

REPORT OF THE WSCUC VISITING TEAM
SEEKING ACCREDITATION VISIT 2

Life Chiropractic College West

March 6-8, 2016

Team Roster

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The team evaluated the institution under the WSCUC Standards of Accreditation and prepared this report containing its collective judgment for consideration and action by the institution and by the WSCUC Senior College and University Commission. The formal action concerning the institution's status is taken by the Commission and is described in a letter from the Commission to the institution.

If the institution is granted candidacy or initial accreditation by the Commission, this report and the Commission action letter will be made available to the public by publication on the WSCUC website.

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SECTION I – OVERVIEW AND CONTEXT

A. Description of the Institution and Visit

Life Chiropractic College West (LCCW) is a non-profit public benefit corporation located in Hayward, CA. The college offers a single-degree, postsecondary educational program that trains students to become Doctors of Chiropractic who practice in their chosen community as primary health care providers. Since 1987, the institution and its sole post-secondary degree program, the Doctor of Chiropractic (DC), has been accredited by the Council on Chiropractic Education (CCE). Over the past 34 years, the college awarded 4,653 students (as of summer 2014) the DC degree. Graduates are practicing throughout the US and in many countries internationally. As of fall 2015, LCCW enrolls 564 students and employs 154 employees, including 29 full-time faculty, 41 part-time (adjunct) faculty, and 85 staff. The senior administration of the college includes President Brian Kelly, Executive Vice President (EVP) Anatole Bogatski, Vice President of Academic Affairs (VPAA) Scott Donaldson, and Executive Vice President (EVP) of the Health Center Tim Gay. The Board of Regents has 12 members.

Life Chiropractic College West received eligibility for Pathway B from WSCUC in November 2013. Between March 10 and March 12, 2015, a team of five members visited the institution's only location on the Hayward, CA campus to evaluate LCCW's self-study for initial WSCUC accreditation using Pathway B criteria. On July 15, 2015, LCCW received the letter from the WSCUC commission detailing the results of the institution's initial efforts toward accreditation. WSCUC found the college to be in substantial compliance with Standards 1, 2 and 3, and made recommendations for improvement in some areas covered under these standards. WSCUC found the college in minimal compliance with Standard 4 and specifically required improvement in areas in CFRs 4.1, 4.2, and 4.3. The areas needing improvement to meet the required level of

compliance in Standard 4 were specifically related to the need for well-developed policies and procedures in the collection, analysis, dissemination and use of data for decision-making and planning. On March 6-7, 2016, three members from the original 2015 team visited LCCW campus in Hayward, CA. The purpose of this visit was to evaluate the institution's compliance with the CFRs and Standard 4 identified in the commission letter as recommendation of improvement or minimal compliance. During the visit, the site visit team requested meetings with groups composed of appropriate representatives from LCCW. Meetings were scheduled between 8:00 a.m. and 5:30 p.m. and ranged from 45 to 60 minutes in duration.

B. Quality and Rigor of the Review and Report

After receiving the commission's letter, the VPAA, the Director of Assessment and Educational Effectiveness (DAEE) and the Director of Institutional Research (IR) met regularly to consider the needs of the IR department and how the college could improve in areas identified in the commission letter. The WSCUC steering committee (consisting of the VPAA, EVP, Director of Special Projects, the Director of Library Services, the Director of IR, the DAEE, a department chair, and one faculty member) also met to consider the Commission's letter, the site team report and next steps. In the latter half of 2015, the committee collaborated with faculty, students, and administrators to work on different agenda items. Three committee members, the Director of Special Projects, the EVP and the VPAA, were assigned as writers of the Seeking Accreditation, Visit 2 Institutional Report. These three studied the reports that reflect changes and improvements and gathered information from faculty, staff, and students to support the narrative. The other members of the steering committee acted as editors to the report. The final report has been reviewed and approved by the President and the Board of Regents. The narrative was thoughtfully written, well organized, and focused on the specific recommendations identified in

the Commission letter on July 15, 2015. LCCW provided backup documentation that was easily accessible to the review team as embedded links within the self-study. Additional documents that were requested during the site visit were provided without delay by the ALO.

C. Response to Issues Raised in Past Commission Letters

The following comments briefly summarize the institution's response to issues raised in the WSCUC letter of July 15, 2015. The major issues included diversity, employee turnover, measurement of SLOs and PLOs, student and faculty scholarship/research, institutional research, data driven decision-making and strategic planning. Details specific to WSCUC recommendations for each of the four standards follow in Sections II of this report.

Over the past year, LCCW responded to each of the WSCUC recommendations in a remarkable, comprehensive, and timely fashion. To address the issue of building diversity at LCCW (CFR 1.4), a student focus group was initiated and continues to meet to provide the institution with strategies to meet the needs of a diverse community including students, staff, faculty, and clients. Faculty reported that concepts about diversity are integrated into the curriculum and applied to clinical practice. The employee turnover rate (CFR 3.1) has decreased and LCCW has a process in place to identify factors that influence turnover to assist in hiring and retention practices. Several key hires took place that relate to institutional informatics, assessment, data analyses, and evaluation and also, for faculty development in research/scholarship and in curriculum development and evaluation.

Faculty development sessions took place to promote uniformity in course format by alignment of course objectives and student learning outcomes (SLOs) to program learning outcomes (PLOS). Many courses were reviewed and revised according to a specific format that aligns objectives and SLOs to PLOs (CFR 2.3). While additional work needs to take place so that all courses have

the same format, there has been significant progress. The faculty development initiative for scholarship and research (CFR 2.8) increased faculty's knowledge and interest in research processes and scholarship. However, the number of faculty participants is limited and there is a need to increase the number of faculty actively involved in these activities.

In the process of self-reflection (CFR 4.1, 4.2, 4.3), there is growing evidence that the institution utilizes assessment findings and data analysis for continuous improvement and strategic planning. An April 2016 retreat for the Board of Regents is planned to share the evidence thus far collected for its review on the state of the college and to provide direction for the future. No major changes occurred in the institution since the last visit of the WSCUC accreditation team.

SECTION II –EVALUATION OF INSTITUTIONAL COMPLIANCE WITH WSCUC'S STANDARDS AND IDENTIFIED CFRs FROM PRIOR SEEKING ACCREDITATION VISITS

Standard 4: Creating an Organization Committed to Quality Assurance, Institutional Learning, and Improvement

LCCW has made significant progress in resources and processes indicating a commitment to quality assurance, institutional learning, and improvement. In the area of assessment processes and reporting (CFR 4.1), annual assessment plans have been developed and early data is being used for curriculum revisions and informing teaching practice improvements. Regular conversations are occurring at multiple levels of the institution, from the board level to faculty and staff, to examine departmental and academic activities with the aim of improving both efficiencies and effectiveness. These discussions impact institutional effectiveness in areas such as student recruiting, teaching information literacy, developing value rubrics, upgrading

educational technology, and improving the student experience. The Office of Assessment and Educational Effectiveness is working closely with faculty and department chairs to advance curriculum mapping and the collection of programmatic learning outcomes assessments. They have also instituted assessment pilot studies using signature assignments and e-portfolios that they hope to advance over the next year. Departmental assessment plans have been developed, yet further time is needed to bring these plans to fruition that will allow for a range of data to be collected, analyzed, and used for educational improvement. The annual education department assessment plans need to be implemented so that consistent and thorough outcomes reporting and analysis is used for measuring program learning outcomes that result in improved curriculum planning.

In the area of institutional research (IR), several improvements have been made (CFR 4.2). Additional expertise has been added in the area of statistics and database management. A policy and procedure manual has been developed that outlines the purposes, processes, and timelines of organizing and producing accurate institutional effectiveness reports. Over the last several months, data has been collected and presented in what is called a Fact Book Dec 2015. This book is a pictorial view of institutional data such as enrollment reports, licensure passing rates, completion rates, and benchmarking data. . The Fact Book has been shared with department leaders, faculty and the Board of Regents. It will inform the strategic planning work of the next governing board meeting in April 2016. The plan is to update the data in this book two times per year. When discussing this data with several constituents, they are familiar with the book, but have not had discussions to put meaning or context to this information. Also, still to be decided is how much of this information to post publically on the college's website. At the current time, the only information available to the public is student completion data (by gender and ethnicity), time to completion by gender, and licensing exam passing rates.

Besides the Fact Book, there were several other institutional reports reviewed or discussed by the team. These reports included items such as facility capacity studies, federal and chiropractic accreditation compliance reports, department reports, and co-curricular assessments, etc. There is also a predictive analytic model being developed to connect student admission data with student success. This will be important information for educators to proactively encourage student success. Through the increased staffing of the institutional research department, dedicated energies to organizing data, and improved distribution of this information, the institution has made a major step forward in purposeful discussion regarding institutional improvements. It is recommended that the institution continue to communicate and discuss the information provided in the Fact Book and develop improvement plans based on this analysis. Following several meetings with students, faculty, mid-level managers across many departments, and senior level executives, it is evident that institutional constituents are committed to improvement. They demonstrate dedication to resources toward institutional research and planning (CFR 4.3). The annual planning group meets monthly to discuss initiatives developed to implement the strategic plan, and prioritizing these initiatives. With support of the senior executives, they develop reports for the college president and governing board. It appears that this group is using the institutional effectiveness reports and budget information to make decisions about departmental and institutional performance. These leaders are pleased with the Fact Book Dec 2015 information, specifically the trend data and benchmarking that will help them in the future to make well-informed decisions.

Identified CFRs from Prior Seeking Accreditation Visits

LCCW made great initial steps in improving cultural sensitivity and cultural acceptance. To respond to the recommendation of “*added emphasis on the importance of creating greater*

understanding of diversity and understanding within the community through such means as the development of co-curricular activities focused on cultural acceptance (CFR 1.4)”, the VPAA and Director of Student Life at LCCW discussed the ways to better understand diversity within the community and to develop co-curricular activities focused on cultural acceptance. LCCW formed a student focus group, which includes representatives from different racial-ethnic groups, LGBT community, various religious affiliations, and different chiropractic perspectives. Rich data were collected through this focus group and subsequent meetings. Various events to introduce different cultures and to celebrate different cultural holidays were discussed. The institution’s first annual cultural fair has been planned to be held in the summer of 2016. Faculty trainings on cultural sensitivity are added to faculty development activities in spring 2016 and will engage the campus Title IX Officer. The effectiveness of these events will be assessed through annual climate surveys of students, faculty and staff, future focus group discussion and surveys of event participants. To recruit more students with different backgrounds, LCCW student enrollment department reached out to different minority populations within the community and is building new relationships with them. The institution witnesses a more diversified faculty and staff group and is dedicated to engendering an environment that supports diversity. A stronger focus on cultural awareness and sensitivity are embedded in the curriculum. New conversations to address cultural issues have started in the campus community. It is recommended that LCCW utilizes the results from different measures to assure the sustainability of the efforts in creating a welcoming environment to students, faculty and staff with different backgrounds.

To respond to the recommendation of *“There is a need to improve course learning outcomes to ensure that they are all measurable and to integrate program learning outcomes throughout the curriculum as evidenced in all course syllabi (CFR 2.3)”*, the Team met with the Directors of

Assessment and Educational Effectiveness, Educational Technology, the Library and the faculty to discuss their perspectives on the institution's progress in aligning course objectives and SLOs to PLOs. A description of the workshop "Preparing an Effective Syllabus: Goals, Objectives, and Student Learning Outcomes" as well as copies of all course syllabi were available for team review. Evidence of faculty development activities to facilitate the process of aligning course objectives and SLOs to the PLOs resulting in a consistency of course formats and an alignment of outcomes across the curriculum was available. A curriculum map posted in the Team Room demonstrated the linkages between SLOs and PLOs in the curriculum according to the level of competency expected.

According to academic leadership and faculty, there is periodic curriculum assessment, evaluation, and based on evidence, revision of courses. A Department Chair presented an example of how assessment data resulted in curricular revision. Students were not scoring well on national boards that relate to normal radiology findings. A team of faculty determined where the gap was occurring in the curriculum and recommended that normal radiology findings/skills occur earlier in the curriculum in the Anatomy course. It is believed that the change will facilitate students' ability to discriminate between normal and abnormal findings later as they enter into clinical practice.

The Assessment Plan for LCCW has a conceptual model identified as the "Assessment Loop". It includes the alignment of goals within courses, collection of evidence for student learning, interpretation of the evidence for strengths and weaknesses, insights that enhance learning, and setting student learning expectations. It continues by listing the institutional mission statement and its goals followed by a list of student outcomes and learning goals. There are nine program learning outcomes (PLOs) seven of which are specific CCE professional accreditation metacompetencies. Each PLO is followed by specific behaviorally stated student learning

outcomes (SLOs). Examples of how the outcomes are measured include national board results, e-Portfolios, and signature assignments.

In the past year, the institution, under the leadership of the Director of Assessment and Educational Effectiveness, the VP of Academic Affairs, the Academic Planning group, and faculty made extensive revisions to course syllabi to align the Program Learning Outcomes (PLOs), Student Learning Outcomes (SLOs), and course objectives. However, inconsistencies in some of the courses reviewed were evident and while course objectives and SLOS were listed for each course, in some cases, it appeared that PLOs were listed at the end of the syllabus without linkage to the course objectives and SLOs. The curriculum map helps to specify at what level SLOs are introduced, reinforced, or mastered. It would be helpful to list specific measures in order to verify the progression of course objectives and SLOs toward reaching the PLOs. At times, course learning activities and teaching strategies in course syllabi are listed as objectives or SLOs.

Recommendations for advancing CFR 2.3:

- Continue to refine the curriculum in order to link course objectives and SLOs to the PLOs.
- Assure that objectives and outcomes are measurable and at what level of performance is expected, i.e., introduction, reinforcement, or mastery.
- Develop specific strategies for follow-up of the assessment and data analyses of outcomes for long range strategic planning,

Through self-reflection, academic leadership and faculty demonstrated an understanding of curriculum planning and the continued need for course revisions to align learning outcomes to program outcomes.

To respond to the recommendation of “*To advance chiropractic care, it is necessary to further develop the resources and mentoring of faculty and student scholarship and research (CFR 2.8)*”, LCCW implemented a comprehensive research and scholarship mentoring program for faculty and students within a very short time frame. The Team met with the Directors of Research, Educational Technology, the Library, and the Chair of the IRB to review and verify the initiatives to develop the resources and mentoring of faculty and students in research and scholarship. Samples of the materials available to faculty were provided as well as a listing of faculty proposals and projects.

College administrators and faculty verified the existence of funds available for faculty development and additional funds for professional presentations at conferences and meetings.

Under the leadership of the new Director of Research, faculty development programs were implemented to educate and support faculty on the research and scholarship processes.

The agreement with the faculty union to include scholarship and research production as part of the faculty role and evaluation serves as an impetus to increase these activities. Roles and responsibilities for full time faculty include teaching, service, and scholarship, thus it was reported that workloads are adjusted accordingly. The Director of Research reported an increased number of faculty research proposals and projects so that within the next few years, there should be an increase in scholarship/research production.

The new Director of Research is highly qualified for initiating the goal of increased faculty and student scholarship and research. Together, with the college leaders in educational technology, library services, and the chair of the IRB, the Director is building a strong support system for faculty and student research/scholarship. Faculty and administrators recognize the need to move away from just attending professional conferences to building a scholarly baseline for the advancement of chiropractic education and practice. Faculty members reported that they have

been and will be part of the identification of criteria for meeting scholarship/research expectations.

According to the president and verified by others, LCCW identified three major areas of research to emphasize according to the institution's specific role in health care. The areas include education, quality of life, and children's issues. Administrators and faculty recognize that the discipline is professional in nature and therefore, research and scholarship emphasize translational research processes and application to practice. While there has not been time to implement a program to seek research grants for student and faculty scholarship funding, there is a plan in place that will be underway in the near future.

The specific faculty research and scholarship programs that were developed and implemented include Journal Clubs and Brown Bag lunches to review research processes and to share scholarly projects. Participation in the faculty Journal Clubs is by invitation and voluntary, thus at this time, only a small percentage of the total fulltime faculty are participating. The faculty members who participated in these programs are very enthusiastic about their ability to develop research skills, the ideas that can be generated through colleague collaboration, and the support from the college for these activities.

Student research and scholarship initiatives are underway with the revision of the research strand courses in the curriculum and the coordination of informatics, library services, and research services. The Director of the Library reports that students use the services when assigned specific activities in their courses. Assigned case studies serve to encourage students;' development of scholarly pursuits; however, the Director of the Library and the faculty pointed out that student academic schedules prohibit in-depth scholarly pursuits. Recommendations for advancing CFR 2.8:

- Consider additional incentives for increased numbers of faculty to participate in research and scholarship in light of the union agreement for performance evaluation that includes scholarship and research.
- Work with the Director of Research and the faculty to overcome some of the barriers to participation such as workload, distance outreach, and scheduling conflicts.
- Work with the Director of Research, faculty, and students to identify ways in which to increase students' scholarly pursuits, such as student/faculty collaboration.
- Implement the plan for seeking and receiving federally sponsored grants and scholarships /traineeships.

Through self-reflection, the Directors of Research, Educational Technology, and the Library as well as the Chair of the IRB and faculty demonstrated an understanding of the need for increased research and scholarship production by faculty and students. It is very early in the implementation of the program to support research and scholarship, but thus far, the plans are comprehensive and have been successful for those faculty participating in the initiative.

For CFR 3.1, in the institution's self-study, it was reported that in 2011, the turnover rate was 32%, but has declined steadily each year, to a rate of 18% in 2015. This stabilization in staffing has been a result of careful attention to hiring the right people, getting adequate resources in human resources, and developing a robust employee orientation program. As of fall 2015, the institution employs 154 staff and faculty members. This includes 85 staff, 29 full-time faculty, and 41 part-time adjunct faculty (or 39 FTEs). This number of faculty represents a slight decrease in FTEs over the previous academic year, but the student to faculty FTE ratio is 11.4, which seems appropriate for a health science program. There are currently five permanent positions open within the institution, with four being replacements and one being a new position.

SECTION III. FINDINGS, COMMENDATIONS AND RECOMMENDATIONS

SUMMARY

The team recommends that Standard 4, specifically CFRs 4.1, 4.2, and 4.3, is in substantial compliance. The core principles of this standard are understood and clearly articulate throughout the institution. There is widespread implementation of structures and processes that demonstrate LCCW has operationalized these CFRs with evidence of sustainable commitment.

In summary, the team makes the following commendations:

1. LCCW developed a student focus group to address cultural diversity issues. Through an honest and transparent approach, several areas for improvement were identified and activities initiated. Further sustainability and campus wide events are being discussed (CFR 1.4)
2. In the past year, the institution, under the leadership of the Director of Assessment and Educational Effectiveness, the VP of Academic Affairs, and the Academic Planning Group, and faculty made extensive revisions to course syllabi to align the Program Learning Outcomes, Student Learning Outcomes, and course objectives. These are used to guide assessment practices (CFR 2.3)
3. LCCW implemented a comprehensive research and scholarship mentoring program for faculty and students. Under the leadership of the new Director of Research, faculty development programs were implemented to educate faculty on the research and scholarship processes which will facilitate their progress toward scholarship production. In addition, literacy information was strengthened in the curriculum with integrated curriculum components planned starting Fall/Winter 2016. (CFR 2.8)

4. The staffing turnover rate has improved from a high of 32% in 2011 to a low of 18% in 2015. This stabilization in staffing has been a result of careful attention to hiring the right people, getting adequate resources in human resources, and developing a robust employee orientation program (CFR 3.1)
5. The institution has further developed their institutional quality assurance processes, collecting data from several direct and indirect data points that they use for decision-making and continuous improvement from curricular revisions to departmental effectiveness (CFR 4.1).
6. The institutional research department is producing high quality data sets and communicating this information broadly to inform decisions for institutional improvement. Many institutional constituents are focusing on gathering, analyzing and interpreting information (CFR 4.2)
7. Strategic planning, annual planning, resource allocation, curricula, student life, and faculty and staff development are built on information gleaned from assessment reports, IR data, and enrollment reports (CFR 4.3)

The team makes the following recommendations:

1. To assure the sustainability and effectiveness of the efforts in creating a welcoming environment to students, faculty, and staff with different backgrounds, the institution needs to advance the results of the initial endeavors, incorporating cultural sensitivity and competency throughout the institution (CFR 1.4)
2. LCCW should continue to refine course syllabi to link to course objectives, student learning outcomes and program learning outcomes and specify the level of performance expected, i.e. introduction, reinforcement or mastery. (CFR 2.3)

3. It is recommended that additional incentives for faculty participation be considered in light of the union agreement for scholarship and research performance requirements.

There is a need to work with the Director of Research and faculty to overcome some of the barriers to participation such as workload, distance outreach, and scheduling conflicts (CFR 2.8).

4. To advance Standard four, the annual education department assessment plans need to be implemented so that consistent and thorough outcomes reporting and analysis is used for measuring program learning outcomes that results in improved curriculum planning. (CFR 4.1). Leadership needs to determine the institutional effectiveness information appropriate for public display to better improve the transparency of institutional performance (CFR 4.2). There needs to be purposeful conversations throughout the institution to bring context and meaning to the institutional research data. Institution constituents need further guidance in how to use this data to develop improvement initiatives and guide closing the loop activities (CFR 4.3)