

ECCE Site Evaluation Team Training May 2018

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ECCE Accreditation Procedure

- **STANDARDS, part 4, page 39: Procedures for Accreditation and Re-accreditation.**
- New and existing chiropractic programmes/institutions apply for accreditation or re-accreditation via a letter from their Head.
- A Self Study Report is written following the STANDARDS format exactly.
- SSR submitted to ECCE's Commission on Accreditation (CoA).
 - CoA determines if SSR is satisfactory to allow an evaluation visit.
- Evaluation team selected by ECCE executive.

The STANDARDS

- Chiropractic institutions/programmes delivering these programmes are accredited against educational **standards**, which themselves are subject to periodic review. The *Standards* are designed not only to accredit institutions, but also to assist in reviewing current programmes and improving the quality of chiropractic education.
- The *Standards* are designed so that they can be applied to all institutions operating in different countries that offer undergraduate chiropractic education.

STANDARDS version 5.1

May 2018

10 areas and 36 sub-areas

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- **SUB-AREAS** are defined as specific aspects of an area, corresponding to performance indicators.
- **STANDARD(S)** are specified for each sub-area:
 - This means that the institution/programme must demonstrate compliance with the standard during evaluation of the programme.
- **ANNOTATIONS** are used to clarify, amplify or exemplify expressions used in the *Standards*, as is the OUTLINE FOR THE SELF-STUDY REPORT (see PART 3).

Example

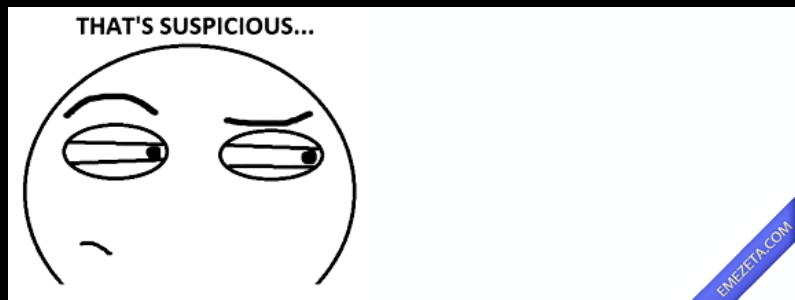
- 2.1 CURRICULUM MODEL AND EDUCATIONAL METHODS
-
- Standards:
-
- **The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum.**
-
- **The curriculum and educational methods must ensure the students have responsibility for their learning, and prepare them for lifelong, self-directed learning throughout professional life.**

Annotations assist the programme and the ECCE evaluators

- Annotations:
- *Curriculum models include discipline, system, integrated, spiral, problem or case-based learning models, using organising principles such as themes and domains.*
- *Instructional methods encompass teaching and learning methods that while not neglecting the transmission of factual knowledge and skills, also stimulate enquiry, critical analysis and problem-solving abilities. The curriculum must encourage active participation through the principles of self-directed learning, and foster the concept that the curriculum is not only 'taught' based solely on didactic models.*
- *Teaching and learning methods should be diverse, integrative, interactive, and clinically relevant as much as possible and include a variety of methods, e.g. prosection (or dissection), computer assisted methods, and large and small group classes.*
- *The curriculum and educational methods should foster life-long learning skills and an appreciation of the need to undertake CPD.*
- *Assessments should reflect the teaching and learning methods and facilitate higher-level learning.*

- The quality standards (and sub areas) with the respective annotations serve as benchmarks for the self-evaluation process and for evaluations made by external experts. They represent a vital instrument that is used to identify **commendations, recommendations and concerns** in education and training.

- The institution/programme **MUST** write their Self-Evaluation Report (SSR) addressing each Standard and each Sub-area in the order provided in the STANDARDS.
 - Part 3, starting on page 27 provides guidance for writing the SSR and follows the exact same order as the STANDARDS discussed in part 2.
- The SSR **MUST** be not only factual but also self-reflective and critical. If everything appears perfect and 'rosy' this is a red-flag for the evaluation team.
- A table listing Strengths and Weaknesses must appear for each section.



STRENGTHS	WEAKNESSES
<p>Integration with human medicine results in an excellent clinical foundation and facilitates inter-professional communication and understanding.</p>	<p>Inability to preferentially select the most relevant medical courses from year 1 of the Masters in Human Medicine programme restricts the time available for teaching chiropractic subjects during that year and increases the student workload.</p>
<p>Nearly all of the chiropractic faculty have dual qualifications and are currently working in busy clinical practices</p>	<p>Other than the HOD, all faculty members are part time. This makes scheduling meetings and course coordination a challenge.</p>
<p>3 members of the small faculty have post-graduate qualifications in medical education.</p>	<p>The traditional medical curriculum where basic sciences and clinical sciences are somewhat separated inhibits integration.</p>
<p>Teaching and assessing of the chiropractic courses is primarily in a problem solving, case-based format, simulating future clinical practice.</p>	<p>The current classrooms available for teaching, while good for the practical classes focussing on manual skills, are not ideal for some of the lecture classes.</p>
<p>Learning outcomes and competencies have been written in a user-friendly model for both students and faculty which makes them easily assessed.</p>	<p>Curricular overload does not allow students the time to 'read around their subjects' and increase their breadth and depth of knowledge.</p>
<p>Good collaboration in both research and education with other departments within the Orthopaedic University Hospital Balgrist, particularly the radiology department.</p>	<p>The small numbers of faculty cannot take advantage of the many collaborations and research opportunities available through Balgrist hospital, ETH and the University Hospital.</p>
<p>The HOD and one other faculty member have extensive chiropractic education experience internationally.</p>	<p>Insufficient chiropractic exposure during the first 3 years of the programme may encourage some students to switch to medicine.</p>
<p>Strong support from the Chiropractic profession in Switzerland and Europe (ECU) as well as the pro-chiropractic patient association. Research funding from the European Academy of Chiropractic.</p>	

Role of the Evaluation Team

- To verify the statements made in the SSR and supporting documentation
- To produce a written report on the Team's findings and submit to CoA
- The 'Team' does NOT decide the accreditation final outcome.

Responsibilities

- Read and be familiar with the Standards and the Evaluation Team Manual
- Read and evaluate the SSR and other documentation
 - Make notes, highlight areas for clarification or closer inspection
 - Consider comments already received from the CoA

Other Documentation

- Clinic Manual and Handbook
- Student feedback questionnaires
- External examiners reports
- Minutes of relevant meetings
- Course outlines
- Examples of student work
- Patient files
- Research projects
- AMoR

During Meetings when questioning about the SSR and STANDARDS

DO

- Listen
- Follow up a point
- Quote your evidence
- Make tactful suggestions
- Avoid yes/no questions
- Encourage dialogue

DO NOT

- Fall asleep
- Use aggressive language or behaviour
- Write when it is your question being answered.
- Interrupt
- Have body language that could be interpreted as boredom.
- Suggest directly that others do it better.

- Full compliance with all areas of the Standards is not necessary to qualify for accreditation. However certain Standards must achieve at least a “Substantially Compliant” level of compliance in order to achieve the maximum accreditation time frame. These specific Standards are identified with the * sign and listed below.

- 1.4 Educational Outcomes
- 2.2 The Scientific Method
- 2.4 Behavioural and Social Sciences, Ethics and Jurisprudence
- 2.5 Clinical Sciences and Skills
- 2.7 Clinical Training
- 2.8 Curriculum Structure, Composition and Duration
- 3.1 Assessment Methods
- 3.2 Relation Between Assessment and Learning
- 4.1 Admission Policies and Selection
- 4.4 Student Representation
- 5.1 Faculty (Staff) Recruitment
- 6.1 Physical Facilities
- 6.2 Clinical Training Resources
- 6.4 Educational Expertise
- 7 The Relationship Between Clinical or Basic Sciences Research
- 8.1 Mechanisms for Programme Evaluation
- 9.2 Academic Leadership
- 9.3 Educational Budget and Resource Allocation

Half (50%) of the Standards fall into this category (must be at least Substantially compliant)

- These were approved at the November 2017 ECCE general council meeting.
- However, a compliance table, based on the UK's QAA, was created to assist institutions/programmes when designing their programmes and to help the site evaluation team assign a compliance level for each STANDARD. This table was also approved by the ECCE general council.

The following colour coded system is used by the expert evaluation team to indicate the level of compliance with each standard:

- **Green** = This is on track and good (Fully compliant/no risk)
-
- **Light Green** = Broadly on track with some areas which may be addressed (Substantially compliant/low risk)
-
- **Yellow** = Some significant areas which could be detrimental if not addressed; (Partially compliant/medium risk)
-
- **Red** = Serious concerns threaten this area; high risk in the organisation's overall performance (Does not comply/high risk)

Compliance Table

- See Handout.

After the site visit

- Finish writing your sections of the Evaluation Report.
 - -you will be assigned specific STANDARDS for your primary responsibility
- Peer review the entire report
- Agree the final report

Thanks for your attention and participation

