



Doctor of Chiropractic Program Clinical Internship Manual

Updated Summer 2023
Effective for all New Students in
Clinical Internship I

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INTRODUCTION

The University of Western States (UWS) Clinical Internship manual serves as a reference for chiropractic student interns, clinic staff members, and supervising clinicians. The manual provides information regarding UWS clinical internship procedures, regulations, and course information. The information is presented to facilitate an effective clinical training experience and assure practices for quality patient care.

This manual is subject to change as policies, procedures and/or curriculum revisions are adopted. Clinical internship personnel, health center personnel, and students are responsible to read the manual and to keep current with changes as indicated in department communications. If at any time university policies conflict with the information in this manual, university policies will govern. When questions arise that are not explicitly addressed in the manual, interns are required to seek additional information and direction from their supervisors.

DEFINITIONS

Connected Whole Health – University clinic system existing to help fulfill the mission of the university. Connected Whole Health operations exist as a teaching clinic overseen by clinical educators and an outpatient clinic operating as a for fee entity overseen by the chief medical officer.

UWS Teaching Clinic – Internal student clinic within the Connected Whole Health university clinic system. The teaching clinic encompasses interns in their first two quarters of clinical internship or until an off-site assignment occurs. The interns working within the teaching clinic are each assigned to a clinical educator who is their supervisor for the duration of their time in the teaching clinic. All chiropractic services provided under the teaching clinic are provided free of charge unless federal guidelines restrict free care. Additional fees may be charged for radiology services, tape, orthotics, braces, supports, etc.

Supervising Clinician – A Doctor of Chiropractic who supervises an intern. This individual may be the Clinical Educator assigned to the intern in Clinical Internship I, or a Doctor of Chiropractic who oversees care for an off-site assignment, including but not limited to a service event, community clinic rotation, community-based internship, or preceptorship. Supervising clinicians authorize and sign any documents intended for external entities. These include insurance forms, patients status/progress forms, work/school/gym excuses, disability certificate.

Clinical Educator- The supervising clinician assigned to the intern in Clinical Internship I will be identified as the Clinical Educator. This individual works in the UWS Teaching Clinic and will continue to oversee and approve all graduation requirements and any other official documents through Clinical Internship V.

Clinical Internship – Interns in their 8th-12th quarters of the Doctor of Chiropractic program participate in clinical internship wherein they are provided guided opportunities and supervised experiences in the care of patients. Under the direction of the clinicians, faculty and staff of the clinics, interns apply, integrate, and refine their knowledge, skills, and behaviors to become confident, competent, and caring chiropractic physicians. Interns apply best practice, critical thinking, effective procedures, and professional integrity in the delivery of patient-centered care.

Chiropractic Intern – A chiropractic student in the clinical internship phase of the Doctor of Chiropractic program is referred to as an “intern.” This term signifies student engagement in supervised clinical patient experiences and conveys no legal status or rights. Interns may not represent or refer to themselves as “doctor” in any manner.

Primary Intern- The primary intern leads the patient visit. This individual is responsible for treatment and management of the patient under the clinical educator's supervision.

Secondary intern - Intern assigned to assist the primary intern during a patient visit. This individual may document the visit in the chart note, assist in collecting vitals, retrieve modalities and/or tools for the primary to use during treatment and clean the room at the end of the visit. The secondary intern should check in with the primary intern following the visit for any questions they may have regarding the care. Any questions should be communicated after the patient leaves the room.

CONNECTED WHOLE HEALTH TEAM

Mission and Vision of Connected Whole Health

- Evidence-informed care pathways
- Improved patient outcomes and cost containment.
- Strong industry partnerships and alliances
- Standardized implementation and use of technology
- Collaboration and patient empowerment
- Clinical efficiency to positively impact the patient's experience.
- Team-based approach in clinical care
- High quality clinical training for interns enrolled in UWS degree programs.
- Integrated clinical experience for student interns that focuses on “For the good of the patient.”

Connected Whole Health (CWH) provides an evidence-informed, patient-centered model to deliver healthcare services to patients and offers a variety of clinical experiences for interns. Clinical faculty and staff members engage with patients and student interns to ensure the continuity of quality patient care while facilitating interns' development of clinical competencies.

The State of Oregon laws and regulations determine scope of practice in the UWS clinic system. Interns are to practice only under the direction and supervision of licensed chiropractic physicians employed or contracted by UWS to supervise clinical internship activities. An intern providing clinical services (including history taking, examining, treating, advising, ordering diagnostic services, consulting with other health care professionals on behalf of a patient, etc.) without appropriate authorization and oversight by a supervising clinician constitutes practice without a license and is grounds for disciplinary action by the university and criminal/civil action by the State of Oregon and/or applicable regulatory agencies. Interns are not permitted to provide treatment required by contract or regulation by a licensed and/or registered provider (e.g., Medicare services).

Supervising clinicians authorize and sign any documents intended for external entities. These include insurance forms, patient status/progress forms, work/school/gym excuses, disability certificates, and any other official documents. A licensed provider or duly authorized staff member must sign all correspondence to doctors, attorneys, and insurance personnel. The supervising clinicians must co-sign with the intern any notations in patients' records (electronic and paper), including history and examination, progress notes, and narrative reports.

Connected Whole Health
 8000 NE Tillamook St
 Portland, OR 97213
 (503) 808-7979

Clinical Internship and Administrative Personnel

Chief Medical Officer	Bill Moreau, DC
Dean, College of Chiropractic	Martha Kaeser, DC
Associate Dean, Clinical Internship	Jaci Bergstrom, DC
Office Manager	Alice Grenier
HIPAA Security Officer	Mike Wagner
HIPAA Privacy Office	Monika Hernandez
Clinical Educators NOTE: Additional DCs may serve as supervising clinicians in relief of regularly scheduled supervisors	Rebecca Bell, DC Lorraine Ginter, DC Patrick Helma, DC Ryan Ondick, DC Anne Venderley, DC Peter Vuky, DC
Clinical Educator Generalist	Heidi Olejnik, DC
Community Partner Clinics Clinician	Owen Lynch, DC
Clinical Assessors	Frederick Kalmbach, DC Catherine Hale, DC
Community Based Clinical Educator (CBCE)	Pat Battaglia, DC
Administrative Coordinator for CBCE	Carmen Hinkley
Administrative Coordinator for Clinical Internship	Brittany Martin

Community Partner Clinics

Cascadia Healthcare – Garlington
 3036 NE Martin Luther King Jr Blvd
 Portland, OR 97212

Men’s Recovery Center
 2318 NE Martin Luther King Jr Blvd
 Portland, OR 97212

Fora Health
 10230 SE Cherry Blossom Dr.
 Portland, OR 97205

Women’s Recovery Center
 200 SE 7th Avenue
 Portland, OR 97214

GENERAL INFORMATION

A chiropractic student in the clinical internship phase of the Doctor of Chiropractic program is referred to as an “intern.” This term signifies student engagement in supervised clinical patient experiences and conveys no legal status or rights. Interns may not represent or refer to themselves as “doctor” in any manner. During clinical internship, interns are provided with guided opportunities and supervised experiences in the care of patients. Under the direction of the faculty, staff, and clinicians of the clinics, interns apply, integrate, and refine their knowledge, skills, and behaviors to become confident, competent, and caring chiropractic physicians. Interns apply best practice, critical thinking, effective procedures, and professional integrity in the delivery of patient-centered care.

Approved Evaluation and Management Techniques

Only those procedures, techniques, devices, and supplies taught in the core DC program curriculum are approved for use by interns and supervisory faculty/staff in the UWS clinic. Additional practice methods may be approved based on the successful completion of elective courses, certification programs, or other factors. The supervising clinician must authorize all evaluation and management practices employed by interns in the care of patients.

Marketing

The university markets CWH locally through a variety of methods. Interns can engage in self or group advertising if constructed with their supervising clinicians using promotional material (see below) approved by CWH and the UWS Communications department (e.g., supervising clinician’s business card).

Promotional Materials

CWH, UWS marketing, communications, and clinic leadership create and manage all printed and electronic promotional materials in alignment with university branding guidelines. Only UWS business cards created for interns’ clinical supervisors are authorized for use by interns to promote communication with current and prospective patients. Interns may not create or use their own business cards or marketing material. Interns may request labels with their individual names from the CWH office manager to place on the backs of the supervising clinicians’ business cards to identify the intern specifically. Students assigned to a Community Based Internship (CBI), or preceptorship can engage in promotional activities using the same model as above but applied to their assigned practice location.

Patient Recruitment

Interns may recruit patients in the following ways:

- Refer family and/or friends.
- Speak with faculty, staff, and students.
- Participate in patient outreach events and public educational activities.
- Approach those in your community, gym, or commonly visited stores, coffee shops, etc.

University students, faculty and staff members, and student and staff referrals receive chiropractic services at no charge in the UWS teaching clinic. Additional fees may be billed for radiology services, orthotics, supports/braces, and other supplies. CWH also provides fee-for-service health care by our Chief Medical Officer for specialty services and consultations.

Community Outreach

Interns are encouraged to participate in patient outreach and/or public educational activities integral to chiropractic on the university's behalf. Projects and events must be approved by the assistant dean and

require supervision by faculty or staff. A variety of outreach programs are available for intern participation. These programs are intended to provide interns opportunities and experiences in public education, patient recruitment, and treatment of distinct patient populations. Included are lectures, demonstrations, health fairs, sporting events and other clinic events.

PROFESSIONAL CONDUCT

All health center personnel and interns are expected to maintain high degrees of professional conduct and ethics and abide by state and federal laws, accreditation standards, and all applicable UWS policies, including [Policy 9001- Student Conduct](#). Detailed information regarding codes of professional and ethical conduct applicable to UWS personnel, students, and chiropractic licensees is provided in the UWS Catalog, staff and faculty manuals, student code of conduct ([Policy number 9001](#)), UWS Clinical Internship Manual, and on the Oregon Board of Chiropractic Examiners (OBCE) website (<http://www.oregon.gov/OBCE>).

Interns must report to their supervising clinician as soon as reasonably possible any concerns regarding their interactions with patients or their fellow peers.

Professional demeanor encompasses physical presentation, including dress, grooming, personal hygiene, language, and behavior. Representatives of the UWS clinic system (interns, physicians, and staff members) are expected to project a professional image. This is particularly important when interacting with patients or representing the university and chiropractic profession.

Supervising clinicians and staff members with senior clinic administrative staff have discretion to determine the appropriateness of an individual's demeanor in each situation in accordance with the [Policy 9001- Student Conduct](#), Policy 1006- Employee Conduct and Behavior [Expectations](#) and/or the Clinical Internship Manual. Professionalism violations may be dealt with by supervising administrators, faculty, and staff. Egregious or repeated professionalism offenses by students may be referred to the Associate Vice President (AVP) of Student and University Affairs for investigation and disciplinary action.

Dress Code

The following guidelines provide for professional appearance while working or providing care within the UWS clinic system.

- Business casual attire, including casual pants or skirts, collared shirts, blouses, sweaters, and closed-toe footwear is required. UWS logoed or non-logoed polo shirts are acceptable alternatives to dress shirts or blouses. All clothing should be clean, neat, and appropriately tailored.
- A short, clean, white clinic coat/jacket is to be worn in and around public access areas (e.g., reception, treatment pods, hallways, faculty/staff offices) within the UWS clinic system and affiliated clinic sites. White coats are expected to be regularly washed/ironed as needed. White coats may be removed when in the treatment room providing care to the patient but should be reapplied when checking in with your supervisor during the visit and walking the patient to reception following the appointment.
- A valid identification badge must be clearly visible in and around public access areas (e.g., reception, business, and treatment pods; hallways; faculty/staff offices) within the UWS clinic system and affiliated clinic sites.
- Hairstyles and facial hair must be neatly maintained.
- Understated jewelry and body piercings are allowed.
- Tattoos that are potentially offensive, off-color, or distracting must be covered.
- UWS-issued pins (UWS logoed pin distributed at the pinning ceremony) may be worn on the lapel of the intern's white coat or clinic-approved shirt or blouse. No other pins, buttons, or other related signage may be worn on the intern's clothing, lanyards, name badge, or other attire or equipment while on duty.

- Interns are expected to take adequate measures to ensure their personal body and breath odor is not offensive.
- In consideration of individuals with sensitivities to scents, strongly fragrant colognes, perfumes, and lotions should be avoided.
- Chewing gum is prohibited while engaged in patient care.

Please note the UWS local affiliated clinic sites and CBI/preceptor locations may have more stringent requirements. The intern is responsible for verifying expectations with the supervising clinician at those sites.

Examples of inappropriate attire includes active sportswear, jeans, capris, spandex, shorts, halter/tank tops, sandals, beach shoes or similar footwear, T-shirts or apparel with messages or commercial advertising, as well as unkempt or inappropriately revealing clothing. Clothing must cover midribs and undergarments during all postures and movements associated with clinical activities. The assistant dean will have the final decision on dress code disputes.

Food and Beverages

Food and beverages are to be confined to designated areas on campus. Food and beverages are not permitted in examination or treatment areas, including hallways and/or pods.

Tobacco and Alcohol

In accordance with policies [1008](#) and [1017](#), tobacco products (including marijuana) and alcohol are not permitted within UWS health centers or affiliated clinical sites. To avoid the odor of tobacco products in the clinical environment, interns and clinic personnel are not to smoke immediately prior to working with patients.

Cell Phones

Cell phones should not be used or visible while in patient care. Personal use of cell phones or other personal electronic devices while in the clinic pods should be limited and only in the case of emergencies or unforeseen circumstances.

Facilities and Equipment Maintenance

UWS strives to provide well-equipped and well-maintained facilities to ensure quality patient care in a safe, comfortable, professional environment. Appropriate care must be taken when using equipment. Any concern with clinic equipment or facilities must be reported to supervisory personnel immediately so that repair or replacement can occur in a timely manner. Interns and other unauthorized individuals must not attempt to repair damaged or inoperable equipment.

Bulletin Boards and Posted Messages

CWH maintains designated areas and bulletin boards for posting informational items. No postings may be made or removed without appropriate approval by clinic administrative staff.

STUDENT INTERN DISCIPLINARY REPORTING, INVESTIGATION, RESOLUTION

The University of Western States seeks to address complaints stepwise when possible. In accordance with Policy 9001 - Student Conduct, and Policy 9009 - Student Grievance and Appeal, violations of UWS policies and/or expectations will be impartially investigated, and any decisions or consequences imposed by the university because of an investigation are subject to appeal.

Discipline and Student Conduct Violations

Disciplinary and conduct violations occurring while on clinic shift are considered intern infractions (see list below for examples). Supervising clinicians and clinic staff may complete an infraction form when they witness behavior that violates clinic policy. The infraction form is emailed to the assistant dean for review. The assistant dean will request a meeting with the student to discuss the infraction and determine whether this violation results in a written/verbal warning or constitutes further disciplinary action. Actions may include not receiving credit for the clinic shift, an assignment on professionalism or another action agreed upon by the assistant dean and intern. If the infraction merits a more severe action, the Office of Student Success will be involved. The Office of Student Success, in consultation with relevant administrative officials, will determine if a violation has occurred and whether a formal investigation is warranted. When appropriate to the situation, investigations will follow the university's published Procedures for Title IX and Disciplinary Report Investigation.

Examples of Student Intern Infractions:

- Unprofessional conduct or communication (electronic and verbal) with patients, peers, staff, or faculty.
- Failure to submit required clinic paperwork or electronic health records by deadline.
- Tardiness or absence from clinic shift without authorization or appropriate notification.
- Unauthorized adjusting and/or treatment of patients or others.
- Fraudulent entry into the patient record including, but not limited to, entering false data, or failing to enter pertinent information.
- Unsatisfactory dress and/or poor personal hygiene.
- Failure to follow or carry out a clinician's directions or orders.
- Failure to appropriately manage or maintain patient records.
- Failure to adhere to Connected Whole Health policies and procedures.
- Forgery, falsification or fraudulent use of any document or instrument related to clinical internship.
- Inappropriate use of cell phones while on clinic shift.

The university reserves the right to impose disciplinary action for infractions not listed.

As noted above, students may receive disciplinary action based on the severity of the infraction. For infractions that correspond to a competency outcome (i.e., MCO defined later in the document), students may be required to participate in remediation related to the infraction to ensure that the student meets the outcome.

Fraternization

Relationships among health center personnel, interns, and patients must be within professional and ethical boundaries. Interns are approved to treat their spouse/partner under the supervision and license of the supervising clinician. All proper documentation is followed per OBCE guidelines as required.

Intern Clinical Privileges Suspension or Denial

The granting and continuation of clinical privileges for interns depends on factors other than reaching a chronological criterion in the program. Each student must complete required assignments and meet competency targets to obtain and maintain the privilege of engaging in patient care in the context of clinical internship courses. An intern's clinical privileges may be denied or suspended when the safety of patients, and/or others, or the best interest of the university may be jeopardized by allowing students to engage in patient care.

The decision to withhold clinical privileges may be based on a variety of factors including but not limited to:

- Inadequate attainment/demonstration of learning objectives and clinical competencies required for participation in supervised patient care.
- Non-compliance with applicable codes of student conduct and ethics of a serious nature.
- Results of a background check.
- Pending outcome of investigation or proceedings related to criminal charges, significant misconduct, or allegations of unprofessional behavior.

In some situations, a student may remain enrolled in a clinical internship course during suspension of clinical privileges; however, circumstances may necessitate the student's withdrawal from the course or a leave of absence from the program.

Intern Assignment to Health Center Locations

Beginning with Clinical Internship I, all interns are assigned to shifts in the CWH Teaching Clinic. Upon completion of Clinical Internship II, all coursework through 9th quarter, sufficient clinic experience, and satisfactory outcomes on competency assessment as determined by supervising clinicians and clinical assessors, interns may be assigned to off-site clinical training opportunities. The quantity, timing, and duration of any assigned rotations will depend upon several factors including the number of eligible interns and the patient care demands of each site.

Off-site Clinical Training Opportunities

Off-site clinical training opportunities include community partner clinics (Cascadia Behavioral Health, FORA Health, Men's Recovery Center, and Women's Recovery Center), community-based internships (CBIs) and preceptorships.

- The community partner clinics provide interns with an opportunity to work with a diverse patient population in a collaborative, team-based treatment approach. These rotations are within the Portland area community service organizations (residential treatment centers and a community behavioral health center). A limited number of rotations are available in one or more of the four community partner clinic sites providing care one to two days per week under the supervision of the community partner clinic clinician.

When there are no Clinical Internship III interns for the community service organization rotations, Clinical Internship II interns may be assigned. When this occurs, the clinical educator will suggest those students who have seen a variety of patients, completed all assignments on time and shown competency in all areas.

- The CBI opportunity is a form of preceptorship intended to enhance the clinical training of chiropractic interns in their 10th and 11th quarters by placing them in a field-based practice under the supervision of affiliate faculty, approved through our application process. Information about CBI is available on the UWS webpage in Udocs under Clinical Internship.

- The preceptorship opportunity is completed during the final quarter of clinical internship and supervised by a doctor of the intern's choice approved through the UWS application process. Clinic sites, supervising clinicians, and interns must meet eligibility requirements to participate. Information about these programs is available through clinical internship administration and is also available on the UWS webpage in Udocs under Clinical Internship.

Intern Lockers

Lockers are available on a limited basis, as requested, in the Intern Workroom for storage of personal belongings and doctor's bags. A combination lock is provided on each locker. Due to the limited number available, we ask students to share lockers when possible. The CWH office manager will keep a wait list for those interns interested in having a locker when space opens. If you are interested in being on this list, please email clinicfrontdesk@uws.edu. As locker space becomes available, the next intern in line will be invited to have a locker assigned.

Note: If sharing a locker, both interns' names must be on the locker assignment

CLINICAL INTERNSHIP COURSE INFORMATION

Course Sequence

Clinical Internship I through V comprise a series of courses taken sequentially typically in quarters 8 through 12 as outlined in Table 1 below.

Course Name	Course #	Hours/week	Minimum Hours to Pass	Credits
Clinical Internship I	CLI 7210	6 (11 weeks)	60	2.0
Clinical Internship II	CLI 7307	10 (11 weeks)	99	3.25
Clinical Internship III	CLI 8159	25 (13 weeks)	293	8.25
Clinical Internship IV	CLI 8259	25 (13 weeks)	293	8.25
Clinical Internship V	CLI 8361	27 (11 weeks)	268	9.0

Intern Clinic Shifts and Schedules

In Quarter 7, each student will be assigned to a supervising clinician and a Group A or B clinic shift in preparation for Clinical Internship I.

Shift assignments at Connected Whole Health

	Monday	Tuesday	Wednesday	Thursday	Friday
A Shift	7:30-1:30	2:30-6:30	7:30-1:30	2:30-6:30	8:30-1:30
B Shift	1:30-6:30	7:30-11:30	1:30-6:30	7:30-1:30	1:30-6:30

Interns may be assigned to an additional supervising clinician corresponding to additional assigned clinic shifts. Off-campus clinic shift schedules may vary from those on campus. In some clinic locations, Saturday shifts may be scheduled in lieu of another shift. Specific times for each clinic shift are scheduled to accommodate required course hours and to correspond with other course schedules. Interns on an off-site clinic assignment may not participate in patient care if it conflicts with an on campus or synchronous online course. Interns must refer to their quarterly schedule, course syllabi, and additional communications from the clinical internship administration for specific clinic assignments and schedules each quarter.

Attendance Requirements

Attendance and timeliness are professional behaviors required for success in professional practice. Attendance for clinical internship is documented by a time tracking system located in eMedley. Interns are required to clock in and out for their clinic shifts each day. These entries are to be reviewed and approved by the supervising clinician or clinical internship administration.

Each intern is allowed 10% absenteeism, which includes sick time, and is required to use the Clinic Absence Form found in Canvas, giving as much advance notice as possible. Advance notice allows the front desk to close schedules and reschedule appointments. The minimum number of hours required for each course (allowing for 10% absence) is outlined in Table 1 and varies by course. Exceeding allowed absences in any clinical internship course may result in an incomplete grade and/or may result in no credit being given for the course.

Unexcused absences count the same as excused absences but may be subject to infraction. For example, if an intern is significantly late because of oversleeping or misses an assigned shift without proper communication, an infraction may be recorded in addition to the absence.

Repeated tardiness merits an infraction. An intern who is repeatedly late is subject to infraction and potential disciplinary action.

Interns are expected to remain in the clinic pods or intern workroom throughout their clinic shift to receive full attendance. In some circumstances, the supervising clinician may allow the intern to study outside of the clinic if the intern remains available to treat. The intern must have an electronic source of communication available for efficient contact if they are needed in patient care.

Community Partner Clinics

Attendance is required when scheduled at a community clinic (e.g., Fora Health, MRC/WRC, Cascadia), and interns should not request absence from clinic shifts. In the case of an emergency, please contact the supervising clinician overseeing the respective location. Community Partner Clinic hours are entered into the Time Log in EMedley and approved by your clinical educator.

University Closures

Interns will be given full hours, meaning the hours that replicate the shift they are missing, for university holidays and are required to enter those hours into eMedley.

For closure due to inclement weather, Clinicians will schedule a meeting with their interns during the regularly scheduled clinic shift. This meeting will occur synchronously and may include clinician directed activities for the full shift or clinicians may assign activities to work through independently or within small groups. Activities may include working through case histories, clinical reasoning leading to differential diagnoses for varying levels of case complexities, reviewing clinical skillsets, and other similar activities

Any other hours missed due to unanticipated clinic closures will be addressed by the associate dean on a case-by-case basis at the time of closure.

Opportunities for Clinical Hours

- **Approved Educational Events:** In Clinical Internship I through V, interns may receive clinic hours for attending an Approved Educational Event (AEE). AEE hours are allowed for board exams, board reviews, and pre-approved seminars. The seminars must be a UWS approved event. Hours can only be earned for events occurring during a scheduled clinic shift. For all AEE hours, approval from the supervising clinician must be given on the AEE form (see form on [Udocs](#)) and the absence

entered into the Clinic Absence Form in Canvas. To receive credit the AEE form must be completed in its entirety and be submitted to the clinical internship department within **seven (7)** days of earning the hours.

- For seminars and board reviews, the event supervisor must indicate the time attended and include a full signature.
- For board exams, the AEE form can be submitted with an attached proof of attendance, after the exam has occurred. If travel to another location is required for the board exam, AEE hours are allowed for the travel day if an itinerary is included with the form.
- **Private Practice Rotations:** Beginning in Clinical Internship III (Q10), interns may receive clinic attendance for observing a health care provider who has been in practice for a minimum of three years and practices within traditional office space (UWS teaching clinic, home offices, and mobile practices do not qualify). The Private Practice Rotation (PPR) is to be used in place of an intern's regularly scheduled clinic shift. Interns may observe the same doctor a maximum of five times during their clinical internship (III through V). This number may increase during the end of Clinical Internship IV prior departure for preceptor if relocation is necessary. To be eligible for PPR, the intern must receive prior approval from their supervising clinician. If on campus, interns are asked to provide 72 hours' notice to their clinical educator prior to their shadowing opportunity. If off-site provide your supervising clinician as much notice as possible so they can plan accordingly for your absence. Approval must be documented on the PPR form (see form on [Udocs](#)) and the time away entered into the Clinic Absence Form in Canvas. The form must be completed, and the intern must submit proof of attendance to Clinic Credits and enter their time in eMedley within seven (7) days to receive credit.

Practical Assessment Exams

Interns must complete various learning activities and demonstrate clinical competency for specific learning outcomes to be eligible for graduation. This section describes these activities and corresponding levels of achievement required to progress through the clinical internship course series.

Clinic Entrance Assessment

The clinic entrance assessment (CEA) is scheduled at the beginning of Clinical Internship I. Interns are asked to perform a history and select physical exam procedures on a standardized patient. Additionally, interns verbally provide a list of differential diagnoses and recommend treatment procedures. The assessment gives the Clinical Educator the opportunity to evaluate their intern's clinical skills and readiness to engage in patient care. The outcome of the CEA determines if an intern is ready to begin patient care or may need additional remediation through the Clinical Skills Enhancement Center (CSEC). Re-evaluation of readiness will occur later in Clinical Internship I after remediation has taken place. The intern will not be allowed to provide patient care until a successful outcome is achieved on the CEA.

Clinical Skills Assessment

All interns in Clinical Internship II are required to participate in the practical Clinical Skills Assessment (CSA) exam as part of their graduation requirements. Students should review the exam date as soon as it is available on the upcoming term schedule and plan to be present on that date. At the beginning of Clinical Internship II, interns will be asked to complete the CSA acknowledgement questionnaire in Canvas. The actual exam will take place towards the end of Clinical Internship II. Make-up exams are not offered in the same quarter if an intern is absent on the date of the exam. This will require the exam to be completed in the next term it is offered.

The practical CSA consists of six (6), six-minute, graded practical stations and one (1), 50-minute graded post-encounter probe (PEP). Students will perform all practical stations in the Romero Assessment Center (RAC) and then transfer to the computer lab for the PEP. At the PEP, students are presented with pertinent findings from their practical encounters, and additional clinical information such as other history/physical

findings and/or diagnostic study results. Interns answer written questions based on the simulated case in the patient encounter and consideration of the additional clinical information provided in the PEP. Interns failing to achieve a satisfactory score for the practical CSA are referred to the Clinical Skills Enhancement Center (CSEC) for remediation before retaking the exam the next term. Interns can continue to provide patient care on campus but are not eligible for off-site clinical internship assignments until achieving a satisfactory practical CSA outcome.

For more information regarding the CSA please visit the [CSA Handbook](#).

COMPETENCY ASSESSMENTS

One of the requirements to apply to become a licensed Doctor of Chiropractic is satisfactory completion of an accredited Doctor of Chiropractic program. The UWS DC program is accredited through the Council on Chiropractic Education (CCE). Accreditation agencies review and evaluate an institution or program and affirm standards of quality are being met (click [here](#) to learn more about the CCE). To maintain accreditation in good standing, the program must track each student's achievement of a variety of clinical outcomes (see Appendix A). Most of these outcomes, metacompetency outcomes (MCOs), are evaluated by clinical staff (attending clinicians, clinical assessors, CBI supervisors, and/or the CBI administrator) while observing students delivering patient care and using a variety of assessment tools (see below for assessment tools and Appendix B for a complete description of the tools). The following table includes a list of assessment tools and/or assignments used to evaluate student MCO performance.

Assessment Tool	Skills/Knowledge Evaluated
Active Care Assessment	Evaluation, clinical reasoning, demonstration, communication
Adjusting	Patient assessment, set-up, delivery, documentation, professionalism
Adjusting Skills Assessment	Evaluation of student adjusting skills in the following regions: cervical, thoracic, lumbar, SI, and extremity
Clinical Justification Plan	Diagnosis, goals/outcomes, prognosis, care recommendations, communication, and documentation
History	Interviewing skills, communication, documentation, and professionalism
Global Assessment	History, exam, management plans, treatment, communication, documentation, and professionalism.
Patient Reports	Documentation, communication, inter-professionalism, and reasoning
Physical Exam	Decision making, examination skills, communication, and professionalism
ROF/PARQ	Components, diagnosis & reasoning, patient education, informed consent, communication & patient considerations, professionalism

Each tool is used to evaluate multiple metacompetencies with a detailed rubric (see Appendix B) using the following 5-point scale. When students begin the clinical internship series, they typically receive Advanced Beginner (2) and Competent scores (3). As interns progress, building confidence and acquiring more clinical experience, they are expected to receive higher scores of Proficient (4). Interns receive a copy of each evaluation once entered in the Clinical Assessment System (C.A.S) including their scores for each skill, average score for the entire assessment tool, and additional feedback via email.

	Proficient (Experienced Does) (4)	Competent (Selected Does) (3)	Advanced Beginner (Exercised Does) (2)	Beginner (Knows & Knows How) (1)	Absolute Beginner (Knows Little) (0)
Skill Summary	<u>Intermediate/Advanced in Clinic Setting – NEEDS DIRECTION FROM TIME TO TIME.</u> Has some degree of clinical experience and selectively performs taking into consideration a patient's situation and experience of similar situations, following rules.	<u>Beginner in Clinic Setting with no identified Weaknesses – NEEDS SOME GUIDANCE.</u> Has limited experience in the clinical environment (both direct/indirect); follows rules and can choose to take actions according to a patient's situation.	<u>Advancement of Skills Achieved – NEEDS A LOT OF GUIDANCE.</u> Can perform under rules in an artificially structured setting or beginning Clinical experiences; only able to understand some patient situations due to lack of clinical experience.	<u>Basic Skills Achieved.</u> Knows basics and can perform the competency in Labs according to rules and/or <u>with supervision</u> ; clinical knowledge through formal studies.	<u>Basic Skills Not Achieved.</u> Has almost no knowledge/skill development of the relevant competency.

To allow sufficient opportunities for the intern to demonstrate progressive improvement and skill mastery and for the supervising clinician and clinical assessors to observe the skill in action, the following table outlines the minimum number of assessments required by tool for each internship course. Supervising clinicians may require more demonstration and assessment where needed to allow the intern to reach mastery. Where noted, assessments may occur as a simulated clinical case in a concurrently enrolled course to ensure students have sufficient opportunities to demonstrate competency.

Assessment Tool	Clinical Internship				
	I (Q8)	II (Q9)	III (Q10)	IV (Q11)	IV (Q12)
Active Care Assessment*	1	2	2	2	As needed
Adjusting**	2	3	3	2	1
Adjustive Skills Assessment	1	1	As needed	As needed	As needed
Clinical Justification Plan	1	1	2 total <ul style="list-style-type: none"> Clinical Internship-submitted to campus clinician Lumbo-Pelvic OR Cervical Case Management - submitted to course instructor 	2 total <ul style="list-style-type: none"> Clinical Internship - submitted to campus clinician Lumbo-Pelvic OR Cervical Case Management - submitted to course instructor 	As needed
History**	2	3	3	2	1
Global Assessment Completed by Clinician	1	1	1	1	1
Patient Reports	1	1	2 –submitted to campus clinician	2- submitted to campus clinician	As needed
Physical Exam**	2	3	3	2	1
ROF/PARQ*	1	2	2	2	As needed
Notes:					
*Ideally, active care assessments occur during patient care, but are simulated as needed.					
**The History, Physical Exam and Adjusting assessment required in CI V can be completed at the end of CI IV prior leaving for preceptorship.					

As seen in Appendix B, each row of a rubric is mapped to one or more metacompetencies (MCOs). Additionally, each MCO is evaluated by more than one assessment tool. The C.A.S. tracks all the results for each student, averaging together the scores for each of the 31 metacompetency outcomes. The minimum average scores required are outlined for each clinical internship course below.

Requirement	Minimum Score
Clinical Internship I	1.5 average for each assessment tool
Clinical Internship II	2.5 average for each assessment tool
Clinical Internship III	2.7 average for each metacompetency outcome
Clinical Internship IV	3.0 <u>cumulative</u> average (Clinical Internship III + Clinical Internship IV) for each metacompetency outcome
Clinical Internship V	3.0 <u>cumulative</u> average (Clinical Internship III + Clinical Internship IV + Clinical Internship V) for each metacompetency outcome
Off-site Assignment(s)	2.7 for each assessment tool

Clinical Procedure Tracking

In addition to the above metacompetency requirements, each intern must complete the following activities to be eligible for graduation of degree completion:

Activity	Requirement(s)	Description
History/Examination <i>Entered/Tracked in eMedley</i>	Must enter all qualifying visits for tracking purposes	<ul style="list-style-type: none"> Require a history and examination leading to a diagnosis and management plan for each patient. Re-evaluations of existing patients are eligible for credit. Only the primary intern is eligible for history/exam credits.
Diagnosis <i>Entered/Tracked in eMedley</i>	Must enter all qualifying visits for tracking purposes	<ul style="list-style-type: none"> Diagnosis credit is given following history and examination of an initial encounter or a re-evaluation of a new condition. Only the primary intern is eligible for diagnosis credits.
Clinical Laboratory Interpretations <i>Completed in Canvas/Tracked in eMedley</i>	<ul style="list-style-type: none"> 20 UA* 20 CBC 10 Chem 	<ul style="list-style-type: none"> Interns earn clinical laboratory interpretation credit through coursework, patient care and virtual cases. A minimum of 10 cases are required to be completed during each term. All virtual cases are available as Canvas assignments. Students completing more than the minimum number of cases may fulfill requirements early.
Radiologic Studies <i>Completed in Canvas/Tracked in eMedley</i>	<ul style="list-style-type: none"> 30 points; each case is 2-points. CI I = 3 cases CI II = 12 cases 	<ul style="list-style-type: none"> Credit for radiologic interpretation is granted with successful completion of virtual radiologic studies, to include written reports within Canvas in Clinical Internship I and II.
Self-Reflection <i>Entered/Tracked in eMedley</i>	<ul style="list-style-type: none"> One per term in CI I and II 	<ul style="list-style-type: none"> Provides interns an opportunity to identify personal goals for each term and reflect on progress made from the prior term. Reflect on the application of new knowledge and skills applied in patient care.
Primary Visits <i>Entered/Tracked in eMedley</i>	Must enter all qualifying visits for tracking purposes	<ul style="list-style-type: none"> When intern oversees and is responsible for delivering patient care Eligible for manipulation credit
Secondary Visits <i>Entered/Tracked in eMedley</i>	Must enter all qualifying visits for tracking purposes	<ul style="list-style-type: none"> When an intern assists a primary in the delivery of patient care Only eligible for manipulation credit when approved by supervising clinician

*California licensure requires 25 UA's

Crediting, Tracking and Reporting of Clinic Requirements

To earn intern credit for requirements, complete, accurate, and timely recording, and processing of paper and/or electronic data is required for interns, faculty, and staff members. Interns and clinic personnel must complete training on protocols for entry and processing of credit-related data. Late or inaccurate submission of required data by interns may result in no credit being granted for those items. This requirement fosters the development of behaviors necessary for professional success. The submission or entry of any

intentionally false or fraudulent data and failure to submit required data will result in an infraction and corresponding disciplinary action.

Attainment of clinic requirements, including attendance, is tracked in eMedley, and monitored by the clinic administrative staff and clinical educators. Interns are expected to monitor and gauge their own progress toward requirements utilizing provided reports summarizing completed clinical activities.

California Requirements

California licensure necessitates specific quantitative requirements on several credits such as adjustments, lab studies, etc. Students intending to practice in California are responsible to track their progress toward California requirements and enter those credits. California requirements can be reviewed at https://www.chiro.ca.gov/laws_regs/regulations.pdf.

Progressive Intern Requirements

The following table outlines the minimum requirements for progression through the clinical internship course series. Interns may be required to complete more than the minimum skill repetitions to enhance and master skills in each area.

	Requirements
Clinical Internship I	<ul style="list-style-type: none"> • Satisfactory outcome on the Clinic Entrance Exam (CEA) • Complete the following minimum number of competency assessments with a 1.5 cumulative average for each assessment tool: <ul style="list-style-type: none"> ○ 1 Active Care Assessment ○ 2 Adjusting Assessments (1 full visit, 1 partial) ○ 1 Adjusting Skills Assessment ○ 1 Clinical Justification Plan ○ 2 History Assessments (1 full visit, 1 partial) ○ 1 Global Assessment (completed by supervising clinician) ○ 1 Patient Report Assessment ○ 2 Physical Examination Assessments (1 full visit, 1 partial) ○ 1 ROF/PARQ Assessment • 3 radiology case studies. • 10 successfully completed laboratory case studies. • 1 self-reflection assignment • Satisfactory review of infractions/disciplinary actions • Fulfillment of attendance: 60 hours minimum • Successful completion of Clin Phase Lecture and Lab (CED7151 and CED7152)
Clinical Internship II	<ul style="list-style-type: none"> • Successful completion of Clinical Internship I • Complete the following minimum number of competency assessments with a 2.5 cumulative average for each assessment tool. <ul style="list-style-type: none"> ○ 2 Active Care Assessments ○ 3 Adjusting Assessments ○ 1 Adjusting Skills Assessment ○ 1 Clinical Justification Plan ○ 3 History Assessments ○ 1 Global Assessment (completed by supervising clinician) ○ 1 Patient Report Assessment ○ 3 Physical Examination Assessments ○ 2 ROF/PARQs Assessments • 12 radiology case studies. • 10 successfully completed laboratory case studies. • 1 self-reflection assignment • Satisfactory review of infractions/disciplinary actions • Fulfillment of attendance: 99 hours minimum • Participation in the Practical CSA

	Requirements
Clinical Internship III	<ul style="list-style-type: none"> • Successful completion of Clinical Internship II • Complete the following minimum number of competency assessments with a 2.7 cumulative average for each MCO: <ul style="list-style-type: none"> ○ 2 Active Care Assessments ○ 3 Adjusting Assessments ○ 2 Clinical Justification Plans (1 from internship, 1 from case management course) ○ 3 History Assessments ○ 1 Global Assessment (completed by supervising clinician) ○ 2 Patient Report Assessments (2 from internship) ○ 3 Physical Examination Assessments ○ 2 ROF/PARQs Assessments • Satisfactory performance on onsite adjusting skills assessment • 10 successfully completed laboratory case studies. • Satisfactory review of infractions/disciplinary actions • Fulfillment of attendance: 293 hours minimum
Clinical Internship IV	<ul style="list-style-type: none"> • Successful completion of Clinical Internship III • Complete the following minimum number of competency assessments with a 3.0 cumulative average for each MCO: <ul style="list-style-type: none"> ○ 2 Active Care Assessments ○ 2 Adjusting Assessments ○ 2 Clinical Justification Plans (1 from internship, 1 from case management course) ○ 2 History Assessments ○ 1 Global Assessment (completed by supervising clinician) ○ 2 Patient Report Assessments (2 from internship) ○ 2 Physical Examination Assessments ○ 2 ROF/PARQs Assessments • 10 successfully completed laboratory case studies. • Fulfillment of attendance: 293 hours minimum
Clinical Internship V	<ul style="list-style-type: none"> • Successful completion of Clinical Internship IV • Complete the following minimum number of competency assessments with a 3.0 cumulative average for each MCO. <ul style="list-style-type: none"> ○ 1 Adjusting Assessment ○ 1 History Assessment ○ 1 Global Assessment (completed by supervising clinician) ○ 1 Physical Examination Assessment • 50 virtual laboratory cases (cumulative from CI I-V) • 30 virtual radiology cases (completed in CI I-II) • Fulfillment of attendance: 268 hours minimum • Completion of the DCP Graduate Exit Survey • Participation in one full, off campus assignment (community clinic rotations, CBI assignment, participation in a Compassion Connect/Health Fair or Air Force event).
Off-site UWS Clinical Rotation Eligibility	<ul style="list-style-type: none"> • Successful completion of Clinical Internship I and II • Attained minimum average score for each clinical assessment instrument (Q9 2.7; Q10 2.7; Q11 3.0) • Satisfactory performance on onsite adjusting skills assessment (ASA) • Satisfactory performance on Clinical Skills Assessment • Successfully complete all courses through 9th quarter • Successful completion of at least 2 CJP's • Successful completion of at least 2 patient reports • Successful completion of 3 active care/rehabilitation assessments • Attend risk management seminar in its entirety

OFF-SITE ASSIGNMENTS

Community-Based Internship

Community-based internships (CBIs) are a form of preceptorship and allow interns to complete their clinical internship courses in the private offices of DCs who are affiliate faculty of the university. Interns enrolled in Clinical Internship III who have successfully completed the off-site eligibility rotation requirements (see previous table) may be assigned to a CBI for both Clinical Internships III and IV. CBI experiences in Clinical Internship III may begin during weeks 1 through 3 of Clinical Internship III (Q10) or later (timing dependent on completion of final on-campus assessment). Interns assigned to the CBI program will receive an email from internship administrative staff confirming their clinic assignment and start date. See the CBI manual for details. (<https://www.uws.edu/doctor-of-chiropractic/community-based-internship/>)

Interns in CBI placements continue to be assessed by the affiliate faculty member, a clinical assessor and/or CBI administrative staff using the tools previously described in this handbook. Students receiving scores below 3.0 in Clinical Internship IV and V are required to participate in remediation through CSEC and complete additional assessments as needed to maintain a minimum 3.0 average for each of the 31 metacompetency outcomes. It should be noted that students may be required to return to campus to participate in remediation activities at their own expense if on a remote assignment.

Community Partner Clinics

The community partner clinic opportunity is a part time assignment at select clinic sites under the supervision of the Community Clinic Clinician. Fora Health, Men's Recovery Center, Women's Recovery Center, and Cascadia Behavioral Health facilities provide interns with an opportunity to work with a diverse patient population in a collaborative, team-based treatment approach. The intern will spend one or two of their clinic shifts per week at an assigned location providing chiropractic care to these populations.

Single Day off-site events

Opportunities are available for off-site assignment credit by single day participation. Events available include health fairs, Compassion Connect events and treatment of members of the Air Force. These opportunities will be emailed to you as they are available and as interns are needed for participation in patient care or UWS marketing.

Clinical Internship V Preceptorship

Interns enrolled in Clinical Internship V who have satisfied all clinical competency requirements as needed for graduation (3.0 average for each of the 31 metacompetencies), excluding attendance and/or virtual cases, may be eligible for assignment to the private office of an approved field preceptor doctor (DC). All offsite clinic assignments (community partner clinic rotations, CBI assignment, participation in a Compassion Event/Health Fair or the monthly Air Force event) must be completed before a Clinical Internship V preceptorship can begin. Although the program maintains a list of pre-approved preceptor DC's, the intern is responsible for establishing a relationship and confirming interest with the provider. Please see the [DC Preceptor Program Manual](#) and corresponding [student checklist](#) for detailed information regarding the Clinical Internship V preceptor application and approval process.

Clinical Internship V preceptor experiences are not geographically limited. However, jurisdictional regulatory bodies determine the scope of services and other parameters permitted by preceptors. Field doctors must also meet eligibility criteria to be approved as a field-based chiropractic clinical supervisor. Observational-only states are excluded from preceptorship.

For complete information on the preceptorship program, please review the preceptorship page under clinical internship on [Udocs](#).

Veteran's Clerkship

Interns qualified to participate in the Veteran's Administration Department of Defense clerkship program should consult the [VA Handbook](#).

PATIENT PROCESSING AND RECORD KEEPING

Patient Rights and Responsibilities

The following list of patients' rights and responsibilities is provided to all patients in the Connected Whole Health clinics.

Patient Rights

A patient and/or the patient's legal representative has the right to:

- Receive complete and current information and answers to questions about diagnosis, treatment, and prognosis.
- Participate in decisions about care and provide informed consent for procedures.
- Refuse treatment and accept potential consequences of that decision.
- Receive considerate and respectful care in an environment that permits reasonable privacy.
- Know the identity and professional status of individuals providing service and know who has primary responsibility for coordinating care.
- Have another person present during examination and/or treatment.
- Expect reasonable safety regarding the health care environment.
- Be fully advised of and accept or refuse to participate in any research project and/or experimental procedures.
- Expect that all communications and records pertaining to care will be subject to appropriate confidentiality.
- Examine and receive an explanation of charges for services rendered.
- Expect not to be denied care solely based on race, gender, national origin, religion, or sexual orientation.
- Express grievances regarding any perceived violation of rights to the institution and to appropriate regulatory agencies

Patient Responsibilities

A patient and/or the patient's legal representative has the responsibility to:

- Provide accurate and complete information regarding present complaints, past illnesses, hospitalizations, medications, and any other matters related to their health.
- Report in a timely manner any new incident, trauma, or changes in health condition
- Acknowledge and consider instructions and recommendations provided by health care providers and/or office staff.
- Request clarification about any aspect of care not fully comprehended.
- Keep scheduled appointments or give adequate notice of delay or cancellation.
- Assure them the financial obligations related to their health care are fulfilled as promptly as possible.
- Treat members of the health care community with respect and courtesy.

Privacy and Security of Patient Health Information

Legally and ethically, it is required that all health center personnel protect the privacy and security of patient health information to facilitate the effective delivery of health care. This protection helps to create patient trust that those involved in their health care will not inappropriately use or disclose information provided in

confidence. This protection also fosters a collaborative environment where patients will be more comfortable providing complete and accurate information, allowing healthcare providers to provide effective, high-quality care.

Access and Use of Patient Records

The use and disclosure of protected health information are governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and other applicable federal and state regulations. Details regarding procedures employed at UWS to ensure the privacy and security of protected health information can be obtained by contacting the university's HIPAA Privacy Officer.

Access to patient records is restricted to those individuals requiring health information for authorized purposes involving the health care, educational, and business activities of the health center.

All patient records generated at the Connected Whole Health clinics (including but not limited to chart notes, examination results, laboratory and x-ray studies, test results, and narrative reports) are the property of the University of Western States and are protected. Every individual with access to patient information must comply with all applicable regulations, including the following:

- Patient files and related records may be accessed only in approved areas.
- Patient records, whether paper or electronic, must never be left open and unattended. Log-out or password-protected screensavers must be utilized to protect access to computer screens.
- The only patient records allowed in a treatment room are those of the patient being treated.
- All paper-based patient records must be returned to the front desk staff or re-filed in the records room at the end of each shift.
- Only authorized individuals may copy and/or distribute patient records. Copies of a patient's records may be provided to the patient or other authorized recipient only after the properly executed authorizations are obtained.
- When transfer of patient records between Connected Whole Health and another clinic is indicated, the transfer must be approved in advance and will be carried out under the direction of the office manager.
- Unauthorized removal or transmission of any patient record from the health centers, whether originals or duplicates on paper or electronic media, is prohibited.
- Electronic communication with patients is limited to MyChart. Communication with patients through email or texting is prohibited.

Violations of established policies and protocols related to privacy and security of protected health information must be reported to the university's privacy officer for evaluation and action. Verified violations will result in corrective action and may warrant disciplinary sanctions. Violations may also be subject to civil and criminal penalties.

Patient Complaints

Patients who express complaints or other concerns should be encouraged to report them to their supervising clinician or clinic staff member for prompt assessment and action, including follow-up with administrative staff, as appropriate. Procedures for reporting complaints regarding violations of patients' privacy rights are set forth in the university Notice of Privacy Practices, which is provided to all patients.

Protocol and Procedures to Minimize the Transmission of Contagious Diseases

All individuals engaged in the care of patients must observe the following protocols:

- Anyone identified as having a contagious condition that may compromise another's health must be identified to a clinician or other clinical supervisor for determination of appropriate procedure.

- Any individual who performs or assists in physical exam procedures that may result in exposure to bodily fluids must follow universal precautions to eliminate or reduce exposure and/or transmission of contaminants.
- Hands must be washed or disinfected before and after each patient contact.
- Equipment, furniture, and surfaces subject to patient or provider contact must be cleaned with a disinfectant solution after each use or patient encounter.
- Headrest paper must be discarded and replenished after each patient encounter.
- Examination gowns and shorts must be laundered after each use.

Patient Intake Procedures

Patients must check in with the receptionist on each visit before being admitted to the treatment area of the health center. The receptionist will page the appropriate clinician or designated intern to the reception area to escort the patient to an examination/treatment room. Patients presenting with a fever, cough, or other potentially contagious symptoms may be dismissed from care until symptoms resolve.

New Patient Visits

Patients visiting Connected Whole Health for the first time must complete initial intake records before any procedures can be performed. A supervising clinician must meet with the patient on the initial visit and assess the patient's status before initiating any evaluation procedures by an intern. The supervising clinician(s) oversee all aspects of the evaluation and management of the patient, assigning various tasks to interns as appropriate.

Minor Patients

A parent or legal guardian must provide written consent for the evaluation or treatment of any patient under 18. If x-rays are to be performed, the parent or legal guardian must sign the x-ray request form.

Report of Findings and Informed Consent

Healthcare providers have ethical and legal obligations to provide patients with information about their conditions and management options to inform patient decisions and obtain consent for care. Patients must receive information and have their questions answered regarding the benefits and risks of proposed management, treatment options, and refusal of treatment.

Report of Findings

Before initiating care, each patient must be provided with a verbal report of findings (ROF) outlining the results of history, examination, and any diagnostic testing. Information regarding diagnosis, prognosis, treatment and self-care recommendations and related strategies for health and wellness are discussed with the patient, and opportunity is given for the patient to have questions answered. In preparation for the report of findings and development of the patient management plan, an intern must review the patient chart and discuss findings and conclusions with the supervising clinician. The clinician must be present for the report of findings to oversee the intern's interaction with the patient and ensure that all patient questions are answered satisfactorily. **A new or updated report of findings is required after each re-examination and any modification of the management plan.**

Informed Consent via the "PARQ" Conference

Oregon law requires a Procedures, Alternatives, Risks, and Questions (PARQ) conference to occur between a health care practitioner and patient before providing care. The conference allows the practitioner and patient to discuss relevant information about the proposed procedures, alternatives, and risks before making the decision regarding care and providing consent to care. The licensed clinical supervisor must

conduct the conference. After the PARQ conference is completed, it must be documented in the patient record for that day and signed, either physically or electronically, by the clinician.

A further description of the PARQ conference is necessary if it deviates from the routine because the patient had a greater than usual risk for a procedure or had special or unique concerns that required further discussion. In that instance, the clinician should notate additional details. NOTE: Subsequent PARQ conferences necessitated by new problems or new treatment modalities must be documented in the visit notes on the dates performed.

APPENDIX A – METACOMPETENCY OUTCOMES

In compliance with the program’s accreditor, the Council on Chiropractic Education (CCE), each intern must demonstrate achievement of each of the 31 metacompetency outcomes (MCOs) listed below. Please see the [CCE website](#) for additional information. Students receive weekly emails with their average scores for each MCO to follow progress and identify areas of weakness.

MCO		Statement
Assessment & Diagnosis	1.1	Develop a list of differential diagnosis/es and corresponding exams from a case-appropriate health history and review of external health records.
	1.2	Identify significant findings that may indicate the need for follow-up through additional examination, application of diagnostic and/or confirmatory tests and tools, and any consultations.
	1.3	Generate a problem list with diagnosis/es.
Management Plan	2.1	Develop an evidence-informed management plan appropriate to the diagnosis, including obstacles to improvement, measurable healthcare goals, prognoses, and target endpoint of care in consideration of biopsychosocial factors, natural history, and alternatives to care.
	2.2	Refer for emergency care and/or collaborative care as appropriate.
	2.3	Present a management plan that includes obtaining informed consent.
	2.4	Deliver appropriate chiropractic adjustments/manipulations, and/or other forms of passive care as identified in the management plan.
	2.5	Implement appropriate active care as identified in the management plan.
	2.6	Make recommendations for changes in lifestyle behaviors, activities of daily living and/or dietary and nutritional habits as appropriate.
	2.7	Implement changes to the management plan as new clinical information becomes available.
	2.8	Identify maximum improvement and document the endpoint of care or determine rationales for continuing care.
Health Promotion & Disease Prevention	3.1	Manage health risks and public health issues, including reporting, as required.
	3.2	Recommend or provide resources (educational, community-based, etc.) and instruction regarding public health issues.
	3.3	Address appropriate hygiene practices in the clinical environment.
	3.4	Communicate health improvement strategies with other health professionals.
Communication & Record Keeping	4.1	Document health risks and management options considering the patient's health care needs and goals.
	4.2	Consider the patient's ethnicity, cultural beliefs, and socio-economic status when communicating.

MCO		Statement
	4.3	Generate accurate, concise, appropriate, and legible patient records, narrative reports, and correspondence.
	4.4	Safeguard and keep confidential the patient's protected health and financial information.
	4.5	Generate patient records that are in compliance with state and federal laws and regulations and applicable/accepted industry standards.
Professional Ethics & Jurisprudence	5.1	Maintain appropriate physical, communication (verbal and non-verbal) and emotional boundaries with patients.
	5.2	Maintain professional conduct with patients, peers, staff, and faculty.
	5.3	Comply with the ethical and legal dimensions of clinical practice.
IT Literacy	6.1	Use relevant scientific literature and other evidence to inform patient care.
Chiropractic Adjustment / Manipulation	7.1	Identify subluxations/segmental dysfunction of the spine and/or other articulations.
	7.2	Analyze and interpret findings indicating the need for chiropractic adjustment/manipulation.
	7.3	Identify indications, contraindications, and risk factors for the chiropractic adjustment/manipulation; and explain the anticipated benefits, potential complications, and effects to patients.
	7.4	Apply chiropractic adjustment/manipulation to patients while ensuring patient safety.
	7.5	Identify the effects following the chiropractic adjustment/manipulation.
Interprofessional Education	8.1	Explain their own roles and responsibilities and those of other care providers and how the team works together to provide care.
	8.2	Use appropriate team building and collaborative strategies with other healthcare team members to support a team approach to patient-centered care.

APPENDIX B – ASSESSMENT TOOLS

Active Care

Active Care Assessment Rubric		MCO
Evaluation	Applies appropriate evaluation in determining the need for active care/ rehabilitation.	2.5 2.6 6.1
Clinical Reasoning	Selects appropriate active care methods and strategy based on patient presentation.	2.5
Demonstration	Demonstrates active care exercises accurately.	2.5
Communication	Communicates effectively with patient.	5.1 5.2

Adjusting Evaluation Rubric

Adjusting Evaluation Rubric		MCO
Assessment	Determined indications/ contraindications for chiropractic manipulation through an appropriate exam.	7.1 7.2 7.3
Set-up	Adequately pre-loaded joint and maintained safe doctor and patient positioning.	5.1 7.4
Delivery	Delivered an effective HVLA/joint mobilization with appropriate speed, amplitude, and direction.	2.4 7.4
Documentation	Identified and documented the effects following chiropractic manipulation.	4.3 4.5 7.5
Professionalism	Addresses appropriate hygiene and conduct practices while ensuring patient confidentiality.	3.3 5.1 5.2

Adjusting Skills Assessment

This assessment occurs upon entry of Clinical Internship I and end of Clinical Internship II.

Adjusting Skills Assessment Rubric		MCO
Cervical		
Cx Assessment	Determined indications/ contraindications for chiropractic manipulation through an appropriate exam.	7.1 7.2 7.3
Cx Set-up	Adequately pre-loaded joint and maintained safe doctor and patient positioning.	5.1 7.4
Cx Delivery	Delivered an effective HVLA/joint mobilization with appropriate speed, amplitude, and direction.	2.4 7.4
Thoracic		
Tx Assessment	Determined indications/ contraindications for chiropractic manipulation through an appropriate exam.	7.1 7.2 7.3
Tx Set-up	Adequately pre-loaded joint and maintained safe doctor and patient positioning.	5.1 7.4
Tx Delivery	Delivered an effective HVLA/joint mobilization with appropriate speed, amplitude, and direction.	2.4 7.4
Lumbar		
Lx Assessment	Determined indications/ contraindications for chiropractic manipulation through an appropriate exam.	7.1 7.2 7.3
Lx Set-up	Adequately pre-loaded joint and maintained safe doctor and patient positioning.	5.1 7.4
Lx Delivery	Delivered an effective HVLA/joint mobilization with appropriate speed, amplitude, and direction.	2.4 7.4
Sacrum		
SI Assessment	Determined indications/ contraindications for chiropractic manipulation through an appropriate exam.	7.1 7.2 7.3
SI Set-up	Adequately pre-loaded joint and maintained safe doctor and patient positioning.	5.1 7.4
SI Delivery	Delivered an effective HVLA/joint mobilization with appropriate speed, amplitude, and direction.	2.4 7.4
Extremity		
Extremity Assessment	Determined indications/ contraindications for chiropractic manipulation through an appropriate exam.	7.1 7.2 7.3
Extremity Set-up	Adequately pre-loaded joint and maintained safe doctor and patient positioning.	5.1 7.4
Extremity Delivery	Delivered an effective HVLA/joint mobilization with appropriate speed, amplitude, and direction.	2.4 7.4
Overall		
Professionalism	Addresses appropriate hygiene and conduct practices while ensuring patient confidentiality.	3.3 5.1 5.2

Clinical Justification Plan (CJP)

This activity requires a documented list of differential diagnoses with supporting history and exam findings as well as a corresponding evidence-based management plan. CJPs must be completed on distinctly different diagnostic cases, requiring clinical reasoning and critical thinking. The supervising clinician may recommend or assign the CJP on a simulated case.

Clinical Justification Plan Evaluation Rubric		MCO
Diagnosis	Supports Dx/DDxs with appropriate case presentation findings.	1.1 1.2
	Generates a problem list inclusive of all information gathered from Dx/DDx.	1.3
Management	Includes measurable therapeutic goals/outcomes, prognosis, and targeted endpoint of care.	2.1 2.8
	Includes appropriate patient-centered, evidence-informed care recommendations, and educational resources, when indicated.	2.5 2.6 3.2 6.1
	Identifies the need for follow-up, referral and/or alternatives for care presented as appropriate	2.2 2.7
Communication	Considers the patient's overall health needs/goals, as well as cultural beliefs, race, ethnicity, and socio-economic status.	4.1 4.2
	Writing is clear, concise, professional, and complies with legal standards.	4.3 4.5

Global Assessment

A global assessment (GA) is completed by the supervising clinician in week 11 for each intern in Clinical Internship I – V. Global assessments are informed by the supervising clinicians' direct observations and coupled with student performance on all assessment tools and activities available throughout the quarter (clinical justification plan, virtual case studies, adjusting skills assessment, clinical entrance exam, clinical skills assessments, etc.).

Global Assessment Rubric		MCO
History & Exam	Patient interviewing skills are efficient and appropriate per patient complaints.	1.1
	Physical examination skills are efficient and appropriate per patient complaints.	1.1 7.1
	Clinical judgment leads to the acquisition of additional information as needed to support the development of appropriate diagnoses.	1.2 1.3
Management Plans	Develops comprehensive, patient-centered, and evidence-informed management plan(s).	2.1 3.2 4.1 7.3
	Implements patient management plans and updates as appropriate.	2.5 2.6 2.7 2.8
	Includes appropriate evidence-informed care recommendations when indicated.	6.1

Global Assessment Rubric		MCO
Treatment	Delivers appropriate chiropractic adjustments, and/or other forms of active/passive care as identified in management plans.	2.4 7.4 7.5
Communication	Explains management plans to patients and obtains informed consent, as appropriate.	2.3
	Verbal communication and recommendations align with patient background and socio-economic status.	3.2 4.2
	Patient documentation and reporting align with relevant public health and legal standards.	3.1 4.1 4.3 4.5
Professionalism	Maintains professional conduct with patients, including appropriate boundaries.	5.1
	Maintains professional conduct with peers, staff and faculty.	5.2
	Complies with HIPAA and ethical/legal aspects of clinical practice.	4.4 4.5 5.3

History Assessment Rubric

History Assessment Rubric		MCO
Interviewing Skills	Collected case-appropriate information while conducting a past medical, social, and/or family history.	1.1 1.2 3.1 7.3
	Collected case-appropriate information while conducting a focal complaint history.	1.1 1.2 7.3
Communication	Shows cultural respect and appropriate communication.	4.2 5.1
Documentation	Accurately documented patient responses while maintaining patient privacy.	4.3 4.4 4.5 5.3
Professionalism	Addresses appropriate hygiene and conduct practices while ensuring patient confidentiality.	3.3 5.2

Patient Reports

Patient reports are brief narrative reports that summarize a patient's condition, course of care, progress, complications if any, re-evaluation findings, and proposed further management as appropriate in the form of a report. These reports may be an initial report, referral letter or progress report.

Patient Report Evaluation Rubric		MCO
Documentation	Report is complete and meets legal standards while fully documenting patient care	4.3 5.3
Communication	Narrative is clear, concise, professional, well-organized, grammatically correct, and includes health improvement strategies.	3.4 4.3
Inter-professional	Outlines the role/responsibility of care providers and supports a team approach to care.	8.1 8.2
Reasoning	Clinical reasoning is supported by case presentation, with the endpoint of care clearly identified or rationale for ongoing care included.	2.8

Physical Exam Evaluation Rubric

Physical Exam Rubric		MCO
Decision Making	Selected case appropriate examinations and/or screening tools.	1.1 1.2 7.1 7.2
Examination Skills	Implemented examination procedures with effective psycho-motor skills and precision necessary to identify indications/contraindications for chiropractic care.	1.2 7.1 7.2 7.3
Communication	Maintained appropriate verbal and non-verbal communication throughout the examination.	4.2 5.1
Professionalism	Addresses appropriate hygiene and conduct practices while ensuring patient confidentiality.	3.3 5.2

Review of Findings/Informed Consent Evaluation Rubric

Review of Findings/Informed Consent		MCO
ROF Components	Discussed with patient relevant findings including diagnosis, recommendations for care, outcome measure(s), need for ancillary examination(s), and prognosis.	2.3 2.8 3.2
Diagnosis & Reasoning	Developed and articulated the Dx/DDx(s) and patient care plan utilizing evidence-informed conclusions.	2.1 7.2 7.3
Patient Education	Clearly explained the patient's care plan, including procedures, alternatives to care, referral, risks, and allows for the opportunity to ask questions.	2.2 2.6 2.8 4.1
Informed Consent	Student obtains consent to treat. (If clinician opts to perform use N/A)	2.3
Communication & Patient Considerations	Considered patient's comorbidities/ health and ethnic, cultural, and socio-economic needs; ensured patient comprehension of current condition and prognosis.	1.2 3.2 4.2
Professionalism	Addresses appropriate hygiene and conduct practices while ensuring patient confidentiality.	3.3 4.4 5.1 5.2