

**EUROPEAN COUNCIL ON CHIROPRACTIC EDUCATION**

**EVALUATION TEAM REPORT**

**BACHELOR OF MEDICINE AND MASTER OF CHIROPRACTIC  
MEDICINE  
CHIROPRAKTISCHE MEDIZIN, MEDIZINISCHE FAKULTÄT,  
UNIVERSITÄT ZÜRICH**

**15-16 October 2020**

## TABLE OF CONTENTS

<b>1. Executive Summary.....</b>	<b>3</b>
<b>2. Introduction.....</b>	<b>5</b>
<b>3. University of Zurich.....</b>	<b>7</b>
<b>4. ECCE STANDARDS COMPLIANCE.....</b>	<b>8</b>
<b>4.1 AIMS and OBJECTIVES</b>	<b>Statement of Aims and Objectives..... 8</b>
	<b>Participation in formulation of aims and</b>
	<b>Objectives..... 9</b>
	<b>Academic Autonomy..... 10</b>
	<b>Educational outcome..... 10</b>
<b>4.2 EDUCATIONAL PROGRAMME</b>	<b>Curriculum model and educational methods.... 11</b>
	<b>The Scientific Method..... 12</b>
	<b>Biomedical Sciences..... 13</b>
	<b>Behavioural and Social Sciences, Ethics and</b>
	<b>Jurisprudence..... 14</b>
	<b>Clinical Sciences and Skills..... 15</b>
	<b>Chiropractic..... 16</b>
	<b>Clinical Training..... 16</b>
	<b>Curriculum structure, composition and</b>
	<b>Duration..... 17</b>
	<b>Programme management..... 19</b>
	<b>Linkage with subsequent stages of education</b>
	<b>And training, chiropractic and the health care</b>
	<b>System..... 20</b>
<b>4.3 ASSESSMENT OF STUDENTS</b>	<b>Assessment methods..... 21</b>
	<b>Relation between assessment and learning..... 22</b>
<b>4.4 STUDENTS</b>	<b>Admission policies and selection..... 24</b>

	Student intake.....	25
	Student support and counselling.....	26
	Student representation.....	26
<b>4.5 ACADEMIC AND CLINICAL FACULTY</b>	Faculty (staff) recruitment.....	27
	Faculty promotion and development.....	28
<b>4.6 EDUCATIONAL RESOURCES</b>	Physical facilities.....	30
	Clinical training resources.....	31
	Information Technology.....	32
	Educational expertise.....	32
	Administrative and Technical Staff.....	33
<b>4.7 THE RELATIONSHIP BETWEEN TEACHING AND RESEARCH.....</b>		<b>34</b>
<b>4.8 PROGRAMME EVALUATION</b>	Mechanisms for programme evaluation.....	36
	Faculty and student feedback.....	37
	Student cohort performance.....	38
	Involvement of stakeholders.....	39
<b>4.9 GOVERNANCE and ADMINISTRATION</b>	Governance.....	39
	Academic Leadership.....	40
	Educational budget and resource allocation.....	41
	Interaction with professional sector.....	42
<b>4.10 CONTINUOUS RENEWAL AND IMPROVEMENT.....</b>		<b>42</b>
<b>5. CONCLUSIONS</b>	Summary.....	44
	COMMENDATIONS.....	44
	RECOMMENDATIONS.....	44
	CONCERNS.....	45
	ACKNOWLEDGEMENTS.....	45
<b>APPENDIX – SITE VISIT AGENDA .....</b>		<b>46</b>

## 1. EXECUTIVE SUMMARY

- 1.1 The Chiropractic Medicine Faculty of the University of Zurich, located at the Balgrist University Hospital, is a chiropractic education and training institution which admitted students for the first time in September 2008.
- 1.2 The Faculty of Medicine numbers some 3,600 students. The target intake for chiropractic medicine is 24 per year.
- 1.3 The Chiropractic programme is a Bologna model 2 cycle programme with an initial 3-year B Med followed by a 3 year M Chiro Med. The B Med is fully integrated with the Human Medicine program.
- 1.4 The Chiropractic Medicine programme was accredited by AAQ, the accrediting agency for higher education mandated by the Swiss government, in 2014 under the same rules and regulations as Human Medicine, and by ECCE in 2016. It graduated its first cohort of students in 2014.
- 1.5 UZH submitted its Self-Study Report for reaccreditation with ECCE on 29/04/2020. The QAAC reviewed the document and decided that an evaluation visit could and should proceed. This decision was made on 13 August 2020.
- 1.6 This document is the Evaluation Report (henceforth referred to as the Report) compiled by the Evaluation Team based on the evidence provided beforehand and during the virtual visit at UZH between 15 to 16 October 2020.
- 1.7 Members of the Evaluation Team extend their thanks to UZH executive, teaching and professional support staff and UZH students for the courtesy extended to them during the virtual Evaluation Visit, and for conducting the Visit in a very open and transparent manner.
- 1.8 The Chair invited UZH representatives to the QAAC meeting on 10 February 2021 where the Report will be discussed and a decision made on the reaccreditation of UZH.
- 1.9 This Report addresses the compliance of UZH with each of the ECCE Standards in the provision of chiropractic education and training. At the virtual evaluation visit of UZH 2020, the ECCE evaluation team identified 8 **Commendations**, 6 **Recommendations**, and no **Concerns** as follows:

### **Commendations:**

- The enthusiasm and dedication of students.
- The quality, background and willingness to engage in education by all staff.
- The unique curriculum allowing complete integration of education between chiropractic and medicine.

- The clinical experience of students allowing exposure to a variety of conditions and a complex patient population in the Balgrist University hospital.
- The establishment of a dedicated research department
- The opportunities for collaborative research with well-established teams at the University of Zurich.
- The engagement and support of the chiropractic profession in Switzerland.
- The planned introduction of PROFILES to replace LOCES

**Recommendations:**

- Fill the vacant post of the Chair of Chiropractic Medicine
- Outline a succession plan for the position of the Head of Study Program and Policlinic for Chiropractic Medicine (due to imminent retirement)
- Review the duties and responsibilities of the Head of Study Program and Policlinic for Chiropractic Medicine to ensure an appropriate work load.
- Ensure participation on the teaching commission and monthly meetings of the study deans
- Clearly document the plans for physical and staffing resources for larger cohorts of students
- Review the workload of chiropractic students in years two to four to allow more time for self-directed learning.

**Concerns:**

- None

## 2. INTRODUCTION

2.1 UZH has been accredited by the ECCE since 2016.

2.2 At the evaluation visit of UZH in March 2016, the ECCE evaluation team identified 6 **Commendations**, 6 **Recommendations**, and there were no **Concerns**.

### **Commendations:**

- The enthusiasm, academic quality and openness of students.
- The quality, background and willingness to engage in education by all staff.
- The unique curriculum allowing complete integration of education between chiropractic and medicine.
- The clinical experience of students allowing exposure to a variety and complex patient population in the Balgrist University hospital.
- The opportunities for collaborative research with well-established teams at the University of Zurich.
- The engagement and support of the Chiropractic profession in Switzerland.

### **Recommendations:**

- The facilities for the teaching of the chiropractic specific part of the programme should be improved and integrated with other relevant healthcare professions.
- The duties and responsibilities of the new HOD should be reviewed to ensure an appropriate work load.
- The structure and ratio of full-time and part-time staff should ensure enough qualified staff to be appointed to teach larger cohorts of students.
- Staff development and appraisal should be part of a yearly routine.
- The workload should be reviewed of chiropractic students in years one to three to allow for improved self-directed learning.
- Review the time allocation for the writing of the Masters thesis (Masterarbeit) and the appropriateness of students being encouraged to produce a publishable article at this stage of their studies.

### **Concerns:**

- There were no concerns

2.3 QAAC received the initial request for a joint reaccreditation with AAQ on 31/08/2019. On 02/09/2019 QAAC agreed to the joint evaluation and that a joint Evaluation Team be sent to UZH to verify the submitted SSR and report back.

2.4 Members of the joint Evaluation Team were nominated by AAQ and ECCE Executive and each member received the SSR and written comments from QAAC related to the document prior to the visit. The members of the joint Evaluation Team were as follows:

<b>Chair AAQ – Prof Henrik Hein Lauridsen</b>	Head of Studies, Clinical Biomechanics, University of Southern Denmark, Odense, Denmark
<b>Expert AAQ– Prof. Dr. med Martin Fischer</b>	LMU, Munich, Germany
<b>Chair ECCE– Maria Browning</b>	Deputy Director of Clinic, AECC UC, Bournemouth, UK
<b>Team member ECCE – Alina Mertens</b>	AECC UC student in third year of MChiro, Bournemouth, UK

- 2.5 All members of the team were disclosed to the Institution prior to the visit and no objection to any member was received. All members of the Team signed confidentiality and conflict of interest statements before the virtual visit. No conflicts of interest by any of the members were declared. The members of the team received the SSR six months prior to the visit and were allocated specific sections of the report as their areas of responsibilities.
- 2.6 The virtual visit was scheduled between 15 and 16 October 2020 and a draft timetable was compiled by AAQ and sent to team members on 10/08/2020 and agreed with UZH. A copy of the schedule is appended to this Report (Appendix 1).
- 2.7 The purpose of the Evaluation Visit was to assess the compliance of the Institution with the ECCE Standards in Chiropractic Education and Training (hereafter referred to as the ECCE Standards, or Standards) alongside the AAQ standards. An examination was made of the SSR and its supporting documents, interviews, oral evidence and other documentary evidence consulted during the virtual visit.
- 2.8 Meetings were held with the Institution over two days and time was allocated for the Team to hold private meetings as the visit proceeded. The Report was compiled on an on-going basis during the visit and time was set aside on the final day (16/10/2020) to complete the draft report and feedback orally to the Institution.
- 2.9 The draft Report was finalised by the Chair of the ECCE Evaluation Team and sent to the ECCE team member for comments. Based on these, the final draft Report was sent to UZH for factual verification on 13 November 2020. The response was received from UZH on 07 December 2020. The ECCE Chair finalised the Report and this was submitted to the vice Chair of QAAC on 08 December 2020. The Chair of the ECCE Evaluation Team presented the Report to QAAC members on 10 February 2021.
- 2.10 The Report includes an Executive Summary, a description of UZH and the findings of the Team regarding compliance of UZH with the ECCE Standards. The Report ends with the conclusions of the Team and any Commendations, Recommendations and/or Concerns the Team wishes to draw to the attention of the QAAC. The Evaluation Report was based on the ENQA Guidelines for external reviews of quality assurance agencies in the European Higher Education Area ([www.enqa.eu](http://www.enqa.eu)).

- 2.11 Members of the Team were very well hosted by UZH and AAQ, afforded every courtesy and had full access to documentation and to staff and students. Members of the Evaluation Team and the ECCE extend their thanks and appreciation to UZH and AAQ.

### 3. The University of Zürich

3.1 Chiropractic is located within the Universtätsklinik at the University Hospital Balgrist and intermittently mentioned on the English version of the hospital web site. However, chiropractors are named on the contact list of doctors at the hospital. The University Hospital Balgrist claims to be “one of the world's leading, highly-specialised centres for excellence in the diagnostic workup, treatment and follow-up care of all injuries to the locomotor system. Thanks to the research and education it provides, the hospital makes a substantial contribution to the determination of worldwide standards of care. Under one roof, a fine-tuned interdisciplinary network unites the specialist areas of orthopaedics, paraplegiology, rheumatology and physical medicine, chiropractic, radiology and anaesthesiology.”

3.1 The following section details the findings of the Evaluation Team with regard to the compliance of UZH with ECCE Standards in the provision of chiropractic education and training through the award of Bachelor of Medicine and Master of Chiropractic

3.2 The colour coded system outlined below was used by the Evaluation Team to indicate the level of compliance with each standard:



Dark Green = Fully compliant/no risk.  
(This is on track).



Light Green = Substantially compliant/low risk.  
(Broadly on track with some areas which could be addressed).



Yellow = Partially compliant/medium risk.  
(Some significant areas which could be detrimental if not addressed).



Red = does not comply/high risk.  
(Serious concerns threaten this area; high risk in overall performance).



## 4. ECCE STANDARDS COMPLIANCE

### 4.1 AIMS AND OBJECTIVES

#### 4.1.1 Statement of Aims and Objectives

**The institution/programme must define the overall aims and objectives of the first qualification chiropractic programme and make them known to its stakeholders. The statements must describe the aims and objectives resulting in a chiropractor that is competent and safe to enter practice as a primary contact practitioner in the current healthcare environment, with the appropriate foundation for postgraduate education and training, and a commitment to, and capacity for, life-long learning.**

##### 4.1.1a Description

The mission of the Chiropractic Medicine program is to provide the highest quality education, clinical training and research in order to prepare students to diagnose, treat and manage patients primarily presenting with conditions directly or indirectly affecting the neuro-musculoskeletal system at a level to enter the postgraduate chiropractic program, and to prepare them to function in an integrated manner with all other specialties of medicine.

For the student cohorts that started their Bachelor's or Master's studies in HS 2018/19 and all subsequent cohorts, the final competence is defined in the new learning objectives catalogue "*Principal Relevant Objectives and Framework for Integrated Learning and Education in Switzerland*" (PROFILES), the implementation of which is planned for 2021.

The learning objectives of the clinical study year are:

1. The competent assessment of patients with diseases of the musculoskeletal system that cover the spectrum from frequent to severe neuro-musculoskeletal diseases. In this way, the normal can be distinguished from the abnormal and a meaningful differential diagnosis can be made.
2. To collect a targeted medical history and to carry out a focused physical examination, if necessary to arrange further suitable examinations and to use "problem solving skills" to interpret normal and abnormal findings, with the aim of making a diagnosis or to be able to provide meaningful differential diagnosis.
3. To develop holistic, patient-oriented and evidence-based patient management based on knowledge and understanding of the basic principles of treatment for a wide range of neuro-musculoskeletal diseases. This takes into account all aspects that could influence the treatment.
4. Develop an awareness of your own limits and cultivate good interprofessional communication and collaboration in order to enable optimal patient care.
5. The selection and application of targeted treatment methods, especially safe manipulation and mobilization techniques, taking into account the individual indications and contraindications.

6. Behavior in the event of an emergency in practice, first aid and, if necessary, referral to the hospital.

7. Professional communication with other medical professions and players.

#### *4.1.1b Analysis*

The mission and objectives of the program are communicated transparently to students, teachers and stakeholders, and can be found on the UZH website, in the Master Chiropractic Medical Program Document and the clinic manual. The teaching and learning formats used in the 5th and 6th years of study are particularly aimed at developing a capacity for lifelong learning.

#### *4.1.1c Conclusion*

UZH fully complies with Standard 1.1.



### **4.1.2 Participation in the formulation of aims and objectives**

**The overall aims and objectives of the chiropractic programme must be defined by its principal stakeholders.**

#### *4.1.2a Description*

The mission statement and goals were defined by members of the accreditation steering committee and consensus was agreed. They were then sent to the Chiropractic Medicine faculty members, M Chiro Med students, executive members of the Swiss Association of Chiropractic (ChiroSuisse) and the Pro-Chiropractic Association (which includes patients and members of the public) for comment and input. Finally the agreed mission statement and goals were sent to the Dean and Dean's Office of the Faculty of Medicine. As the current alumni were involved with the formation of the goals (objectives) as students, and have now only recently graduated, it was not possible to include an alumni group in the peer review process.

Feedback from the post-graduate program faculty and principals, ChiroSuisse executive and board, as well as from members of the Federal Examination team on the performance of the University of Zurich graduates helped inform whether or not the stated aims and objectives were sufficient, appropriate and in line with graduates from other programs.

#### *4.1.2b Analysis*

All stakeholders were involved and consulted during the process of developing the mission statement and overall aims and objectives of the programme and their feedback was implemented where appropriate.

#### 4.1.2c Conclusion

UZH fully complies with Standard 1.2



#### 4.1.3 Academic autonomy

**The institution/programme must have sufficient autonomy to design and develop the curriculum.**

##### 4.1.3a Description

Up to and including the 4th year of study, the core course of study in Chiropractic Medicine is identical to that in Human Medicine, but the mantle course modules are designed specifically for Chiropractic Medicine in all three years of the Bachelor's program and the 1<sup>st</sup> year of the Master's program. In the 5<sup>th</sup> and 6<sup>th</sup> years of study, the Chiropractic Medicine curriculum runs independently as a specialized master's course.

The Head of Chiropractic Medicine has autonomy and the necessary resources for programme design and course content regarding the chiropractic-specific subjects. However, input into the core medical courses is limited. The management of the Chiropractic Medicine programme is satisfied with the level and content of the medical part of the programme.

##### 4.1.3b Analysis

The programme in Chiropractic Medicine is a well-managed and has access to the necessary resources to run the programme. It is evident that input into the medical programme is limited with little to no representation on relevant committees from the Chiropractic Medicine programme. However, the Head of the programme has full autonomy to develop the chiropractic-specific subjects at both the bachelor and masters levels. The chiropractic part of the education is designed using modern pedagogical principles.

##### 4.1.3c Conclusion

UZH substantially complies with Standard 1.3.



#### 4.1.4 Educational outcome (CRITICAL STANDARD)

**The institution/programme must define the competencies (exit outcomes) that students will exhibit on graduation in relation to their subsequent training and future roles in the profession and the wider healthcare system.**

#### 4.1.4a Description

The *LOCES* (Learning Objectives for Chiropractic Education in Switzerland) currently defines the final competencies of the program (exit outcomes). For the student cohorts that started their Bachelor's or Master's studies in HS 2018/19 and all subsequent cohorts, the final competence is defined in the new learning objectives catalogue "*Principal Relevant Objectives and Framework for Integrated Learning and Education in Switzerland*" (PROFILES). The learning objectives listed there are fully binding for the Medical Faculty of Zurich. This is documented in appendix Richtlinien zum Wahlstudienjahr 2019.2020 of the SSR.

#### 4.1.4b Analysis

The programme in Chiropractic Medicine provides ample evidence of competency-based descriptions of the curriculum which enables students to progress into the compulsory post-graduate education in Switzerland.

#### 4.1.4c Conclusion

UZH fully complies with Standard 1.4



## 4.2 EDUCATIONAL PROGRAMME

### 4.2.1 Curriculum model and educational methods

**The institution/programme must define a curriculum model and educational (teaching and learning) methods consistent with the objectives of the curriculum. The curriculum model should be 'student centred' taking into account the health-care needs of their future patients.**

**The curriculum and educational methods must ensure the students have responsibility for their learning, and prepare them for lifelong, self-directed learning throughout professional life as well as preparing them for interdisciplinary practice.**

#### 4.2.1a Description

The curriculum model is based on the Bologna Model and is delivered in two cycles, a Bachelor of medicine (B Med) and a Masters in Chiropractic Medicine (M Chiro Med). Based on the *LOCES* (Learning Objectives for Chiropractic Education in Switzerland), the department of Chiropractic Medicine has set educational goals for each academic year. In addition to substance catalogues, learning objectives are listed for modules and topic blocks. These learning objectives are formulated within each topic block and partly categorized according to knowledge, skills and abilities. They are distributed to all students by email and published on the virtual training platform (VAM). Specific

learning objectives for most clinical courses in the 3<sup>rd</sup> and 4<sup>th</sup> year exist within the respective institutions. Learning objectives for the 6<sup>th</sup> year of study are communicated individually to the students in the form of a handbook and logbook.

The students primarily study medicine during the first four years, together with a chiropractic elective. From year 4 onwards the chiropractic element increases.

Much of the teaching in the medical part of the programme is traditional lecture style with a high number of contact hours. The chiropractic specific subjects are taught using modern pedagogical principles.

#### 4.2.1b Analysis

Because of the initial entrance aptitude test, a high percentage of students are familiar with this traditional style of learning and are able to pass the first years of medical education. There is little evidence of, or time for, self-directed learning on the medical programme. The chiropractic department has little influence over the medical programme.

#### 4.2.1c Conclusion



UZH fully complies with Standard 2.1.

### 4.2.2 The Scientific Method (CRITICAL STANDARD)

**The institution/programme must teach the scientific method, other forms of research inquiry and evidence-based practice, including analytical and critical thinking.**

**The curriculum must include elements for training students in scientific thinking and research methods.**

#### 4.2.2a Description

Principles and methods of scientific research are taught within the human medicine component of the programme. Courses with an explicit reference to research are: the practical course "Biostatistics and Knowledge Transfer", "Methodology Medical Research" and various mantle study modules ("Evidence Based Medicine", "Writing a Scientific Thesis", "Research in Medicine" and "Medicine and Technology").

Students can begin their Master's thesis in the third year of study. In the fifth year, students attend a weekly course on current topics during which they discuss evidence-based research on relevant clinical topics. In the sixth year, a monthly journal club is held where relevant articles are presented and discussed alternately by the research or clinical team (including underassistants). Additionally, a monthly research colloquium takes place, where underassistants present their completed master

theses. Several students are contributing to chiropractic research through their Master's or Doctoral theses.

#### 4.2.2b Analysis

The extensive teaching of principles and methods of research, as well as the high standards the completed Master's theses must meet, ensure a thorough understanding of the subject. Of all published Master's thesis, approx. 30% have the Master's student as co- or first author. The format "Master thesis" is continuously evaluated and further developed according to feedback. In addition, the students are exposed to clinical outcome measures and current research papers in the clinical part of their training.

#### 4.2.2c Conclusion

UZH fully complies with Standard 2.2



### 4.2.3 Biomedical Sciences

**The institution/programme must identify and include in the curriculum those contributions of the basic biomedical sciences that enable a knowledge and understanding of the basic sciences applicable to the practice of chiropractic.**

#### 4.2.3a Description

The biomedical sciences are taught as part of the medical curriculum in years 1-3. The elective chiropractic science courses, available solely to chiropractic students, are well-integrated in diverse clinical situations with the biomedical sciences.

#### 4.2.3b Analysis

Students are very satisfied with the integration of biomedical sciences and chiropractic studies. In practical classes, especially anatomy, they are often asked to demonstrate examination techniques to the medical students.

#### 4.2.3c Conclusion

UZH fully complies with Standard 2.3.



#### 4.2.4 Behavioural and Social Sciences, Ethics and Jurisprudence (CRITICAL STANDARD)

**The institution/programme must identify and include in the curriculum those contributions from the behavioural sciences, social sciences, ethics, scope of practice and legal requirements that enable effective communication, clinical decision-making, ethical practice and ethical business standards.**

##### 4.2.4a Description

The biopsychosocial model with medical ethics, behavioural and social sciences is delivered throughout years 1 to 4 as part of the Human Medicine curriculum. Students follow lectures as well as practical courses. Year 4 addresses psycho-social and ethical issues in regard to specific health problems covered within the different lecture blocks. In addition to the courses with specific content (scientific principles of medical decision making, evidence-based medicine or ethical case seminars), the courses in the 5th year in particular combine scientific principles, ethics and cost-effectiveness. In the 6th year of study, the emergence and avoidance of cognitive errors in diagnosis are also discussed using real-life examples experienced during the clinical year. Informed consent is introduced and used during clinical training.

##### 4.2.4b Analysis

The curriculum addresses the relevant topics in the areas of ethics, behavioural sciences, social sciences, scope of practice and legal requirements and integrates these with the clinical experiences in the 6<sup>th</sup> year of study

##### 4.2.4c Conclusion

UZH fully complies with Standard 2.4



#### 4.2.5 Clinical Sciences and Skills (CRITICAL STANDARD)

**The institution/programme must identify and include in the curriculum those contributions of the clinical sciences that ensure students have acquired sufficient clinical knowledge and skills to apply to chiropractic practice in a primary contact setting.**

##### 4.2.5a Description

The clinical skills modules are taught through an evidence-based, biopsychosocial model during the clinical courses in medicine in years 3 and 4. Year 4 (Year 1 M Chiro Med) integrates Clinical

Medicine II with the fundamental knowledge and skills necessary for the competent diagnosis and treatment of patients in chiropractic practice. These include clinical examination, differential diagnosis, diagnostic imaging and manual treatments.

Year 5 (Year 2 M Chiro Med) focuses on the management of Chiropractic patients in terms of safe, competent, evidence-informed best practice. The diagnostic (including diagnostic imaging) and therapeutic knowledge and skills developed in Year 1 M Chiro Med are further developed and integrated into an overall management strategy appropriate for the most common types of patients that present to chiropractors.

Year 6 (Year 3 M Chiro Med) is made up of two main components. One semester is spent in the Chiropractic Teaching Clinic (Policlinic of Chiropractic Medicine) at Balgrist University Hospital with a focus on applying the diagnostic, therapeutic and management knowledge and skills learned in the previous years on patients. Students diagnose, treat and manage patients under the supervision of qualified chiropractors. The other semester is spent in the Medical Underassistantship with clinical rotations in various departments such as Orthopaedics, Rheumatology, Neurology, Internal Medicine and Radiology.

#### *4.2.5b Analysis*

This early and relevant clinical exposure to patients at the hospital helps the students learn at a deeper level, understand common and less common conditions as well as support their history taking and examination skills on a wide variety of patients. The integration with other healthcare professionals allows exposure to high quality training in terms of clinical skills and experience. Small class sizes allow students to receive individual attention and feedback.

#### *4.2.5c Conclusion*

UZH fully complies with Standard 2.5



### **4.2.6 Chiropractic**

**The institution/programme must foster the ability to participate in the scientific development of chiropractic.**

#### *4.2.6a Description*

Chiropractic history and philosophy of chiropractic are taught at two points in the curriculum and students are exposed to external chiropractic speakers with specialist population interests (sports, paediatrics and geriatrics). The student association also debates aspects of chiropractic philosophy.



The scientific theoretical foundations of evidence-based medicine and chiropractic medicine are introduced at an early stage. The research-active teaching staff incorporate current research results into teaching and thus to adopt a science-based perspective in teaching. All research journals are available to the students through the university. During the 3-year M Chiro Med, students must also complete a research project. Students are supplied with the relevant research evidence, particularly in the latter two years of the course.

#### 4.2.6b Analysis

Students are exposed to relevant chiropractic history and philosophy with early observation opportunities in private chiropractic clinics from year one onwards. However, there is little time for these in years 1-2 due to the high workload and contact hours of the Human Medicine programme. Students make an independent scientific contribution to the research base as part of their Masterarbeit (Master's thesis).

#### 4.2.6c Conclusion

UZH fully complies with Standard 2.6



### 4.2.7 Clinical training (CRITICAL STANDARD)

**The institution/programme must identify and include a period of supervised clinical training to ensure the clinical knowledge and skills, communication skills and ethical appreciation accrued by the student can be applied in practice, and so enable the student to assume appropriate clinical responsibility upon graduation.**

**Every student must have early patient contact leading to participation in patient care.**

#### 4.2.7a Description

Clinical training starts in year 3 of the Master chiropractic medicine programme and takes place at the Policlinic for Chiropractic Medicine (PCM) at the Orthopaedic University Hospital Balgrist. Half of the year is spent in the Polyclinic for Chiropractic Medicine (PCM) performing the entire clinical work-up and treatment of patients presenting for chiropractic diagnosis and treatment under direct supervision. Clinical work includes the case history, physical examination including palpation and biomechanical evaluations, referral for additional diagnostic procedures such as imaging or laboratory evaluations if indicated, arriving at a diagnosis or differential diagnosis and creating a plan of management.

All students (chiropractic medicine underassistants) must keep a clinical log book which records the number of new patients and patient treatments and provides important information on the case mix

of patients evaluated as well as the various specific learning requirements to be completed. Included in this log book record are assessments designed to stimulate reflection in practice such as the writing of 'critical learning reports' on key events that had an important impact on the student's learning, and giving oral presentations to faculty and colleagues on difficult patients that they have evaluated. Additionally, students are required to apply and develop their communication skills with patients and other healthcare professionals.

The underassistants are assessed, and written feedback given, at least twice a month by a clinic supervisor on their clinical encounter with an existing patient and with a new patient, including the history and physical examination. The vast majority of new patients are direct referrals from other departments in Balgrist Hospital, particularly orthopaedics. Underassistants work a standard working week in Switzerland of 50 hours in the outpatient clinic. Approximately 40% of this time is made available for the writing of reports, research on particular patients, specific educational workshops particularly in diagnostic imaging at the hospital's radiology department and rounds with a neurologist from the University Hospital, as well as clinic meetings with supervisors. Each student sees approximately 80 new patients and over 700 patient visits in the half year that they are in the clinic with a wide case mix. The requirement is 60 new patients.

The other half of the clinical year (year 6) consists of rotations through the departments of orthopaedics, paraplegiology, neurology, rheumatology, radiology, sports medicine and internal medicine at the University Hospital Balgrist.

#### *4.2.7b Analysis*

The number of new patients, patient visits and case mix ensures that students obtain a wide variety of clinical experience and timely feedback. There is strong evidence that the programme ensures an excellent clinical training programme.

#### *4.2.7c Conclusion*

UZH fully complies with Standard 2.7



### **4.2.8 Curriculum Structure, Composition and Duration (CRITICAL STANDARD)**

**The institution/programme must describe the content, duration and sequencing of courses that guide both staff and students on the learning outcomes expected at each stage of the programme, and the level of integration between the basic sciences and clinical sciences.**

#### *4.2.8a Description*

The Chiropractic Medicine program is a 6-year full time program in which the students are medical students, having passed the medical entry examination with the same requirements as students in Human Medicine. The Chiropractic Medicine students take 4 full years of medicine with their Human

Medicine colleagues, including all of the basic sciences and clinical courses as well as optional courses, achieving the B Med degree at the end of year 3. Though year 4 of the program is the first year leading to the M Chiro Med degree, the Chiropractic Medicine students must continue taking all of the medical courses and pass the written and practical exams in order to complete the important clinical topics and to be allowed to practice as “Underassistants” (student doctor) in the hospital. During the first four years of the program, the Chiropractic Medicine students are required to take the chiropractic ‘elective’ courses (mantle studies). In years 4 and 5, the examinations focus on short answer, problem solving types of written assessments in addition to the hands-on practical assessments. At the end of year 5, the clinic entrance examination consists of a 10 station OSCE and a written radiology examination.

Graduates of the M Chiro Med program are expected to have acquired the knowledge, skills and attitudes necessary to pass the Federal Exam and for entry into the Postgraduate Program and they are expected to be able to engage in safe, competent and effective practice under the supervision of an accredited chiropractor. They are also prepared to undertake the research project necessary to obtain the ‘Doctor of Chiropractic Medicine’ (Dr. med. chiro.) title. The assessment methods and competencies at graduation for further postgraduate training capability are directly linked to the new format of learning outcomes created for this program, based on the revised national learning objectives catalogue PROFILES, and fulfils the requirements of the Medical Profession Act (MedBG). This will be implemented in 2021 and is much easier to assess compared to the LOCES I model currently in use.

Both Swiss and non-Swiss citizens have to fulfil certain admission criteria to be admitted to study Chiropractic Medicine. In addition, a place can generally only be allocated if the country-specific admission requirements for studies at Bachelor level are met. Therefore, non-Swiss citizens can only be allocated a place if they have a residence status defined by the University of Zurich.

#### *4.2.8b Analysis*

The six year programme is an intensive training programme which leads the student having the skills and competencies to practice as a primary care practitioner and to follow subsequent training during their post graduate education. There is evidence of a very good integration between basic sciences and clinical sciences. Explicit learning outcomes and programme goals are clearly covered by the curriculum structure. The Masters of Chiropractic Medicine includes both horizontal (concurrent) and vertical (sequential) integration of curricular components, as reflected in the course outlines.

Facilitation of international student mobility for non-Swiss citizens is limited by national admission requirements and limited places on the programme.

#### *4.2.8c Conclusion*

UZH substantially complies with Standard 2.8



#### 4.2.9 Programme management

**A curriculum committee (or equivalent(s)) must be given the resources, responsibility, authority and capacity to plan, implement and review the curriculum to achieve the aims and objectives of the chiropractic programme.**

##### *4.2.9a Description*

The first four years of this programme are predominantly Human Medicine, and this part of the curriculum is planned by the Medical Faculty curriculum committee, of which the Head of Chiropractic Medicine is a member. The chiropractic specific courses are scheduled around the required medical courses during years 1 through 4. Their content and sequencing in the last two years of the M Chiro Med part of the curriculum and the mantle studies in year 4 (year 1 M Chiro Med) are the sole responsibility of the Chiropractic Medicine department, and are planned and designed with input from the Director of Clinical Education (M Chiro Med ), Chirouisse executive members and chiropractic faculty members.

All faculty members serve on the departmental curriculum committee, bringing together individuals with a wide range of experience and expertise.

Student input, feedback and discussion are channelled through student representatives who attend faculty meetings. Additional special meetings are held during the academic year as needed.

##### *4.2.9b Analysis*

The curriculum committee, under the chairmanship of the Head of Chiropractic Medicine, has the authority to shape and review the curriculum specific for the chiropractic part of the programme. There is evidence of student and staff input, including changes made to the programme after student feedback, but there was no evidence of student representation on the Curriculum Committee. Because the Chiropractic Medicine students are a very small cohort compared to the Human Medicine students, the Chiropractic department has little if any influence on the medical course content, learning outcomes, sequencing, scheduling and assessment methods.

##### *4.2.9c Conclusion*

UZH substantially complies with Standard 2.9



#### **4.2.10 Linkage with subsequent stages of education and training, chiropractic practice and the health care system**

**Operational linkage must be assured between the first qualification programme and the subsequent stage of training or practice that the student will enter after graduation.**

**The curriculum must reflect the environment in which graduates will be expected to work and be responsive to feedback from graduates, the profession and the community.**

##### *4.2.10a Description*

All chiropractic students in years 1,3,4 and 5 are required to spend one half day (at least 2 hours) to one day observing in the outpatient clinic at the Orthopaedic University Hospital Balgrist. In addition to this, all 3<sup>rd</sup> and 4<sup>th</sup> year students have to spend one half day in a specifically selected chiropractic practice. These observations are structured with feedback sheets and signed observation forms submitted at the end of each semester. Faculty have recognized the need for these chiropractic rotations as the first years of this program are mainly medical courses, including clinical experiences in hospitals, and several students commented on the fact that they get very little chiropractic practice exposure and thus are tempted to switch to medicine. The members of the Swiss Chiropractic Association (Chirosuisse) have been proactive in organizing their members to serve as mentors to the chiropractic students and this has been quite successful. Several Chiropractic Medicine students also conducted their masters' thesis at various chiropractic offices on chiropractic patients. Additionally, the M Chiro Med students spend time in the radiology department at the Orthopaedic University Hospital Balgrist observing imaging and interventional treatment procedures as well as imaging read-outs.

The Chiropractic profession in Switzerland has been active and in developing this programme as has the Foundation for the Education of Chiropractors in Switzerland and the Pro- Chiropractic Patient's Association. The European Chiropractor's Union has also given financial support.

##### *4.2.10b Analysis*

There is excellent linkage between the programme and the profession. The graduates also have to complete a two and a half-year assistanceship in designated chiropractic clinics or hospitals before being able to enter independent practice in Switzerland.

##### *4.2.10c Conclusion*

UZH fully complies with Standard 2.10.



## 4.3 ASSESSMENT OF STUDENTS

### 4.3.1 Assessment methods (CRITICAL STANDARD)

**The chiropractic institution/programme must define and document the methods used for assessment, including the criteria for progression and appeals procedures. Assessment methods must be regularly evaluated, and new assessment methods developed as appropriate.**

#### 4.3.1a Description

Students in the M Chiro Med program are assessed alongside the medical students in the medical part of the course. They are exposed to a variety of summative assessment methods given at the end of each semester. The assessments are mainly multiple choice and short answer-tests with a relatively high failure rate. This style of questioning is not used in the chiropractic years 5 and 6. The students are able to retake a failed examination once. The appeals procedure for failed examinations falls under the regulations for the University of Zurich. To date there have been no appeals for failure of any of the Chiropractic Medicine examinations.

Other summative assessments include case-based, integrated, problem-solving written examinations and an OSLER on real patients. The examination of practical skills and abilities takes place after the 2<sup>nd</sup> year (oral-practical examination), the 4<sup>th</sup> and 5<sup>th</sup> years (in the format of a 10 station OSCE) and during the 5<sup>th</sup> practical year (as Mini-CEX and Self-Assessment). All students must pass the OSCE examination and their medical examinations in order to progress into year 5. The focus in the clinical year is on workplace-based assessment and in a logbook at least one workplace-based assessment (e.g. Mini-CEX) per internship is documented in addition to self-assessments of clinical-practical skills, medical roles, their case mix and clinical progression. This is not formally assessed although it contains reflective assessments.

Presentation skills are tested within the framework of various mantle study modules and scientific competences within the framework of the Master's thesis in the 4<sup>th</sup>, 5<sup>th</sup>, and 6<sup>th</sup> years of study.

There is no clinic exit examination because all graduates must pass the Federal Examination for chiropractic just as their medical colleagues must pass the Federal Examination for medicine. The federal examination has two parts: a short-answer written section and a practical 10 station OSCE section using simulated patients.

A qualified team of chiropractors and medical doctors develop the exam questions and clinical skills stations. The Assessment and Evaluation Unit of the Institute for Medical Education in Berne supports those responsible for the exams in the development, implementation and evaluation of structured exams, and is committed to a high and reproducible measurement of quality and fairness in evaluations. The assessment methods chosen by the faculty members for Chiropractic Medicine are directly linked to the new format of learning outcomes (PROFILES) created for this program.

The only external examiners used for this program are for the Clinic Entrance Examination. Two chiropractors with MME degrees peer review the cases, attend the examination to observe the different stations, and provide oral feedback following the exam as well as a formal written report.

External examiners are not routinely used in Switzerland and thus the Chiropractic Medicine program is unique in this respect.

#### 4.3.1b Analysis

The M Chiro Med makes use of regular formative assessments and a wide variety of summative assessments. The assessment of clinical-practical competences in the formative OSCE at the end of the 4th year and the Clinic Entrance Exam at the end of the 5<sup>th</sup> year are very discerning, with structured feedback given at the end of each station. However, there is limited use of external examiners. The various Mini-CEX and the logbook for the clinical year includes self-reflection sections after each rotation and time spent in the outpatient clinic.

Only failed components are subject to second marking and it would be advisable to second mark all summative assessments. The assessment load is high. There seems to be no input into the medical programme of assessments and the lack of feedback for students failing the medical oral assessments is an issue.

#### 4.3.1c Conclusion



UZH substantially complies with Standard 3.1.

### 4.3.2 Relation between assessment and learning (CRITICAL STANDARD)

**The assessment principles, methods and practices must be appropriate to the learning outcomes and the educational aims and objectives, and promote appropriate learning practices.**

#### 4.3.2a Description

The *LOCES* currently defines the final competencies of the program ("outcomes"). For the student cohorts that started their Bachelor's or Master's studies in 2018/19 and all subsequent cohorts, the final competence is defined in the new learning objectives catalogue *PROFILES*. The implementation of *PROFILES* into the study programme of chiropractic medicine is not very advanced. Initial meetings with the Faculty of Medicine, which provides support to the Department of Chiropractic Medicine in this matter, are scheduled for winter 2020.

Currently based on the *LOCES*, the department of Chiropractic Medicine has set educational goals for each academic year. In addition to substance catalogues, learning objectives are listed for modules and topic blocks. These learning objectives are formulated within each topic block and partly categorised according to knowledge, skills and abilities. They are distributed to all students by email and published on the virtual learning platform (*VAM*) and in the information brochures which are prepared for each academic year and continuously updated. Learning objectives for the 6<sup>th</sup> year

of chiropractic study are communicated individually to the students in the form of a hand- and logbook.

Feedback is almost immediate. The chiropractic exams integrate skills and knowledge from several subjects and enable an integrated approach to learning. Assessments enable students to return to knowledge gained in the earlier years of the programme and demonstrate a progression of difficulty as the programme progresses. All students are aware of the progression rules and appeal process.

#### *4.3.2b Analysis*

The assessment load is heavy as a consequence of curricular overload, which may compromise the relationship between assessment and learning. Students adapt their learning to achieve successful examination grades, resulting in an excessive amount of learning of detailed information detrimental to the education of a reflective practitioner and the encouragement of life-long learning skills. To try and reduce the examination stress for the chiropractic students, all chiropractic examinations and assessments occur several weeks before the official medical exams.

The appeals process is governed by the rules of the university and although students are aware of the rules, they are strictly enforced and seem to rarely take account of exceptional circumstances.

The Vice Dean is approachable for and amenable to curriculum revision and student input. However, there needs to be improved collaboration between departments for the full adaptation of PROFILES in the chiropractic program. In view of the fact that from 2022, the final Federal Examination will be based on PROFILES, implementation should be a priority, in close collaboration with the Faculty of Medicine.

#### *4.3.2c Conclusion*

UZH substantially complies with Standard 3.2.



## **4.4 STUDENTS**

### **4.4.1 Admission policies and selection (CRITICAL STANDARD)**

**The institution/programme must have a clearly defined admission policy that is consistently applied, and that includes a clear statement on the rationale and process of selection of students.**



#### 4.4.1a Description

For all courses of study offered by the medical faculty, including Chiropractic Medicine, the admission requirements and the admission restrictions are regulated and published on the website of the University of Zurich. Every year, at the request of the Education Directorate, the Government Council determines the number of study places for medical studies. The admission restrictions apply to both Bachelor's and Master's levels and are regulated in the Ordinance on Admission Restrictions to Medical Courses at the University of Zurich.

Beyond the admission restriction, a place can generally only be allocated if the admission requirements in accordance with the Ordinance on Admission to Studies and, in particular, the country-specific admission requirements for studies at Bachelor level are met. Due to the admission restrictions, non-Swiss prospective students can only be allocated a place if they have a residence status defined by the University of Zurich

Students are admitted into the Chiropractic Medicine program under exactly the same rules and regulations that apply to Human Medicine. Gender equality is guaranteed and the current student population in the Chiropractic Medicine department has a strong female majority.

Applications of non-Swiss students for Chiropractic Medicine at the University of Zurich are very restricted and chiropractic students from other chiropractic institutions cannot transfer to this program. Only Swiss or resident foreign students who pass the medical entry examination are admitted into the program. Some Swiss students choose to study abroad and in order to be eligible to take the federal exam, they must acquire 60 ECTS credits from a course of study leading to one of the 5 medical professions. These 60 ECTS credits can be acquired by taking the final year of the Chiropractic Medicine program. However, these students must first pass the Clinic Entrance Examination. To date, sixteen Swiss students that studied abroad have applied to obtain their 60 ECTS credits by taking year 6 of the program. Twelve failed the clinic entrance examination and either had to retake the exam one year later, some taking year 5 of the program without obtaining credits to better prepare for the clinic entrance exam. Regarding non-Swiss students, there have so far been four in total with only one of them passing the clinical entrance exam. By attending the clinical year, the 60 ECTS credits are only granted to students having studied abroad, not the M Chiro Med degree.

Several students have transferred from medicine to chiropractic over the past 7 years. Depending upon how far the student has already progressed in their medical courses, they may transfer directly into the Chiropractic Medicine program without losing a year of study, or they may have to take a year in order to make up all of the required chiropractic 'electives' offered in the first 3 to 4 years. Most have needed to take 1 year to make up these chiropractic courses but they can also start on their masters' thesis during that time.

Also, several Medical Doctors are currently enrolled or have gone through the program. One graduated in 2018, the other six students are still enrolled in the program. For Medical Doctors, year 1 is done as self-study followed by an oral examination and years 2 and 3 are done together in one year. In the first year of the Masters program, only chiropractic specific courses are required, amounting to eight ECTS. For years 5 and 6, the full course load plus a Master's Thesis are required.

#### 4.4.1b Analysis

The policy is clearly defined with a recruitment target of 24 students per year for chiropractic. The aptitude test can be sat in German, French or Italian. Only Swiss nationals or those who have residency status may apply to the programme.

#### 4.4.1c Conclusion

UZH fully complies with Standard 4.1



### 4.4.2 Student intake

**The size of student intake must be defined and related to the capacity of the chiropractic institution/programme to provide adequate resources at all stages of the education.**

#### 4.4.2a Description

For Chiropractic Medicine, the maximum number of students admitted to the program is currently 24 per year, as determined by the Faculty of Medicine University Council. This number has increased from 22 in 2018. In 2020, only 15 candidates qualified for a place of study in the first year.

#### 4.4.2b Analysis

Although there are 80 applicants for the chiropractic programme, the number of enrolled students is still under capacity, possibly due to the demanding aptitude test, which is mandatory for all students entering both the Human Medicine and the Chiropractic Medicine programmes.

As the number of enrolled chiropractic students is currently low, the provided resources are adequate. There are seven treatment rooms and one supervisor room in the Policlinic and therefore the clinic capacity, especially for 6<sup>th</sup> year students, may be problematic at a later stage, if the cohort sizes rise to 24.

#### 4.4.2c Conclusion

UZH fully complies with Standard 4.2



#### 4.4.3 Student support and counselling

**The institution/programme must offer appropriate student support, including induction of new students, counselling in terms of student progress and other academic matters, and personal and social needs of students.**

##### 4.4.3a Description

Staff provide student support (including language support) and identify academic and personal issues. Other counselling options are available through the University. Every 1<sup>st</sup> year student has a 2<sup>nd</sup> year student mentor. Extra-curricular activities are available. Students from other than the German Swiss part are made aware of the possibility of language support. During the induction, Italian Swiss students are offered language support from other students.

##### 4.4.3b Analysis

At the moment the small student number makes it very easy for staff to identify issues and provide support quickly. Student assistants (Unterassistenten) meet every 2<sup>nd</sup> week with staff to discuss any issues and upcoming changes. Due to the workload there is little time for extra-curricular activities even though there are a variety of university clubs. Students from all years felt that support was readily available should they need it.

##### 4.4.3c Conclusion

UZH fully complies with Standard 4.3



#### 4.4.4 Student representation (CRITICAL STANDARD)

**The institution/programme must support student representation and appropriate participation in the design, management and evaluation of the curriculum, and in other matters relevant to students.**

##### 4.4.4a Description

Through the various university committees, student representatives have the opportunity to present their interests effectively. Each of the first three study years has a chiropractic and a medical representative and issues raised will go through them to management committees. In later years, student assistants sit in meetings with the Head of Department every two weeks.

#### 4.4.4b Analysis

Chiropractic students are formally represented on academic committees and other relevant bodies in the institution and feel their input is important. There is a tendency for chiropractic students to rely on their medical student peers in years 1-3 to represent them on the various committees but this is by choice. They are proactive in conducting surveys to underline issues with teaching or the course outline and have successfully recommended changes.

#### 4.4.4c Conclusion

UZH fully complies with Standard 4.4



### 4.5 ACADEMIC and CLINICAL FACULTY (STAFF)

#### 4.5.1 Faculty (Staff) recruitment (CRITICAL STANDARD)

**The institution/programme must have a faculty recruitment policy which outlines the type, responsibilities and balance of faculty required to deliver the curriculum adequately, including the balance between chiropractic and non-chiropractic faculty, and between full-time and part-time faculty.**

##### 4.5.1a Description

Staff recruitment is the responsibility of the Faculty of Medicine. The Chiropractic Medicine program currently has no full-time employees, all faculty and staff are employed part time. The position of Chair of Chiropractic Medicine has been an interim position following the retirement of the previous Chair in 2017. The administration of the program and the policlinic consists of the Head of Department with a 25% employment, the curriculum director with 20% employment and the two directors of the Policlinic with 15% employment. In addition, the department employs one assistant to the department with 80% employment. The Policlinic faculty consist of 2 Clinic Directors who share the overall running of the clinic, the educational responsibilities and patient care along with 6 additional Clinic Supervisors, each working half a day per week. The Underassistants and Supervisors practice along with the Head of Department and three clinical fellows working part-time. There are also 7 chiropractors available and trained who serve as replacement clinicians for holidays and sick leave. There is a good gender mix of supervisors and all have extensive clinical experience and completed the 3-year post-graduate program.

Two full-time Policlinic secretaries and one part-time relief Policlinic secretary are responsible for the administration of the Policlinic. These employees have a variety of medical, business and financial expertise, experience and skills.

The student-supervisor-rate for the clinical year ranges from one supervisor for three to a maximum of six underassistants (UA).

There is a far larger group of full and part-time staff who deliver the Human Medicine programme and a small number of Research Assistants provide support. With the impending retirement of the current Head of Department, the University has commenced the recruitment process, although no firm decisions have been made regarding the replacement.

The University Hospital Balgrist provides an induction programme for all staff.

#### *4.5.1b Analysis*

The small cohort of students results in a favourable staff student ratio on the Chiropractic Medicine programme. However, without increasing the number of well-qualified teaching and research staff it will be difficult for the programme to produce both the research output and graduating chiropractors that are needed within the University and society respectively. At present, the balance between full- and part-time academic staff fulfils the needs of the programme but may be insufficient should the cohorts reach the target of 24 students or more per year.

The programme must begin robustly recruiting to the positions of Chair of Chiropractic Medicine and Head of Department. The current status, employability and earnings of chiropractors in Switzerland does, however, make it difficult to recruit full-time teaching and research staff.

#### *4.5.1c Conclusion*

UZH partially complies with Standard 5.1.



### **4.5.2 Faculty Promotion and Development**

**The institution must have a faculty policy that addresses processes for development and appraisal of academic staff, and ensures recognition of meritorious academic activities with appropriate emphasis on teaching and research.**

#### *4.5.2a Description*

The personnel policy and regulations for staff and faculty development governing the Faculty of Medicine also apply to the Chiropractic Medicine faculty, and staff promotion to the equivalent of a university teacher (Privatdozent or PD) is strictly by the number and quality of research publications, not including review articles (16 or more whereof six as first or last author) and the impact factor of the journals. A specific career path for special commitment in the field of clinical teaching is the academic qualification as "Clinical Lecturer" or "Clinical Docent" (KD). This requires proven didactic distinction and 2 publications as first or last author. However, this will change in the near future

where the number of required publications may increase to 5. KD are very involved in some areas such as problem-oriented learning (POL) and training of clinical competencies and are always actively involved in the process of curricular development.

Researchers of the Chiropractic Medicine program regularly attend the convention of the European Chiropractors' Union. However, there is a relative lack of personal research and publication experience, as most of the chiropractic faculty are primarily clinicians. The department recognises that this is an area that needs to be remedied by getting the faculty involved in ongoing studies and by mentorship with more experienced faculty. Nevertheless, almost all of the current chiropractic faculty have previous teaching experience in the post-graduate chiropractic program in Switzerland, post-graduate seminars throughout Europe or internationally.

The Chiropractic Medicine staff members are invited to attend and participate in the various free courses provided by the University of Zurich. Furthermore, ChiroSuisse requires 80 hours per year of continuing education (CE) credits and this is monitored through the Swiss Academy for Chiropractic located in Bern. A committee consisting of 3 chiropractors/chiropractic educators determine which courses are worthy of post-graduate CE credits.

Chiropractic Medicine faculty are evaluated by students at the end of each academic year by the department as well as by UZH. In the future, UZH will evaluate all lecturers on a regular basis, making the evaluation by the department obsolete.

No recognition of meritorious performance of the Faculty and staff of the Chiropractic Medicine department by Zurich University has occurred to date. This may be due to the fact that in the eyes of the Medical Faculty, the qualification as a Chiropractor with a professional doctorate from an US or Canadian educational institution does not constitute an equivalent to a UZH master's degree and therefore Chiropractors educated abroad (as are all chiropractors graduated up until 2014) are virtually excluded from acquiring academic qualifications.

Staff promotion and development is managed by the Medical faculty. The rules for promotion are defined and all staff understand that promotion is dependent on the number and quality of publications produced.

Yearly appraisal of staff is standard and routine at Balgrist University Hospital. However, due to the workload of the former HOD, this was not a priority until fall of 2016. Now the Head of Department is appraised on an annual basis and the staff appraisal process involves about 90% of the staff.

#### *4.5.2b Analysis*

The dominance of part-time staff does by its very nature make it difficult for the current academic staff to gain promotion. Also the qualifications of the current complement of chiropractors in Switzerland will make it challenging to find staff who fulfil the criteria for promotion after joining the university. At present there is no published strategic plan that outlines future staff development and research support requirements for the programme.

The pressures to publish in order to become a Klinischer Dozent or a Privatdozent are such that it will take time for part-time staff to meet the criteria while maintaining their responsibilities outside of the university. Meritorious academic activities in teaching and research are being developed but the outcomes will take time to emerge. The faculty must examine its staffing strategy to enable meritorious activity in chiropractic to be the product of a greater spread of full and part time staff.

#### 4.5.2c Conclusion

UZH partially complies with Standard 5.2.



## 4.6 EDUCATIONAL RESOURCES

### 4.6.1 Physical facilities (CRITICAL STANDARD)

**The institution/programme must have sufficient physical facilities for the faculty, staff and the student population to ensure that the curriculum can be delivered adequately, and library facilities available to faculty, staff and students that include access to computer-based reference systems, support staff and a reference collection adequate to meet teaching and research needs.**

#### 4.6.1a Description

The chiropractic facilities buildings are divided into the clinic, with 7 fully equipped treatment rooms and one supervisor room, and two teaching rooms. Students have access to all medical facilities including x-ray laboratories at the University Hospital Balgrist, as well as the University's library and the new research centre. A large variety of electronic journals and reference collections are provided. All facilities conform to health and safety regulations.

#### 4.6.1b Analysis

The teaching and clinic facilities are adequate for the current number of students.

#### 4.6.1c Conclusion

UZH fully complies with Standard 6.1.



#### 4.6.2 Clinical training resources (CRITICAL STANDARD)

**The institution/programme must ensure adequate clinical experience and the necessary resources, including sufficient patients with an appropriate case-mix, and sufficient clinical training facilities including sufficient equipment and treatment rooms.**

##### 4.6.2a Description

Student assistants work a 50-hour week (standard for Switzerland) assessing an average of 80 new patients with 720 follow up visits in a six month period. The requirement is 60 new patients with an appropriate number of treatments. An appropriate case-mix is recorded weekly in the log book. Facilities, including 7 treatment rooms and equipment, are provided. Students also have to observe three different chiropractors in their private clinics for exposure to a variety of chiropractic techniques. The importance of systematically assessing psycho-social factors in clinical practice and current best practice on how to manage these patients is discussed but not necessarily implemented. Currently, the clinic is piloting a more comprehensive patient assessment, including a more extensive psychosocial profile, in recognition of the importance of this topic.

Student assistants participate in the clinical rotations at Balgrist University hospital for the remaining part of the year in various departments such as orthopaedics, rheumatology, neurology, internal medicine and radiology.

##### 4.6.2b Analysis

Student assistants treat a large number of chiropractic patients over a six month period with an appropriate case-mix. Resources are adequate for the current size of the cohort. They also observe various approved chiropractors in the field. However, it is unclear how regularly this is evaluated for meeting appropriate standards regarding chiropractic training.

The facilities in the Balgrist University hospital are excellent for exposure to a range of clinics. More focus on biopsychosocial issues in patient management would be of benefit.

##### 4.6.2c Conclusion

UZH fully complies with Standard 6.2.



#### 4.6.3 Information Technology

**The institution/programme must have sufficient IT facilities for faculty, staff and students to ensure the curriculum can be delivered adequately, and that IT is effectively used in the curriculum.**

**Students must be able to use IT for self-learning, accessing information and managing patients.**



#### 4.6.3a Description

PowerPoint presentations and other documents are available through the University of Zurich on VAM (virtual learning platform) to download. Videoclips of all techniques taught in year 3 are now available for viewing and reviewing to all students on a designated website. This platform also features a critical appraisal of the examination techniques in respect to their sensitivity and specificity. A similar project is currently underway for the technique classes of the 4<sup>th</sup> year of study. Students receive a USB stick with a large diagnostic imaging library for self-studies. They have access to a large number of electronic journals and the use of electronic patient files.

#### 4.6.3b Analysis

The self-study report contains *no* evidence of adequate IT training. *However*, Inclusion of new teaching/learning and examination methods is in the action plan. Students have the opportunity to use a large variety of electronic journals and databases. Some staff are using appropriate technologies in lectures and laboratories. The compilation of various information on examination and treatment techniques on the 3rd year video platform is extremely helpful for the students. Underassistants appreciate the use of electronic patient files.

#### 4.6.3c Conclusion

UZH fully complies with Standard 6.3



#### 4.6.4 Educational expertise (CRITICAL STANDARD)

**The institution must ensure the appropriate use of educational expertise in the design and development of the chiropractic curriculum and instructional (teaching and learning) and assessment methods.**

#### 4.6.4a Description

The Faculty of Medicine offers a specific medical didactics program together with the UZH's Continuing Education and University Didactics departments. It includes lecturer training ("Début", "Orientation Afternoon for New Lecturers at the Faculty of Medicine", "Basic Didactics Course for Habilitation Students") and examiner training for OSCE and the practical part of the federal examination. The University Didactics Department of the UZH also conducts individual teaching hospitations with 1:1 feedback on request. Further, extensive offers are made by the UZH's specialist departments for university didactics and continuing education for all UZH teachers ("Didaktika" program, "Teaching Skills", CAS "University Didactics"). A specific career path for special commitment in the field of clinical teaching is the academic qualification as "Clinical Lecturer" or

"Clinical Docent" (KD). All these offers are open to lecturers of the Faculty of Medicine free of charge.

Currently there are 13 professionals teaching specifically on the B Med/ M Chiro Med course in addition to the much larger group of faculty members that teach the various courses in Human Medicine. The M Chiro Med faculty (not including the clinic supervisors) is made up of 8 chiropractors, 3 medical doctors, 2 physiotherapists with advanced degrees and 2 experienced radiographers. Other than the radiographers, all but 4 faculty members hold a dual qualification including 1 DC/MD, 1 DC/Masters in Medical Education, 1 PT/Masters in Manipulative Physiotherapy, 1 PT/PhD and 2 DC/PT qualifications.

#### *4.6.4b Analysis*

All staff are offered free courses in medical education at the university. However, the large number of part time teaching staff on the chiropractic program allows for limited opportunity to take advantage of this. Research opportunities are also limited for the same reason and research appears to be focussed on medicine rather than education.

#### *4.6.4c Conclusion*

UZH substantially complies with Standard 6.4.



#### **4.6.5 Administrative and technical staff and management**

**The administrative and technical staff of the institution/programme must be appropriate to support the implementation of the institution's undergraduate programme and other activities, and to ensure good management and deployment of its resources.**

**The management must include a programme of quality assurance, and the management itself should submit itself to regular review to ensure best employment of its resources.**

#### *4.6.5a Description*

The Chiropractic Medicine programme has access to administrative and technical staff of both the university and university hospital. In addition, the chiropractic programme has one assistant (80% FTE) responsible for all organisational matters. There are also two full-time and one part-time clinic secretaries responsible for clinical administration.

#### 4.6.5b Analysis

The administrative and technical support for the programme seems appropriate with very friendly and supportive staff. There was clear integration between the departments.

#### 4.6.5c Conclusion

UZH fully complies with Standard 6.5



### 4.7 RELATIONSHIP BETWEEN TEACHING AND RESEARCH (CRITICAL STANDARD)

**The chiropractic institution/programme must facilitate the relationship between teaching and research, and must describe the research facilities to support this relationship as well as the research priorities at the institution/programme.**

#### 4.7a Description

In lectures, internships and clinical courses, students are taught from the very beginning the connection between basic research and clinical research for patient care, particularly in the last 3 years of the programme where they are supplied with current and relevant research evidence in several courses. Teaching is research-based at all levels. The Chiropractic Medicine course has clear objectives and specific characteristics such as the focus on clinical education and practice and the focus on research-based education.

Students can begin their Master's thesis in the third year of study. In the fifth year, students attend a weekly course on current topics during which they discuss evidence-based research on relevant clinical topics. In the sixth year, a monthly journal club is held where relevant articles are presented and discussed alternately by the research or clinical team (including underassistants). Additionally, a monthly research colloquium takes place, where underassistants present their completed master theses. The masters' thesis (Masterarbeit) undertaken during the M Chiro Med portion of the program is subject to the same rules and regulations that apply to Human Medicine students. It is a piece of work that leads to a publishable article rather than a traditional Master's thesis. The Chiropractic Medicine students are encouraged to write this study in English to facilitate publication and to develop their English language scientific writing skills, but this is not a requirement. Several of the Master's theses have been published or are currently submitted for publication and support is available from staff.

The Balgrist Campus has a dedicated research facility and the new research discoveries are shared with the students in an on-going basis. Several research foci of the research team are particularly relevant for advancing the pathophysiological knowledge of back pain of which the chiropractic students directly benefit. These studies are done in collaboration with other departments of the Faculty of Medicine and other groups at the University of Zurich and the ETH Zurich as well as

national and international collaborators, exposing the students to the workings of academia. The fundamental medical sciences, particularly anatomy, neuroanatomy and the neurosciences, undertaken by departmental research serve to underpin and support the scientific basis for chiropractic assessment, treatment and outcome which is then incorporated in the teaching of the M Chiro Med program. Together with several clinical departments and institutes and pre-clinical research groups, the research team of the Chiropractic Medicine program is part of the Clinical Research Priority Program 'Pain', awarded by the University of Zurich (2019-2022). The research team also has close collaborations with other Swiss Universities, including the Universities of Applied Sciences and Arts in Lucerne and Bern as well as international collaborations.

The programme abides by the governance and ethical approval procedures of Zurich University and the Canton for staff and student research.

#### 4.7b Analysis

The extensive teaching of principles and methods of research, as well as the high standards the completed Master's theses must meet, ensure a thorough understanding of the subject throughout the course. The close cooperation of lecturers from university hospitals with representatives of basic research as well as the departmental research activities ensures an effective link between research and clinical practice.

As most of the chiropractic faculty are primarily part-time and clinicians, one area of weakness is their relative lack of personal research and publication experience. This is an area that needs to be remedied by getting them involved in ongoing studies and by mentorship with more experienced faculty.

There is concern over the impact of the Masterarbeit on student workload. However, as all Master's theses of the Medical Faculty must meet the same standards it would be detrimental to lower the requirements for Chiropractic students.

#### 4.7c Conclusion

UZH substantially complies with Standard 7.



### 4.8 PROGRAMME EVALUATION (CRITICAL STANDARD)

#### 4.8.1 Mechanisms for programme evaluation

**The institution/programme must establish a mechanism for programme evaluation that monitors the curriculum, quality of teaching, student progress and student outcomes, and ensures that concerns are identified and addressed.**

#### 4.8.1a Description

The Human Medicine course as well as the Chiropractic Medicine course at the UZH is regularly reviewed by various committees for new challenges and changing conditions in the professional field. The main committees are the monthly Conference of Deans of Studies, the meetings of the Faculty Board and the Faculty Assembly, and the curriculum committee. The examination results, the results of the student evaluations, the focus group discussions between students and Deans of Studies and the survey of graduates by the Federal Statistical Office are discussed. Chiropractic Medicine is not represented in the faculty board and the representatives of the department are not invited to the the teaching commission or the monthly meetings of the study deans.

Once a semester, the Deans of Studies meet the students of the Fachverein (student organization Human Medicine) and the curriculum director of the chiropractic programme meets the student representatives to discuss the input they have collected from their fellow students. To ascertain the continuous development of the student's performance and progress, the directors of the Policlinic frequently meet with supervisors individually and with all supervisors twice a year in the Supervisor's meeting.

The only external examiners used for this program are for the Clinic Entrance Examination. Two chiropractors with MME degrees peer review the cases prior to this examination, attend the examination and observe the different stations, and provide oral feedback in the meeting following the exam as well as a formal written report. The routine use of external examiners is usual practice in Switzerland and thus the Chiropractic Medicine program is unique in this respect. The experience with the two current external examiners has been very positive. Experience using external examiners in other countries by some of the faculty has been much less positive and therefore the lack of external examiners for the rest of the program is not seen as detrimental.

The mechanisms for programme evaluation are present in a variety of forms. Students evaluate all the courses on a regular basis. However, due to the small cohort size this is not anonymous. The staff complete their own self-evaluations to inform their performance in the light of the student evaluations. Peer evaluation of new academic staff is used to provide feedback particularly to those new to academic life.

#### 4.8.1b Analysis

The chiropractic department has a robust process for internal programme evaluation but this does not appear to extend university-wide as it is not represented in the faculty board, teaching commission or monthly meetings of the study deans.

The department does not use external examiners except for OSCE and OSLER examinations.

#### 4.8.1c Conclusion

UZH partially complies with Standard 8.1.



## 4.8.2 Faculty and student feedback

**Both faculty and student feedback must be systematically sought, analysed and responded to so as to develop and improve the curriculum.**

### 4.8.2a Description

An official evaluation procedure is organised through the deanery of the medical faculty, which also takes into account the chiropractic classes for the full length of the curriculum including year 6 (the clinical year). Questionnaires are reviewed by the department for the Development of Study Programmes, in collaboration with the chiropractic faculty, and optimized by differentiating between clinical, practical and mantle study courses. The students are reminded several times throughout the semester to evaluate their different courses on an online platform, which allows for detailed and comprehensive feedback. Another source of feedback is a focus group, which meets at the end of each semester, summarizes the feedback given by all the students and includes one representative from each year of study. The Curriculum Director and the president of the Swiss Chiropractic Students' Association meets twice a semester to discuss the results and to evaluate the improvements and implementations of last semesters' feedback.

Further, curriculum development takes place through regular biweekly meetings of the leading staff. Adaptations and improvements are made on a regular basis by discussing and implementing new and important topics, creating standardized web-based learning platforms regarding clinical examination and technique procedures.

In the OSCE exam, structured feedback is given at the end of each station. Students also receive direct feedback during their hospital rotations and on their management of chiropractic patients.

However, no feedback is given to students who fail the oral assessments on the medical part of the programme.

### 4.8.2b Analysis

Feedback is collected and analysed on a regular basis via several sources and the results disseminated to staff, students and stakeholders and acted upon in a timely manner. However, this may be more challenging with a larger cohort. Students are very proactive in conducting surveys and making suggesting changes to the curriculum to the head of department.

### 4.8.2c Conclusion

UZH fully complies with Standard 8.2



### 4.8.3 Student cohort performance

**Student cohort performance must be analysed in relation to the curriculum and the aims and objectives of the programme.**

#### 4.8.3a Description

The results of the federal examination in Chiropractic Medicine for each cohort of graduates are first analyzed and discussed internally by the curriculum director, the directors of the policlinic and the head of Clinic and Education together with a member of the examination commission. The results are then distributed to the teaching staff. Individual interviews are sought with candidates who have failed in order to provide possibilities for support. If the results suggest relevant curricular changes, the curriculum director, in consultation with the directors of the Policlinic and the Head of Clinic and Education initiates the necessary steps with the respective teaching staff. The results of the UZH Chiropractic Medicine students in the federal examination are mostly in the upper range but 4 students out of 38 have failed the exam in the past 6 years.

The examination results in the courses of Chiropractic Medicine are discussed in the “Notenkonferenz”, a meeting of the teaching staff, at the end of each semester. In this meeting, the performance of the individual cohorts in the different subjects is discussed. Individual students are discussed if their performance does not meet the expectations, and steps to remedy the situation are discussed and implemented.

With regard to the examination results in the course of the individual academic years in Human Medicine, detailed statistics are kept, the results of which are discussed within the Dean's Office, the Dean's Conference and, if necessary, with the teaching staff. All multiple choice exams contain anchor questions from previous exams, which are used to keep the performance requirements constant and thus enable an internal comparison of the different year cohorts.

#### 4.8.3b Analysis

Student performance is clearly measured and analysed in relation to the component parts of the curriculum in order to identify areas of concern. Coordination of the training and examination content for the federal exam. could be improved.

#### 4.8.3c Conclusion

UZH fully complies with Standard 8.3



#### 4.8.4 Involvement of stakeholders

**Programme evaluation must involve the governance and administration of the institution, the faculty, staff and the students, and the outcomes communicated to a range of stakeholders.**

##### 4.8.4a Description

The programme is accredited by the Swiss government under the same conditions as those for Human Medicine and Dentistry. However, Chiropractic Medicine is not represented in the teaching commission, which meets 1-2 times per semester and is a forum for the broad exchange of information between the deans of studies, faculty members, representatives of the professional estates and students. Chiropractic Medicine is also not represented in the faculty board and no representative from Chiropractic Medicine is invited to the monthly meetings of the study deans, so knowledge transfer relating to governance is not guaranteed.

A number of members of the Swiss chiropractic profession are invited to provide lectures and workshops with the students and students are also encouraged to observe chiropractors in practice thus establishing a two-way communication with the profession. There are meetings with students and faculty on a weekly basis.

##### 4.8.4b Analysis

There are many opportunities for the profession to have input and communicate with the institution. Due to the small number of staff and students there are constant meetings and communication with these stakeholders. More formal structures and reviews need to be undertaken as the programme increases in size. However, it is a concern that Chiropractic Medicine is not represented in the teaching commission, the faculty board or invited to the monthly meetings of the study deans.

##### 4.8.4c Conclusion

UZH partially complies with Standard 8.4



## 4.9 GOVERNANCE AND ADMINISTRATION

### 4.9.1 Governance

**Governance and committee structures and functions of the chiropractic institution/programme must be defined, including their relationships within the university (as appropriate).**



#### 4.9.1a Description

The head of division of chiropractic medicine (HOD) is a member of the Medical Faculty curriculum committee, the General Medical Faculty committee and the Doctoral Dissertation committee. This allows for input, feedback, discussion and debate of the chiropractic curriculum from different levels of stakeholders within the university. The HOD also is also a member of the University Hospital Balgrist committee for Heads of Medical Departments.

A curriculum committee and an examination board have been created specifically for the chiropractic programme. All chiropractic faculty are members of both these committees. Chiropractic students may also sit on the Students' Focus Groups and the Students' Education committee.

#### 4.9.1b Analysis

The chiropractic programme is represented through the HOD on various committees across the university. This is a heavy load for the HOD to fulfil in addition to his professorial commitments.

Unfortunately, Chiropractic Medicine is not represented in the faculty board. so that the knowledge transfer relating to governance is not guaranteed.

#### 4.9.1c Conclusion

UZH partially complies with Standard 9.1.



### 4.9.2 Academic leadership (CRITICAL STANDARD)

**The responsibilities of the academic head of the first qualification chiropractic programme, and of the academic management structures, must be clearly stated.**

#### 4.9.2a Description

As the Chair of Chiropractic Medicine has been vacant for the past 3 years, the responsibilities of the HOD are distributed to the team leaders:

- Prof. Dr. Armin Curt is interim HOD.
- Dr. Daniel Mühlemann is Head of Study Programme and Policlinic for Chiropractic Medicine and is retiring imminently.
- Dr. Inga Paravicini is the curriculum director.
- Dr. Patricia Schaller and Dr. Urs Zahner share the workload as Directors of the Policlinic
- PD Dr. Petra Schweinhardt is responsible for research.

The overall academic leadership responsibilities are with the Dean of Medicine and the Curriculum Committee, due to the integration of the chiropractic medicine programme within human medicine. However, for the curricular content, sequencing, teaching format, assessments and all other educational issues related to the chiropractic specific courses, the University, Dean and medical faculty have entrusted the HOD to lead this process. The HOD has the responsibilities to lead the programme under the authority of the Dean of Medicine.

Since the start of the chiropractic medicine programme in September 2008, the HOD has been appraised annually by a specialist University Review Team.

#### *4.9.2b Analysis*

The Head of Department has sufficient autonomy and authority to provide academic leadership and strategic development. However, the difficulty in recruiting for the post of Chair of Chiropractic Medicine and the imminent retirement of the Head of Study Programme and Policlinic are a concern.

#### *4.9.2c Conclusion*

UZH fully complies with Standard 9.2



### **4.9.3 Educational budget and resource allocation (CRITICAL STANDARD)**

**The institution/programme must have a clear line of responsibility and authority for the curriculum and its resourcing, including remuneration of teaching staff, in order to achieve the overall aims and objectives of the chiropractic programme.**

#### *4.9.3a Description*

The Head of the Chiropractic Medicine program proposes detailed annual budgets for the teaching and research provisions. The department is included in the regular budgeting process of Balgrist University Hospital. The educational budget is secured until 2023 for up to 24 students per year. The budget is allocated on a 4 year rolling programme basis.

#### *4.9.3b Analysis*

The Chiropractic Medicine has a sound budget approved and has sufficient facilities, faculty and staff to deliver the chiropractic programme.

#### 4.9.3c Conclusion

UZH fully complies with Standard 9.3



#### 4.9.4 Interaction with professional sector

**The institution/programme must have a constructive interaction with the chiropractic and chiropractic-related (health-related) sectors of society and government.**

##### 4.9.4a Description

The chiropractic profession in Switzerland (Chirosuisse) has been extremely instrumental in the progress of the programme since 2008. The chiropractic elective courses (Chiropractic years 1 to 4 during the B Med portion of the program and year 1 of the M Chiro Med portion) were planned and designed with input from ChiroSuisse executive members. They have put in place a task force to recruit new students, provide opportunities for students to observe private chiropractors and provide places for the compulsory two-year post-graduation assistantships. They are also involved in collaborative research.

##### 4.9.4b Analysis

The very nature of the programme ensures that all students are embedded into the healthcare system and chiropractic profession.

##### 4.9.4c Conclusion

UZH fully complies with Standard 9.4



#### 4.10 CONTINUOUS RENEWAL AND IMPROVEMENT

**The chiropractic institution/programme must have procedures for regular reviewing and updating of its structure and functions to rectify deficiencies and meet changing needs. (See 8.1) The outcomes of these procedures should be made public (i.e. institutional websites) and should lead to continuous improvement of the programme. Institutions should publish information about their activities, including programmes, which is clear, accurate, objective, up-to-date and readily accessible.**

#### *4.10a Description*

The Chiropractic Medicine programme has several quality assurance and monitoring measurement methods in place to regularly evaluate the chiropractic specific portion of the programme. However, this does not extend university-wide as it is not represented in the faculty board, teaching commission or monthly meetings of the study deans.

Assessment methods are critically monitored and compared to the learning outcomes and modified as required. Change and improvement are discussed with the faculty but also presented to the profession during the ChiroSuisse congresses.

#### *4.10b Analysis*

Continuous renewal and quality assurance procedures are used to ensure that the human medicine portion of the Master of Chiropractic Medicine programme remains current and dynamic. The internal quality assurance and monitoring measurements within the Chiropractic Medicine Department are sufficient but improved integration with the relevant committees of the Human Medicine programme remains a priority.

#### *4.10c Conclusion*

UZH partially complies with Standard 10



## 5. CONCLUSIONS

### 5.1 Summary

### 5.2 COMMENDATIONS, RECOMMENDATIONS AND CONCERNS

For the purposes of this report the Evaluation Team adopted the following definitions from the Standards:

- **Commendations** – Areas that meet or exceed the Standards and are worthy of specific recognition.
- **Recommendations** – Areas requiring specific attention and action by an institution.
- **Concerns** – Areas of substantial weakness/concern as to jeopardise the accreditation of an institution that require specific attention and action by the institution *as a matter of urgency*.

### 5.3 COMMENDATIONS

- The enthusiasm and dedication of students.
- The quality, background and willingness to engage in education by all staff.
- The unique curriculum allowing complete integration of education between chiropractic and medicine.
- The clinical experience of students allowing exposure to a variety of conditions and a complex patient population in the Balgrist University hospital.
- The establishment of a dedicated research department
- The opportunities for collaborative research with well-established teams at the University of Zurich.
- The engagement and support of the chiropractic profession in Switzerland.
- The planned introduction of PROFILES to replace LOCES

### 5.4 RECOMMENDATIONS:

- Fill the vacant post of the Chair of Chiropractic Medicine
- Outline a succession plan for the position of the Head of Study Program and Policlinic for Chiropractic Medicine (due to imminent retirement)
- Review the duties and responsibilities of the Head of Study Program and Policlinic for Chiropractic Medicine to ensure an appropriate work load.
- Ensure participation on the teaching commission and monthly meetings of the study deans

- Clearly document the plans for physical and staffing resources for larger cohorts of students
- Review the workload of chiropractic students in years two to four to allow more time for self-directed learning.

### **5.5 CONCERNS**

- None

### **5.6 ACKNOWLEDGEMENTS**

The Team wishes to extend its thanks to the staff and students at UZH for the professionalism and courtesy afforded to it during the virtual visit.

## Timetable for visit to UZH

### Day 1: Thursday 15<sup>th</sup> October 2020

Meeting No.	Time	Interview Group	Participants	AAQ Standards	ECCE Standards
1a	13.30-13.45	<b>Pre-discussion with peer leader</b>	<ul style="list-style-type: none"> <li>• Henrik Lauridsen (peer leader)</li> <li>• Katrin Meyer, AAQ</li> <li>• Nina Wyss, AAQ</li> </ul>		
1b	13.45-15.30	<b>Pre-meeting expert group and AAQ</b> <ul style="list-style-type: none"> <li>• preparation and coordination of questions for the interview groups</li> </ul>	<ul style="list-style-type: none"> <li>• Henrik Lauridsen (peer leader)</li> <li>• Maria Browning (expert)</li> <li>• Martin Fischer (expert)</li> <li>• Alina Mertens (student AECC)</li> <li>• Katrin Meyer, AAQ</li> <li>• Nina Wyss, AAQ</li> </ul>		
	15.30-15.55	Break			
2a	15.55-16.00	Onboarding	• AAQ and expert group		
2b	16.00-16.45	<b>Discussion with the Management</b> <ul style="list-style-type: none"> <li>• Governance Structure</li> <li>• Strategy (future perspective)</li> <li>• Integration of chiropractic into the medical faculty (participation)</li> <li>• Resources</li> <li>• Budget</li> </ul>	<ul style="list-style-type: none"> <li>• Prof. Dr. Beatrice Schimmer (Vice President Medicine UZH)</li> <li>• Prof. Dr. med Rainer Weber (Dean of the Medical faculty)</li> <li>• Prof. Dr. med Mazda Farshad (Medical Director), Balgrist Uni Hospital)</li> <li>• Prof. Dr. med Armin Curt (Chair a.i. Chiropractic Medicine)</li> <li>• Dr. Daniel Muhlemann, Head study program and Policlinic for Chiropractic Medicine)</li> <li>• Experts: Lauridsen, Browning, Fischer, Mertens</li> <li>• AAQ: Meyer, Wyss</li> </ul>	1.01 1.02 2.06 3.01 3.02 4.01 4.02	1.1 1.2 1.3 1.4* 2.1 2.8* 2.9 2.10 4.2 5.1* 9.1 9.2* 9.3* 10
2c	16.45-17.10	Wrap up/preparing questions for the next interview/Break	AAQ and expert group		
3a	17.10-17.15	Onboarding	AAQ and expert group		
3b	17.15-18.45	<b>Discussion with the persons responsible for the Study Programme Chiropractic</b> , for exams, teaching evaluations and quality assurance <ul style="list-style-type: none"> <li>• Curriculum and coordination with Curriculum Human Medicine (Mantle studies, core studies) – responsibilities</li> <li>• Tests/exams</li> </ul>	<ul style="list-style-type: none"> <li>• Prof. Dr. med Armin Curt (Chair a.i. Chiropractic Medicine)</li> <li>• Dr. Daniel Muhlemann, Head study program and Policlinic for Chiropractic Medicine)</li> <li>• DR Inga Paravicin I, Curriculum Director</li> <li>• Prof Dr. med. Matthias Guckenberger (Vice Dean teaching Clinic)</li> <li>• Prof Dr. med. Johannes Loffing (Vice Dean teaching pre-clinic)</li> </ul>	1.03 2.01 2.02 2.03 2.04 2.05 2.07 2.08 3.02 3.03 3.04 4.03	1.2 1.4* 2.1 2.2* 2.3 2.4* 2.5* 2.6 2.7* 2.8* 2.10 3.1*

		<ul style="list-style-type: none"> <li>• Evaluations</li> <li>• Quality assurance</li> <li>• Resources</li> <li>• Budget</li> <li>• Admission and student administration</li> </ul>	<ul style="list-style-type: none"> <li>• PD Dr. Suzana Atanasoski (Head of Coordination Office Research and Teaching)</li> <li>• Dr. Yasmin Bayer (Head Student Affairs Office)</li> <li>• Experts: Lauridsen, Browning, Fischer, Mertens</li> <li>• AAQ: Meyer, Wyss</li> </ul>		3.2* 4.1* 4.2 5.2 6.1* 6.2* 6.3 6.4* 6.5 7* 8.1* 8.2 8.3 8.4 9.2* 9.3* 9.4 10
<b>3c</b>	18.45-19.15	Wrap up/preparing questions for the next interview	AAQ and expert group		

## Day 2: Friday 16<sup>th</sup> October 2020

Meeting No.	Time	Interview Group	Participants	AAQ Standards	ECCE Standards
<b>4a</b>	08.30-08.45	Onboarding	AAQ and expert group		
<b>4b</b>	08.45-09.15	<b>Discussion with clinic managers</b>	Persons with management responsibility in relation to the polyclinic <ul style="list-style-type: none"> <li>• Dr. Patricia Schaller (Head of Polyclinic)</li> <li>• Dr. Urs Zahner (Head of Polyclinic)</li> <li>• Experts: Lauridsen, Browning, Fischer, Mertens</li> <li>• AAQ: Meyer, Wyss</li> </ul>	1.03 2.02 2.03 2.04 3.02	2.5* 2.6 2.7* 2.10 6.2*
<b>4c</b>	09.15-09.40	Wrap up/preparing questions for the next interview/Break	AAQ and expert group		
<b>5a</b>	09.40-09.45	Onboarding	AAQ and expert group		
<b>5b</b>	09.45-10.45	<b>Discussion with students</b>	<ul style="list-style-type: none"> <li>• Bachelor and Master students, 2 students each of years 2-6. Total of 10</li> </ul>	2.02 2.03 2.05	3.1* 3.2* 4.1* 4.2 4.3 4.4*



			<ul style="list-style-type: none"> <li>• Experts: Lauridsen, Browning, Fischer, Mertens</li> <li>• AAQ: Meyer, Wyss</li> </ul>		6.1* 6.2* 6.3 6.4* 6.5 7* 8.2
<b>5c</b>	10.45-11.15	Wrap up/preparing questions for the next interview/Break	AAQ and expert group		
<b>6a</b>	11.15-11.20	Onboarding	AAQ and expert group		
<b>6b</b>	11.20-12.00	<b>Discussion with lecturers and mid-level faculty staff</b>	Lecturers, associated professorships, senior assistants and assistants (4-6) <ul style="list-style-type: none"> <li>• Dr. Curdin Caviezel, Supervisor Poliklinik</li> <li>• Eveline Della Casa, MAS, lecturer 2<sup>nd</sup> year B Med</li> <li>• Dr. med. Miklos Csato, Senior Physician Radiology, lecturer BMed and all years Master</li> <li>• Dr. med. chiro. Malin Mühlemann, senior physician, lecturer 2<sup>nd</sup> year Master</li> <li>• Dr. Inga Paravicini, Curriculum director, lecturer 1<sup>st</sup> year B Med and 2<sup>nd</sup> year Master</li> <li>• Experts: Lauridsen, Browning, Fischer, Mertens</li> <li>• AAQ: Meyer, Wyss</li> </ul>	1.01 1.03 1.04 2.01 2.02 2.03 2.04 2.05 2.07 3.01 3.02 3.04 4.01 4.02 4.03	1.1 1.2 2.1 2.2* 2.3 2.4 2.5* 2.7* 2.8* 2.9 2.10 3.1* 3.2* 5.2 6.1* 6.3 6.5
<b>6c</b>	12.00-12.15	Wrap up/preparing questions for the next interview/Break	AAQ and expert group		
<b>7a</b>	12.15-12.20	Onboarding	AAQ and expert group		
<b>7b</b>	12.20-12.50	<b>Discussion with research staff</b>	<ul style="list-style-type: none"> <li>• Prof. Dr. med. Armin Curt, Chair a.i. Chiropractic Medicine</li> <li>• PD Dr. med. Petra Schweinhardt, Head of Research, Chiropractic Medicine</li> <li>• Dr. Cesar Hincapié, PhD, Group Leader of Clinical</li> </ul>	2.02 4.02	3.1* 7*

			<p>Epidemiology, Chiropractic Medicine</p> <ul style="list-style-type: none"> <li>• Dr. des. med.chiro Luana Nyirö, PhD Student</li> <li>• Experts: Lauridsen, Browning, Fischer, Mertens</li> <li>• AAQ: Meyer, Wyss</li> </ul>		
<b>7c</b>	12.50-13.10	Wrap up/preparing questions for the next interview/Break	AAQ and expert group		
<b>8</b>	13.10-13.30	<p><b>Discussion with administrative and technical personnel</b></p> <p>(Nicole Staubli and Carolin Ruzek-Krähenbühl provide administrative support to the program management but are not responsible for student administration)</p>	<ul style="list-style-type: none"> <li>• Nicole Staubli, Head of Administration</li> <li>• Carolin Ruzek-Krähenbühl, Head of Polyclinic office</li> <li>• Experts: Lauridsen, Browning, Fischer, Mertens</li> <li>• AAQ: Meyer, Wyss</li> </ul>	3.02 4.02	6.3 6.5
	13.30-14.00	LUNCH BREAK			
<b>9</b>	14.00-15.45 (14.00-14.30)*	internal meeting expert group and AAQ (preparation outline expert report and preparation debriefing)	<ul style="list-style-type: none"> <li>• Experts: Lauridsen, Browning, Fischer, Mertens</li> <li>• AAQ: Meyer, Wyss</li> </ul>		
	15.45-16.00	Break			
<b>10</b>	16.00-16.15	<p><b>Debriefing (oral feedback)</b></p> <ul style="list-style-type: none"> <li>• Swiss Accreditation (moderated by Lauridsen)</li> <li>• ECCE Accreditation (moderated by Browning)</li> </ul>	<p>UZH:</p> <ul style="list-style-type: none"> <li>• Prof. Dr. med. Rainer Weber, Dekan Medizinische Fakultät</li> <li>• Prof. Dr. med. Matthias Guckenberger, Prodekan Lehre Klinik</li> <li>• und/oder</li> <li>• PD Dr. Suzana Atanasoski, Geschäftsleitung Lehre und Forschung UMZH</li> </ul>		

			<ul style="list-style-type: none"> <li>• Dr. Yasmin Bayer, Leitung Studiendekanat</li> <li>• Prof. Dr. med. Armin Curt, Chair a.i. Chiropractic Medicine</li> <li>• Dr. Daniel Mühlemann, Head study program and Polyclinic for Chiropractic Medicine</li> <li>• Dr. Inga Paravicini, Curriculum director</li> <li>• Dr. Patricia M. Schaller, Leitung Poliklinik</li> <li>• Dr. Urs B. Zahner, Leitung Poliklinik</li>   <li>• Experts: Lauridsen, Browning, Mertens</li>   <li>• AAQ: Meyer, Wyss</li> </ul>		
	16.15	End of the visit			

**\*ECCE Critical Standard**