
CONFERENCE PROCEEDINGS

Preparing for the Future: Diversity in Chiropractic Education: Chiropractic Educators Research Forum (CERF), December 4, 2021

Chiropractic Educators Research Forum

ABSTRACT

This conference was convened by the Chiropractic Educators Research Forum (CERF) on December 4, 2021. This meeting provided a forum for the presentation of scholarly works in education theory and practice. This conference specifically focused on research related to diversity, equity, and inclusion. During the December 2021 CERF meeting, presenters and panelists took an in depth look at how chiropractic programs work to address diversity issues in the changing landscape of healthcare and to address the needs of the world population.

Key Indexing Terms: Cultural Diversity; Social Justice; Cultural Competency; Physician-Patient Relations

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INTRODUCTION

The Chiropractic Educators Research Forum (CERF) holds conferences from time to time that focus on a topic relevant to education and the chiropractic profession. This conference showcases education research, innovations, and best-practices and provides a forum for the presentation of scholarly work in chiropractic education theory and practice. The CERF held a virtual conference on December 4, 2021. The focus of this meeting was on research related to how chiropractic programs work to address diversity issues in the changing landscape of healthcare and to address the needs of the world population. After submission to a rigorous peer-review process, the following abstracts were accepted for presentation. As we have done with prior CERF conferences, the abstracts include the video presentations so that they may be more widely distributed.^{1, 2}

The presentations from the December 4, 2021 conference are listed here in alphabetical order by first author's last name. Each abstract includes a link to the video abstract of the presentation that was delivered at the conference.

Development of a recommendations document to increase the number of African Americans in US Doctor of Chiropractic programs

Winston Carhee, Micheala Edwards

Objective: The purpose of this project was to develop a set of recommendations to help increase the number of African Americans (AA) enrolled in Doctor of Chiropractic Programs (DCP) in the United States (US). **Methods:** A group consensus method was used to create this document. In 2019, the American Black Chiropractic Association (ABCA) formed a racial diversity committee. We analyzed the integrated Postsecondary Education Data System (IPEDS) data that included percent of AA enrolled in the US DCPs, data from a diversity and inclusion workshop, and interview summaries of 2 AA DCP recruiters, 2 AA diversity, equity, and inclusion DCP staff members, and 2 AA students enrolled in DCPs. This information was summarized, filtered, and refined to create our recommendations document. **Results:** The topics in the document were divided into 4 major categories: 1) People that make up the DCP (concepts included: inclusivity, leaders, recruiting, differences, listening, and communicating); 2) Culture/Environment (concepts included: policy/procedure, strategic plan, organization structure, affinity groups, and location/structure); 3) Programs/Initiatives (concepts included: marketing/outreach, recruiting/hiring, community, and health); and 4 General (concepts included: accountability and sustainability.) **Conclusion:** The ABCA created a document with 20 recommendations to assist US DCPs to attain, increase, and maintain AA in their student populations. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/FAIjZZsxcTM>

Using the Access and Participation Plan: Assessing the diversity of chiropractic students compared with national demographics in the United Kingdom

Christina Cunliffe, Matthew Green, Adrian Hunnisett

Objective: The purpose of this study was to measure student diversity at McTimoney College of Chiropractic and compare student demographics to

the United Kingdom (UK) profession and nation. **Methods:** We used an Access and Participation Plan to “set out how higher education providers will improve equality of opportunity for underrepresented groups to access, succeed in and progress from higher education.” In Sept 2021, 389 students completed a diversity questionnaire, including information on sex, age, race/ethnicity, and disability. We compared these data with the 2021 General Chiropractic Council professional survey and the Government Office for National Statistics (ONS) data. **Results:** Our students matched the profession's profile of sex and race/ethnicity, indicating 50:50 male/female and predominantly White British ancestry (College cohort 85 % vs UK profession 66 %). Compared with national data, non-white race/ethnic groups were under-represented in our program and the profession. The national Afro-Caribbean (3%), Indian (2.3%), and Asian (2.1%) race/ethnicities were higher compared with <0.5% for the profession and our students. The average age of our students (32 yrs, range 19-66) was greater than the usual full-time education route (average 23 yrs). Our students reported that 7% (n=26) had disabilities that may affect learning (dyslexia, ADHD), but no physical disabilities. **Conclusion:** This study found that some race/ethnic groups were under-represented in our students and the chiropractic profession and there was a higher proportion of learning support requirements. These data will help the College make future provisions and design strategies to address diversity and learning support. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/FY5s0znwY>

Assessing diversity in education: Developing an access and participation plan

Christina Cunliffe, Matthew Green, Christopher Maguire, Adrian Hunnisett

Objective: The purpose of this study was to describe how McTimoney College of Chiropractic designed an Access and Participation Plan. **Methods:** The senior academic management held modified-Delphi meetings to develop our Access and Participation Plan. The Access and Participation Plan is the mechanism whereby the UK higher education regulator, the Office for Students, monitors progress about diversity issues in higher education institutions. Our goal was to establish the dataset and subsequent analysis that would ensure the Access and Participation Plan acted as an appropriate regulatory tool and provided the institution with a mechanism that informed the support required for diversity and inclusion. **Results:** A dataset template was developed that collected student data, in line with local and national priorities. The dataset comprised student numbers by age, sex, location, program, nationality/ethnicity, demographic indices (eg, Index of Multiple Deprivation and Polar4 quintiles), and disability characteristics. Graduate progression figures over the last 5 years were also collected. The finished document presented and analyzed this data in a format that allowed the informed development of target groups and strategic aims for the College of Health as it moved forward, reducing the gaps in participation and attainment, between the socioeconomically disadvantaged and disabled students and between the Black, Asian, or other under-represented communities and White students. **Conclusion:** We developed an operationalizable document to improve equality, diversity, and inclusion as our college develops. This document provides a framework for the College's

strategic objectives targets and a mechanism for measuring progress against its diversity targets. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/zleqgTiqWFg>

Retaining racially, ethnically, and nationally diverse students: A survey of chiropractic colleges in the United States

Natacha Douglas

Objective: The purpose of this study was to identify the most common practice strategies to retain racially, ethnically, and nationally diverse students in Doctor of Chiropractic programs in the US. **Methods:** Key informants from 14 US chiropractic colleges were invited to participate. An email survey asked for current retention strategies. Participant responses were reviewed and analyzed to identify themes. **Results:** Out of 14 programs, 3 reported that they did not have any retention strategy and 2 did not respond. The 9 responding programs reported the following measures to retain racially, ethnically, and nationally diverse students: having a campus diversity and inclusion council (n=6), multicultural club assistance (n=6), training and curriculum (n=5), focus groups (n=4), specific staff working on diversity efforts or an office of diversity and inclusion (n=4), alumni mentor partnerships (n=3), and academic assistance programs (n=3). **Conclusion:** We found that the majority of respondents had strategies to retain and graduate more racially, ethnically, and nationally diverse students, but these strategies have not been tested yet, thus effectiveness is unknown. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/RJMQgFpnGxg>

Curricular optimization through mapping the nature, diversity, and complexity of simulated clinical cases

Scott Dunham, David Starnier, Vanessa Petrini, Cirene D'Monte, Grand Choi

Objective: The objective of this study was to catalog selected diversity factors and complexity of simulated clinical cases, experiential learning opportunities, and standardized patient assessments throughout the chiropractic program to help inform curriculum development. **Methods:** A mapping process was developed in Excel for simulated cases encountered by the 2020 Canadian Memorial Chiropractic College graduating class. Details were retrieved from the Learning Management System and course/assessment content for 88 simulated cases, including scenarios employed in a group setting, participative individual experiences, and formative/summative assessments utilizing standardized patients. Detailed demographic information of the mock patients was collected and recorded for age, biological sex, gender, occupation, family status, psychosocial factors, indigenous origin, ethnicity, and ability level. This information was reviewed by committees and curriculum development for gaps and opportunities. **Results:** The greatest amount of demographic information was present for family status (57%), age (57%), occupation (51%), biological sex (50%), and gender (50%). There was a scarcity of information for psychosocial (11%), indigenous origin (1%), ethnicity (0%), and ability (0%). **Conclusion:** A tracking process of the demographics of the simulated patient cases for the chiropractic program was successfully developed and employed. We identified areas where demographic information was not provided. This catalog process will help to identify gaps and opportunities for the development of future cases while ensuring a diverse array of simulated cases. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/IRM7S8idAbc>

A comparative summary of race of the United States population and students in accredited Doctor of Chiropractic programs in the United States

Micheala Edwards

Objective: The purpose of this study was to compare student race in accredited Doctor of Chiropractic programs (DCPs) to the current population in the United States (US). **Methods:** In this cross-sectional study, census data was obtained from "2020 Census Demographic Data Map Viewer" www.census.gov using the "Race alone" tab for the 2020 census (White, Black/African American (AA), American Indian or Alaska Native (AI/AN), Asian, Native Hawaii and Other Pacific Islander (NH/OPI), Hispanic Origin, and 2 or more races). We obtained corresponding races in DCP enrollment from the Integrated Postsecondary Education Data System (IPEDS) through October 2020. Although IPEDS data are limited and may not be accurate due to some programs being absent or having a high number of students not reporting their race, this was the best approximation available. **Results:** The percentage of Black/AA students (6.8%) shows an underrepresentation compared to the current U.S. population of Blacks/AA (12.4%). The other race representations were AI/AN DCP = .6% v US = 1.1%, Asian DCP = 6.2% v US = 6.0%, NH/OPI DCP = .3% v US = .02%, Hispanic Origin DCP = 12.6% v US = 18.7%, 2 or more races DCP = 2.9% v US = 10.2%, and White alone (not Hispanic) DCP = 58.1% v US = 61.6%. **Conclusion:** These findings suggest that there may be a deficit of representation of some racial groups of chiropractic students compared to the percentages of races in the population in the US. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract https://youtu.be/H-T_WRBwbr8

Incorporation of a cultural competence module into a course in a chiropractic college

Karin Hammerich

Objective: The purpose of this report is to describe a cultural competence module that was incorporated into a chiropractic course in Year 1. **Methods:** Small group learning activities were developed with content based on the 5 components developed by Josepha Campinha-Bacote. These include cultural awareness, knowledge, skill, encounters, and desire. The cultural competence component consisted of 2, 2-hour segments. In the first 2-hour segment, students were asked to complete a cultural competence self-assessment checklist designed to explore individual cultural competence. They were assigned selected readings and videos as preparatory work to gain an understanding of multicultural demographics and cultural knowledge. Small groups consisted of 20 students and were subdivided into groups of 4 or 5 to explore and apply their awareness and knowledge of structured cases as informed by the pre-class work. Students returned to the large group of 20 and shared their individual group findings. In the second 2-hour segment, students worked in small, subdivided groups exploring cultural safety and diversity by creating scenarios linking special populations to health care. Assessment of graded reflections completed the process. **Results:** Approximately 900 students have participated in the Year 1 course component over 5 years. Graded reflections evaluating students' interest and self-perception of cultural competency revealed a pass rate of 95%. **Conclusion:** This descriptive study demonstrates that introducing a cultural competency module was feasible. It is unknown if their cultural competency increased since no pre- and post-module assessment was performed. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/OY2b7wowHyk>

Student attitudes about incorporating diverse patients with associated health disparities in unfolding lab cases in a head and neck clinical case integration course

Charmaine Herman

Objective: The purpose of this study was to assess student knowledge and attitudes feelings about health disparities and the affected patient populations when incorporated in a head and neck clinical case integration course. **Methods:** For 7 weeks in labs, students received an unfolding case from the weekly reading assignments. Each unfolding case included a photograph of a patient and their presentation. Four patients of the 7 were from a racially, ethnically, or sexually under-represented group. Students developed a differential diagnosis list, physical examination strategy, imaging protocol, chiropractic management and outcome assessments for each patient. Weekly lectures discussed similar cases and health disparities experienced by these groups. A 10-question survey instrument was developed to assess students' prior knowledge about health disparities and their attitudes feelings about its relevance to patient management. The investigator was blinded to participant identities. Result data was aggregated using the Likert scale. **Results:** The survey was administered to 155 students. Thirty-five students completed the survey. Data revealed that 74% of responders strongly agreed that incorporating under-represented patients contributed positively to both lab and lecture. A majority of responders (83%) strongly agreed that being aware of patient health disparities can improve patient outcomes. Also, 59% of responders stated that they learned about health disparities in previous courses in the DCP curriculum. **Conclusion:** This study reported results from a small set of responders, many with prior knowledge of health disparities. They displayed positive attitudes toward incorporating under represented patient populations in the head and neck clinical case integration course. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/yIyHqKPPKyM>

Comparison of diversity and inclusion in Life Chiropractic College West's strategic plans 2013-2018 and 2019-2025

Ramona Houston, Annette Walker

Objective: The purpose of this study was to describe the changes in Life Chiropractic College West's strategic plan to prioritize a culture of diversity and inclusion. **Methods:** We reviewed the college's Strategic Plan 2013-2018 and Strategic Plan 2019-2025. We reviewed the teams of people who created each plan and compared each plan's strategic goals (termed "initiatives" in the 2019-2025 plan), using the terms "diversity", "inclusion", "diversity and inclusion", and "D&I". **Results:** The 2013-2018 plan was drafted by a committee comprising the president, 13 administrators, 4 department chairs, 2 faculty representatives, and 2 staff members. The 2019-2025 plan was authored by the president, 2 administrators, and the Board of Regents using input from focus groups comprising 5 students, 5 faculty, 8 staff, 9 management, and 15 alumni. The 2013-2018 plan lists 8 strategic goals; none mention diversity or inclusion. The 2019-2025 plan lists 7 initiatives; including "build a campus culture that embraces diversity and inclusion." The 2013-2018 plan yielded no results for the terms "diversity", "inclusion", "diversity and inclusion", or "D&I." In the 2019-2025 plan, "diversity" appeared 6 times, "inclusion" 5, "diversity and

inclusion" 4, and "D&I" 0. Conclusion: Life Chiropractic College West's strategic plan changed from 2013-2018, when diversity and inclusion were not included, to 2019-2025 when building a campus culture that embraces diversity and inclusion was introduced as an initiative. (This is a conference presentation abstract and not a full work that has been published.)
Video Abstract <https://youtu.be/mWTB4shQP9c>

Chiropractic student diversity at the University of Johannesburg from 2017 to 2021: A descriptive analysis

Fatima Ismail, Christopher James Yelverton

Objective: The purpose of this report is to describe the results of strategies that aimed to increase student racial diversity at 1 institution. Methods: In South Africa, the government recognizes 4 race categories: Black (people of African descent), Indian (people of South Asian descent), Coloured (people of mixed race), and White (people of European descent). The percentage of each category of race within the chiropractic program at the University of Johannesburg (UJ) was evaluated for the period 2017 to 2021. From 2018 to 2021, to increase racial diversity within the program, we applied interventions including marketing strategies, online virtual tours, direct school targeting, marketing in previously disadvantaged areas with low chiropractor numbers, changes in interview practice, and targeting of students from low-income regions and demographic strata that needed to be increased. Results: The comparative race percentages between 2017 and 2021 showed the following changes: Black (people of African descent) (8.1% and 13.5%), Indian (people of South Asian descent) (11.3% and 21.3%), Coloured (people of mixed race) (2.5% and 2.5%), and White (people of European descent) (78% and 62.6%). Conclusion: During this time, interventions seemed to facilitate an increase of racial diversity in the Chiropractic program at the UJ. (This is a conference presentation abstract and not a full work that has been published.)
Video Abstract <https://youtu.be/MfdzPZ1GHk8>

Bias in virtual interviews for residency applicants who are underrepresented in healthcare: A narrative review of the recent literature

Valerie Johnson, Robb Russell, Romeo-Paolo Perfecto, Enya Katz, Paul Barkmeier

Objective: The purpose of this narrative review was to identify if there may be bias risk in virtual interview formats for those from underrepresented backgrounds in healthcare. Methods: The search strategy in PubMed for 'virtual interview OR interview AND residen* AND bias OR race OR racial bias' were narrowed to the search of 'virtual interview AND residen* AND bias' with filters of 2012-2021, English, summary, and best match. An additional search included 'virtual interview AND residen* AND bias.' The references of retrieved literature included the Association of American Medical Colleges (AAMC) recommendations on conducting virtual interviews and tips on mitigation. We considered material that was relevant to virtual interviews and bias studies that focused on residents. We selected 9 articles and developed a summary of our findings. Results: The findings from the 9 articles suggest that virtual interviews could potentially have risk of bias against sex, gender, and race. As well, technology may introduce additional forms of bias, which may include bias against accents, stereotypes, tendency to seek out people like oneself, favoritism with those we identify with, and underrepresented groups having to work harder to prove competency. Conclusion: The findings from our literature review suggest that virtual interviews may be at risk of amplifying existing biases and may potentially introduce additional biases. These factors are important for chiropractic residency programs to consider when aiming to reduce bias during virtual interviews in order to improve diversity, equity, and inclusion. (This is a conference presentation abstract and not a full work that has been published.)
Video Abstract <https://youtu.be/8Kd1p1bKtVI>

Student perceptions of the importance of cultural competency training and self-ratings of cultural competence levels: Before and after a course on diversity and health

Lisa Killinger

Objective: The purpose of this study was to examine students' self-perceived level of cultural competence (CC) and the importance of CC training. Methods: Two surveys were used to assess students' perceptions before and after a 45-hour undergraduate course about diversity and health. One survey assessed students' self-rating of CC using the Cultural Competence Continuum. The 6-point scale ranges from "cultural destructiveness" to "cultural proficiency." The second survey asked students to rate how important they perceived CC training was in a health professional program on a scale from 1 to 10. Results: Fifty-nine students participated in this study. The Assessment of Cultural Competence before the course showed that 98% of students identified their personal CC level as "precompetence" or "cultural blindness", and 2% as "cultural destructiveness." After the course, 98% of students rated themselves as "culturally competent" or "culturally proficient" (the highest 2 ratings.) The Assessment of perceived Importance of CC Training before the course showed that 50% of students rated CC training as a 10 out of 10 (of critical importance), 46% at 8-9/10, and 4% at 5/10 (moderately important.) After the course, 95% of students rated CC training in a health professional program 10/10, as critically important. Conclusion: Students' perceptions of personal CC levels and the

importance of CC training, increased substantially after taking a course on diversity and health. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/eS62CIBGex0>

Identifying gaps in understanding of lesbian, gay, bisexual, transgender, and queer healthcare among integrated care physicians

Suzanne Lady, Kara Burnham

Objective: The purpose of this study was to identify gaps in the knowledge held by integrated healthcare providers (Doctors of Chiropractic (DC), naturopathic doctors (ND), licensed acupuncturists (LAc), and licensed massage therapists (LMTs)) regarding lesbian, gay, bisexual, transgender, queer/questioning, plus (LGBTQ+) healthcare and to assess how comfortable providers were with patients disclosing their sexual and gender identities. Methods: We surveyed health care providers from an Oregon-based preferred provider organization. The survey assessed knowledge of and comfort with LGBTQ+ individuals and their unique healthcare challenges. The survey included demographic questions and Likert scale items that measured knowledge of health issues. Results: Of the 109 respondents, 40 held a DC degree, 30 were LMTs, 8 held an ND degree, and 33 were LAc. For reported hours in LGBTQ+ health training, 35% of respondents reported 0 hours, 44% reported 1 to 10 hours, and 6% reported over 10 hours training. Sixty-nine percent of respondents self-reported that they felt very comfortable with a patient disclosing an LGBTQ+ identity. Of the items that identified health challenges that LGBTQ+ patients were more likely to have compared to heterosexual patients, 51% did not know that alcohol misuse was more common in LGBTQ+ patients and 59% did not know that illicit drug use was more common in LGBTQ+ patients. Conclusion: For the providers in this study, we identified gaps in knowledge related to caring for LGBTQ+ patients. (This is a conference presentation abstract and not a full work that has been published.)
Video Abstract <https://youtu.be/3rOFiBILA00>

Diversity, equity, and inclusion accreditation standards in the US: A content analysis

Craig Little

Objective: The purpose of this study was to perform a content analysis of accreditation statements for health professions programs in the United States (US) and to identify themes related to diversity, equity, and inclusion (DEI). Methods: In 2021, I performed a content analysis of DEI-related accreditation statements for degree programs in acupuncture, chiropractic, dentistry, massage, medicine, naturopathic, nursing, nurse anesthesia, occupational therapy, optometry, osteopathic, pharmacy, physical therapy, physician assistant podiatry, psychology, public health, radiography, and social work to assess the possibilities of an accreditation mandate for DEI in the US. Furthermore, the standards of 6 institutional accreditors were analyzed. Eleven keywords were used to locate relevant DEI statements within each document and were categorized by the author into 1 of 3 mutually exclusive categories: accountable, aspirational, or non-applicable. Results: Five of 6 (83%) institutional and 9 of 17 (53%) programmatic accreditation documents analyzed contained applicable DEI statements. Two thirds (19/23) of documents contained 2 or fewer accountable DEI statements. Statement categorization using inductive methodology identified 6 DEI student competency and organizational structure/process domains, respectively. Themes included criteria for student admissions, curriculum, climate, faculty, and cultural competence. Conclusion: Collectively, US health professions' programs do not have common DEI accreditation standards, and most students are not required to have evaluation of DEI competency prior to graduation. US accrediting bodies may benefit by including DEI accreditation standards to promote environments that are equitable and the graduation of culturally competent practitioners. (This is a conference presentation abstract and not a full work that has been published.)
Video Abstract https://youtu.be/8ETeYxjgA_8

Implementing an institutional diversity, equity, and inclusion change process using Kotter's 8-step change model: An observational study

Abolade Majekobaje, Cecelia Martin, Cortny Williams

Objective: The purpose of this report is to describe the initial steps in the implementation of a diversity, equity, and inclusion (DEI) change process at the University of Western States (UWS). Methods: Kotter's 8-step change model (KCM) was selected to guide change. The authors participated and documented the implementation of DEI initiatives. The change process was aligned to KCM, which allowed us to make comparisons between the institution's change process and the KCM. Results: Preliminary results show the DEI change process is in line with 4 out of 8 KCM steps. Steps that have been accomplished include: step 1, *a sense of urgency*, through the UWS' investment in a consulting firm and establishing a director of DEI position; step 2, *build a guiding coalition*, by establishing a DEI committee; step 3, *form a strategic vision and initiatives*, by developing an equity statement and DEI Plan; and step 6, *generate short-term wins*, by increasing support for student clubs, planning to integrate DEI throughout the curriculum, and expanding DEI indicators. The following steps are in progress: step 4, *enlist a volunteer army*; step 5, *enable action by removing*

barriers; step 7, sustain acceleration; and step 8, institute change. Conclusion: We have implemented 4 of 8 DEI initiatives that are aligned to the KCM. This process appears to be feasible and will be assessed for effectiveness once alignment is complete over the next 2 years. (This is a conference presentation abstract and not a full work that has been published.)
Video Abstract https://youtu.be/sMwB_D5aDuo

Using collaborative methods with stakeholders to develop a preliminary action plan to improve diversity and inclusivity in chiropractic education and the profession

Ron Oberstein, Anatole Bogatski, Tarsha Addison, Sharon Seto

Objective: The purpose of this project was to develop objectives and action steps to support organizational efforts to improve diversity and inclusivity in chiropractic education and the profession. Methods: Two virtual Diversity & Inclusion (D&I) Summits were held in 2020 and 2021 that were attended by approximately 70 representatives from chiropractic colleges, national and regional chiropractic organizations, accreditation organizations, and chiropractic industry and media. These online meetings were structured as presentations and breakout sessions facilitated by speakers with expertise in D&I, chiropractic, and organizational leadership. In June 2021, the third meeting was attended by approximately 50 participants. In an online half-day workshop, participants collaborated on a shared spreadsheet detailing D&I objectives and corresponding action steps for chiropractic colleges and associations to address diversity and inclusion issues. Results: The spreadsheet defined over 200 action steps for 5 D&I objectives, which included 1) resources, 2) student recruitment, 3) staff recruitment, 4) curriculum and clinic practice, and 5) policies. Following the meeting, a listserv was established to facilitate communication and continued collaboration among participants. Conclusion: The D&I Summit participants collaboratively identified possible steps that aim to improve diversity and inclusivity in chiropractic education and the profession. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/9S7yuDLUro3>

Assessing baseline perceptions of Doctor of Chiropractic program faculty on diversity, equity, and inclusion

Kristina Petrocco-Napuli, Herb Caldwell

Objective: The purpose of this study was to determine baseline levels of self-perceived diversity sensitivity and cultural awareness of faculty in a chiropractic program. Methods: The authors designed and administered a 9-question, online, multiple-choice survey that asked faculty about their perceptions of diversity, equity, and inclusion (DEI). Six questions had a 4-point rating scale with responses of "most always, generally, occasionally, and rarely." Two questions used a 3-point scale, and the final question asked participants to select from 4 provided responses that best described the institution's level of cultural awareness. We used descriptive statistics to assess a general sense of participant perceptions. Results: The survey was completed by 39/60 (65%) of the chiropractic program faculty members. Based on completed surveys, 100% viewed diversity as positive, 100% self-reported they "Most always/generally" had a clear sense of their own cultural identity, and 37 of 39 (95%) "Most always/generally" show initiative in learning about cultural differences. Additionally, 13 of 39 (33%) did not accept that they possess some form of privilege as compared to others, 5 of 39 (13%) indicated they would not alter teaching techniques as their classrooms become more diverse, and 14 of 39 (36%) indicated that regarding cultural awareness, the institution was "Culturally blind, culturally restrictive or culturally immature." Conclusion: Based on the results of our survey, we identified that faculty members perceived that they have a basic understanding of and value for DEI, but may need more development in cultural sensitivity, implicit bias, and the impact of intersecting identities. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/Z37WIXEGP28>

Equity, diversity, and inclusion (EDI) initiatives at the Canadian Memorial Chiropractic College: Products of an EDI Committee

Jacquelyn Wingrove, Sharanya Varatharajan

Objective: The purpose of this report is to describe initiatives created by an equity, diversity, and inclusion (EDI) committee at a chiropractic educational institution. Methods: In 2019, the Canadian Memorial Chiropractic College (CMCC) created a committee consisting of 2 co-chairs, 7 staff, 2 faculty, and 2 student representatives to address campus issues related to EDI. The committee met approximately 4 times each year. At the meetings, initiatives were reviewed and discussed, and feedback and recommendations were provided by the committee. Further support from the committee was provided such as help forming working groups or additional consultation if needed. Results: The following initiatives were implemented. In 2019, a biannual Student Census Survey was developed to evaluate student demographics and collect information about campus culture. In 2020, an Inclusive Language Guidelines document was created, and new communication strategies were deployed. In 2021, an EDI commitment statement was added to the institutional website and an EDI employee training program was launched. Conclusion: The formation of the EDI committee has allowed for meaningful discussion and reflection

regarding EDI practices at CMCC. This has fostered several new initiatives aimed at creating an equitable, diverse, and inclusive environment. The effectiveness of these initiatives still needs to be measured. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract https://youtu.be/4jeEWXU_hJE

Differences in practice characteristics between chiropractors in South Africa using sex as a diversity trait: A secondary analysis

Christopher Yelverton, Allison Zietsman, Gheta Johl, Cynthia Peterson

Objective: The aim of this study was to determine if there were differences in practice characteristics of chiropractors working in South Africa, by comparing the diversity characteristic of male and female sex. Methods: A secondary analysis of data from "The analysis of the scope of chiropractic practice in South Africa in 2015" was performed. The original survey yielded a 32% response rate (n=214). Using the chi-square test, differences in practice characteristics between male and female chiropractors were compared for work environment, patient data, chief complaint, and condition treated. Results: No significant differences were identified in the treatment techniques used, conditions treated, or types of patients seen. However, significant differences were noted for female chiropractors, who self-reported that they spent more time with patients during initial (p=.028) and subsequent (p=.0001) visits, and more time on direct patient care (p=.0001) compared to their male counterparts. Significant differences were noted for male chiropractors who self-reported that they were in practice longer (p=.002), treated more patients per week (p=.0001), saw a greater number of new patients (p=.0001), and spent more time in practice per week. Conclusion: This study found differences between male and female chiropractors self-reported practice characteristics, the number of patients seen per week, and hours worked per week. These findings may inform South African educational institutions during curriculum development when considering sex diversity of students and future practice characteristics. (This is a conference presentation abstract and not a full work that has been published.)

Video Abstract <https://youtu.be/MHMoOV9k9pk>

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- Fatima Ismail, MTech Chiro - University of Johannesburg; South Africa
- Claire Johnson, DC, MEd, PhD - National University of Health Sciences; USA
- Theodore Johnson, BS, DC, MS - National University of Health Sciences; USA
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- Christine Major, MS, DC - University of Western States; USA
- Kevin Percuoco, BS, DC - Palmer College of Chiropractic; USA
- Pablo Perez de la Ossa, PhD - Barcelona; Spain
- Katie Pohlman, DC, MS, PhD - Parker University; USA
- Misty Stick Mueller, DC, MS, MHA - Palmer College of Chiropractic; USA
- Christopher Yelverton, MTechChiro - University of Johannesburg; South Africa

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About the organization

CERF is an online forum where chiropractic educators share their insights and learn new information about research and scholarship. The CERF mission is to build scholarship and research capacity for chiropractic educators throughout the world. Contact information may be found at CERFweb.org.

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