



PARKER
UNIVERSITY

Parker University

2540 Walnut Hill Ln.

Dallas, TX 75229

SU20 Results

CTL,

In the attachment you will find the evaluation results of the survey QEP Development.

Questionnaire QEP-6F4:

The overall indicator is listed first. It consists of the following scales:

The overall indicator is followed by the individual average values of the scales mentioned above. In the second part of the analysis the average values of all individual questions are listed.

If you have any further questions do not hesitate to contact the Office of Institutional Effectiveness & Planning.

Best Wishes

Institutional Effectiveness

QEP Development (QEP 2021)
No. of responses = 300
% returned = 0



1. PARKER UNIVERSITY AND THE QEP

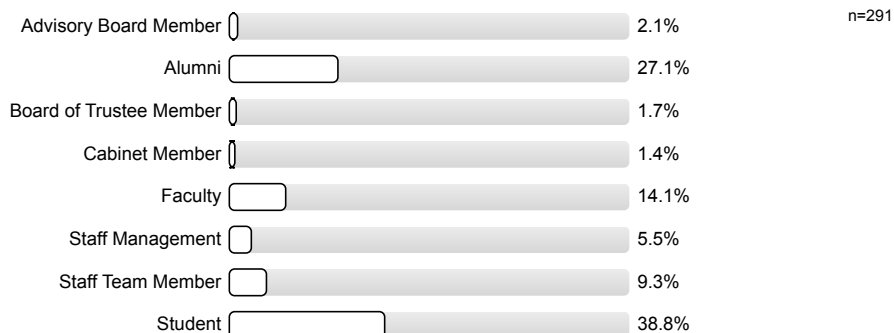
BACKGROUND: Due to the F-3 tornado that struck Parker University in October 2019, disaster recovery was foremost in our processes for several months. This was followed by the COVID-19 pandemic that focused our efforts on pivoting to online instruction. Now we are returning to our QEP and want to follow-up the initial input from the focus groups on choosing a topic. To that end we are sending a survey to our institutional community seeking to continue to identify the top emerging educational needs of Parker University based on its strategic plan and assessment data. The focus groups identified the following areas, as possible topics:

- * enhancing the use of evidence
- * health and wellness
- * how to teach students
- * learning and knowledge retention
- * patient-centered care
- * pedagogical strategies
- * training
- * uniting all academic programs and colleges
- * using technology

The Parker University QEP Executive Committee seeks confirmation or additional emerging student learning needs from the institution's constituencies.

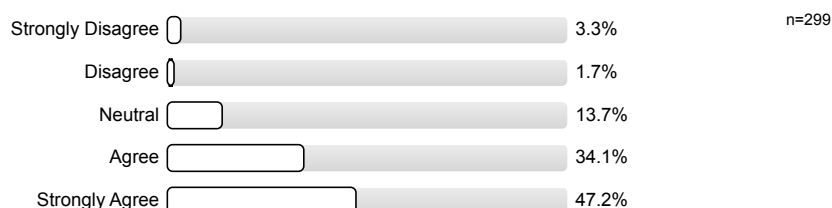
The purpose of this assessment is to continue to engage the institutional community, regarding the QEP. Please answer the questions appropriately.

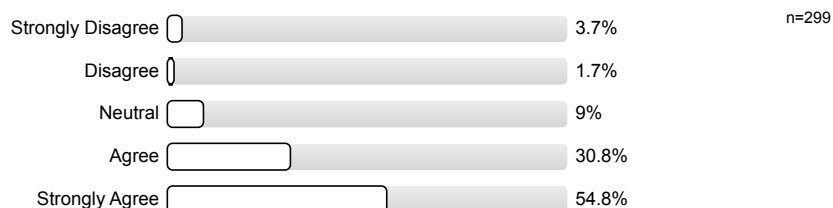
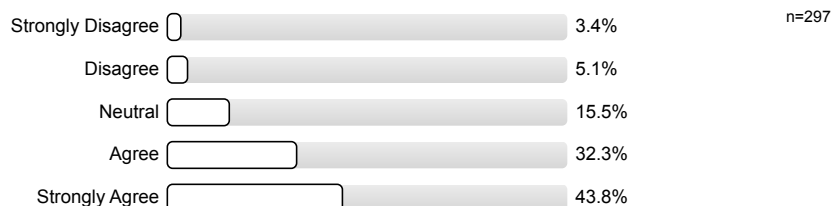
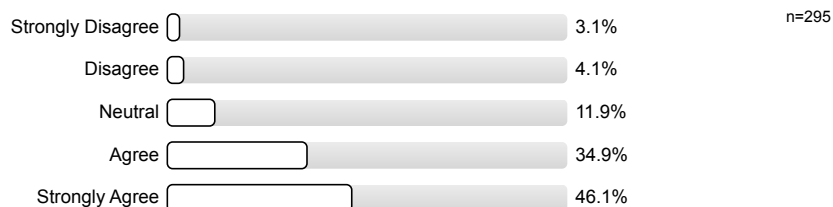
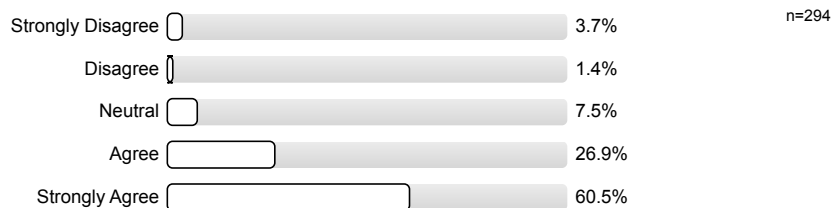
1.1) Please describe your representation.



Please indicate agreement with the concepts for student learning for all University programs and the ability to further Parker University's mission.

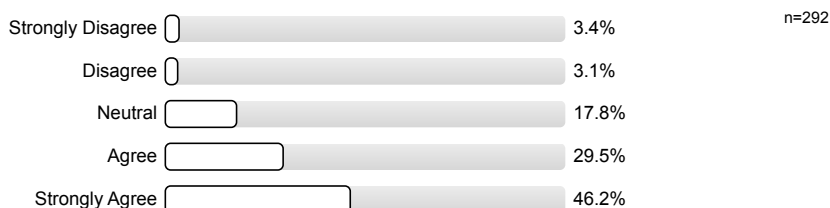
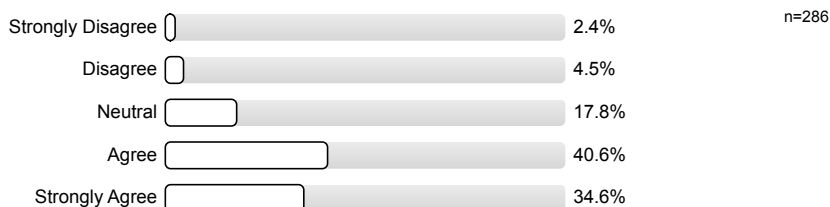
1.2) enhancing the use of evidence



1.3) *health and wellness*1.4) *how to teach students*1.5) *learning and knowledge retention*1.6) *patient-centered care*

Please indicate agreement with the concepts for student learning for University programs and the ability to further Parker University's mission. (Continued)

1.7) *pedagogical strategies*

1.8) *training*1.9) *uniting all academic programs and colleges*1.10) *using technology*

1.11) If necessary, please identify a top trending student learning need, not previously identified. Provide justification and rationale for that need.

- 1. Applying a cognitive apprenticeship learning model = an expert demonstrates the skills, students learn through practice, simulation evaluates the progress, and expert mentors the process and offers guidance. To augment existing class services, the process can be simulated using virtual simulations.
- 2. The Student Center to support informal learning networks = the extracurricular campus activities enjoyed by students give them opportunities to discuss and learn through shared expression. For the virtual campus, recommend a virtual world community space where students as online avatars can relax, dance, play, socialize, get information on career placement, access the virtual library, and receive tutoring or peer support. In career-oriented education, we sometimes miss opportunities to strengthen the student experience. Health and wellness would fit well in the virtual Student Center.

Thoughts on your categories. Pedagogical strategies are important for course design, but online students often use andragogy (trial and error) and heutagogy (inspiring self-determined learners). Pedagogy is teacher-driven and important for course tool consistency, but andragogy thinks about applied learning, relevance, and supports learner behavior as adults learn through trial and error. Students who embrace heutagogy take charge of their learning experience. They focus on accomplishing goals and identifying how to connect the theory with the practice. They move beyond basic organization skills to take ownership of the learning process and identify why the course skills are important. They identify new ways to apply what they learn, to mentor their peers, and to form cooperative learning relationships. By nurturing students as we apply these learning methods early in a program, we give students the tools to thrive in a world that is constantly changing. Success in these methods is not confined to what a student knows. Everyone has the opportunity to take charge of learning, and to shift the energy from facts and answers to an inquisitive and thought-provoking examination of the practice. Beyond the course activities, it offers opportunities to stretch and reach their goals.

Online education centers on the meeting of minds to understand how the theory and the practice comes alive.

I like the idea of uniting all academic programs and colleges for then we learn from one another and support students better. As a near term goal, this might be hard to achieve through curriculum and easier through student-centric services that connect faculty, staff, librarians, campus resources, and leadership with students. Unity is evidence of a culture that asks faculty and administrators to think beyond their colleges and area of expertise. Thanks!

- A better clinic experience for trimester 8 and 9 before CBI/PBI. We need to either lower prices, or spend more money marketing people to get them walking into our doors and making sure the students are all getting to see patients that will provide experience towards wellness as well as acute care.
- Access to University provided 3D anatomy software for online learning.
- Active clinical case examples
- Adjusting skills- most Parker grads are poor adjusters

New Patient acquisition- most Chiropractic grads have no idea of how to build a patient base.

- As a Health Science University, we have the opportunity if not a mandate, to have our students when they leave this campus, respecting one another's education and how we as health care professionals can work in an integrated manner going forward for the benefit of our patients. We do not want to miss this opportunity
- Business and Marketing topics. This topic was lacking during school and could benefit the new entrepreneurial chiropractor looking to start her/his practice right out of school.
- Business principals-cost of tuition drastically increasing and chiropractic reimbursement has drastically decreased.
- Business training, not all great chiropractic graduates survive the first 5 years more practice management and co-ops would be extremely helpful.
- Business training, practice management and patient visit documentation (SOAP notes).
- Business training, this would be of significant value in order to increase the number of practicing DCs after five years. I have not taken the business course at Parker yet, but have been told most upper tris do not take it seriously or feel that it provides valuable knowledge for a graduating DC.
- Business training. There is a notable lack of business training in the chiropractic program. Students graduate with minimal knowledge on how to run a successful practice, whether their own or as an associate. More time needs to be devoted in teaching students what goes into running a successful business among other things to expect after graduation. Negotiating associate contracts, determining appropriate overhead for a practice, how to establish a business, etc. Either as an elective or core curriculum class, students need the opportunity to learn more in depth the process of building a successful business as a Chiropractor. Too many graduates fail in practice not because of their lack of skill or knowledge as a Chiropractor, but because they were never taught how to run a business.
- Can we please stop pouring money into things like the synapse center and a new gym. Instead I would like us to spend money and focus on academic shift towards true chiropractic, as well as chiropractic philosophy. It is very frustrating to see Dr. Morgan's priorities of the synapse center over actual chiropractic care. Chiropractic is something that is not evidence based. The power that heals the body is the same power that created the body and is exactly why we cannot explain it, because we do not do the healing. The body does the healing. We do not need prof. Our results in practice are our proof.
- Cheaper tuition
- Clinical based internships. Limit 1 student per office.
- Communication and preparedness. As things are constantly changing in the times we find ourselves in currently, a lack of communication between faculty and students leaves uncertainty and confusion. Confusion leads to anxiety and less than optimal learning environment.
- Diversity.
Incorporate diversity throughout all the University programs.
- Diversity.
The University through curriculum and programs could incorporate this important social topic.
- Dynamic training with other health professions, students should be able to integrate into healthcare facilities and expand chiropractic services.
- Emphasizing hands-on learning and practice because, you know, we're becoming chiropractors
- Ensuring we find a balance in meeting the needs of our faculty and students in the meeting the items in 1.7-1.10 and life balance.
- Explains a report of finding:
Laymen's words.

Why consistent chiropractic can Help the patient

- Hands on learning through comps which must be passed. I would like to see this as an inclusive University and not just a University associated mainly with Chiropractic. Marketing should focus on other programs so that they can have a larger pool of applicants who will be able to understand evidence based research and read and write on a college level.
- How to manage an office!!
Integration into a multidisciplinary team.
The value of the care we provide as entry level providers in a specialist world.
How and when to refer.
How to fully diagnose a patient.
Focus on research and outcomes
- I am only at the beginning of my journey; I'm in pre-requisites, but I can say already that the professors have done a good job of directing our learning toward case studies, pathologies, and other real-world application.

But I see significant room for improvement in conducting online anatomy-based instruction. There are lots of examples of how to conduct

online anatomy-based education, and the way that the current A&P is structured is missing a big opportunity. someone shared with a free course from Duke University on Coursera.org, and i'm supplementing my Parker education with the Duke course. I don't see why Parker's course couldn't be on par with Duke, or take some structure aspects from it. Even though the material may be structured differently, it could still be presented in the same manner (breaking down anatomy into functional aspects, a well-delivered and recorded lecture that accompanies the powerpoint, multiple short videos, etc.)

Yes, being in a classroom or lab with models would provide some benefit, but I think there's a wide swath of opportunity between handling a model, and only having powerpoint slides to look at. For example, students would benefit from a video of a professor demonstrating the model that we would otherwise manipulate in person in the lab. There are many YouTube video examples of this type of demonstration. We can go find those videos, but there's great value in our professor directing that learning with his/her own expertise.

I hope this comes across as constructive criticism.

- I think Parker students would benefit from use of the study application Anki. It is a program similar to Quizlet but the algorithm used to study is better and more efficient. Medical students use this and have a major bank in which they can access more material without having to make the cards. I think it's an extremely helpful tool when it comes to the 5 levels of 5 blooms taxonomy.
- I think the ability to research effectively is not placed as a priority in the program, as it stands. This topic should be extensively covered and could easily replace the philosophy courses that most students blow off. A small number of students choose to get deep into the philosophy, but EVERYONE should be able to read and interpret current research. One class in Tri 1 is not enough.
- I was a transfer student to Parker College of Chiropractic and techniques all when the Beta campus opened but was still under construction. The opportunity to meet and learn from various Chiropractic Masters at both the college and Parker seminars was invaluable and gave me quite a "tool box" of classic and innovative methods all at student rates. I particularly was enthralled with the weekly, mandatory lectures at the "church" and always sat up front. I loved the Drs. Coelo both at the clinic and in the history class. I met wonderful students from many trimesters, Fabrizio, Anna, many others were my classmates and quite a dedicated team. I loved PCC and its emphasis on being a healer and the love concept. Dr. Rosanna Winter, Lakeway, TX
- In my practice I see lots of students from all levels of education and I think a need that needs to be addressed is how to integrate the info they are learning and apply it to the real world applications. A lot of students seem to be lost when they enter the "real world" and unprepared. Now it is still difficult to see who is at fault... at some point the students has to take some sort of responsibility and go out and succeed. I just wonder is there an actual metric you could study that prepares students for the real world.
- Instead of learning to adjust well, students learn set ups and adjusting is strongly discouraged which is turning 20-60% of my class against the school as a whole for that and many other reasons. Grade on success in performing an adjustment, not just if it looks the way that teacher wants it. Use adjusting class time to adjust all joints that have been taught to date in the curriculum. Encourage students to conservatively attempt adjustments with a doctor present (to ensure safety), and require some degree of progress in actually clearing subluxations in order to earn a complete in adjusting courses. Enough students are graduating from Parker as incompetent adjusters that it will hurt the reputation of chiropractic to call them DCs. The academics are getting better though
- It may not be trending but it would be helpful to focus on learning that teaches the students to take responsibility for their learning.
- Leadership. Many of our students are becoming doctors and yet they do not have leadership skills. How do you successful handle patients if they do not see you as a leader
- Learning need; motion during the day. Aerobic activity enhances long term memory. Sitting for two and a half years wrecked my body. I think every class should be outfitted with stand up desks, with exceptions for those indicated, and something to keep their feet busy. It was frowned upon to bring implements like this into the school on behalf of professionalism. For an institution that's supposed to be about health and wellness, I find this bit ironic. We sit and wreck our bodies for 2.5 years in the classroom so we can tell folks not to sit and wreck their body at work.
- Learning to adjust through our own personal expression. Parker is beautiful because we have an expression of so many varying techniques and personalities. There are some rules physical and socially that at times restrict this expression. The path to becoming a doctor is inclusive the personal development of their own research and developed knowledge base that expresses differently for each person, and eventual opinion of what is the best way to treat someone. Not only more exploration is needed but more cultivation of self exploration and the tools to do so need to be provided by Parker University. All in all we need more doctors that think for them selves.
- Manual Adjustment. More student clinic time.
- More focus on Chiropractic Adjusting, modern understanding of Health + Adaptation, the nervous system, and less on a curriculum tailored to board examination.
- More hands on and adjusting time for DC students. More resources for how to run a successful business and marketing in general. More training for instructors regarding educating in general (delivery methods, understanding learning styles, etc.). Many are proficient in their fields, but that does not make them good instructors. This continues to be an issue for many students/classes at Parker.
- More hands on application in physical diagnosis labs.
- More hands on learning and practicing.
Instead of uniting all colleges maybe unite the curriculum within all of Parker, academically and clinically first.
- More research!!!
- More time to actually adjust under supervision of a doctor built into the program. So far I have been in the program for over a year, and the vast majority of the time spent on teaching is vectors and setups, but not validating findings of students and adjusting!

- Motivational Interviewing and communication skills. You can be a wonderful adjuster, understand the evidence and it's practical applications, but if you do not know how to deliver the message to the patient in front of you (personality differences, cultural differences, empathetic needs, etc.), then your impact may not be as great. Our students turn to coaching groups like Amped, epic, focus, etc., as a way to help them build confidence in communicating. It needs to come from us and needs to be done in an appropriate manner that highlights the patient and not fear selling tactics.
- N/A (2 Counts)
- None
- One single calendar that all faculty uses for each trimester. To often is an assignment posted without an announcement and given a due date that is unclear.
- Online learning is not the way. The tuition cost does not correlate with the quality of education.
- Orthopedic rotations with medical orthopedist a should be a very valuable clinical tool.
- Parker University needs better communication with undergraduate studies. The university focuses way too much on the Chiropractor program. The undergraduate students constantly get forgotten about, have duplicate charges on their accounts, and never really acknowledge most of the time. It has been a struggle for the university to recognize the undergraduate programs as part as the campus rather than a divided section from campus. We as undergraduate students have seen through action when words have failed just how unimportant we are to the campus as a whole. It is discouraging to be part of the campus culture when it is so Chiropractic focuses. Even the book store has nothing but chiropractic stuff. The sports that are engraved in Parker such as the Crossfit Games that Parker holds once a year has training for only the Chiropractors to be part of at Chiropractic student times which conflict with the under graduate programs. Parker University has a serious problem in this category and it needs to be addressed. The division between the main campus and the under graduate part of the campus is appalling in my perspective.
- Real life training
- Smaller class sizes. Lecture sizes are huge. Students seem to do well in labs where instruction is more one on one and more personal.
- Student teacher interaction, and practical application
- Students have been having issues with blackboard, as most teachers have kept the same schedules, which is happening across the country due to the Pandemic. This has been stretched the blackboard website thin and results in disconnections and slow loading times. Instructors may need to adjust course/lectures times to non-peak hours for the continued success of students.
- Students need a better understanding of business practices and first steps in setting up a business.
- Students need to be able to be taught by unbiased professors.
- Students need to learn exactly what chiropractic is and stop being taught that they are second to western medical sciences. This program infers that chiropractic is inferior and should bow to the authority of others. Please bring chiropractic philosophy back.
- Technology was mentioned but to elaborate, I feel students could benefit from an in depth anatomy viewer online, especially if Tri 1 will be moved to online for good.
- The ability to be hands on from the beginning. That is what use to separate us at Parker, that and having the best teachers. From everything I have been hearing from current students is that they feel as though they are getting treated as dollar signs.
Stop accepting everyone.
- The anatomy classes are hard to learn without a virtual anatomy program. The attendance policy would could be improved if it was the Same across the board (ex. Watch vodcast within 48 hours.)
- The professors need additional resources to be able to convey clear information. The number one thing needed is pedagogical strategies. Teaching one way doesn't help everyone. There must be different ways of approaching the same issue helping others that don't rely purely in memory to understand the concepts. I believe Dr. Perryman can be of great help in a project like that. He has that ability.
- The real world of business, a lot of our programs are Entrepreneurial programs either teaching more of marketing, how to monitor stats or even communications with peers and patients. Either in classroom or post grad work.
- The students do not present themselves in a professional manner. The other issue is with the coordinators. There is no support when there is an issue with a student. When an issue is addressed with the coordinator the coordinator becomes defensive. In addition, the coordinator often does not show up to the site when they say they are going to be there. They are a no show. The lack of professionalism is coming from the coordinator down to the students. The students complain at the site about the coordinator and the lack of support they are given as well. They also talk about how they are placed the furthest away from their home to "teach" them professionalism. This is literally the most ridiculous thing I have ever heard. Work with your student to initiate success not hardship. This fieldwork program needs a new fieldwork educator and revamped. Lack of professionalism all the way around. Parker is making this very difficult on the students to succeed. In addition the students are talking about how they 3 and half long hour meetings at night after they get home from fieldwork where they sit on the phone for hours and the fieldwork educator even fell asleep!!! What is gained by this? Use teams or a template .. surely there is a way to provide better structure. We get to hear it all at the sites.
- The students enter clinic without the necessary skills to perform a proficient history and examination. They also have no skills other than

adjusting. It would be beneficial for them to have a partner/patient and required to perform the entire new patient intake process on each other multiple times before entering clinic.

I'm also not clear on what this survey is asking. Is it asking if these things would be helpful or if we agree that they are already in place?

- There are essential curriculum updates that are crucial in the preparation for students to advance to clinics from academics. These improvements do not seem to be a priority, however, there is pressure to improve courses to allow for better board scores. The issues will not be resolved by 'improvements' to current courses.

Removal of some courses and adding in more crucial neuromusculoskeletal diagnosis courses is absolutely necessary. Students do not retain information that is not continuously reinforced, but there is no place for the reinforcement of certain skills and knowledge in the current curriculum unless the learning objectives are abandoned.

- There is a huge need for online clinic. We have been learning TeleHealth through this pandemic but have not been able to utilize the information gained. The ability to have TeleHealth consultations with patients would be fantastic as the situation evolves and things change so quickly with mandates and requirements for social distancing practices.
- There's a lot of unnecessary work, especially in tri's 6 and 7. It's universally agreed, even if some students are afraid to admit it to faculty and staff, that TBL's in tri 6 are the only useful group activities. Anything else is just busy work and we don't learn anything from them. That time should be spent practicing our diagnostic and adjusting skills.

The tri 6 business class is almost a complete waste of time and money. I don't know a single person that learned from that class. One guest speaker was informative but was only there one or two days. Business theory is nice but being the focus of the program is chiropractic, the business class should be too.

- This is a very confusing survey....
- This is theoretically disregarding COVID-19: While I understand that online learning is "the way of the future," I do not feel as if the majority of us students receive a full learning experience, and it excludes personal contact and communication, which is a vital element to life and learning.
- Trauma informed care - to include LGBTQIA+ inclusivity, racial justice, and implicit bias training.
- Utilizing evidence-backed analyses is of the highest importance
- We need to be taught how to deal with insurances, have a class on it or something. i realize that we get a little understanding in clinic but we need more

Also have a class on codes and pairing, documentation and patient management in tri 7 does not prepare you for how to do a superbill and the superbill teaching in orientation is a quick and in passing style of teaching, if you want clinic to run smoother thats a couple of places to start

- With all the current events and future trends, I can see using technology folding several of the concepts into it, including but not limited to pedagogical strategies, how to teach students, training and even uniting all academic programs and college.
- You guys teach us how to adjust, but we have one motion palpation class for palpating. I feel as if Parker lacks in teaching us students how to know and feel a specific segmental restriction, and am disappointed that I have to rely on pure guess and outside seminars. Teach us how to feel a restriction (ie: lateral flexion), other than a list of listing, and not expect us to know it when we get to lab.
- clinic needs to be in line with school and patient centered not problem focused
- combining skills learned from previous courses within their new courses, so they are truly spiraling in practice and knowledge translation. Our students do not get any opportunities to really do this and it is hurting them and their ability to critically think, retain knowledge, and find value/importance in what is being taught if they are allowed to just forget the information within the following trimesters then expected to recall it all in clinics.
- due to online learning in wake of COVID - an online/computer anatomy program would be awesome.
- more education on how to run a business

- we need stronger chiropractors in the field. i have been to many continuing education programs and talked with many doctors who are scared to stand up for their own profession. We need to understand we are just as knowledgeable as any other MD or DO and have the confidence to hold our own in a debate with them. We need to not back down when questioned about our training, knowledge, treatment techniques, and skill as a medical provider. We also need to get more hands on adjusting skills. I have had MANY patients come to me in the last several years complaining about how many chiropractic providers today only use devices and they are not happy with that type treatment. I run a walk in clinic in Utah and have anywhere from 3- 15 new patients daily who want hands on manual adjusting. It is so bad I am looking to put together a CEU class teaching all the basic techniques I learned in school to try and help with the situation and aid other chiropractors in getting more business and become more able to provide the options people are seeming to want for treatment today. We had a strong manual program when I was in school, we need to stick with it and emphasize more hands on treatments to allow for the students to become more confident in their own skills and be able to handle anything that comes through their doors. That includes knowing when not to treat and refer out. I was trained well at our school and feel very confident in my medical skills, but i feel we are becoming to soft in our approach and need to step up our game and become the leading providers for natural health care by leading in our communities and standing up and defending our profession, skills, education and abilities in the health care arena. BJ Palmer would not back down, Dr. Parker would not back down when they knew they were right, we need to have that kind of mental attitude today. this will help each new doctor become more able to compete in today's climate and help them to provide the best care and patient outcome for their patients.

- x-rays and analysis on most if not all patients

Thank you for completing this survey. We truly appreciate your time and assistance.