CCE Policy 3 CCE Meta-Competencies & Guidelines

The DCP is required to demonstrate that its students have achieved the mandatory meta-competencies and their required components and outcomes noted below. Within the constraints of the meta-competencies and evidence-informed assessment techniques, each DCP is free to determine its own method of meta-competency delivery and assessment. Ultimately, the DCP is accountable for the quality and quantity of its evidence of compliance with the meta-competencies and their required components and outcomes.

A meta-competency assessment guide, Guidelines for DCP Assessment of Meta-Competencies, is attached to this policy. The guide is designed to provide insight into several options for documenting success in achieving the competency requirements. The guidelines are not meant to be all inclusive or prescriptive with respect to the evidence necessary to demonstrate compliance.

CCE Clinical Education Meta-Competencies
A graduate of a CCE accredited DCP is competent in the areas of:

META-COMPETENCY 1 - ASSESSMENT & DIAGNOSIS

An assessment and diagnosis requires developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation, hypothesis generation and testing, and critical evaluation of diagnostic strategies. It is a dynamic process that occurs before, during, and after the collection of data through history, physical examination, imaging, and laboratory tests.

REQUIRED COMPONENTS:

A. Compiling a case-appropriate history that involves a process focused on patients' health status, including a history of any present illness, systems review, and review of past, family and psychosocial histories for the purpose of directing clinical decision-making.

B. Determining the need for and availability of external health records.

C. Performing case-appropriate physical examinations that include evaluations of body regions and organ systems, including the spine and any subluxation/neuro-biomechanical dysfunction, that assist the clinician in developing the clinical diagnosis(es).

D. Utilizing diagnostic studies and consultations when appropriate, inclusive of imaging, clinical laboratory, and specialized testing procedures, to obtain objective clinical data.

E. Formulating a diagnosis(es) supported by information gathered from the history, examination, and diagnostic studies.

OUTCOMES:

1) Documentation of a list of differential diagnosis(es) and corresponding exams from a case-appropriate health history and review of external health records.

2) Determination and documentation of the significance of physical findings and thereby the need for follow-up through a physical examination, application of diagnostic and/or confirmatory tests and tools, and any consultations.

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3) Generation of a problem list with diagnoses after synthesizing and correlating data from the history, physical exam, diagnostic tests, and any consultations.

META-COMPETENCY 2 - MANAGEMENT PLAN

Management involves the development, implementation and documentation of a patient care plan for positively impacting a patient's health and well-being, including specific therapeutic goals and prognoses. It may include case follow-up, referral, and/or collaborative care.

REQUIRED COMPONENTS:

A. Establishing a management plan appropriate for the diagnosis and the patient's health status, including specific therapeutic goals and prognoses.

B. Determining the need for emergency care, referral and/or collaborative care.

C. Providing information to patients of risks, benefits, natural history and alternatives to care regarding the proposed management plan.

D. Obtaining informed consent.

E. Determining the need for chiropractic adjustment and/or manipulation procedures, or other forms of passive care.

F. Determining the need for active care.

G. Determining the need for changes in patient behavior and activities of daily living.

H. Monitoring patient progress and altering management plans accordingly.

I. Recognizing the point of a patient's maximum therapeutic benefit and release of the patient from corrective care, and communicating rationales for any ongoing care.

J. Incorporating patient values and expectations of care in the management plan.

OUTCOMES:

1) Formulation and documentation of an evidence-informed management plan appropriate to the diagnosis, inclusive of measureable therapeutic goals and prognoses in consideration of bio-psychosocial factors, natural history and alternatives to care.

2) Documentation of informing the patient of any need for emergency care, referral and/or collaborative care.

3) Documentation of informed consent.

4) Deliverance and documentation of appropriate chiropractic adjustments/manipulations, and/or other forms of passive care as identified in the management plan.

5) Deliverance and documentation of appropriate active care as identified in the management plan.

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6) Documentation of patient counseling regarding recommended changes in life style behaviors and activities of daily living.

7) Documentation of modifying the management plan as new clinical information becomes available.

8) Documentation of end points of care.

META-COMPETENCY 3 - HEALTH PROMOTION AND DISEASE PREVENTION

Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognizes the impact of biological, chemical, behavioral, structural, psychosocial and environmental factors on general health.

REQUIRED COMPONENTS:

A. Assessing the patient's health and determining areas of potential health improvement (e.g. disease screening, ergonomics, nutrition, fitness, posture, smoking cessation, and risk factor reduction).

B. Addressing appropriate hygiene in a clinical environment.

C. Coordinating health improvement strategies with other health care professionals.

D. Identifying public health issues relevant to patients.

OUTCOMES:

1) Documentation of management of health risks and public health issues, including reporting, as required.

2) Explanation of health risk factors, leading health indicators and public health issues to patients.

3) Provision of recommendations regarding patients' health status, behavior and life style.

4) Recommendation or provision of resources (educational, community-based, etc.) and instruction designed to encourage a patient to pursue change.

5) Recommendation of dietary habits and/or nutritional approaches designed to restore, maintain or improve the patient's health.

6) Implementation of appropriate hygiene practices in the clinical environment.

7) Communication of health improvement strategies with other treating health professionals.

META-COMPETENCY 4 - COMMUNICATION AND RECORD KEEPING

Effective communication includes oral, written and nonverbal skills with appropriate sensitivity, clarity and control for a wide range of healthcare related activities, to include patient care, professional communication, health education, and record keeping and reporting.

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REQUIRED COMPONENTS:

A. Communicating effectively, accurately and appropriately, in writing and interpersonally with diverse audiences (e.g. patients, their relatives and others involved in their care; regulatory agencies, third party payers and employers; and doctors of chiropractic and other healthcare professionals).

B. Acknowledging the existence and nature of different value systems of patients and others.

C. Creating and maintaining accurate and legible records.

D. Complying with regulatory ethical standards and responsibilities involving patient and business records.

OUTCOMES:

1) Provision of accurate and understandable explanations of health issues and management options considering the patient's health care needs and goals.

2) Documentation of any health risks and management options considering the patient's health care needs and goals.

3) Consideration of the patient's ethnicity, cultural beliefs, and socio-economic status when communicating.

4) Generation of patient records, narrative reports and correspondences that are accurate, concise and legible.

5) Evidence of safeguarding the patient's protected health and financial information.

META-COMPETENCY 5 - PROFESSIONAL ETHICS AND JURISPRUDENCE

Professionals comply with the law and exhibit ethical behavior.

REQUIRED COMPONENTS:

A. Applying knowledge of ethical principles and boundaries.

B. Applying knowledge of health care law.

C. Applying knowledge of expected professional conduct.

OUTCOMES:

1) Maintenance of appropriate physical, communication (verbal and non-verbal) and emotional boundaries with patients.

2) Maintenance of professional conduct with patients, peers, staff, and faculty in accordance with established policies.

3) Compliance with the ethical and legal dimensions of clinical practice.

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4) Generation of patient records and diagnostic and billing codes in compliance with federal and state law.

META-COMPETENCY 6 - INFORMATION AND TECHNOLOGY LITERACY

Information and technology literacy are manifested in an ability to locate, evaluate and integrate research and other types of evidence, including clinical experience, to explain and manage health-related issues and use emerging technologies appropriately.

REQUIRED COMPONENTS:

A. Demonstrating knowledge of relevant research methodologies and ability to critically appraise and apply the literature to clinical cases.

B. Using health informatics to access information.

OUTCOMES:

1) Critical appraisal of scientific literature and other information sources.

2) Incorporation of health care informatics into patient care.

META-COMPETENCY 7 - INTELLECTUAL AND PROFESSIONAL DEVELOPMENT

Intellectual and professional development is characterized by maturing values and skills in clinical practice; the seeking and application of new knowledge; and the ability to adapt to change.

REQUIRED COMPONENTS:

A. Demonstrating knowledge of basic, social and clinical sciences sufficient to promote intellectual development and effective patient care.

B. Reflecting on and addressing personal and professional learning issues.

C. Providing evidence of critical thinking skills.

OUTCOMES:

1) Satisfactory performance on licensing board exams and other assessments of student learning.

2) Use of appropriate self-evaluation and other feedback for personal and professional development.

3) Incorporation of critical thinking and clinical experience into patient care.

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CCE Guidelines

Guideline for DCP Assessment of Learning of Meta-Competencies

CCE Meta-Competencies are assessable learning outcomes to be measured at the student and program levels.

The DCP utilizes a system of student assessment and evaluation that is based on the goals, objectives, competencies and learning outcomes established by the DCP, as well the Meta-Competencies defined by the CCE Standards and appropriate to entry-level chiropractic practice. The system must clearly identify the level of performance expected of students in the achievement of these objectives, competencies, and outcomes.

As a component of its assessment plan, the DCP develops and carries out program assessment activities to collect information about the attainment of Meta-Competencies and other DCP competencies, which are desired student learning outcomes. The assessment activities employ a variety of valid and reliable *direct* and *indirect* measures, systematically and sequentially throughout the professional degree program. At the program level, it is suggested that learning is assessed using a minimum of two direct measures and one indirect measure that reflect learning close to or at the end of the program. Assessment methods and tools are appropriate for the type of learning that is assessed. *Direct measures* include student products or performances that demonstrate that specific learning has taken place, including reports, exams, demonstrations, performances, and completed works. *Indirect measures* may imply that learning has taken place (e.g., student perceptions of learning), but do not specifically demonstrate that learning or skill. Such perceptions can come from many perspectives, including students, faculty, internship supervisors, alumni, transfer institutions, and employers. Because each method has its limitations, an ideal assessment program would combine direct and indirect measures from a variety of sources.

Examples of *direct measures* of student learning relative to the *knowledge* component of taking a patient history include student performance on a course written exam and relevant NBCE sub scores on Patient History found in the Part II & III exams. Direct measures of student *performance* relative to taking a patient history include Objective Structured Clinical Exams (OSCEs), clinical Qualitative Evaluations (QE) and Part IV scores related to history taking.

Examples of *indirect measures* of student learning relative to the *knowledge* and *performance* components of taking a patient history include student surveys of their perception of their knowledge and ability, employer surveys, and course evaluations.

Results obtained through assessment of student learning are made available to appropriate constituencies, including students themselves. The DCP uses the analysis of assessment measures to improve student learning and the achievement of the Meta-Competencies.

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Examples of Direct Measures of Learning of Meta-Competencies

- Performance scores on Standardized Tests (sub scores on NBCE exams related to specific meta-competences)
- Course written & practical exams related to meta-competences
- Graded patient file audits
- Clinical OSCEs
- Direct observations in a clinical setting
- Case Studies
- Relevant internships/clinical experiences with evaluation
- Performance based projects with evaluation
- Graded presentations (individual or group)
- Portfolio evaluation
- Research and other published papers
- Progressive disclosure case studies

Examples of Indirect Measures of Learning of Meta-Competencies

- Student Satisfaction relative to their perception of their knowledge/ability regarding a given meta-competency
- Global Rating Scales
- Preceptor surveys
- Classroom assessment techniques
- Clinical mentor evaluations

CCE Guideline for Measuring Program Effectiveness

Along with assessment of learning of Meta-Competencies, each DCP provides evidence of overall program effectiveness through a variety of valid and reliable measures that assess the impact of the curriculum and co-curriculum on learning.

Measures include data with thresholds for success. Examples of measures are found in the table below. Results obtained through program assessment are made available to appropriate constituencies. The DCP uses the analysis of assessment measures for continuous improvement of its curriculum and co-curriculum.

Examples of Direct Measures of the DCP

- NBCE pass rates
- CCEB pass rates
- OSCE pass rates
- Student publication counts
- Evaluation of off-site clinical experiences
- Student portfolio evaluations
- External accreditation reviews
- Course pass rates
- Clinical qualitative evaluation scores
- Patient quality assurance data/analyses
- Progressive disclosure case studies

Examples of Indirect Measures of the DCP

- Satisfaction (Student, Patient, Alumni, Employer)
- Preceptorship rates
- Title IV Loan default rates
- Graduating class GPA
- Graduate placement
- Licensure rates
- Enrollment percentage
- Diversity of student and staff populations
- Retention rates
- First year completion rates
- Graduation rates
- Transfer ratios
- Community services (clinical care)
- Community partnerships
- Extramural grants
- Faculty publications/presentations
- Student complaint percentage
- Articulation agreements with other colleges
- Faculty publication rates
- Faculty retention

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