

Community-Based Clinical Education

Doctor of Chiropractic Program Student Manual



UNIVERSITY OF WESTERN STATES MISSION

*To advance the science and art of integrated health care
through excellence in education and patient care.*

Updated May 2024

8000 NE Tillamook St. | Portland, Oregon 97213 | www.uws.edu

Contents

Background	1
Clinical Design of CBCE	2
Terms	2
Standard Operating Procedures, Requirements, Documents, and Helpful Checklists.....	3
Assessments While on CBCE	4
Support for UWS Students While on Remote Assignments	4
Quality Improvement Processes for CBCE.....	5
Study Abroad	5

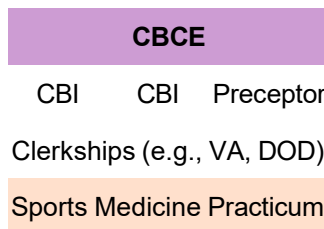
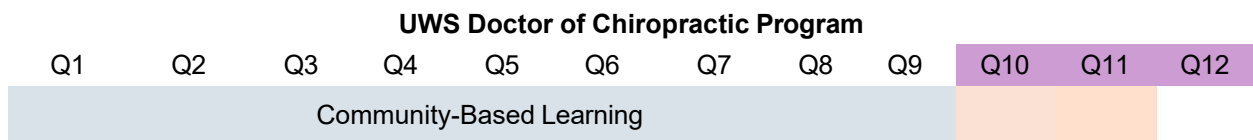
Background

Community-based clinical education (CBCE) is a distributed model of teaching and learning where students gain real-world, diverse, and rigorous clinical experiences. With a distributed network, students can engage in clinical immersions in many different health systems and geographic regions.

CBCE is an umbrella term, encompassing community-based internships (CBI), preceptorships, clerkships (e.g., within the Veteran’s Administration or VA), and all other forms of practice-based learning available to qualified senior chiropractic interns.

The Doctor of Chiropractic Program (DCP) at the University of Western States (UWS) is a twelve (12) academic quarter program. Starting in quarter 10, qualified senior chiropractic interns can begin their community-based placement. Community-based immersions are a progression of the pre-clinical and early clinical education at UWS occurring in quarters 1-9. During these initial nine (9) quarters, students become competent in all aspects of contemporary chiropractic practice to allow for a successful CBCE experience. Limited community-based observations are available to students in quarters 1-9, adding context to their core studies. During quarters 10-12, students enter community placements for a combination of internships, preceptorships, or clerkships. A CBCE placement is not guaranteed and is contingent on academic standing and an approving community-based affiliate being willing to accept a student for a rotation.

Students enrolled in the Master of Science program in Sports Medicine program concurrently obtain their required practicum hours in quarters 10 and 11.



CBCE - Overview

- CBCE is available to all offsite-eligible students in Q10-12. It includes all forms of practice-based learning such as community-based internships (CBI), preceptorships, clerkships (e.g., within the Veteran’s Administration or VA), and others.
- A current portfolio of eligible sites can be found [here](#).
 - Students are welcome to offer additional sites for review and approval.
- CBCE offers students the opportunity to travel for their clinical placements. Some jurisdictional restrictions apply. For example, Florida, Hawaii, Louisiana, Massachusetts, New Jersey, New York, and Rhode Island do not allow community-based learning (CBI and preceptorship) due to “observation only/ no adjusting” policies.
- Students must have a minimum of 25-hours clinical immersion weekly in CI III and IV, and 27-hours weekly in CI V.
- Absolutely no remuneration is allowed. See the policy [here](#).
- Chiropractic students dually enrolled in the Master of Science program in Sports Medicine program can gain practicum hours in addition to their CBCE placement. In fact, many CBCE sites are dual sports medicine practicum sites, so students are oftentimes able to gain valued sports medicine

experience in addition to their routine chiropractic clinical education. More information can be found [here](#).

- Review more CBCE FAQs [here](#). If you don't see your questions addressed, email cbce@uws.edu to have them added!

Clinical Design of CBCE

The UWS CBCE program is designed to offer students real-world, diverse, and rigorous clinical experiences. Diversity of experiences is reflected in the geographic region, patient demographics, and health-system exposure. Since chiropractic physicians have an immersive role within the healthcare system, this broad exposure ensures that UWS graduates can thrive in any practice setting.

Therefore, the following domains of experiences are available within the CBCE program:

- Private practice: This includes traditional independent practitioners, and integrative private offices (e.g., sports medicine, functional medicine).
- Multi-site clinics: These are clinic systems that increase access to chiropractic care by balancing patient care services and business operations. Example affiliates in this space include [HealthSource](#).
- Integrated: This includes private hospital-based practices, active-duty military affiliations, the Veterans Affairs (VA), and community health centers (e.g., Federally Qualified Health Centers (FQHCs)).

Information about UWS-VA affiliations can be found [here](#), and the VA clerkship handbook [here](#).

In addition to the VA, UWS is affiliated with the following integrated health systems, allowing student rotations:

- [Madigan Army Medical Center](#), where student interns can care for active-duty personnel.
 - Students must be a U.S. Citizen.
 - Onboarding can take up to 4 months to complete.
- [Medical College of Wisconsin](#), which offers 3 to 9-month internships and preceptorships (i.e., for Q10-12 students), and has [post-graduate opportunities](#).
- [Marimn Health](#) a tribal-Federally Qualified Health Center.
 - This rotation is restricted to 3-months
 - Students must pass a drug screen prior to rotating.
- [Southcentral Foundation](#), an Alaska Native nonprofit 501c (3) health care system, which provides health care and related services to Alaska Native and American Indian people.
 - Students must have a valid social security number (SSN).

Terms

Community-Based Clinical Educator: A supervising clinician with an active DC license in good standing who is committed to clinical education and mentorship. Community-Based Clinical Educators are volunteer Affiliate Faculty of UWS and are also referred to as “clinicians” within this document. Community-Based Clinical Educators are commonly referred to as “Preceptors”.

Senior Chiropractic Intern: A student enrolled in the UWS DCP who is in good standing, has successfully completed their first 9 academic quarters, and is eligible (based on internal criteria) for an offsite placement. In most jurisdictions, senior chiropractic interns can perform customary duties performed by practicing chiropractors while on CBCE under supervision. Senior chiropractic interns are also referred to as “student” within this document. The term “senior chiropractic intern” 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. In CBCE, under the direction of affiliate faculty, and with ongoing support from UWS full-time faculty and staff, interns apply, integrate, and refine their knowledge, skills, and behaviors to become confident, competent, and caring chiropractic physicians.

Supervision: Clinicians are present and available on the clinic premises during all intern-patient interactions.

Direct Supervision: Clinician supervision while continually present in the treatment room when an intern administers any manipulation or mobilization. (This definition may vary depending on jurisdictional regulations).

Postgraduate Preceptorship Program: A postgraduate program, limited to UWS graduates, which provides education in the practice of chiropractic and allows the unlicensed, graduate DC to establish and manage a patient base under the supervision and license of the postgraduate preceptor doctor. Washington State has a postgraduate preceptorship program that allows you to work with an approved DC for up to a year, unpaid. This postgraduate preceptorship program allows you to gain experience while you wait for licensure. Please see [here](#) for more information.

State Board/Provincial Board: The regulatory body for the practice of chiropractic in the state/province/country in which CBCE occurs. The regulatory boards establish criteria regarding the nature of community-based clinical learning.

Treatment: Treatment is defined as any patient interaction involving assessment or management of the patient’s condition, including history, exam, radiography, adjustment/manipulation, physical therapy, and active care.

Preceptorship vs Temporary Intern Permit: Some states refer to their preceptorships as temporary placements. Depending on the state, interns may be required to fill out an application and apply for a temporary permit to practice with their chosen DC.

Standard Operating Procedures, Requirements, Documents, and Helpful Checklists

1. [Procedures for community-based clinical educator approval, onboarding, and student assignment in the UWS CBCE program.](#)
2. [Procedures for matching students within CBCE.](#)
3. [Requirements for international students.](#)
4. [Student remediation while on CBCE.](#)
5. [Community-based clinical educator dismissal from the program.](#)
6. [Senior chiropractic intern removal from the program.](#)
7. Other requirements
 - a. [Offsite eligibility for CBCE.](#)
 - b. [Student absence.](#)
 - c. [Relocation for CBCE.](#)
 - d. [Clinician absence.](#)
 - e. [Attendance verification procedures and the weekly timesheet.](#)
 - f. [Procedure verification and the patient care log.](#)
 - g. [Holiday and inclement weather closure.](#)
 - h. [Approved educational events \(AEE\) while on CBCE.](#)
 - i. [Private practice rotation \(PPR\) while on CBCE.](#)
 - j. [Student complaint reporting.](#)
 - k. [Clinician complaint reporting.](#)
 - l. [Marketing policies.](#)
8. Other important documents

- a. [Clinical Internship manual](#).
 - b. [Intern responsibilities](#).
 - c. [CBCE assessment schedule](#).
 - d. [Site agreement](#).
 - e. [Weekly time log](#).
 - f. [Patient care log](#) and [eMedley instructions](#)
 - g. [Medicare policies on student involvement](#).
 - h. [Billing and collecting for clinical services](#).
9. Checklist for students going on CBCE in [Washington State](#).
 10. Checklist for students going on CBCE in [Alberta](#).
 11. Requirements for licensure in [California](#).
 12. [Patient quality of care concerns](#).
 13. [Patient consent for student involvement \(required in Alberta\)](#).
 14. [Statement for patient clinical notes](#).
 15. [Graduation check-out](#).

Assessments While on CBCE

Real-world clinical immersions are invaluable in preparing students for clinical practice. In addition to being immersed in a clinical system, learning is facilitated within CBCE through the strategic use of student assessments.

To provide effective feedback during routine clinical shifts, community-based educators are provided with onboarding materials and continuous resources on best practices in clinical education. For example, they are provided with a subscription to www.teachingphysician.org where they can self-direct their development as a clinical educator.

Formal assessments are conducted in weeks 4, 8, and 12 of the academic quarter. An assessment schedule is provided in the “Standard operating procedures (SOPs), policies, documents, and helpful checklists” section.

Students must attain at least 2.7/4.0 for each assessment while on CBCE in Q10 (Clinical internship III) and 3.0/4.0 in Q11 and Q12 (Clinical internship IV and V, respectively). Students who fall below these criteria are engaged in the remediation pathway specified previously.

To ensure faithful assessments, community-based clinical educators are trained and calibrated in the following ways:

- Asynchronous learning opportunities on best practices in clinical education
- Synchronous calibration exercises

Support for UWS Students While on Remote Assignments

Having the opportunity to travel for CBCE is important so students can gain diverse real-world experiences. Additionally, the opportunity to return home to finish their education can provide a student with emotional support and reduce their education costs. However, some students may travel for a remote placement and not have a local support network. Student wellness is paramount to UWS faculty, staff, and administration. Therefore, CBCE uses a layered approach to ensure student wellness while on a remote assignment:

- Rigorous offsite eligibility and Q1-9 preparation, including planning for CBCE.
- Intentional matching prior to leaving for a remote assignment.
- Thoughtful discussion with students about benefits, risks, and alternatives to a remote assignment.
- Asynchronous and scheduled check-ins with assigned on-campus clinician.

- Encouragement to join State associations, where applicable.
- CBCE surveys and unscheduled check-ins to uplift concerns or affirm satisfaction.
- WellConnect Student Assistance [Program](#)

Contingencies are also made prior to a student leaving for a remote assignment to ensure a plan is in place should the student request a change in placement.

Quality Improvement Processes for CBCE

UWS is a learning community, committed to sharing knowledge and continuous improvement. Improvement opportunities are identified during the assessment and survey processes, and CBCE and Clinical Internship administration share resources with students and Affiliate Faculty to address identified knowledge gaps. Where applicable, upstream improvements to the curriculum can be made based on student and Affiliate Faculty feedback during their CBCE experience.

Study Abroad

Qualified Doctor of Chiropractic senior interns may choose to experience community-based clinical education outside of the United States as a Study Abroad. Currently, affiliates are established in Canada.

International students who are at UWS on an F-1 visa status and desire a CBCE experience outside of the US should email DSO@uws.edu or visit the Office of Student Success to go over their plans to intern outside of the US.

- *Please note: UWS is not authorized to be a border commuter school due to its location and distance from either the US/Canadian border or the US/Mexican border. Therefore F-1 students cannot live in Canada and cross into the US regularly to work at a US clinic site by the border.*

Domestic students and students authorized to work in the US and desire a community-based clinical education experience outside of the United States should email DSO@uws.edu directly to discuss options and be in contact with clinic administration regarding jurisdictional restrictions and other issues related to internship/licensure requirements.