to assure that all graduation requirements have been met prior to awarding of any diploma, degree or certificate.	Policy supports action and ensures consistent standards are met	How does the institution assure itself that graduation requirements are being met? Are the requirements clearly understood by learners and external stakeholders?	• Minutes from meetings of committees, faculty, students, or governing bodies • Policy documents • Evidence of external activities with organizations and community

			• Evidence of the effectiveness activities • Educational outcomes records and reports • Course reviews or evaluations
5.3 The program must have and follow a well-organized curriculum plan. This plan must follow a logical sequence and result in a diploma or degree appropriate to the length and depth of the curriculum. There must be evidence that the curriculum is reviewed by the faculty on a regular basis.	Progression through the programme in a logical hierarchical staging maximises the learner achievement and enhances knowledge. Regular systematic review allows for continued improvement of the programme	How well do learners and staff understand and apply the prerequisites and study requirements for programmes, e.g. selection processes, regulations, and timetabling? What changes have been made to the curriculum in response to student and faculty reviews?	• Minutes from meetings of committees, faculty, students, or governing bodies • Course schedules, syllabi, etc. • Educational outcomes records and reports • Course reviews or evaluations • Instructor planning and assessment records
5.4 A syllabus must be available for each course offered in the program. Each syllabus must include course objectives and must be distributed to students at the beginning of that course.	Clear guidelines to students help support them to organise their study and to meet expectations. Assures quality and consistency when courses are taught by differing faculty members	How well do students understand the expectation of the course?	• Minutes from meetings of committees, faculty, students, or governing bodies • Course schedules, syllabi, etc. • Course reviews or evaluations
5.5 There must be substantive evidence of the assessment of the clinical	Spinal analysis for vertebral subluxation is core to the profession of	How are each of the key components assessed in the programme?	• Minutes from meetings of committees, faculty,

competence of each graduating student. While clinical competency measures are established and implemented autonomously by the institution, they must include spinal analysis for the presence or absence of vertebral subluxation. Clinical competencies in the knowledge, skills and ability to deliver a specific chiropractic spinal adjustment must also be assessed. Minimal competency in spinal analysis assesses: - safety and effectiveness of all chosen clinical procedures; - interpretation of imaging studies (x-ray and/or other); - chiropractic instrumentation; - spinal palpation including motion palpation and relevant biomechanics; - decision making regarding appropriate specific chiropractic spinal adjustment procedures. Minimal competency in specific spinal adjusting assesses: - a patient-centered attitude focused on the safety and effectiveness of all	chiropractic it must be a key competency assessed in the programme	How is competency decided? To what extent are practical activities relevant to the objectives of the programme? To what extent do practical activities encourage problem-solving and critical thinking?	students, or governing bodies • Course schedules, syllabi, etc. • Educational outcomes records and reports • Course reviews or evaluations • Instructor planning and assessment records • Patient records

chosen clinical procedures; - making contacts and delivering appropriate adjustment timing, depth, speed and control; - skill to interpret pre and post evaluation findings.			
5.6 Instruction must be at a level generally held commensurate with first professional degree education and directed toward the encouragement of the student's individual growth, independent thought, resourcefulness, ethics and scientific inquiry.	Chiropractors education needs to prepare them for practice as portal of entry practitioners and professionals	What improvement strategies have been put into place to enhance the use and relevance of research? How is progression of learning staged throughout the programme? How well does the institution understand and use information on skills development, knowledge gains and attitudinal changes to further improve outcomes for learners?	• Minutes from meetings of committees, faculty, students, or governing bodies • Policy documents • Evidence of external activities with organizations and community • Course schedules, syllabi, etc. • Educational outcomes records and reports • Course reviews or evaluations
5.7 The scientific and research foundations of vertebral subluxation-centered chiropractic are evident in the curriculum. The curriculum should provide opportunities for students to engage in literature search and learn the	Research literacy is an essential skill for a health professional and in a degree level course. It endeavours to create lifelong learners and savvy practitioners.	How effectively has the institution contributed to the creation and dissemination of new knowledge within their realm of influence? How well do research activities support student learning?	• Minutes from meetings of committees, faculty, students, or governing bodies • Policy documents • Evidence of external activities with

fundamentals of research methodology and scholarly activity. There should be opportunities for students to participate in scholarly pursuits that are academically consistent with the first professional degree level and the mission and goals of the program.		How is research currency and consumption emphasised in the programme?	organizations and community • Research outputs form students and staff • Course schedules, syllabi, etc. • Educational outcomes records and reports • Course reviews or evaluations
5.8 The didactic and clinical curricula reflect appropriate sequence of learning experiences.	The balance and shift from didactic to clinical study is a key transition in chiropractic education.		
5.9 Clinical supervision is at all times sufficient to ensure the safety and effectiveness of clinical procedures performed on persons served by students and in accordance with ethical and jurisdictional dictates.	Patient safety is paramount. First professional degrees are responsible for teaching students how to work within regulatory guidelines.	How does the institution ensure learners at all stages are supervised to the correct level? How are supervision and independence balanced? Are there any perceived issues with regulatory guidelines and best educational practice not matching?	• Course schedules, syllabi, etc. • Educational outcomes records and reports • Course reviews or evaluations • Instructor planning and assessment records • Patient records
5.10 Clinical training must include and assess the communication skills and protocols for record keeping and reporting clinical findings to persons	Practice-based teaching promotes integrated and context-relevant learning.	What range of communication skills are assessed in the clinical practicum? How is record keeping assessed?	• Course schedules, syllabi, etc. • Educational outcomes records and reports

being served, consulting with and/or referring to other health care providers, and disseminating information about vertebral subluxation-centered chiropractic to the general public.	Communication is key to graduating thriving practitioners.		• Course reviews or evaluations • Instructor planning and assessment records • Patient records
5.11 The objective of vertebral subluxation-centered chiropractic must be propagated in both the didactic and clinical portions of the curriculum such that the graduate has the opportunity to understand the benefits of vertebral subluxation-centered practice; has the ability to clearly establish expectations about vertebral subluxation-centered chiropractic to persons he or she serves; and can demonstrate his or her ability to explain the distinctions between vertebral subluxation-centered chiropractic and common condition-centered models of care.	Integration of vertebral subluxation throughout the programme provides relevance, coherence and consistency to the educational experience.	How is vertebral subluxation approached across the curriculum What processes ensure a consistent message about the importance of vertebral subluxation? How is vertebral subluxation explanation assessed in the clinical setting?	• Course schedules, syllabi, etc. • Educational outcomes records and reports • Course reviews or evaluations • Instructor planning and assessment records • Patient records
5.12 Programs including externships as a part of their curriculum or utilizing other external resources must assure that the clinical experiences that students engage in are at least equivalent to those provided on	Provision needs to be made to ensure student safety and a consistent standard of assessment.	How are externship placements evaluated? What is the balance between externship and campus based clinical programme?	• Minutes from meetings of committees, faculty, students, or governing bodies • Policy documents

campus. Written agreements with outside facilities must address this Standard and be made available for review.			- Evidence of external activities with organizations and community - Course schedules, syllabi, etc. - Educational outcomes records and reports - Course reviews or evaluations - Instructor planning and assessment records