UNIVERSITY of WESTERN STATES
Integrating Health and Science

DC Program Clinical Internship Outcomes Report
FA-15 thru SU-16

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Purpose of this Report

This report provides a summary of changes and enhancements achieved within the DCP clinical internship from October 2015 through September 2016 and recommendations for further improvement over the next academic year. As part of the institution's continuous improvement process, administrators and faculty are expected to use the information within this and future reports when contemplating, implementing and/or reviewing changes for DC program improvement.

Background

The clinical internship course series provides students with increasing opportunities to apply, integrate, and refine the knowledge, skills and behaviors necessary to become confident, competent, and caring primary care chiropractic physicians. Occurring within a variety of patient care settings, interns apply best evidence, critical thinking, effective procedures, and professional integrity in the delivery of patient-centered care. Interns are mentored and supervised by attending physicians (APs) who facilitate patient care and clinical education while ensuring quality patient care. The internship spans Q8-Q12 with most assessment occurring in Q8-Q11. The majority of Q12 interns are engaged in off campus preceptor assignments.

In January 2014, in response to newly implemented Council on Chiropractic Education (CCE) meta-competency outcome requirements, the university initiated an effort to transition to a competency based clinical internship and improve the overall clinical experience. This transition continued throughout the 2015-2016 academic year, focusing on measuring student progress in achieving clinical internship goals, student learning outcomes, and CCE meta-competency outcome requirements. These changes continue to enhance the clinical internship experience. The information below outlines modifications made to support these improvements.

Personnel

- In January, 2016, the position of associate vice president of clinical internship and assessment was reconceived as the associate dean of clinical internship. The associate dean's responsibilities were narrowed to management of Campus Health Center (CHC) operations and oversight of the DCP clinical internship experience and personnel. Responsibilities involving other university programs and university-wide assessment were removed from this position.

- Two additional attending physician clinical educator positions were added in the CHC in FA-16. To allow for orientation and training of these new faculty members, assignment of interns will be deferred until WI-17. The lower intern to instructor ratio will result in more individualized opportunities for each intern with their respective clinical educator, improving intern education and the overall intern clinical experience. The reduced intern load will also enable greater participation by clinical educators in the direct assessment of interns' clinical competencies.
- The clinical assistant/assessor (CAA) positions have been significantly modified over the last 18 months. CAAs complete qualitative assessments of DCP interns' clinical competencies at all UWS clinic locations. CAAs also assist clinical educators in the clinical instruction of interns and may supervise and/or provide patient care as needed during leave coverage. CAAs are essential in meeting DCP clinical competency assessment needs. The evolution of these positions is summarized as follows:
    a. SP-15: the two full-time university assessment coordinator positions were modified and retitled as DCP CAA positions.
    b. SU-15: Both individuals holding CAA positions transitioned to different roles at UWS outside of the clinical internship. Their transition created a void in assessment of interns' competencies. Assessment responsibilities were temporarily completed by one part-time CAA and two UWS teaching assistants (TA) who served as temporary CAAs.
    c. FA-15: one full-time CAA was hired which eliminated the need for TA assistance.
    d. SU-16: the part-time CAA was increased to full-time resulting in a team of two full-time CAAs.
- The clinical internship is supported by the administrative assistant for clinical internship. Productivity from this position wavered in 2016 and the position was vacant for two months. A new administrative assistant was hired late in SU-16.

Results of Prior Actions Taken

Personnel resources have been necessarily improved with the addition of two clinical educators, the increase in CAA FTE, and the restored effectiveness at the administrative assistant position. Effectiveness of these personnel improvements will be evaluated on an ongoing basis to ensure all performance expectations and responsibilities are being met.

Technology

To support the transition to a competency-based clinical internship, eMedley software by AllofE was purchased and employed in SP 15. This software facilitates the tracking of both qualitative and quantitative internship requirements.

Implementation and customization of the eMedley software continued throughout this reporting period. The eClass module has proven effective in providing interns up to date tracking of achievement of their clinical internship requirements, both quantitative and qualitative. Interns use the eValuate module to review their qualitative evaluations and clinical justification plans, review their performance outcomes, and identify areas for improvement. Combined with direct feedback provided by clinical educators and CAAs, the current model of competency assessment has been effective in focusing attention on areas in need of improvement while achieving enhanced intern competency. The transition of all interns into the eMedley software program was completed in SU-16.

Following discontinuation of the ExamSoft software, clinical internship virtual case studies (i.e., computer based, simulated laboratory and radiology cases) have been administered via WebCampus. Ideally, administration of virtual cases will eventually occur via eMedley. The eMedley module which will administer virtual cases remains incompletely developed. Completion of virtual cases by interns continues to occur within WebCampus and only case outcomes are tracked in eMedley. Movement of virtual cases completely into eMedley is anticipated during the next academic year.

The eMedley module, eduSched, anticipated to manage preceptor programs has proven to be ineffective and impractical for UWS remote internship programs. EduSched is not being used and is no longer part of our eMedley bundled software.

It is clear that some challenges with the software continue but eMedley remains viable and effective. As customization is ongoing, full benefit has not yet been attained.

Curriculum and Assessment

Meta-competency assessment occurs within the clinical internship through a variety of methods. This report focuses on those assessments which are primarily in use currently. Additional assessment vehicles are being developed as outlined in the section below on planned improvements.

The qualitative evaluation (QE) assesses the main aspects of patient interactions and patient care, including history (subjective component of visit), examination (objective component of visit), report of findings (ROF) and PARQ, treatment (including adjusting, modalities, rehabilitation and any other adjunctive procedures), communication, efficiency, professionalism, documentation and overall competency. Communication includes history-taking, explanations during the exam, patient instructions and answers to questions, ROF/PARQ, and patient management including health risk assessment, wellness, and lifestyle counseling.

The clinical justification plan (CJP) is a computer based exercise that is founded upon a real patient case. The exercise lends itself to effective and enhanced clinical training. The CJP provides opportunity for training, assessment, and documentation of the intern's clinical thinking skills and competence in diagnosis, prognosis, lifestyle management, and case follow up.

Virtual cases (VCS) are distance based exercises structured to develop and demonstrate interns' clinical reasoning skills. They provide interns with the opportunities to progress through cases with varying levels of difficulty and complication, proceeding from history-taking through case management. These cases assess interns' rationale and judgment in ordering and interpreting studies and developing case-related diagnoses and reasonable differential diagnoses as well as other aspects of patient management.

The global assessment (GA) supports and supplements QEs by providing additional perspective on each intern's skills and competency while also addressing areas of proficiency not directly assessed within the QE process. The GA is informed by the clinical educator's direct observations coupled with outcomes data obtained through all assessment tools and activities available throughout the quarter.

Significant improvements have been accomplished to advance the clinical internship course series, and the 2015 assessment plan continues to guide the assessment of interns' clinical competencies. The plan identifies assessment methods correlated to program learning outcomes and associated meta-competency outcomes and includes plans for future improvement. Improvements accomplished in this reporting period include:

<u>Fall 2015</u>

- The quarterly self-reflection instrument was updated. The self-reflection obligates interns to establish goals in Clinical Internship I. In Clinical Internship II-V, interns reflect on progress made toward goals established in the previous quarter, identify self-perceived strengths and areas for improvement, and establish new or continuing goals for the upcoming quarter. Clinical Internship V interns establish goals for future practice.

<u>Winter 2016</u>

- The mentor feedback instrument was created to facilitate off-campus clinical practitioners and preceptor doctors in communicating with on-campus clinical educators for the purpose of evaluating interns in off-campus assignments. To maximize focus on clinical practice, terms of the collective bargaining agreement limit clinical practitioners from participating in intern competency assessment. Therefore, the mentor feedback instrument was developed and piloted with open-ended questions eliciting identification of each intern's strengths, areas of significant improvement, and focal points for continued improvement. The mentor feedback instrument and process was developed by the associate dean and dean. It was approved by the vice president of clinics as he oversees off-campus clinic operations and supervises clinical practitioners.
- Virtual case studies (VCS), providing students with opportunities to demonstrate competency in their ability to interpret ancillary studies and/or digital radiographic images and in their case-related diagnostic and

management decisions, were transitioned to WebCampus as a temporary home. It is anticipated that VCS will be transitioned to eMedley in 2017. Radiology VCS were also updated to emphasize assessment of report writing skills.

- The qualitative evaluation (QE) instrument was modified to better assess all aspects of the report of findings and informed consent processes. Accurate mapping of the QE to CCE meta-competency outcomes was completed.
- The clinical justification plan (CJP) was developed and piloted with Q8 interns to provide opportunity for training, assessment, and documentation of the intern's clinical judgment, critical thinking skills, and competence in diagnosis, prognosis, lifestyle management, and case follow up. The CJP has proved to be an effective tool in engaging the intern in thoughtful development of case management, more meaningful interaction with clinical educators, and richer assessment of competencies indicated above.

Spring 2016

- The mentor feedback instrument was implemented at all off-campus clinics and preceptor offices.
- The CJP implementation rolled forward with Q9 interns and will continue to be administered with this intern cohort, and all successive intern cohorts, as they progress through the program. WI-17 represents the term in which CJP implementation will be complete throughout the clinical internship.
- The number of CJPs required of each intern was reduced from the original model that was proposed. The original CJP requirement was deemed overly aggressive and burdensome to both interns and clinical educators.
- New, state-of-the-art physical therapy equipment was purchased to replace older, outdated and irrelevant equipment. This purchase was coordinated with the department of chiropractic sciences to align instruction and equipment between didactic and clinical internship education.

Summer 2016

- A single set of goals and student learning outcomes was finalized and adopted for the entire clinical internship course sequence. Meta-competency outcomes and internship competency assessments were mapped to these student learning outcomes. Appropriate performance targets were established for intern competency outcomes in each of the courses throughout the clinical internship.
- Clinical Internship course syllabi were updated with the revised clinical internship goals and student learning outcomes and the corresponding performance expectations.
- Processes and rubrics were developed by faculty clinical educators to improve competency assessment of nutritional counseling. Piloting is scheduled to occur in WI-17.
- A self-reflection instrument was developed and implemented for students participating in compassion events and other community-based education events.
- Processes and rubrics were developed by faculty clinical educators to improve competency assessment of rehabilitation and active care. Implementation is anticipated in WI-17 following the remodel of the Campus Health Center rehab room in FA-16.
- A rubric was developed by faculty clinical educators to measure competency in the use and application of physical therapy modalities. Outcomes will be tracked in eMedley following upload of the rubric (targeted in WI-17.)

Clinical Internship Experience

Significant progress has been made to ensure the clinical internship course series not only meets the requirements defined by the CCE meta-competencies but also substantively improves the overall intern experience.

- The use of QEs continues to provide effective assessment of intern competency and early detection of deficient skills. Coupled with the CAAs approval to engage in formative intern feedback, the QE assessment process plays a vital role in identifying an intern's need for clinical skills enhancement as well as affirming the intern's readiness to return to patient care following a program of clinical skills enhancement.
- As a result of implementing the QE process, engaging CAAs in provision of formative feedback, implementing an equitable attendance requirement and appropriately modifying some quantitative requirements, nearly all

interns now qualify and opt for preceptor experiences in Q12 with some qualifying for local, partial preceptor opportunities in Q11.

- While guidelines governing the approval of licensed doctors to serve as UWS preceptors have been maintained, more direct communication between the associate dean and applicant doctors has led to collaboration between the two, increasing the likeliness of approval. Few applicant doctors are now rejected. Interns are more likely to locate a doctor of interest who will qualify as a preceptor. In addition, greater diversity among doctors within the preceptor program, with respect to technique and practice parameters, affords interns a wider range of potential experiences.
- UWS affiliation with the VA healthcare system expanded in 2016 with the addition of two VA preceptorship sites. Affiliation agreements were signed with the Richard L. Roudebush VA Medical Center in Indianapolis, Indiana (SP-16), and the Mann-Grandstaff VA Medical Center in Spokane, Washington (SU-16). VA preceptorships are available to Q12 interns each term. Each VA rotation is limited to one intern per preceptor per term. These educational experiences provide interns with the opportunity to engage in chiropractic care as well as participate in rotations in other VA departments including cardiology, geriatrics, neurology, podiatry, rehabilitation, surgery, and others. Nine interns participated in VA rotations from FA-15 to SU-16. To date, 21 interns have participated in VA clerkships.
- The Health Center Manual was revised to reflect changes in the clinical internship.
- FY17 funding has been allocated to remodel the Campus Health Center rehab room. Work is anticipated to be completed by the end of FA-16. The improved facility, updated equipment, and pending rehab/active care activities and competency assessments will improve intern education as well as the patient experience.

Outcomes

The outcomes data in each of the following tables indicate the percentage of interns within a respective cohort who achieved the targeted level of 3 in the rubric for each assessment instrument. The performance outcomes are indicated in correlation with the respective meta-competency outcomes. For the QE, CJP, and global assessment (GA), the targeted aggregate performance threshold is 85% of interns will achieve level 3 by end of Q10. As the implementation of these assessment instruments is still rolling forward with respective intern cohorts, annualized aggregate outcomes are not yet available. Preliminary results for individual cohorts indicate variable success in achieving the targeted performance threshold. Outcomes below threshold are expected in Q8. The results indicate a promising trajectory of improvement throughout Q9 and Q10. At the time of this report, there was insufficient data to aggregate and determine competency of interns as well as program efficiency and effectiveness.

Meta-competency 1: Assessment and diagnosis

Assessment of meta-competency outcome 1 (assessment and diagnosis) within the clinical internship occurs primarily via the CJP as described. Interns incorporate the information gathered from intake, history, patient records, and during the patient visit to develop and document diagnoses, differential diagnoses, problem lists, and need for referral and follow up. The CJP works well to evaluate interns' clinical and critical thinking skills. Through the QE process clinical assessors directly observe interns performing exams, tests, and patient histories and, as such, are able to directly evaluate intern competency both in performing these procedures and also in incorporating them into the patient record. Both lab and radiology VCS are composed to include diagnosis and reasonable differential diagnoses; appropriate exams, tests, or studies to order; follow up based on the case and outcomes presented and development of a problem list as related to the case.

MC 1 Assessment/Diagnosis	MCO 1.1	MCO 1.2	MCO 1.3
QE (Q 10 SP-16) FA-16 grad cohort		100%	
QE (Q 9 SP-16) WI-17 grad cohort		94%	
CJP (Q 9 SP-16) WI-17 grad cohort	94%	98%	98%
CJP (Q 8 WI-16) WI-17 grad cohort	42%	17%	61%
GA (Q 10 SP-16) FA-16 grad cohort		85%	83%
GA (Q 9 WI-16) FA-17 grad cohort		58%	58%

MC 1 Assessment/Diagnosis (cont'.)	MCO 1.1	MCO 1.2	MCO 1.3
Lab VCS (Q 10 SP-16) FA-16 grad cohort	98%	98%	98%
Lab VCS (Q 10 SU-16) WI-17 grad cohort	100%	100%	100%
Rad VCS (Q 10 SP-16) FA-16 grad cohort	74%	74%	74%
Rad VCS (Q 10 SU-16) WI-17 grad cohort	94%	94%	94%

Performance target – QE, CJP, GA: 85% of students reach level 3 on all rubric components by end of Q10
Performance target – Lab VCS: 85% of students accumulate 30 lab credits by the end of Q10
Performance target – Radiology VCS: 85% of students accumulate 18 lab credits by the end of Q10
Shaded cells – assessment is not intended to evidence achievement of this meta-competency outcome

Meta-competency 2: Management plan

The QE allows for direct observation and assessment of informed consent and report of findings, patient care, including chiropractic manipulation and passive care, and lifestyle/ADL counseling. Meta-competency outcomes focused on active care remain unassessed through the QE process. The QE will be modified to better align with the revised meta-competency outcomes when they are finalized in 2017 at which time assessment of active care will be included. Furthermore, a separate rubric is under development to evaluate the interns' engagement in active care both in live and simulated environments. This new assessment instrument will be piloted FA-16. The CJP works well to assess and document the creation of a management plan. The GA supplements QE and CJP to assess the management plan meta-competency. Identifying a measure to directly assess interns' competency in documentation of end points of care remains elusive. Both lab and radiology VCS are crafted to address management of the case as well as identification of the need for referral. Lab VCS also address recommendations for changes in lifestyle and activities of daily living.

MC 2 Management Plan	MCO 2.1	MCO 2.2	MCO 2.3	MCO 2.4	MCO 2.5	MCO 2.6	MCO 2.7	MCO 2.8
QE (Q 10 SP-16) FA-16 grad cohort	N/A	N/A	95%	100%		100%		
QE (Q 9 SP-16) WI-17 grad cohort	N/A	N/A	90%	92%		97%		
CJP (Q 9 SP-16) WI-17 grad cohort	89%	98%				91%		
CJP (Q 8 WI-16) WI-17 grad cohort	28%	22%				26%		
GA (Q 10 SP-16) FA-16 grad cohort	83%						83%	
GA (Q 9 WI-16) FA-17 grad cohort	67%						61%	
Lab VCS (Q 10 SP-16) FA-16 grad	98%	98%				98%		
Lab VCS (Q 10 SU-16) WI-17 grad	100%	100%				100%		
Rad VCS (Q 10 SP-16) FA-16 grad	74%	74%						
Rad VCS (Q 10 SU-16) WI-17 grad	94%	94%						

Performance target – QE, CJP, GA: 85% of students to reach level 3 on all rubric components by end of Q10
Performance target – Lab VCS: 85% of students accumulate 30 lab credits by the end of Q10
Performance target – Radiology VCS: 85% of students accumulate 18 lab credits by the end of Q10
Shaded cells – assessment is not intended to evidence achievement of this meta-competency outcome

Meta-competency 3: Health promotion and disease prevention

The QE and CJP combine to provide direct measures for all but one outcome (3.7) under meta-competency 3 (health promotion and disease prevention.) The QE will incorporate more health promotion and disease prevention outcomes when it is updated in 2017. In addition, nutritional activities are under development to assess nutritional counseling in live patient care. Strategies to assess outcome 3.7 are being considered but remain undeveloped within the clinical internship.

MC 3 Health promotion…	MCO 3.1	MCO 3.2	MCO 3.3	MCO 3.4	MCO 3.5	MCO 3.6	MCO 3.7
QE (Q 10 SP-16) FA-16 grad cohort		100%				100%	
QE (Q 9 SP-16) WI-17 grad cohort		67%				96%	
CJP (Q 9 SP-16) WI-17 grad cohort			91%	91%	91%		
CJP (Q 8 WI-16) WI-17 grad cohort			26%	26%	26%		
GA (Q 10 SP-16) FA-16 grad cohort	85%	83%					
GA (Q 9 WI-16) FA-17 grad cohort	63%	63%					

Performance target – QE, CJP, GA: 85% of students to reach level 3 on all rubric components by end of Q10
Shaded cells – assessment is not intended to evidence achievement of this meta-competency outcome

Meta-competency 4: Communication and record keeping

Oral communication is directly assessed within patient care through the QE process. Written communication is evidenced in a variety of patient related activities including both the CJP and VCS. Clinicians observe the initial and modified entries in the patient health record and grade the quality of this written documentation via the GA process. Written communication is further assessed through the report writing requirement associated with the radiology VCS. Meta-competency outcome 4.2 is currently informally assessed, and the data are not captured. The QE will be revised in 2017 to include formal assessment of this outcome.

MC 4 Communication/record keeping	MCO 4.1	MCO 4.2	MCO 4.3	MCO 4.4	MCO 4.5
QE (Q 10 SP-16) FA-16 grad cohort	97%		98%		
QE (Q 9 SP-16) WI-17 grad cohort	75%		100%		
GA (Q 10 SP-16) FA-16 grad cohort				80%	83%
GA (Q 9 WI-16) FA-17 grad cohort				64%	69%
Rad VCS (Q 10 SP-16) FA-16 grad				74%	
Rad VCS (Q 10 SU-16) WI-17 grad				94%	

Performance target – QE, CJP, GA: 85% of students to reach level 3 on all rubric components by end of Q10
Performance target – Radiology VCS: 85% of students accumulate 18 lab credits by the end of Q10
Shaded cells – assessment is not intended to evidence achievement of this meta-competency outcome

Meta-competency 5: Professional ethics and jurisprudence

The majority of meta-competency 5 (ethics and jurisprudence) is assessed by the clinical educators on an ongoing basis throughout his/her experience working with the intern. An intern's infraction record also provides direct evidence of maintaining boundaries, professional conduct, and compliance with guidelines. CAAs evaluate ethical behavior and adherence to legal guidelines and interns' generation of patient records, and diagnostic and billing codes as components of the QE process during patient care. The current QE instrument does not provide for documentation of these meta-competency outcomes. Modification of the QE in 2017 will provide better documentation of these outcomes.

MC 5 Ethics/jurisprudence	MCO 5.1	MCO 5.2	MCO 5.3	MCO 5.4
QE (Q 10 SP-16) FA-16 grad cohort	98%	98%		
QE (Q 9 SP-16) WI-17 grad cohort	97%	97%		
CJP (Q 9 SP-16) WI-17 grad cohort				
CJP (Q 8 WI-16) WI-17 grad cohort				
GA (Q 10 SP-16) FA-16 grad cohort	83%	83%	80%	80%
GA (Q 9 WI-16) FA-17 grad cohort	67%	67%	64%	64%

Performance target – QE, CJP, GA: 85% of students to reach level 3 on all rubric components by end of Q10
Shaded cells – assessment is not intended to evidence achievement of this meta-competency outcome

Meta-competency 6: Information and technology literacy & Meta-competency 7: Intellectual and professional development

MC 6 and MC 7	MCO 6.1	MCO 6.2	MCO 7.1	MCO 7.2	MCO 7.3
QE (Q 10 SP-16) FA-16 grad cohort					100%
QE (Q 9 SP-16) WI-17 grad cohort					97%
CJP (Q 9 SP-16) WI-17 grad cohort					94%
CJP (Q 8 WI-16) WI-17 grad cohort					42%
GA (Q 10 SP-16) FA-16 grad cohort	83%	83%			85%
GA (Q 9 WI-16) FA-17 grad cohort	67%	67%			64%
SR (Q 10 SP-16) FA-16 grad cohort				100%	
SR (Q 10 SP-16) FA-17 grad cohort				100%	

Performance target – QE, CJP, GA: 85% of students to reach level 3 on all rubric components by end of Q10
Shaded cells – assessment is not intended to evidence achievement of this meta-competency outcome

Meta-competency 6 (IT literacy) is assessed globally and on an ongoing basis by the clinical educator. Interns also complete the CAT exercise in which they appraise the scientific literature to answer a specific question related to patient care occurring in the clinical internship. This exercise is reviewed and approved by the clinical educator. The clinically applied literature (CAL) exercise, a more concise and practical activity, will replace the CAT in WI-17.

Meta-competency 7 (intellectual and professional development) is directly assessed by the clinical skills assessment (MCO 7.1), the QE, CJP, and GA processes (MCO 7.3), and indirectly via self-reflections (SR) completed by interns at the end of each term (MCO 7.2) as reported above. Through self-reflection, interns consider their professional growth in the current term and engage in goal-setting for the subsequent term. A self-reflection activity is also incorporated into community compassion care events where interns treat uninsured and underserved populations.

Planned Improvements

- Modify the QE. The QE was piloted in FA-14 and modified for use in FA-15. It was modified again in WI-16 to ensure all aspects of the report of findings and informed consent are assessed. A review of the QE in SU-16 identified areas for improvement. The rubric will be updated again when new CCE meta-competencies are finalized in WI-17.
- Replace the critically appraised topic (CAT) with the more concise but equally effective learning activity, clinically applied literature (CAL), which is based upon the concept of the "evidence informed practice (EIP) sandwich" (WI-17). This task is complete and ready for implementation. It has been delayed by slow progress from eMedley.
- Implement physical therapy assessment with associated rubric in eMedley (WI-17).
- Remodel the Campus Health Center rehab room for better delivery of active care and improved assessment of intern competency (WI-17).
- Implement new nutritional assessment and counseling activities, with associated rubric in eMedley, to include patient recommendations (SP-17).
- Implement active care activities, to include patient assessment and recommendations, with associated rubric in e-Medley (SP-17).
- Include intern documentation and skills on the QE allowing for assessment through direct observation (SP-17).
- Develop new learning activities to assess:
  a. Interpretation of ancillary studies ordered for live patients
  b. Review of external health records of live patient or VCS
  c. Progress notes written by interns
  d. Referral letter to be created as an intern passes an existing patient to new intern
  e. Billing and coding VCS for Q11 and Q12 interns. The initial case has been developed and implemented. Development of additional cases will occur FA-16 through SU-17.

Issues
The following present challenges to the improvements listed above:

- Progress has been hampered by intermittent slow response time from eMedley client services on projects related to clinical internship. While these delays are sometimes lengthy, they are eventually resolved. When delays relate to real time reporting of credits and assessments, interns are often frustrated and aggravated.
- In deference to clinical practitioners' primary responsibilities, they have not been trained or expected to approve interns' credits directly in eMedley. Credits earned under the supervision of clinical practitioners are tracked on a paper document completed by the intern and signed by the clinical practitioner. The credits are separately entered into eMedley by the interns. The paper tracking form is transported to CHC by courier and the credits are verified in eMedley by the administrative assistant. This cumbersome approval system prevents real time tracking and is more susceptible to error. Some interns have struggled with the process leading to heightened frustration and significant dissatisfaction.