

Boon or Bane? The Distance Learning Debate in Chiropractic Education

Resource and reference page · Dr. Deb Bushway · Dr. John Scaringe · Moderator: Dr. Kris Petrocco-Napuli

1. Benefits and risks: intentional design vs. emergency remote teaching

What have we learned since COVID?

- [The Difference Between Emergency Remote Teaching and Online Learning](#)
Hodges, Moore, Lockee, Trust & Bond. EDUCAUSE Review, March 2020.
 - [One Year Later . . . and Counting: Reflections on Emergency Remote Teaching and Online Learning](#)
Moore, Trust, Lockee, Bond & Hodges. EDUCAUSE Review, November 2021.
 - [Back to Basics: Quality in Digital Learning](#)
Acosta, Palmer & Romo-González. Lumina Foundation, July 2021.
 - [Digital Education for Building Health Workforce Capacity](#)
World Health Organization, 2020. Discussion paper on the evidence for digital education in health professions; notes that outcomes depend on objectives, modality and implementation.
 - [Evaluation of Evidence-Based Practices in Online Learning: A Meta-Analysis and Review of Online Learning Studies](#)
Means, Toyama, Murphy, Bakia & Jones. U.S. Department of Education, 2010.
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2. Safeguards and quality

What needs to be in place before the first student enrolls, and how do we know quality is preserved?

- [Quality Matters Higher Education Rubric, Seventh Edition](#)
Standards for the design of online and hybrid courses (8 general standards, 44 specific review standards). Quality Matters, 2023.
- [CCE Accreditation Standards \(January 2026\)](#)
Council on Chiropractic Education. See the section on distance or correspondence education, including regular student–instructor interaction and student identity verification.
- [CCE Manual of Policies \(July 2025\)](#)
Includes the policy on program changes and program integrity.
- [CCE Guidance: 2026 Implementation Guidelines for Competency-Based Education](#)
Council on Chiropractic Education guidance page, including the 2026 CBE implementation guidelines and the standards guidance document.
- [Community of Inquiry framework \(DOI\)](#)
Garrison, Anderson & Archer (2000). Critical inquiry in a text-based environment. *The Internet and Higher Education*, 2(2–3), 87–105.

3. Which outcomes fit which modality

Competency-based frameworks and evidence of competence

- **A Leader's Guide to Competency-Based Education: From Inception to Implementation**
Bushway, Dodge & Long. Stylus Publishing, 2018.
- **Testimony on competency-based education**
Deborah Bushway, U.S. Senate Committee on Health, Education, Labor & Pensions.
- **Defining Quality: Competency-Based Education and the Path to Excellence**
Bushway & McIntyre-Hite. QM Connect 2017. Discusses the C-BEN Quality Framework for Competency-Based Programs.
- **Competency-Based Medical Education (CBME)**
Association of American Medical Colleges. Resources on competency frameworks, programmatic assessment and implementation in health professions education.
- **CanMEDS Framework**
Royal College of Physicians and Surgeons of Canada. Competency framework describing the roles and abilities physicians need to meet patient and societal needs, used to guide education and assessment.

4. Global perspectives on remote and digital learning

Evidence and lessons from outside the United States

- **New UNESCO global survey reveals impact of COVID-19 on higher education**
UNESCO, 2021. Survey of member states on access, equity and quality of teaching; reports hybrid delivery becoming the most popular mode.
- **Higher Education Global Data Report (working document)**
UNESCO, 2022. Includes data on readiness for online delivery and quality assurance of distance education across countries.
- **Lessons for Education from COVID-19: A Policy Maker's Handbook for More Resilient Systems**
OECD, 2020. Covers flexible learning, educator skills and equity, with examples from primary through tertiary education.
- **Digital Education for Health Professionals: An Evidence Map, Conceptual Framework, and Research Agenda**
Digital Health Education Collaboration (Journal of Medical Internet Research, 2022). Part of a global series of systematic reviews on digital education in the health professions.

5. Quality frameworks and rubrics

Tools you can use to review and improve your own courses

- **OLC Quality Scorecards, including the Course Review Scorecard**
Online Learning Consortium. Free to download; covers online and blended courses and programs. Paid review and endorsement services are optional.
- **OSCQR: SUNY Online Course Quality Review Rubric**
Openly licensed, 50-standard self-assessment rubric, designed for formative use by faculty.

- **WCET Online Learning Quality Toolkit and Rubric**
WICHE Cooperative for Educational Technologies (2026). Assesses institutional maturity across four dimensions: institutional, faculty and staff, learner, and community. A rubric overview is public; the full toolkit, facilitation guides and case studies are for WCET members.
- **Competency-Based Education Network (C-BEN)**
A network of institutions, employers and experts advancing competency-based and skills-first practices. Its resource library includes frameworks, tools and guides.
- **Quality Framework for Competency-Based Education Programs**
Competency-Based Education Network (C-BEN), 2017. Eight elements of quality, each with standards and performance indicators from "initial" to "highly developed." Dr. Bushway was a contributor.
- **C-BEN Quality Framework for Competency-Based Education Programs: Crosswalk to Other Standards**
Competency-Based Education Network. Compares the C-BEN framework with the OLC Scorecard, Quality Matters and others.

Links checked September 2026.

SCU Hybrid Education Journey

A case study for Boon or Bane

WFC Global Education Conference / Utrecht / October 2026

John Scaringe, DC, EdD

Introduction

Southern California University of Health Sciences (SCU) began this phase of its hybrid health professions journey with the Doctor of Occupational Therapy (OTD) program, followed by hybrid physical therapy education in Whittier and chiropractic education in Phoenix. Our experience illustrates the central question of Boon or Bane: which learning environment best develops each competency, and what evidence will show that a student can perform it?

Beginning with Occupational Therapy

Our California OTD program welcomed its first cohort in January 2023. It was designed from the outset to combine online learning with on-campus experiential education, clinical fieldwork, and a doctoral capstone. Online coursework and hands-on education were connected parts of a professional curriculum. Students still needed to practice, receive feedback, and demonstrate their abilities in authentic settings. The model offered a way to broaden access while retaining direct clinical experience.

OTD provided a starting point for connecting knowledge acquisition, preparation, supervised practice, and assessment. The transferable lesson was to identify the outcome, determine the experiences it requires, and select a delivery approach that supports learning and credible verification of competence. Each profession still requires its own decisions about skills, supervision, and clinical readiness.

Building Institutional Capability

The foundation preceded the OTD launch. Beginning in July 2021, SCU invested in a dedicated instructional design team, Quality Matters standards, and faculty development supported by the Center for Faculty Development and Excellence. This helped move the institution beyond emergency remote teaching toward intentionally designed online and hybrid learning.

Courses use a consistent Canvas structure, and courses with online components have been reviewed for accessibility and designed using Quality Matters standards. Applying those standards is distinct from formal Quality Matters certification, which remains an ongoing effort. Faculty preparation and course development require sustained staffing, time, and funding.

Online preparation also strengthens on-campus teaching. Reviewing demonstrations, anatomy, and preparation questions before a laboratory session allows in-person time to focus on supervised practice, observation, coaching, and feedback.

Extending Hybrid Education to Physical Therapy

Our Whittier Doctor of Physical Therapy (DPT) program launched in early 2026, around the same time as chiropractic expansion in Arizona. The inaugural-cohort of 88 students and 15 faculty participated in the first nine-day lab immersion in March 2026. Students complete foundational coursework online before campus sessions devoted to skill application, clinical reasoning, and real-time feedback. The model combines remote instruction and repeated campus immersions with clinical rotations. This extends the hybrid approach across professions while preserving their distinct requirements for supervised performance.

Applying the Approach to Chiropractic in Arizona

Regional expansion required us to ask why we were expanding, what must remain consistent, what should adapt, and how we would judge success. Arizona presented an access gap, encouraging workforce indicators, and an opportunity to reach students SCU was not already serving. An existing relationship with Sonoran University offered facilities and potential clinical partnerships.

SCU brought its century-old chiropractic program into the Phoenix region using a hybrid model. The commitments remained the same: academic standards, core competencies, curriculum and progression expectations, extensive hands-on training, student support, clinical quality, patient safety, and an integrative Whole Health approach. Delivery, local faculty recruitment, and clinical relationships needed to fit the region.

Online learning supports foundational knowledge, preparation, case analysis, and reflection. Palpation, adjustive technique, physical examination, and supervised patient care require direct experience and observation. In-person immersions and clinical training remain essential. For students with work or family commitments, regional clinical opportunities also matter; flexible coursework cannot solve an inaccessible placement.

Protecting Quality and Judging Results

Our safeguards combine deliberate course design, faculty preparation, accessible student support, assessment integrity, and directly observed performance. SCU is developing assessment redesign approaches that make student reasoning more visible and reduce reliance on assignments that generative AI can readily complete. Implementation across the curriculum is ongoing. Belonging, faculty workload, and clinical placement capacity remain challenges.

The Arizona chiropractic program forecast eight to ten students in its first cohort and enrolled nine; the next two cohorts enrolled 13 each. These are encouraging indications of demand, but they do not establish educational effectiveness or long-term sustainability. Evaluation must also examine progression, attrition, practical and clinical assessments, board and licensure performance, regional impact, and academic, operational, and financial health. Comparisons across delivery models require multiple cohorts and time.

Lessons for Boon or Bane

Three principles summarize our journey: start with the competency; design quality in before launch; and match the modality to the evidence of competence. Hybrid education can expand access and improve the use of face-to-face learning, provided that the institution protects the practice, supervision, and assessment each profession requires. Regional need does not automatically create student demand, and a successful launch still needs a multiyear plan for maturation. The continuing test is whether graduates demonstrate competence and the program delivers sustainable value to students and communities.