4.A - Core Component 4.A

The institution demonstrates responsibility for the quality of its educational programs.

1. The institution maintains a practice of regular program reviews.
2. The institution evaluates all the credit that it transcripts, including what it awards for experiential learning or other forms of prior learning, or relies on the evaluation of responsible third parties.
3. The institution has policies that assure the quality of the credit it accepts in transfer.
4. The institution maintains and exercises authority over the prerequisites for courses, rigor of courses, expectations for student learning, access to learning resources, and faculty qualifications for all its programs, including dual credit programs. It assures that its dual credit courses or programs for high school students are equivalent in learning outcomes and levels of achievement to its higher education curriculum.
5. The institution maintains specialized accreditation for its programs as appropriate to its educational purposes.
6. The institution evaluates the success of its graduates. The institution assures that the degree or certificate programs it represents as preparation for advanced study or employment accomplish these purposes. For all programs, the institution looks to indicators it deems appropriate to its mission, such as employment rates, admission rates to advanced degree programs, and participation rates in fellowships, internships, and special programs (e.g., Peace Corps and Americorps).

Argument

Sub-Component 4.A.1: The institution maintains a practice of regular program reviews.

Palmer College of Chiropractic has established and follows a process of regular reviews of its educational programs.

Doctor of Chiropractic Program

Regular program review of the DCP at Palmer is facilitated by the CCE accreditation cycle. The CCE conveys its expectations through the CCE Accreditation Standards; Principles, Processes & Requirements for Accreditation and the CCE Manual of Policies. Comprehensive reaffirmation visits occur every eight years with interim visits during Year 4 by peer teams. The College also submits Biennial Program Characteristics Reports (PCR), annual Program Enrollment & Admissions Reports (PEAR), and progress reports to the CCE as required (See 4.B.2). The strong alignment of the Palmer Chiropractic Abilities with the CCE Meta-Competencies and the cycle of program reports and external peer review make it an authentic program review. Program improvements are identified and addressed through the ongoing CCE reporting.

Simultaneously, with the preparation of this Assurance Report, a program self-study report is being prepared in anticipation of a comprehensive reaffirmation visit by the CCE in fall 2015.

Master of Science in Clinical Research
The Master of Science in Clinical Research (MSCR) program was originally funded through an NIH K30 grant with full stipends for graduate research assistantships. With expiration of the grant, assistantships were half-supported by an external funding source and the other half through dollars tied to other grants and internal funding. Today, the program is supported only by dollars tied to grants with some internal funding. The drop-off in funding resulted in no recruited graduate students in 2012 and 2014. Four graduate students will be recruited for the fall 2015 class. The Palmer Center for Chiropractic Research maintains that to be considered a leader in chiropractic research it is important to have research trainees in its environment, and is committed to continue to educate and mentor doctors of chiropractic interested in careers in research or academia. The director of the MSCR regularly discusses the program, recruitment strategies, and students’ progress with the teaching faculty, Graduate Advisory Committee members, and graduate research assistantship supervisors.

**Bachelor of Science Completion in General Science**

The Bachelor of Science Completion in General Science remains a significant recruiting program for the DCP. Annual reviews follow distribution of the Program Effectiveness and Educational Outcomes Reports. The director of Undergraduate Studies meets with BS and AASCT faculty, the Undergraduate Program Oversight Committee, and the Undergraduate Curriculum & Assessment Committee to review and solicit feedback on results. If changes are needed in course offerings, delivery, or content, a proposal is developed and advanced to the Curriculum Management Committee for consideration.

**Associate of Applied Science in Chiropractic Technology (AAS)**

The Associate degree program in Chiropractic Technology recently underwent an internal review. The program was changed from an Associate’s degree (AS) to an Applied Associates degree (AAS). Graduates are trained to immediately enter the workforce rather than pursue an advanced degree. The existing distributed general education curriculum is more in line with an AAS program than an AS program. While the degree designation changed, the curriculum did not.

All academic programs are assessed annually for student learning and program success, which is covered under Sub-Component 4.B.1.

*Sub-Component 4.A.2: The institution evaluates all the credit that it transcripts, including what it awards for experiential learning or other forms of prior learning, or relies on the evaluation of responsible third parties.*

*All the credit the College transcripts is evaluated appropriately with regard to credit hours, regardless of course delivery method. The College does not provide credit for experiential or other forms of prior learning.*

To transcribe new and existing courses, the Office of the Registrar incorporates a numbering system related to course discipline and level. Credit is awarded based upon courses that adhere to a clearly identified credit hour policy. Duration of class time and workload are stipulated for classroom-based courses, blended and non-classroom based courses (including internships and independent studies), and courses with a compressed format. Program courses are periodically evaluated at the departmental level to ensure that approved course outcomes, contact hours, and calculation of credit hours adhere to institutional policy. Changes are monitored by both the Registrar and the Assessment Office (through curriculum maps). In 2013, all program courses went through an extensive review to recalculate credit hours based upon the federal definition of a credit hour and to ensure that the other required elements
of the policy were articulated in the syllabus.

Sub-Component 4.A.3: The institution has policies that assure the quality of the credit it accepts in transfer

Palmer adheres to established policies for assessing acceptability and quality of transfer credit and has tools in place to help students know which credit can be applied at Palmer.

The conditions for transfer credit for each academic program are governed by Academic Affairs Policy 8 Transfer Students/ Advanced Standing and is communicated on the College website and in the College Catalog. Both domestic and international transfers are covered in the policy. Transfer credit may be granted to a student who has completed an equivalent level course that is required by Palmer while attending another institution within the last five years. An official transcript or an analysis with credit conversion by an international credentialing agency (e.g., World Education Service) is required to grant transfer credit and/or advanced standing for international transfer students. A transfer student may be required to provide a copy of the catalog description and/or the course syllabus from the institution where the credit was awarded to validate that the course satisfies the transfer credit criteria. The Office of the Registrar and the appropriate program director evaluates each course individually and credit is granted only when approved by the College. To be considered for transfer eligibility, course credits must have been earned a grade of 2.0/4.0 scale or better. Credits used to meet admissions requirements cannot be used in granting advanced standing. The earned grade is not transferred, and thus, the course does not affect the student’s grade point average at Palmer College.

Sub-Component 4.A.4: The institution maintains and exercises authority over the prerequisites for courses, rigor of courses, expectations for student learning, access to learning resources, and faculty qualifications for all its programs, including dual credit programs. It assures that its dual credit courses or programs for high school students are equivalent in learning outcomes and levels of achievement to its higher education curriculum.

Palmer responsibly oversees all academic aspects of our programs. Palmer does not offer dual credit courses or programs for high school students.

The faculties, department chairs, and deans are responsible for planning prerequisites and course sequences; determining breadth, depth, and rigor of course content; clarifying expectations for and assessing student learning (knowledge and skills); providing access to learning resources; and verifying faculty qualifications through the hiring process. Within courses, the faculty determines the learning objectives and assessment strategies.

Sub-Component 4.A.5: The institution maintains specialized accreditation for its programs as appropriate to its educational purposes.

Palmer College maintains specialized accreditation for the Doctor of Chiropractic program from the Council on Chiropractic Education, a professional, programmatic accrediting body.

In 1979, Palmer College of Chiropractic gained initial accreditation by the Commission on Accreditation of the Council on Chiropractic Education (CCE). Palmer College of Chiropractic-West obtained CCE accreditation in 1985 and Palmer Florida at its inception in 2002. Palmer College received a full 8-year reaffirmation in 2007 and is due for reaffirmation in 2015.

The College has been granted approval by the U.S. Department of Education, Department of
Veterans’ Affairs, and the Immigration and Naturalization Service to participate in financial aid programs, train veterans, and enroll non-immigrant students.

Palmer’s campuses are compliant with state higher education regulations for each physical location. The Davenport Campus is exempt under Iowa Code §261B.11 (10). The Florida Campus is licensed to operate by the Commission for Independent Education, Florida Department of Education. The West Campus holds an exempt status with the Bureau for Private Post-Secondary Education, pursuant to the California Private Postsecondary Education Action of 2009 and California Education Code §94874.1. The College is compliant with individual state regulations relevant to any trigger of physical or operating presence as defined by states pursuant to the Higher Education Opportunity Act and 34 CFR § 600.9.

Sub-Component 4.A.6: The institution evaluates the success of its graduates. The institution assures that the degree or certificate programs it represents as preparation for advanced study or employment accomplish these purposes. For all programs, the institution looks to indicators it deems appropriate to its mission, such as employment rates, admission rates to advanced degree programs, and participation rates in fellowships, internships, and special programs (e.g., Peace Corps and AmeriCorps).

Palmer College of Chiropractic evaluates the success of its graduates by monitoring a number of indicators that vary by program, such as placement and participation in the field, debt repayment status, licensure to practice, and pursuit of advanced degrees.

Doctor of Chiropractic Program

While traditional education programs rely on placement rates to determine program success, the nature of chiropractic is that most graduates exit the program and begin practice as solo or associate practitioners. Accurate determination of licensure rates is difficult; a clearinghouse for such information does not exist and there is no uniformity by which state licensing boards provide data. NBCE Part IV pass rates and self-reported licensure through survey sampling were used in the past to get a feel for placement. Neither NBCE Part IV pass rates nor licensure rates are true metrics for active employment. Over the past two years, the College has more aggressively sought to determine active employment of its DCP graduates within six months of graduation by searching the web, using social media, and individually placing calls to its graduates. In 2012 and 2013, employment of Davenport graduates was 94% and 86% respectively; Florida graduates 85% and 73%; and West graduates 76% and 84%.

A successful graduate will be gainfully employed and in good standing regarding payments toward his/her federal student loan debt. The average loan indebtedness of a graduate from the DCP is $165,000. The most recent (2011) 3-year Title IV loan default rate as reported by the federal government for Palmer graduates is 3.3%, down from 3.4% the previous year. The average for all chiropractic colleges is 4.3%. The national average for all U.S. colleges and universities is 13.7%.

Master of Science in Clinical Research

Of the four graduates since 2012, 100% were employed in research or academic positions or in a post-doctoral training program within one year of graduation; and 100% submitted at least one peer-reviewed article or abstract within three years of graduating.

Bachelor of Science Completion in General Science
The Bachelor of Science Completion program targets students who have already applied to the DCP. Only students who matriculate into the DCP can receive a BS degree from Palmer College. The Bachelor’s degree also qualifies DCP graduates for Florida state licensure. The percentage of students that have taken Bachelor classes at Palmer and received a Bachelor’s degree has increased over the last three years from 25% to 77%.

**Associate of Applied Science in Chiropractic Technology**

The AASCT program measures the success of its students by monitoring placement rates. This measure is determined from the Program Placement Survey and alumni contact made by the Undergraduate Job Placement Coordinator following students’ graduation from the program. Eighty percent of graduates have found employment or enrolled in an advanced degree program in a healthcare field each year over the past two years, exceeding an expected threshold of 70%.

The institution demonstrates a commitment to educational achievement and improvement through ongoing assessment of student learning.

1. The institution has clearly stated goals for student learning and effective processes for assessment of student learning and achievement of learning goals.
2. The institution assesses achievement of the learning outcomes that it claims for its curricular and co-curricular programs.
3. The institution uses the information gained from assessment to improve student learning.
4. The institution’s processes and methodologies to assess student learning reflect good practice, including the substantial participation of faculty and other instructional staff members.

Argument

Sub-Component 4.B.1: The institution has clearly stated goals for student learning and effective processes for assessment of student learning and achievement of learning goals.

Palmer College values student learning and has developed student learning goals for each degree program. It conducts regular assessments and commits resources to assure accurate development, measurement, and reporting of its successes.

The College provides support services to the faculty for assessment of student learning through an Assessment Office located on the Davenport campus. The office is staffed with a Senior Director for Assessment, a Director of Clinical Assessment and Integrity and an Objective Structured Clinical Examination (OSCE) Coordinator. Program assessment activities across the system are coordinated and reported through the Assessment Office. On the Florida Campus, a full-time faculty member with release time serves as a part-time Assessment Coordinator. On the West Campus, a full-time Director of Assessment position has been recently approved and a search is underway to fill the position. The West Campus deans coordinate assessment activities with the Assessment Office.

Doctor of Chiropractic Program

The program learning goals of the DCP are embodied in the Palmer Chiropractic Abilities, which represent the attributes of a successful Palmer DCP graduate. Throughout the curriculum, individual course learning goals and outcomes are described in syllabi.

Several abilities play a significant role in curriculum and program development. Patient Evaluation and Patient Management incorporate the broadest and deepest elements of graduate competency described by the CCE Meta-Competencies. They represent the core targets for student and program assessment. The DCP program goals and outcomes are specifically designed to demonstrate the learning expected of students in preparing to become successful chiropractors. One method the College uses to assess core competencies in a clinical setting is a rubric system called Qualitative Evaluations (QEs). The competencies described in the QE Narratives make the expected learning explicit to students and their mentoring clinical faculty, inform the Clinical Assessment Plan, and are the intended learning outcomes used to measure program learning goals. The Clinical Assessment Plan embraces the Miller's Pyramid of Competency model and outlines the methods used across the campuses to commonly assess clinical competency according to the defined learning outcomes. The...
plan incorporates clinical and radiology entrance Objective Structured Clinical Examinations (OSCEs); case-based assessments; clinical, laboratory and radiology QEs; intern self-assessments; and a global rating assessment of interns. Students and faculty receive bi-weekly status updates on progress. Students and faculty receive bi-weekly status updates on progress. Composite reports on QE status and student performance levels are distributed to all campuses each term. (As an aside, Palmer College assisted the CCE in developing its clinical Meta-Competencies by sharing its QE Narratives.)

The DCP also measures program effectiveness outcomes tied to several program effectiveness goals, which are outlined in its annual Program Effectiveness Report (see 4.B.2). Quality assurance of key clinical performance and patient care indicators that directly and indirectly impact student learning are assessed in a Clinical Integrity Program (CIP) through patient file audits (see 4.B.2).

**Master of Science in Clinical Research**

The learning goals of the Master’s program in Clinical Research are designed to instill in each Research Fellow an understanding of and a capacity for research, scholarship, independent judgment, academic rigor, and intellectual honesty.

Data is collected annually but reported every two years on the student learning and program effectiveness outcomes due to the small number of students in the program, the structured curricular schedule, and the variation in student practicum projects. The director of the MSCR, with the help of the Graduate Oversight Committee, makes recommendations for program and/or curricular change based on effectiveness outcomes.

**Bachelor of Science Completion in General Science**

The Bachelor of Science program offers up to 30 credit hours of 300-level elective coursework to qualify for the degree. The learning goals of the elective BS curriculum prepare graduates for success in the DCP by adding knowledge of advanced life sciences related to human anatomy and physiology, and skills in effective communication, critical thinking and small business management. Like the MSCR program, due to the smaller number of students enrolled in the BS completion program the BS learning outcomes data are collected and reported every two years by the program director to the Dean of Academics. This report is reviewed with the Undergraduate Program Assessment Committee and program faculty who make recommendations for program and/or curricular change. Since the remaining 30 credit hours are earned concurrently while enrolled in the first year of the DCP, student success is assessed using the DCP measures.

**Associate of Applied Science in Chiropractic Technology**

The learning goals of the AAS curriculum prepare graduates to work alongside chiropractors, assisting in patient examinations, diagnostic imaging, physical therapeutic applications, and the full range of office procedures and billing. Likewise, the AAS learning outcomes and AAS program effectiveness outcomes data are collected each term and summarily reported every two years by the program director to the Dean of Academics.

Sub-Component 4.B.2: The institution assesses achievement of the learning outcomes that it claims for its curricular and co-curricular programs.

**Palmer College has established meaningful measures to assess achievement of its learning outcomes for all academic programs.**
Each degree program has its own unique set of program learning goals and effectiveness measures. The College’s initial focus for student learning assessment was the Doctor of Chiropractic Program (DCP). It is the largest academic program (comprising 97% of enrollment) and involves all three campuses, thus providing a rich source of comparative learning data. The DCP learning and program effectiveness outcomes are reported annually through an Educational Outcomes Report and a Program Effectiveness Report. The other programs report biennially. The cycle for reporting program assessment outcomes is the fiscal year. While monitoring of learning outcomes occurs throughout the year, various assessment reports are written and distributed to deans, directors, department chairs, and faculty for interpretation and response by early fall.

Doctor of Chiropractic Program

The goal of the assessment plan for the DCP is to measure all ten Palmer Chiropractic Abilities at the student and program levels on a 5-year cycle. To date, plans for three of the five years have been developed and implemented. Reports have been disseminated for years 1 and 2; the year 3 report is being drafted.

The College employs an assessment model developed by Dr. Susan Hatfield, professor from Winona State University. The learning assessment targets for the first two years of the plan include the main elements of clinical education related to patient assessment and patient management, as expressed in a set of Qualitative Evaluation (QE) Narratives. The learning is measured through two direct methods and one indirect – sub-test scores on the National Board of Chiropractic Examiners (NBCE) licensure exams tied directly to the outcomes; a rubric-styled (QE) rating tool to assess clinical knowledge, skills, and attitudes in an ambulatory setting; and a senior survey soliciting student input on their own sense of achievement of these specific outcomes at graduation. Performance data from each campus are aggregated and compared. An Educational Outcomes Report is developed and disseminated broadly to academic and clinic deans and their faculties. Years 1 and 2 of the plan were previously reported in 2008 and 2009. The DCP 2012-13 Educational Outcomes Report and Executive Summary re-measured these outcomes. The Council on Chiropractic Education (CCE) requires public posting on the College website of the two most recent years of NBCE pass rates compared to the national average.

Year 3 of the plan is focused on assessing effective communication, critical thinking and problem-solving, and business management. Once again, NBCE sub-test scores and QE scores are used where available, and course projects are developed and evaluated as evidence of mastery of certain competencies. Senior surveys are also employed.

The DCP also employs measures of overall program effectiveness, charting NBCE overall pass rates, course pass rates, graduating class GPA, completion rates at the 150th percentile, licensure rates, student and patient satisfaction, Title IV loan default rates, and field training rates. The DCP 2012-13 Program Effectiveness Report and Executive Summary represent the most recently disseminated information. The 2013-14 report is being drafted and will convey the three most recent years of trended data.

The Palmer Clinics maintain a quality assurance Clinical Integrity Program (CIP) of key clinical performance and patient care indicators that are monitored through patient file audits. Many of the measures focus on compliance with industry standards for documentation and billing. Other measures assess compliance with professional accreditation standards. Performance thresholds of 80% were set for each measure with action required for all indicators performing below threshold. In FY 2012-13, the threshold was increased to 90%, as a result of the previous improvement efforts. Measures are assessed on a quarterly basis.
Master of Science in Clinical Research

The program learning assessment outcomes in the Master of Science degree program are focused on elements of critical appraisal of the literature, developing a research proposal, data management and analysis, and dissemination of research findings. Outcomes data are reported biennially to achieve a larger population and increased precision in drawing conclusions. The MS 2012-14 Educational Outcomes Report and Executive Summary capture the most recent performance data, analyses, and recommendations. With the small number of students in the program, the mechanism used to report cohort learning outcomes as a tool to inform program improvement should be re-evaluated.

The MS program also employs measures of overall program effectiveness, charting both in-program and after-program outcomes. The MS 2012-14 Program Effectiveness Report and Executive Summary represent the most recent disseminated information.

Bachelor of Science Completion in General Science

The program learning assessment outcomes in the Bachelor of Science completion degree program are focused on communication, critical thinking, and business management skills as found in the elective curriculum. Advanced life sciences knowledge is measured in the first year of the DCP through dual credits earned in that degree program.

Verbal, non-verbal, and written communication skills are measured in the communications and business courses. Direct measures include embedded learning artifacts scored by rubric in each of the elective courses. The ability of students to think critically (defined as being able to seek and analyze current, evidence-based research and apply logical decision-making processes to identify and manage problems) is measured in the psychology, humanities, and kinesiology courses. Critical thinking exam questions are also used to assess learning in these three elective courses. General business and financial knowledge is measured in each of the two business courses offered each term. Outcomes are reported every two years by the program director. The BS 2012-14 Educational Outcomes Report and Executive Summary capture the most recent performance data, analyses, and recommendations.

Associate of Applied Science in Chiropractic Technology

The learning assessment outcomes in the Associate degree program are focused on clinical competency, critical thinking and professional growth competency, and business and communication knowledge and skills. Outcomes data are reported biennially to achieve a larger population and increase precision in drawing conclusions. The ASCT 2012-14 Educational Outcomes Report and Executive Summary capture the most recent performance data, analyses and recommendations.

The AASCT program also employs measures of overall program effectiveness, charting the American Chiropractic Registry of Radiologic Technologists (ACRRT) licensure exam pass rates, Clinical Assessment Practical (CAP) exam pass rates, course pass rates, graduating class GPA, completion rates at the 150th percentile, student satisfaction, externship employer satisfaction, and AASCT placement rates. The ASCT 2012-14 Program Effectiveness Report and Executive Summary represent the most recent disseminated information.

Co-curricular Assessment

While Palmer has taken initial steps to assess its co-curricular programs, more work is needed to advance assessment practices in these areas. Palmer’s Student Services and Clinical Affairs Divisions worked with the Office of Institutional Research and Effectiveness to develop co-curricular
assessment plans for all co-curricular programs and services offered. A series of presentations and departmental-specific meetings occurred in 2011 that culminated in a final co-curricular assessment planning report in January 2012.

During the co-curricular assessment planning process, each Palmer unit reflected on how its current programs and services connected with the Mission. Once programs and services were connected back to the Mission, department heads created operational, programmatic, and learning outcomes for their programs and services where appropriate.

Each participating unit completed a co-curricular assessment report on its programs and services. The 2013 Institutional Effectiveness Assessment Summary Report for extra and co-curricular programs reports all results of the co-curricular assessments, as well as presents a meta-assessment of the resultant assessment process and results for continuous quality improvement. Of the final assessments completed by all Palmer units, three were exemplary (Clinic Abroad, Palmer Academic Success Services, and the Palmer Center for Business Development) while the remaining program’s assessments required differing levels of quality improvements. The report provides recommendations to the Student Services division to improve ways to measure the overall contribution and effectiveness of its delivered programs and services.

**Institutional Effectiveness Reporting**

Institutional effectiveness reporting using balanced scorecards at the division level is a process that continues to evolve. For instance, the key performance measures listed in the Academic Affairs Scorecard provide an overview of performance in three primary Academic Affairs areas:

I. Faculty, instructional staff, and administrators who are well-prepared and committed to excellence in teaching, learning, service, and scholarly inquiry are sought and retained.

II. Educational programs are effective, progressive, evidence-based, focused on contemporary clinical practice, patient-centered, and advance the profession.

III. Facilities, resources, and technology promote effective learning, teaching, service, and scholarship.

Academic Affairs produces an Academic Affairs Annual Report and Scorecard that is shared with the Board of Trustees and the academic community on an annual basis. The report details progress made on key Academic Affairs initiatives and provides analysis of scorecard data.

*Sub-Component 4.B.3: The institution uses the information gained from assessment to improve student learning.*

**Palmer College uses the data it receives from its assessment plans and reports to monitor the success of its programs and to provide evidence to support change.**

**Use of Assessment Data in Curriculum Change**

The Assessment Office disseminates programmatic assessment reports directly to the College Provost and program deans, who in turn share them with department chairs/directors and faculty. Deans are responsible for seeing that improvement strategies at the curricular and course levels are developed and implemented when indicated. Department chairs/directors and their faculties support their curriculum change proposals with the assessment data from these and other reports. Because curriculum review and change is data-driven, the outcomes data is continually monitored to evaluate
the impact of changes. Curriculum changes at the Davenport, West and Florida campuses are systematically cataloged and archived by the campus registrars.

The academic deans at each campus submit an annual report on proposed, ongoing, and completed academic initiatives in their areas. Included in each report are assessment-based program changes. Each campus’s changes are aggregated and reported to the Board of Trustees and academic community through the Academic Affairs Annual Report and Scorecard. The assessment reports are also included in the scanning process for strategic planning.

As mentioned previously, the Palmer Clinics maintain a quality assurance Clinical Integrity Program of key clinical performance and patient care indicators. Deficiencies are documented and corrective action plans written and implemented, based upon pertinent data findings at each campus.

Examples of changes made to the Master of Science in Clinical Research program based on the assessment data include ongoing faculty development training and student learning initiatives; e.g., use of rubrics, modification of the review process to include discussion and scoring of each section of a research proposal, and participation in journal club discussions.

An AASCT measure that was unmet during much of the two-year assessment period was the critical thinking competency component of the Insurance CAP Exam. These data were utilized in a curricular proposal to expand insurance training from four credit hours to six, offering insurance courses over three trimesters.

Sub-Component 4.B.4: The institution’s processes and methodologies to assess student learning reflect good practice, including the substantial participation of faculty and other instructional staff members.

**Palmer College has developed effective assessment processes that utilize participation of faculty and staff in developing learning outcomes and in advising for curricular revisions. The College’s assessment programs have been positively recognized by both CCE and HLC.**

In 2009 the CCE site team noted in their follow up report, “... the team was able to verify the comprehensive and integrated nature of the assessment system at Palmer. The leadership of the assessment agenda has a plan and is operating the plan. The plan is data-driven and iterative, which is to say that the results of analysis bear on planning and future efforts in evaluation. The team noted that most constituents were knowledgeable of the outcomes of the analyses and were cooperative in operationalizing suggested strategies to strengthen assessment methods. The Site Team recognizes the program for its assessment processes and strategies as being strengths of the institution.”

Palmer’s earliest and ongoing assessment initiatives (2005) required the efforts of the faculties and administrators across the three campuses to develop the Palmer Chiropractic Abilities, the clinical Qualitative Evaluation (QE) Narratives and rubric-assessment system, Clinical and Radiology Objective Structured Clinical Exams (OSCEs), the clinical global rating assessment of interns, and the learning outcomes for each course. The validity of these guiding documents, assessment processes, and instruments was due largely to faculty participation.

Since its last comprehensive visit from the HLC (2009), the College has been giving significant attention to further developing the reliability of the QE system. Through close monitoring of the QE data, differences were detected across all campuses in application of the process. Faculty training has been key to improving the accuracy and quality of feedback the mentoring clinical faculty give to their interns. Adjustments in the rubric as well as frequent discussions among clinic faculty have
resulted in better discrimination in reporting student performance. A global rating instrument has also been adopted for use in the clinic and by preceptor doctors.

The Davenport and Florida campuses are more synchronous with deployment of all the elements of the Clinical Assessment Plan. The West campus differs in execution of a clinical entrance OSCE, using embedded course assessments rather than a standalone exam to determine student readiness for an outpatient clinical experience. With the addition of a Director for Assessment on the West campus, attention will be given to adopting the same practices and clinical cases used at the Davenport and Florida campuses, thus generating three-campus comparative data on student performance and readiness.

The graduate and undergraduate faculty and administrators work together to identify embedded course assessments that are used as artifacts in assessing learning at the program level.

Faculty and staff participate in ongoing training each term including training in the use of clinic assessment tools, data interpretation and implications for change, and formal training of new clinic hires. In addition, faculty and staff participate in assessment conferences and workshops, presentations by external consultants, and faculty in-service presentations.

Further evidence of the use of best practices in the assessment of student learning is demonstrated by the commendation of the HLC staff following a 2011 progress report on assessment. The staff stated, "Palmer College of Chiropractic had submitted an excellent progress report that provided ample evidence of the College’s success in addressing the comprehensive visit team’s concerns. It is clear from the progress report that the College has successfully developed and implemented an assessment program for all of its academic programs, whether graduate, undergraduate or associates. Further, the College has successfully organized a great deal of data relating to the assessment of programs and learning in all of the academic programs. The College is commended for this success and for an excellent progress report."

Palmer College of Chiropractic - Assurance Argument - 12/11/2014
4.C - Core Component 4.C

The institution demonstrates a commitment to educational improvement through ongoing attention to retention, persistence, and completion rates in its degree and certificate programs.

1. The institution has defined goals for student retention, persistence, and completion that are ambitious but attainable and appropriate to its mission, student populations, and educational offerings.
2. The institution collects and analyzes information on student retention, persistence, and completion of its programs.
3. The institution uses information on student retention, persistence, and completion of programs to make improvements as warranted by the data.
4. The institution’s processes and methodologies for collecting and analyzing information on student retention, persistence, and completion of programs reflect good practice. (Institutions are not required to use IPEDS definitions in their determination of persistence or completion rates. Institutions are encouraged to choose measures that are suitable to their student populations, but institutions are accountable for the validity of their measures.)

Argument

Sub-Component 4.C.1: The institution has defined goals for student retention, persistence, and completion that are ambitious but attainable and appropriate to its mission, student populations, and educational offerings.

Sub-Component 4.C.2: The institution collects and analyzes information on student retention, persistence, and completion of its programs.

For the sake of readability and to avoid repetition, Sub-Components 1 and 2 are discussed together.

As part of ongoing program review, each program monitors and reports student completion. The DCPs also monitor retention.

Doctor of Chiropractic Program

As a single purpose professional degree-granting institution, 97% of its students are enrolled in a doctor of chiropractic program. The Completion Rate at the 150th percentile is a calculation of total graduation rate at 15 terms for a 10 trimester program and 19 terms for a 13 quarter program. Completion rates at the 150th percentile for each campus are reported in the Program Effectiveness Report (PER) and posted to the public on the College website. These rates are also reported to the CCE in the annual Program Characteristics Report. The most recent 2-year completion average at the Davenport and West campuses is 87% and 94% at Florida, exceeding the institutional threshold of 75%.

The Total Retention Rate presented in the Enrollment Report is defined as matriculated students who have persisted and are either currently enrolled or have graduated from the program. These rates are tracked per term and averaged over a 10-year period. At the Davenport campus a 10-year average is 89%, 86% at the West campus, and 93% at the Florida campus.

In addition to monitoring completion and retention rates, stop-outs, permanent withdrawals, and
dismissals are identified on a term-by-term basis; however, the data may be mitigated based upon a student’s cooperation and willingness to disclose the reason(s) for withdrawal. A deeper analysis to identify trends has not been done to date and is an area to explore that might reveal some issues the College could address.

Course Pass Rate is a measure relating to persistence that is reported in the PER. The College uses this metric to monitor the impact of courses on student academic progress. Because each course is offered every term, the pass rates for courses are weighted and averaged for each term to arrive at an annual pass rate. The Course Pass Rate is calculated based upon the percentage of all courses showing an annual pass rate at or above 90 percent. The Course Pass Rate at all campuses over the past three years has met or exceeded the 90% threshold.

Master of Science in Clinical Research

The most recent 2-year completion average for the Master of Science in Clinical Research is 57% (four of seven students enrolled).

Bachelor of Science Completion Program in General Science

The annual BS Completion Rate is 57.4%. Entrance into the BS Completion Program requires students to first apply to the DCP. The BS completion degree is conferred simultaneously with, but independently from, the Doctor of Chiropractic degree. The 150th percentile for completion is calculated from the entrance date of dual enrollment in the BS Completion and DC programs. All students taking BS courses are enrolled in the BS completion program. The low completion rate reflects students who intend to complete the BS degree as well as those who simply take BS courses as a bridge into the DCP.

Associate of Applied Science in Chiropractic Technology

The two-year AASCT Completion Rate is 41% (23/56). A number of students in the AASCT program do not intend to complete the degree, but use the credits toward meeting prerequisites for the DCP, specifically the Anatomy and Physiology I & II courses. All students taking AAS courses are enrolled in the AAS degree program. An analysis of students in the program intending to complete the degree shows a two-year completion rate of 79% (22/29).

Sub-Component 4.C.3: The institution uses information on student retention, persistence, and completion of programs to make improvements as warranted by the data.

Retention, completion, and persistence in the DCPs remain favorable and the College continues to provide resources to support student success.

The trended completion and retention data in each doctor of chiropractic program have not indicated a need to dedicate additional resources toward improvement. The completion rates of the BS and AAS programs are affected by a number of students using these programs to meet DCP prerequisites. If the students’ ultimate goal is to become a chiropractor, the most cost effective way to meet that goal in the Palmer system is to earn the 90-credit-hour prerequisites to the DCP as expeditiously as possible.

Reasons for leaving an academic program are gathered by the registrars on each campus. Students are interviewed to identify the academic and/or non-academic reasons for leaving and the information is shared with the appropriate administrators. Common reasons for students leaving a program include separation from family and friends, financial stresses, health issues, and academic difficulties.
**Sub-Component 4.C.4: The institution’s processes and methodologies for collecting and analyzing information on student retention, persistence, and completion of programs reflect good practice.**
(Institutions are not required to use IPEDS definitions in their determination of persistence or completion rates. Institutions are encouraged to choose measures that are suitable to their student populations, but institutions are accountable for the validity of their measures.)

Palmer College of Chiropractic follows best practices in collecting and reporting on student retention and completion.

Because the CCE uses the term completion rate rather than graduation rate (150th percentile completion), the College uses this terminology. Retention is defined as matriculated students who have persisted and are either currently enrolled or have graduated from the program. Both current and historical retention is monitored. The Institutional Research and Effectiveness department, Accreditation and Licensure department and Registrar’s office follow strict protocols for the collection, analysis, and reporting of these data. They use data definitions consistent with higher education standards and practices. Analyses of data are completed using statistically sound practices and quality control measures are in place to assure accurate calculation of data. Data are analyzed at the program level as well as by identified subgroups. Results of these analyses are shared with College administrators and appropriate College communities.
4.S - Criterion 4 - Summary

The institution demonstrates responsibility for the quality of its educational programs, learning environments, and support services, and it evaluates their effectiveness for student learning through processes designed to promote continuous improvement.

Summary

The Doctor of Chiropractic program at Palmer College of Chiropractic accounts for 97% of all students enrolled at the institution. The remaining students are enrolled in the Masters of Clinical Research, the Bachelor of Science Completion, and the Associate of Applied Science programs. All programs are guided by program and student learning goals and are assessed regularly to assure quality and effective curricula. Processes and policies ensure faculty participation in student assessment and curricular development. Additionally, the doctor of chiropractic program maintains specialized, professional accreditation through the Council on Chiropractic Education. While enjoying high completion rates, the College tracks completion, retention, stop-outs, permanent withdrawals, and dismissals on a term-by-term basis to monitor program completion.