

Northwestern

College of Chiropractic

INTERN'S CLINIC HANDBOOK

Clinical Internship 3 - 6

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1.0 INTRODUCTION

Students in their final year at Northwestern Health Sciences University (Northwestern) will be engaged in an exciting and diverse range of clinical experiences. These may occur in one of the college's own outpatient clinics, in one of the Community Based Internship (CBI) sites, in a T-10 Preceptorship, or a combination of all of these. The Northwestern Clinic system is committed to providing quality whole-patient care while preparing interns to be Doctors of Chiropractic. The public clinics subscribe to the following principles of chiropractic care:

1. The Doctor of Chiropractic is a generalist rather than a specialist. As generalists, we are concerned with the whole person and focus on the person primarily and symptoms secondarily.
2. As primary health care providers, Doctors of Chiropractic serve as portals of entry into the health service system qualified to diagnose, treat, and refer when indicated.
3. Doctors of Chiropractic emphasize spinal and extra-spinal manipulation in treatment but also utilize physiotherapeutics, nutritional therapy, acupuncture, life-style assessment, exercise, and other wellness concepts such as stress management.
4. A good doctor-patient relationship is essential for therapeutic healing. Being patient-centered and understanding the power of the body to heal itself is essential to facilitating the healing process of the patient.
5. We are interested in understanding the causes, nature, and prevention of disease, not just viewing symptoms, and strive to provide symptomatic relief while resolving underlying causes of our patients' ailments. The relationship between body structure and function and how it influences total health is our focus.
6. Innate intelligence allows the body to strive toward equilibrium, or homeostasis, enhancing physiological and structural functioning.

Interns are encouraged to consult this handbook whenever a question arises regarding clinic procedures, policies, regulations, or general clinic operation. Interns are further encouraged to become familiar with Northwestern College of Chiropractic's Vision Statement and Health Care Model.

1.1 Northwestern Health Sciences University Mission Statement

The mission of Northwestern Health Sciences University is to advance and promote natural approaches to health through education, research, clinical services and community involvement.

1.2 Northwestern Health Sciences University Vision Statement

Our collective vision is to develop an environment that fosters exemplary, innovative and ethically based education programs in natural health care. We will also support clinical research, provide leadership for the development of collaborative and integrated health care models, prepare students for successful careers, provide lifelong learning opportunities, and be of service to our community. Through the assessment of the academic achievement of our learners and the effectiveness of our research and service programs, we will demonstrate our commitment to excellence and continuous improvement.

1.3 Northwestern Health Sciences University Goals, Guiding Principles and Fundamental Values

1. We will provide an educational environment that fosters effective teaching and learning.
2. We will improve the effectiveness of our educational, clinical and community service functions through institutional research and assessment.
3. We will practice the science, art and ethics of our professional skills at the highest possible level, informed by evidence and clinical experience.
4. We will create an institutional culture that values and cultivates respect, responsibility, diversity and communication.
5. We will encourage and support clinical research as being necessary for improving the outcomes of care, and the credibility of all healing professions.
6. We will work with professional associations, educational institutions, individual practitioners and others in the health care community to promote public health.
7. We will establish an organizational structure and process supporting the responsibility of faculty for the ongoing assessment, development and improvement of our educational programs.
8. We will establish a working and learning environment that fosters equity, respect, trust and the opportunity for personal and professional development.
9. We will provide programs and support services that respond to the changing needs of our learners.
10. We will emphasize the professional values, attitudes and behavior that we desire of our students in our academic program.
11. We will build stronger connections between our students and alumni.
12. We will behave in a fiscally responsible manner in all aspects of the University operations.
13. We will promote health and wellness throughout the University.
14. We will prepare our graduates for practice in contemporary health care environments.
15. We will support the professional activities, development and autonomy of the health care disciplines that exist within the University.
16. We believe in and will promote a philosophy that the mind, body and spirit are inseparable in all matters of health.
17. We believe that shared governance is essential to the health and vitality of our educational institution, therefore, we will establish mechanisms for collaboration among students, staff, faculty and administration.
18. All clinical curricula will be supported by a basic science foundation, knowing that this is essential for assessment, diagnosis, clinical problem solving, treatment, preventive health and patient education.
19. We value the strength a shared vision imparts that is based on institutional mission, values and principles.

1.4 Northwestern College of Chiropractic Statement of Purpose

The College of Chiropractic Program provides a professional education comprised of the knowledge, skills and attributes necessary for one to practice chiropractic effectively, ethically and safely as a portal-of-entry, primary care chiropractic physician.

1.5 Northwestern College of Chiropractic's Health Care Model

Chiropractic is a patient-centered form of care that serves to promote health and wellness, diagnose and manage disease, relieve pain and suffering, and improve quality of life.

The College of Chiropractic's model of health care embraces the responsibility to respond to the health care needs of the patient, as they relate to clinical problems and promotion of optimal health.

This model is based on the principle that the body's innate recuperative power is affected by and integrated through the nervous system.

With this underlying philosophy, chiropractic's patient-centered perspective incorporates both therapeutic and preventative approaches. The therapeutic approach promotes improved health through the diagnosis and management of clinical conditions. The preventive approach requires attention to the patient's health behaviors, and the maintenance of optimum body structure and neural function.

Chiropractic recognizes and places particular attention on the adjustment, correction and prevention of the subluxation complex in the preservation and restoration of health.

Doctors of Chiropractic employ their knowledge, clinical skills and judgement necessary to render a diagnosis and determine the most appropriate course of care and management for the patient, in a competent, caring and ethical manner. The practice of chiropractic includes:

1. Obtaining the necessary clinical information to establish an accurate impression of the person's health status including diagnosis. This clinical information includes but is not limited to:
 - History
 - Physical examination
 - Biomechanical evaluation
 - Radiological and laboratory examinations
2. Detecting the presence and significance of a subluxation, or other alterations in body structure, and determining their contribution to the clinical picture. Subluxation is a complex of functional and/or structural and/or pathological articular changes that compromise neural integrity and may influence organ system function and general health. Clinical recognition of a subluxation may involve:
 - Identification of spinal and other joint disrelationships;
 - Changes in joint motion;
 - Altered muscle tone, strength or length;
 - Changes in paraspinal or dermatome temperatures;
 - Altered sensation or reflexes;
 - Inflammatory processes;
 - Provoked pain or objective tenderness; or
 - Changes in skin texture
3. Utilization of diagnostic and treatment procedures that are supported by the best available evidence, clinical experience or consensus-driven guidelines and are in accordance with legal standards of care.

4. Facilitating neurological and biomechanical integrity through chiropractic adjustments, mobilization and adjunctive therapies. Chiropractic adjustments include, but are not limited to:
 - High velocity low amplitude
 - Traction/distraction
 - Mechanically assisted

Adjunctive therapies include, but are not limited to:

- Physiotherapeutic modalities
 - Soft tissue techniques
 - Physical rehabilitation
 - Bracing
 - Immobilization and orthoses
5. Health and wellness promotion, including:
 - Advising and educating patients and the community about spinal health, healthful living practices, clinical preventative services and public health issues.
 - Nutritional recommendations
 - Exercise counseling
 - Psychosocial supports and identification of the need for counseling
 6. Cooperative patient management with, referral to, communication and collaboration with other health care providers to ultimately benefit the patient.

1.6 Department of Clinical Education Mission Statement

Our Mission: to create competent and confident doctors of chiropractic prepared to practice successfully in the ever-evolving health care environment. The Clinical Education Department dedicates itself to providing students with a nurturing, skill-building environment leading students to achieve clinical competency.

1.7 Statement on Chiropractic Scope and Practice

The Association of Chiropractic Colleges describes chiropractic practice as consisting of the following:

1. Establishing a diagnosis
2. Facilitating neurological and biomechanical integrity through appropriate chiropractic case management through adjustive and other procedures unique to the chiropractic discipline as well as other conservative patient care procedures
3. Advising and educating patients and communities in structural and spinal hygiene and other healthful living practices

While spinal and extraspinal manipulation adjustment and equipment for spinal distraction and physiotherapy are in the forefront of our care, physiotherapy, nutritional counseling, exercise instruction, and lifestyle counseling are appropriately used as important elements of chiropractic health care and are available in the clinic for intern use.

1.8 Statement on Technique Policy

It is the policy of the clinic division that only those chiropractic treatment methods that are taught in the core curriculum may be used in the outpatient clinics. While it is recognized that occasionally some other technique may be useful, those methods cannot be used without the permission of the clinic faculty managing the patient. If authorized, this technique must be duly noted in the S.O.A.P. notes. Remember that each clinic faculty is legally and ethically responsible for the students' actions and that all faculty are not versed in all techniques. Acupuncture requires certification from the State Board to be used in the clinic. If the supervising faculty does not have this certification, the interns may not use it. Should a dispute regarding technique arise, the final decision will rest with the faculty doctor managing the patient.

2.0 CLINIC STRUCTURE

2.1 Administration

The outpatient clinical experience over the last year is cooperatively managed through two departments at Northwestern. The **Department of Clinical Education** is responsible for the academic components of the internships, including the tracking and verification of quantitative requirements for graduation. This department is responsible for:

1. Clinical competency assessment and remediation;
2. Development of clinical curricula and syllabi;
3. Placement of all T-8 and T-9 interns in the clinic system;
4. The tracking of all quantitative requirements necessary to graduate;
5. Administration of the T-10 Preceptorship Program;
6. The overall management of the Community Based Internship Program.
7. Management of the Interdisciplinary Program (IDP).
8. Coordination of the Post-graduate Preceptorship Program

The **Department of Clinic Services** manages the four Northwestern Health and Wellness Centers. **Chiropractic interns participate in two of these clinics.** The Vice President of Administrative Services works with the Clinic Management Team to address all issues related to the management and development of the college clinics. Clinical Services works closely with the Department of Clinical Education to ensure that the interns are well supported in their clinical and professional development.

2.2 Clinic Locations

The two public outpatient clinics where chiropractic interns participate in patient care are at the following locations:

Bloomington Clinic

2501 West 84th Street
Bloomington, MN 55431
(952) 885-5444

Mon – Fri

7:00 – 7:00

Natural Care Center

(at Woodwinds)
1875 Woodwinds Drive
Woodbury, MN 55125

Mon – Fri

7:00 – 7:00

(651) 232-6830

(Locations and hours are subject to change at the sole discretion of the College.)
In addition, approximately 173 select private practices in Minnesota participate in the Community Based Internship (CBI) Program, and over 1200 private practice sites in the Chiropractic Physicians Associate (CPAP) Program .

2.3 Clinic Faculty and Staff

The Northwestern public clinics are staffed by faculty from the Schools of Chiropractic, Acupuncture and Oriental Medicine, and Massage Therapy. Any additional staffing requires expressed written approval by the Vice President of Administrative Services and the College President. In each clinic, a Senior Faculty Clinician, appointed by the Vice President of Administrative Services, serves as clinic administrator and is responsible for the operation of the clinic following guidelines established by the Clinic Management Team. In most instances, recommendations involving overall clinic policy matters are developed by the Clinic Management Team and approved by the Vice President of Administrative Services and the President. The Vice President of Administrative Services assists the Senior Faculty Clinicians in implementing programs developed to fulfill the clinical experience objectives of the college.

Interns work closely with other members of the clinic faculty. These faculty clinicians are responsible for the clinical management of patients from admittance through discharge. Upon entering a public clinic, a patient is assigned to a faculty clinician who is responsible for the clinical care of that patient.

In each clinic, residents in roentgenology, orthopedics, or clinical chiropractic may be present. These residents are licensed doctors of chiropractic who also assist in intern instruction and patient care.

Private practice doctors in the CBI program are considered Associate Clinical Faculty, responsible for the teaching and supervision of interns assigned to their clinics. While these practices operate in a fashion that is consistent with the "Guiding Principles" of Northwestern, there will be variability in specific policy and procedure. Interns participating in the CBI program are responsible for adhering to the policies set forth in this handbook, as well as those of the private practice to which they are assigned.

2.4 Clinic Fee Structure and Payment Policies

Clinical Internship I

T6 interns evaluate and care for T2-5 students. There is no charge for SHS chiropractic care.

University Health Service (UHS)

The UHS is a faculty-based clinic with T7 interns working directly with the faculty to provide chiropractic care to all chiropractic, acupuncture, and massage therapy students and employees, and dependents of students and employees from these 3 colleges. Chiropractic care is provided at no cost to these patients except for dependents which is \$5.00 per visit. Massage therapy is available to all of the above constituents for \$20.00 per hour.

College out-patient clinics

Normally, clinic patients make arrangements for payment of services with a clinic receptionist during admittance. At this time, the patient should indicate the method of payment (insurance, cash, credit card, worker's compensation, etc.). Addressing the financial aspects immediately

helps to alleviate future misunderstandings. Interns may not make financial arrangements with patients and should not lead patients to believe that payment for services is not expected. The intern should become aware of the entire fee structure and have the ability to explain it properly to the patient, if necessary. However, explanation of fees may always be referred to a staff member.

Fees are subject to change and are established solely at the discretion of the College. No faculty, staff, or intern is authorized to alter or deviate from them without permission of the V.P. of Clinical Services. Cash patients or those with a co-pay or deductible are encouraged to pay for services as rendered after each visit.

3.0 CLINIC ASSIGNMENT PROCEDURES

An intern's assignment is made to one of the four outpatient clinics, Rehabilitation Services, or the Community Based Internship (CBI) Program at the end of T7. Clinic assignment is conducted on a random drawing basis and is impacted by the personnel requirements of the various clinics and assessment of the intern's clinical skills.

*T7 interns who opt to sit out **the next** term or split their T7 term (**before or after** random numbers have been distributed), will be required to participate in the clinic placement process with their new class, receiving a **new** random number as a part of **that next class**.*

An appointment to a clinic internship is made for a period of two trimesters. T-8 students have the option of moving to a new clinical internship site for the 9th term by requesting a clinic transfer to:

- a CBI program site;
- a different site within the CBI program; or
- one of the college clinics

Generally, transfer requests are considered for the beginning of the following term, but may also be granted at other times, under certain conditions, at the discretion of the Department of Clinical Education and the administration of the College of Chiropractic.

Students are encouraged to experience at least two different clinic settings during the course of their final three terms. Students wishing to remain in a clinical site for a third consecutive term must receive approval from the Department of Clinical Education. (See page 22).

Each clinic service trimester begins on the first day of classes for that term and ends the day before the first day of the following term. Clinic service does not necessarily follow the NWCC class schedule, and you are expected to adhere to your assigned clinic's schedule.

The intern may become eligible for a preceptorship in their 10th trimester through the NWCC's Preceptorship program if all CCE and NWCC requirements for graduation are met prior to the end of the 9th trimester in the outpatient clinics. The intern must complete a validation report and submit it to the Department of Clinical Education to obtain eligibility for the Preceptorship program.

3.1 Clinic Regulations

3.1.1 Dress Code

The dress code was established to maintain a professional appearance of interns as they provide health care to the public. Examples of professional dress are as follows:

Women – dress, pants suit, or dress pants and blouse. Nylons or socks with dress shoes.

Men - shirt and tie with dress pants and socks. Dress shoes.

Unacceptable clothing – tube tops, see-through blouses, mid-rift blouses/tops, bare stomach, back, legs, or feet, open toe shoes, jeans of any color.

General – all clothing is to be clean. Shirts, pants, and blouses are to be pressed or ironed (non-wrinkled). Pants with belt loops require a belt to be worn. Interns are required to wear clean, white, pressed clinic jackets during their shift at the discretion of the faculty clinician; however, nametags are required to be worn at all times.

3.1.2 Hygiene

Interns are expected to portray professionalism. Neatness and cleanliness are imperative. The standard of being well-groomed extends to nail care, hair care (clean, styled), and body care (bathe/shower daily). The following products are prohibited in the clinic environment: cologne, perfume, and fragrant oils, chewing of gum, and any tobacco products (smokers must de-permeate the odor of smoke).

Faculty clinicians may impose sanctions on interns for not complying with these standards. Sanctions may include loss of clinic hours, being sent home, being transferred to another clinic, referral to the Behavioral Standards Committee or CERP, and being suspended from clinic or the College of Chiropractic.

3.2 Ethical Consideration

For ethical and professional consideration, interns are referred to copies of the MCA Code of Ethics and ACA Code of Ethics.

There is a need to emphasize some specific ethical considerations relative to duty in the clinics:

3.2.1 Maintenance of a Professional Environment

Each intern's behavior with a patient may affect other patients' impressions of the clinic. Even if a student patient is a close friend, behavior with this individual must be appropriate to the doctor-patient relationship.

3.2.2 Confidentiality - Patient Privacy

The fact that student interns are treating fellow students does not exempt the intern from the obligation of confidentiality regarding all details of the case. In order to have a relationship of trust, respect, and confidence with any patient, this obligation must be strictly observed. Interns must follow the NWCC Records Policy in all cases. All interns should familiarize themselves with the Health Information Portability and Accountability Act (HIPAA) regulations. These are mandatory government regulations regarding patient confidentiality. Discuss HIPAA with your faculty clinician.

3.2.3 Patient's Well-being

It is the obligation of every intern to keep in mind through all phases of case management

that the foremost goal is the health of the patient.

3.2.4 Professional Boundaries

Under no circumstances is it appropriate to have a personal relationship with a patient.

3.2.5 Ethical Concerns on Ending an Internship

It is highly inappropriate, unethical, and potentially illegal to do anything that could harm or jeopardize your supervisor's practice. This would include disparaging the doctor or their practice in any way, attempting to open a practice in the same immediate geographic area, or accessing/stealing confidential patient information (including patient names and addresses) for the purpose of luring away any of the doctor's patients.

3.2.6 Non-compete Situations

Interns may experience their faculty supervisors creating a non-compete clause and asking them to sign it. It is considered appropriate for T10 Preceptorship doctors to request interns to sign a non-compete clause for Clinical Internship 6. It is considered inappropriate for CBI faculty supervisors to ask or demand students to sign a non-compete clause during the intern's CBI experience (Clinic Internship 3, 4, & 5). Students in the CBI program who are asked to sign a non-compete clause are to tell their faculty supervisor they **can not** sign it and should refer their supervisor to the Department of Clinical Education.

4.0 STUDENT CONDUCT

Interns are held to the standards as outlined in this handbook and the *Student Handbook* published through the Student Affairs department.

5.0 GUIDELINES FOR RELATIONSHIPS IN THE CLINIC ENVIRONMENT

All clinic personnel share responsibility for the appearance and cleanliness of the clinic. Each intern will be held responsible for maintaining any clinic area, which he or she has used. Face paper should be changed before leaving the treatment room.

All treating doctors should wash their hands between patients.

All clinics will adhere to appropriate lab/HIV protocol.

Clinic directors and faculty and the V.P. of Clinic Services are responsible for assessing adherence to these guidelines and regulations. Sanctions, including suspension of clinic privileges and a subsequent failing grade for the internship, may be imposed for failure to adhere to these guidelines and regulations.

5.1 The Intern-patient Relationship

The following are guidelines and regulations regarding the relationship between the intern and clinic patient to which the intern must adhere.

1. All required forms and records in a case must be kept current, including a complete record of examination findings, report of findings and progress notes.
2. Discretion and respect for the confidentiality of the doctor-patient relationship must be observed at all times, **both inside and outside the clinic.**
3. A due regard for patient privacy must always be observed. Specifically, no patient may be used in demonstration to other interns, and no one may be brought in to observe a treatment visit or evaluation of a patient in examination unless approval has been obtained from the patient's faculty clinician and from the patient.

Additionally, no patient will be unnecessarily disrobed. Patients will be properly draped during examination, x-ray, and treatment procedures. Interns wishing to enter a room must knock and wait for a reply before entering.

4. All patients are to be examined or treated in accordance with the faculty-approved plan, and the patient's case record must be present and all findings recorded.
5. No intern may leave the clinic at the end of a shift until his or her case records for the day are completed and available for review. Patient records must remain on the clinic premises at all times.
6. A patient's records and x-rays are not to be taken from the clinic.
7. No intern will make a house call to treat any clinic patient without a faculty clinician's authorization. A faculty clinician must accompany an intern making a house call.
8. Arrangements to contact or otherwise follow-up on any patient missing an appointment without rescheduling will be made by the office staff or clinic faculty, not the attending intern. The intern should, however, confer with the appropriate staff or faculty clinician to keep apprised of the situation.
9. **An intern may not represent himself/herself as a Doctor of Chiropractic or licensed doctor during the internship.** This includes the use of unauthorized professional cards, printed checks and letterheads, as well as verbal self-representations.
10. At the end of each shift, each intern will present their monthly service record to the supervisory faculty for signature on services rendered that day. This record is to be maintained in a current and accurate manner. The clinic staff does carry out a random monitoring of intern service reports. ***Deliberate misrepresentation may result in a failing grade for the internship.***
11. Patient records are randomly monitored for quality assurance and must be kept current and complete.

5.2 The Intern-intern Relationship

1. Cooperation is an essential feature in a clinic, which includes numbers of interns sharing facilities and equipment. A willingness to work together for the benefit of the patient and the clinic is required and expected by the clinic faculty and staff. Some aspects of the internship require that interns work in teams, e.g. x-ray technology. When asked to assist another intern, it is each intern's responsibility to do so unless his or her own patient responsibilities interfere.

2. Equipment and treatment rooms must be used efficiently and left in order and ready for reuse. It is recommended that treatment visits average twenty minutes and, in general, not exceed one-half hour in order to avoid problems of room availability. Improper use of equipment or rooms, or excessive use of time as determined by the faculty clinician, may result in an unsatisfactory or failing grade for the internship
3. When assigned by a faculty clinician to treat the patient of an absent intern, the assigned intern must follow the treatment plan approved for the patient. It is highly unethical to undermine the doctor-patient relationship by explicit or implicit criticism of the approved procedure or plans for that patient. If there is a strong belief of inappropriateness of the procedures to be followed, the patient's faculty clinician must be consulted privately without making any comments to the patient.

5.3 The Intern-clinic-faculty Relationship

1. It is the responsibility of the faculty clinician to manage care and to help the interns learn patient care skills by involving them in all phases of that care whenever possible. It is also the faculty's responsibility to determine the readiness of interns to proceed with the various phases of patient care and to assess and verify interns' competence.
2. Any clinical decisions in a case are to be made by the patient's faculty doctor. It is the intern's responsibility to consult with the patient's faculty doctor regarding any and all of the following:
 - a. Patient discharge
 - b. Report of findings, which will normally be led by the faculty clinician with the intern participating
 - c. Patient work discontinuance or return to work order or any correspondence regarding a patient's case
 - d. Patient insurance or legal reports
 - e. Change or cancellation of a patient appointment or change of plan for treatment frequency
 - f. Patient care during an anticipated intern's absence
 - g. Decision to do laboratory work, take x-rays, give nutritional supplements, or perform any procedure or give any treatment which would involve any additional expense to the patient, or one that would constitute a deviation from an approved treatment plan
 - h. Any change in treatment plan
3. The signature of the patient's faculty clinician is required on the following documents upon their completion:
 - History form
 - Physical examination
 - Treatment plan
 - Plan for patient education
 - Daily progress notes
 - X-ray request forms

- Laboratory report forms
 - Nutritional supplement requests
 - Notes for telephone consultation
4. If the patient's faculty clinician is absent, another member of the clinic faculty needs to be consulted.
 5. Any clinic or patient-related problem must be brought to the attention of the faculty clinician or a member of the clinic faculty. Maintaining communication with the clinic faculty about problems that exist is the intern's responsibility. If satisfaction is not obtained, the intern may bring the problem to the attention of the Senior Faculty Clinician or, if necessary, the Vice President of Administrative Services.

5.4 The Intern - Front Desk Staff Relationship

The general principle of the intern-front desk staff relationship must be that of mutual respect and awareness of the responsibilities and domain of each.

It is the duty of the front desk staff to greet patients, answer phones, schedule appointments, make payment arrangements, receive payment for services, maintain a professional reception room environment, and see that the flow of patient "traffic" into treatment rooms is smooth and efficient so that patients will not be kept waiting excessively. Additional duties include record keeping, typing, and certain cleaning duties. No intern should interfere with or attempt to usurp these duties unless requested by the faculty doctor.

Interns should not occupy the lobby or detain the front desk staff with unnecessary questions or conversation, as this will interfere with the front desk staff's ability to perform their duties.

Any conflicts or problems that arise between an intern and front desk staff should be brought to the attention of the Senior Faculty Clinician if not settled by the individuals involved.

6.0 INTERNSHIP ATTENDANCE POLICIES

6.1 Clinic Calendar

The clinics are closed on the following days:

Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

In addition to these national holidays, the clinics may be closed on other days or may operate with reduced staff. These additional days will be announced as they occur. Interns do not need to take TAC hours or make up hours for holidays that fall during their shift; however, they will not receive clinic hours credit for those holidays either. At the end of the term, interns will be given 4 hours for each holiday that has conflicted with their shift that term, and they will still receive the minimum hour's requirement.

Some terms have fewer weeks, which can impact the actual number of hours interns need to work to attain the required total of 300. If any adjustments are made to the average number of clinic and/or rotation hours required each week for the term, the Senior Faculty Clinicians will be informed at the beginning of the term. Otherwise, an intern will be expected to be in their primary clinic a minimum of 17 hours/week, and rotation clinic a minimum of 3 hours/week.

Interns are required to remain in their primary clinic until the beginning of the next term.

Meeting requirements before this time does not excuse an intern from clinic early.

Interns may leave early only by using any remaining TAC hours allotted (see TAC policy).

6.2 Primary Internship Attendance Requirements

Interns are required to be present at their primary clinic assignment a **minimum** of 17 hours each week and 289 hours for the term. Because this is a minimum requirement, working additional hours one week does not allow an intern to work less than the minimum hours the following week. Interns may alter their scheduled hours within a specific week for special circumstances with the approval of their faculty clinician. The **maximum** number of hours per week in a primary clinic assignment is 21, unless authorization for more hours has been approved by the Department of Clinical Education. Combined hours for primary internship and clinical rotations is a **minimum** of 300 for T8 and 300 for T9.

6.3 Clinical Rotations

T8 and T9 interns are required to attain a **minimum** of 15 hours in Clinical Rotations over the length of the term. This opportunity is in conjunction with the intern's primary clinic time, and allows interns to visit and participate, weekly, in a variety of clinical settings, both medical and chiropractic.

6.3.1 Clinical Rotations Policy

1. Interns will complete 289 hours with their primary clinic.
2. Interns sign up 2-4 months in advance through the T7 Clinic Placement Preparatory Lab class. Interns must notify their primary clinic supervisor of any conflicts with their regularly scheduled hours and make arrangements to be away from clinic for the rotation..
3. Students must complete these rotations. Failure to attend the rotation will result in a 1:1 TAC time deduction.
4. Students who are unable to fulfill the commitment to their scheduled rotation time must cancel more than 24 hours in advance. The student must notify the clinic rotation site and the Department of Clinical Education. Failure to notify **both** sites will result in a 1:1 TAC time deduction.
5. If a cancellation occurs less than 24 hours in advance, the intern will lose 1:1 TAC time.
6. If a student incurs a medical emergency that prevents the student from attending a scheduled clinical rotation, the student must submit written documentation verifying the medical emergency to the Department of Clinical Education. Written documentation must be submitted within 3 business days of returning to school following the medical emergency. Submission of valid documentation will result in no loss of TAC time.

6.4 Clinical Case Studies Class

T8 and 9 interns are required to attend 14 hours of case study time each term. T8s accomplish these hours by attending "Clinical Case Studies I" in the classroom. The "Clinical Case Studies II" class for T9s is accomplished by spending one hour per week going over cases with the intern's assigned faculty clinician. This hour **does not** count towards the 289 total clinic hours required for each term. It should be documented on the MSR each week as a separate entry labeled "Case Study". Accordingly, T9 Interns need to schedule a **minimum** of 18 hours per week in clinic – 17 clinical hours (minimum) plus 1 hour of case study. Please note that T-9s and their supervisors have some flexibility in how this Case Study hour is managed; it may be done in a single hour-long block, or in shorter sessions adding up to one hour.

6.5 Clinic Hours

Clinic Hours - hours that count toward the quantitative requirement for the internship. Clinic hours are recorded by interns on the MSR Time Sheet and validated by the intern's faculty clinician. Interns are expected to notify their faculty clinician well in advance when an absence is

anticipated. Interns are expected to remain at their clinic even though they may not have patients scheduled. **TAC hours must be used when an intern is scheduled for a shift and is absent.** Although unexpected and unexcused absences are recorded as TAC hours, an absence, which is deemed professionally inappropriate by the intern's supervisor or clinic and college administration, may result in suspension, dismissal, or a failing grade for the internship.

College clinics - schedules and hours are set at the sole discretion of the college and may be changed at any time. Any unscheduled or additional shift worked by an intern is allowed at the sole discretion of the Senior Faculty Clinician.

CBI program - doctors and interns set up their own schedules using parameters established by the Department of Clinical Education.

6.6 Time Away from Clinic (TAC) Policy

TAC Hours – hours that may be used in place of scheduled clinic hours in the intern's placement, as negotiated with the faculty clinician.

Interns are allowed 24 hours of TAC per trimester and when taken, these hours count toward the total hours requirement for the term. Interns are allowed TAC primarily for professional development – taking additional seminars and visiting with doctors for externship or associate opportunities. TAC also includes sick time, bereavement leave, and vacation.

Whenever an absence is anticipated or it is the wish of an intern to take days off, arrangements must be made with the faculty clinician at least two weeks in advance. Sufficient notice allows the faculty clinician to arrange for scheduled patients to be seen by another intern or a member of the clinic faculty. Interns taking a full week off will be charged a maximum of 17 hours; those taking less than a full week off will be charged for the number of hours they were not present according to their schedule. To maintain proper function of our outpatient clinics during transitional times, it is recommended that TAC not be taken during the last two weeks of the trimester. Regular and additional earned TAC hours must be taken during the term in which they are granted. Any unused TAC hours at the end of a term will **not** be carried into the following term unless notified otherwise by the Department of Clinical Education.

Events that may earn additional TAC include health fairs, sporting events, low back classes, and health-related speaking engagements in the schools. Special events, such as the AIDS Ride, Ironman Triathlon in Hawaii, sanctioned mission trips, etc., may earn a combination of additional TAC and clinic hours when interns are actively providing chiropractic health care to the participants, under the supervision of a licensed chiropractor. The number of hours granted per event will be determined and posted by the Department of Clinical Education. Interns interested in having an event considered for TAC hours should investigate its eligibility via discussion with the Department of Clinical Education.

Events that do not earn additional TAC hours include participation in professional development activities (e.g. Parker seminars, conference/seminar attendance) or the InterDisciplinary Program (IDP participation counts as clinic hours).

There is a maximum of 16 additional TAC hours that may be earned by an intern per term. If interns wish to use the additional TAC hours they've earned, up to 8 of these hours may be used at their discretion. Anything over 8 hours will still be considered "TAC" but may **only** be used for professional development activities that conflict with an intern's clinic shift. Using T.A.C for Professional development activities must be pre-approved by the Department of Clinical Education and includes the following activities: professional seminars (Parker, Gonstead, etc.),

meetings of state and national chiropractic associations, examinations leading to licensure (see next paragraph), and selection of externship/practice location. Some type of proof (registration confirmation, cancelled check, note signed by doctor, etc.) of the professional development activity in question must be attached to the MSR as backup. Attending Professional Development activities **does not qualify to earn** additional clinic hours or T.A.C. hours.

Students may be excused from clinic duties by the President, a Vice President, or Dean to represent the University professionally in external services or activities. Such excused absences are not considered TAC hours, but the hours missed must be made up in a manner approved by the Director of the Department of Clinical Education.

The University recommends all students take National or Canadian Boards; therefore, clinic interns are not required to use TAC hours in order to take these exams. However, because students cannot use National or Canadian Boards to fulfill University requirements, interns taking National or Canadian Boards will not receive clinic hours credit. They may need to make arrangements to ensure that they meet the 289 clinic hours requirement by either taking TAC hours, making up the hours in clinic, or through IDP. Interns not taking National or Canadian Boards or who are taking boards during a time which does not conflict with their clinic shift are expected to either work their assigned shifts or use TAC hours to be away from clinic. Students taking State Boards or Provincial Boards will need to use TAC hours to be excused from clinic for these examinations as they are not a requirement for graduation.

6.7 Earning Additional Clinic Hours - Policy and Procedure

Policy: Students are encouraged to participate in a wide range of experiential learning to expand the scope of their knowledge and experience. To facilitate this, the Dept. of Clinical Education will grant credit for additional clinic hours or additional TAC hours for intern participation in certain defined events during which a service is provided by the intern.

Purpose: Having avenues for granting hours for educational experiences outside the normal curriculum allows our interns to participate without being penalized for missing time in their assigned clinic. Some experiences are assessed as being valid for additional clinic hours, others for additional TAC hours, and others that provide a combination of both. This system encourages experiences that enhance the intern's professional, personal, and political development, especially through community service-oriented activities.

Criteria for an event to earn *Additional Clinic Hours*. The event must be:

1. clinically and/or educationally relevant to the degree program;
2. credentialed/approved in advance, **3 weeks**, by the Dept. of Clinical Education;
3. accessible and open to all interns;
4. supervised by a *healthcare or educational professional* who will validate the experience and time spent by the participant(s) to the school;

Criteria for an event to earn *Additional TAC Hours*. The event must:

1. same as 1, 2, and 3 above, plus....
2. supervised by a responsible *doctor of chiropractic* who will validate the experience and time spent by the participant(s) to the school;
3. promote the University and/or the profession (not an individual doctor or practice); and/or
4. require a significant time and energy commitment that goes above and beyond the norm, and may involve personal expense to the student; and/or
5. provide a beneficial service to the community or to individuals within the community.

Procedure: All eligible event/opportunities are posted in the Dept. of Clinical Education. This office is responsible for credentialing each event to ensure that all requirements are satisfied for

the event to be granted time credit. New events are evaluated by the Dept. of Clinical Education and assigned time credit based on the above criteria and as they fit established standards. For our office to grant these hours, we require that a responsible party:

1. fill out a one page form (available in our office) three weeks in advance describing the event, the nature of the student activity, the level of supervision and the expected learning objectives;
2. submit a list of all participants in advance;
3. verification of all hours must be signed off by the supervising doctor/healthcare professional and turned into our department after the event.

Events are listed in four categories: major events, events that promote the school/profession, sporting events, and others. The number of Clinic Hours and / or TAC Hours allowed are specifically listed when possible, and the ratio of Clinic Hours to TAC hours awarded is noted when appropriate.

Summary of Hours Granted Extra-Curricular Experiences

Event	Clinic Hours Available	TAC Hours Available	Notes
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Major Events (multiple day commitments)

AIDs Ride	16	8	
Iron Man Competition	16	8	
SACA Trip to Washington, D.C.	12	4	* fewer TAC hrs. due to trip being paid for.
John Deere Occupational Health	16	4	* fewer TAC hrs. due to trip being paid for.
Mission Trips	16/week	4/week	Depending on length of trip

Events that Promote the School/Profession

State Fair/MCA Booth		Hour-for-hour, up to 8 hours	
Northwestern Homecoming	Hour-for-hour, for <i>attending</i> seminars	Hour-for-hour for <i>working</i> , up to 8 hours	Interns have the option of <i>working</i> for TAC hours or <i>attending</i> seminars for clinic hours
General Educational Lectures in schools	No	Hour-for-hour	e.g. talks with school classes
Health Fairs – general		Hour-for-hour, up to 4 hours	e.g. Women’s Expo, Juneteenth, etc.
School Promotional Trips (i.e. Banff)		TBA	

Sporting Events

Sports Council Events	No	3:1 ratio - assumes a fair amount of time not being directly involved in delivery of services
USA Cup Soccer	No	
Tae Quon Do Tournay	No	
Emergency Care Competition	No	2:1 ratio - due to an expected higher level of service delivery

Other ...

DA Simulated Patients	Hour-for-hour	Hour-for-hour	Option to select pay, TAC or clinic hours
InterDisciplinary Program (IDP)	Hour-for-hour	none	IDP Sites
CBI Clinic Rotations	Hour-for-hour	none	CBI Sites

6.8 Leave Policy

Northwestern may grant a maximum of six weeks off to interns for parental or medical reasons. All interns requesting leave are to follow procedure as outlined below. Requests will be considered on a case-by-case basis. This policy reflects participation in Clinic Internship and Clinical Case Studies only. Policy applying to other classroom attendance is recorded in the Student Handbook. The policy and/or procedures outlined herein are subject to change as deemed appropriate by the Dean of Clinical Administration.

6.8.1 Eligibility

Terms 8, 9 and 10 interns are eligible to apply for a leave of absence. Interns applying for a leave of absence are responsible for knowing and adhering to the leave of absence policy and procedure herein. A leave of absence may commence only after the intern has exhausted all available TAC hours for the term.

6.8.2 Duration and Basis for Leave

Before an intern is granted a leave of absence, he/she will need to first use all available TAC hours. Interns may be granted a leave of absence of up to a maximum of 6 workweeks during clinical service of terms 8, 9, and 10 for one or more of the following reasons:

1. Birth of an intern's child, in order to care for that child.
2. Placement of a child with an intern for adoption or foster care.
3. Intern's spouse, child, or parent has a serious health condition, and the intern is needed to attend to the family member's basic needs, both during periods of inpatient care and during periods of home care. The definition of "care" can include both physical and psychological care. An intern may take leave under this provision regardless of the availability of another family member to provide the same or similar care.
4. Intern is unable to perform the functions of his/her position during periods of extended illness or injury (including pregnancy). Extended illness or injury is defined as any physical or mental illness, injury, or disability (including pregnancy) which prevents an intern from performing the duties of his/her clinic internship and requires the care of a licensed health practitioner.

6.8.3 Intermittent Leave

1. Leave taken for serious health conditions may be taken on an intermittent basis (not all at one time) when medically necessary.
2. NWCC may require an intern on intermittent leave to transfer temporarily to another available clinic, if necessary, to better accommodate recurring periods of leave.

6.8.4 Medical Certification and Reporting Requirements

1. Northwestern may require that a leave related to a serious health condition or extended illness, injury, or disability (including pregnancy) be supported by a certification issued by the health care provider of the intern or the intern's spouse, child, or parent, as appropriate. A copy of this certification shall be provided to the Clinical Education office in a timely manner.
2. Northwestern may require that the intern obtain subsequent re-certifications from the health care provider on a reasonable basis.
3. The intern on a leave must notify his/her clinic director and the Clinical Education office periodically of his/her status. The Dean of Clinical Services has the authority to determine how often the intern must provide this notification. In addition, the intern must provide written notice of his/her intent to return and expected date of return to clinic.
4. Information provided by the health care provider will include the date on which the serious health condition commenced and probable duration of the condition.

6.8.5 Applying for a Leave and Scheduling Requirements

1. An intern requesting leave for childbirth is required to give, to the Clinical Education office and the Registrar's office, 2 weeks notice before the date the leave is to begin. Bona fide emergencies will be accommodated as soon as it is feasible. Interns should complete and submit for approval a written request for a leave of absence. Leave of Absence Request forms are available in the Clinical Education office.
2. A copy of any documentation concerning an intern's leave will be placed in the intern's clinic file. Documentation concerning intern medical information will be kept separate from the clinic file.
3. When a leave is related to a serious health condition, the intern must make a reasonable effort to schedule treatment(s) so as not to unduly disrupt the college's clinic system operations.

6.8.6 Effect on Intern Requirements

Taking a leave will not result in the loss of any intern numbers or hours credit accrued prior to the date on which the leave began; however, it may result in intern-patient reassignment and/or temporary removal from the rotation file.

6.8.7 Following a Leave

1. A grade of "I" will be issued until the required clinic and case study hours for the

term in which the leave was taken have been successfully completed.

2. Internship VI (preceptorship) may not begin until term 8 & 9 requirements have been successfully completed and grades of "S" have been posted.
3. If requirements are not successfully completed within a reasonable period of time following the leave, the intern may need to enroll for an additional term and/or the intern's date of graduation may be delayed.

DEFINITIONS

Parent--the biological parent of an intern, an individual who stood in the place of the biological parent to that intern when the intern was a child, or an intern who has day-to-day responsibility for caring for a child.

Child--a biological, adopted or foster child; a stepchild; a legal ward; or child of a person standing in the place of a parent who is under 18 years of age or 18 years of age or older and incapable of self-care because of mental or physical disability.

Spouse--the domestic partner of the intern.

Serious Health Condition--an illness, injury, impairment; or physical or mental condition involving inpatient care in a hospital, hospice, or residential medical care facility; or continuing treatment by a health care provider.

6.9 Trimester 8 and 9 Splits Policy and Procedure

It is recommended that students consecutively complete the 8th, 9th, and 10th trimesters with no adjusted schedule. However, students with extenuating circumstances that require a schedule accommodation during the 8th, or 9th, trimester may request a Leave of Absence, or a Split Schedule.

Policy:

1. Students with extenuating circumstances for which a Leave is not appropriate, may request a Split Schedule for the 8th, or 9th, trimester;
2. Split Schedule requests must be approved by the Student Affairs Office, the Department of Clinical Education, and the Clinic Director to which the student is assigned;
3. All required courses for the trimester level that is split must be taken prior to continuing on to the subsequent term;
4. Split Schedules approved by the end of the fourth week of the term incur no financial penalty;
5. Students will incur the Split Schedule fee;
6. Requests are subject to the approval of Student Affairs, the Department of Clinical Education, and the Clinic Director to which the student is assigned;
7. Students who request a Split Schedule are encouraged to consult with the offices of Student Affairs and Financial Aid to discuss the financial and academic consequences of Split Schedules;

8. Students have the following two options for an 8th, or a 9th, trimester Split Schedule:

Option A

T8-1 or T9-1:

The intern takes all the classes specific to T8, or T9;

The intern does not take Clinical Internship III, or IV.

T8-2 or T9-1:

The intern takes Clinical Internship III, or IV;

The intern takes no classes, as they completed classes in T81, or T91.

Option B

T8-1: The intern takes some of the T8 classes; (minimally, the student must take Case Studies and Clinic Practice in T81.);
The intern is in Clinical Internship III ½ time;
The intern registers and pays 100% of Clinical Internship III;
The intern receives an Incomplete, which is carried forward to, and resolved in T82, for Clinical Internship III.

T8-2: The intern takes the remaining T8 classes;
The intern is in Clinical Internship III ½ time;
The intern is registered again for Clinical Internship III. However, the student pays no additional tuition.

Option B is available for the T9 classes and Clinical Internship IV. The student can take Legal Aspects and/or the Business of Clinical Practice in either T91, or T92.

Procedure:

1. A student requesting a Split Schedule must submit a request in writing to the Dean of Student Affairs. In this letter, the student must detail the rationale for requesting a Split Schedule. In this letter, the student must also include the anticipated clinic schedule that was agreed to with the Clinic Director.
2. The Dean of Student Affairs, or the Coordinator, Enrollment Support Services, shall inform the Director of Clinical Education of the student's request.
3. Once the request is approved, the student will meet with the Coordinator, Enrollment Support Services, to draft a Split Schedule that fits the criteria listed in the above Policy.
4. Once the Split Schedule is drafted, the Dean of Student Affairs and the Registrar shall sign-off on the student's Split Schedule.
5. The Student Affairs Office will inform the Dean of the College of Chiropractic and the Director of Clinical Education of the student's approved Split Schedule.

6.10 Two term limit policy

The clinical internship (T8-10) program is designed to give every intern at least 2 different clinical experiences. If a student desires to stay at the same clinic for all three terms, they may submit a request using the following procedure:

1. The student shall submit a request, in writing, to the Director of the Department of Clinical Education for an exception to the two-term limit policy. In this letter, s/he must identify the educational and career factors that make this step desirable;
2. The hosting faculty clinician must also submit a letter in support of this action;

3. If the request is approved, the student's responsibility is to arrange for a second part-time preceptorship that compliments the original site and schedule. The second site may not be a faculty clinician involved with the Community Based Internship program. To locate this faculty clinician, the student may use the preceptorship resources in the Department of Clinical Education office, or perhaps rely on a personal recommendation of their present faculty clinician. The secondary preceptorship site must be for at least one half (12 ½ per week; 150 per term) of the total minimum hours (25 per week; 300 per term) scheduled for the student's T-10 preceptorship.

7.0 INTERN MALPRACTICE INSURANCE

Interns *in approved clinical placements*, are covered by the University's group malpractice insurance policy. The college pays the fee for malpractice insurance. Students engaging in any clinical activity outside of the approved clinical site to which they are assigned are *not* covered by malpractice insurance, and are in violation of the law.

8.0 PATIENT CARE RECORDS

It is the policy of the clinics of Northwestern College of Chiropractic that routine access to records is restricted to those faculty and interns having a direct responsibility for the care of the patient, business office personnel, clinic administrators, and research faculty and staff when data is being acquired for an institutionally approved project. Patient records are also considered the property of the Northwestern Chiropractic Clinics and are not released or reviewed by individuals not included in this policy without patient authorization.

8.1 Necessary Standards for Record-keeping

The Department of Clinical Education has established the following necessary standards for record-keeping. These standards must be met and maintained by all clinicians and clinics in the Community Based Internship (CBI) program. Health records must justify the need for chiropractic care. In order to accomplish this, the following information must be completed and documented:

- A description of past conditions and trauma, past treatment received, current treatment being received from other providers, and a description of the patient's current condition including onset and description of trauma, if trauma occurred.
- Documentation that family history has been evaluated.
- Examinations performed to determine a preliminary diagnosis based on indicated diagnostic tests, with an indication of all findings of each test performed.
- A diagnosis supported by documented subjective and objective findings or clearly qualified as an opinion.
- Daily notes documenting current subjective complaints as described by the patient, any change in objective findings if noted during that visit, a listing of all procedures provided during that visit, and all information that is exchanged and will affect that patient's treatment.
- Results of reexaminations that are performed to evaluate significant changes in a patient's condition, including tests that were positive or deviated from results used to indicate normal findings.
- A treatment plan that describes the procedures and treatment used for the conditions identified, including approximate frequency of care.
- A description by the clinician, or written by the patient, each time an incident occurs that results in an aggravation of the patient's condition or a new developing condition.
- A key that explains the meaning of symbols or abbreviations used in the patient record. This key must accompany each file when requested in writing by the patient or a third party.

Records are to be written in ink or computerized, legible, organized and complete. Entries must not be erased or altered, and should be dated and signed by the person making the entry.

8.2 Documenting Valid Adjustments

DEFINITION OF A VALID ADJUSTMENT

In order to graduate with a Doctor of Chiropractic degree, each student must satisfy CCE quantitative requirements in a number of different categories. This includes the physical performance of a minimum of 250 adjustments in 250 different patient encounters during the student's outpatient clinical experience.

The required 250 adjustments are broken down as follows:

- at least 80% (200) must be some form of spinal adjustment/manipulation;
- up to 20% (50) may be adjustments of extremities.

The supervising doctor is responsible for ensuring that the adjustment an intern claims on their MSR truly meets these criteria. This will require some discretion on the part of the doctor, and the following guidelines should be used to determine what is and what is not a valid adjustment.

To be considered a valid adjustment, the following considerations *must* be present:

- . . . **A Doctor - Patient relationship must be established**, in which the intern is perceived by the patient as a significant participant in the provision of their care for at least this particular interaction.
- . . . **The intern must be involved ACTIVELY with the patient's care**, through assessment/diagnosis, treatment planning, and/or treatment delivery.

Examples of Valid Spinal and Non-Spinal Adjustments. . .

- . . . **The intern handles the entire patient visit, which includes an adjustment;**
- . . . **The intern performs one or more of the adjustments on the patient**, as directed by the doctor. It is left to the supervising doctor's discretion to determine whether to grant an adjustment credit for an intern's attempt, regardless of whether "it took", or not (this is allowable if the doctor feels the intern's set-up and attempt was technically good and the lack of success is due more to the difficulty the patient/situation presents);
- . . . **The intern adjusts the doctor, or adjusts a staff member while being directly supervised by the doctor.** To get credit, the intern must receive constructive feedback and document the interaction in a S.O.A.P. note just as they would with any other patient.

It is NOT a Valid Adjustment when:

- * an intern is simply applying a therapy, X-ray, or lab function as directed by the doctor;
- * the intern's function is not directly involved with delivery of patient care (i.e. only documenting the DC's work and not actively sharing in the patient's care);
- * the intern is strictly observing
- * an intern is adjusting his or her significant other, parent or child, or a student, during T8-10.

9.0 INTERN USE OF X-RAY

9.1 Guidelines for Performing Radiological Examinations

A radiological examination is performed to help identify or rule out clinically suspected abnormalities, including biomechanical alterations and pathology. Occasionally, as with a full-spine study for scoliosis, the examination may serve as a baseline for anticipated follow-up. The radiological examination should be based upon findings from a thorough history and physical examination.

1. Examples of findings that may indicate the necessity for a radiological study include:
 - Biomechanical alterations or dysfunction
 - History of significant trauma
 - History of malignancy
 - History of fever or other findings suggesting active inflammation/infection
 - Night pain
 - Severe focal pain
 - Findings that may indicate a systemic disease with musculoskeletal manifestations
 - Clinically apparent scoliosis, especially in a skeletally immature patient
 - Patient over 40 years old, especially if there have been no previous films of the area of interest
 - Evidence of visceral involvement
 - Abnormal laboratory findings
 - Clinician's intuition/suspicion for radiographically demonstrable abnormality that may significantly alter diagnostic or therapeutic approach.
2. Examinations should be chosen based on the careful analysis of projected risks vs. benefits of the study. Radiological studies should always provide maximum information at the minimum radiation dose to the patient. The following questions should be answered:
 - Does the patient have a health problem requiring a radiological examination?
 - Could the examination provide essential information that may significantly alter case management?
 - Does the iatrogenic hazard of the study outweigh the benefits of the procedure?
 - Could another examination or imaging procedure be warranted?
3. Generally, a minimum of two opposing views at 90 degrees to each other are required to adequately image a body region. **Partial or incomplete studies are a liability and are unacceptable. Interns will receive no credit for incomplete studies.** Appropriate shielding and filtration should be used whenever indicated, unless this will interfere with the purpose of the study.
4. The patient should always be clearly informed of the need and purpose for the radiological examination. Unless otherwise stated by the clinician, this will be the intern's responsibility. The intern is also responsible for establishing the fact that there are no contraindications to the procedure, e.g. possible pregnancy in females. Note: There is a place on the x-ray record form to be signed by female patients indicating that they are not pregnant.
5. The patient's privacy is to be guarded at all times. No unnecessary personnel and no other

patients should be in the area of the radiology suite at the time of the examination.

9.2 Ordering the Radiological Examination

The following are guidelines for ordering a radiological examination:

1. Only a licensed physician, i.e. a faculty clinician, may order a radiological examination. This will be done in consultation with the attending intern.
2. Minors must have a signed consent form from a parent or guardian prior to any radiological examination. Patients may, on occasion, refuse the study. A second explanation of the need for the study may convince the patient, but attempts at coercion or forceful persuasion on the part of the intern are inappropriate and unprofessional in these instances.
3. If a patient refuses a radiological examination, the faculty clinician will make a decision whether treatment will continue. Failure to x-ray before treatment could result in a malpractice claim if, for instance, a fracture was not diagnosed and injury resulted. If treatment does continue, it should be clearly noted in the file that the patient refused x-rays and the potential consequences were explained. Have the patient initial the notation.
3. It is a state law that the clinical indication for ordering the study be clearly stated in the patient's file, and a licensed doctor must authorize any radiographic study.
4. All patients should be properly attired prior to the radiological examination, and proper shielding should be utilized.
5. At all times, treat the patient with courtesy and respect. Be mindful of patient modesty when accompanying them to and from the x-ray facility.

9.3 Special Circumstances

1. Outside Films - films taken at non-college clinics may be used in the diagnostic workup of the patient. These films must be:
 - a. Of acceptable diagnostic quality
 - b. Free of pencil marks or other artifacts
 - c. Original films, when possible. Copy films are acceptable if the originals are not available, but films copied with pencil marks or other significant artifacts copied onto the film are unacceptable.
 - d. Recent (taken within the last six months). Older films may be used to supplement a more recent study for purposes of comparison but generally should not be considered a primary radiological examination on a patient.
2. Repeat examinations/additional views

When repeat of an examination or an additional view or views are recommended by the radiologist, this should typically be performed within three working days.

9.4 Intern Credit for Radiological Examinations

The intern will receive credit only for radiological examinations and reports that are complete, including appropriate forms and documentation. Assessment will be made by the attending clinician and radiologist based on the following:

1. The complete history and factors used in the study must be recorded on the x-ray record form, which has been reviewed and signed by the faculty prior to the study. The faculty will evaluate this step.
2. The film must be diagnostic. Final determination will be by the radiologist. **Non-diagnostic films must be repeated before the faculty will issue credit for the examination.**
3. The intern's report should be completed and should be assessed for accuracy by the faculty. This may be accomplished by comparing the intern's report to the typed radiologist's report. In order to receive credit, the intern's report must be completed and signed by the clinician before the radiologist's report is received back from the college.
4. Radiology Tech Guidelines

A Monthly Service Report (or proof of techs) must be signed by a supervisory faculty and then presented to the intern's clinic director for credit.

Please Note: Tech credit shall be issued as follows and will not be given for x-ray work outside of the following definitions.

Cervical

LCN and APLC with or without APOM = 1 tech
LCE, LCF; and RAO, LAO or RPO, LPO = 1 tech for either/both
Davis series = 2 techs
Swimmer's view = 1 tech

Thoracic

APT and LT = 1 tech
Ribs = 1 tech
PA and lateral chest = 1 tech
Lordotic chest = 1 tech

Lumbar

APLP and LLS = 1 tech
LLE, LLF; RAO, LAO or RPO, LPO; and R & L lateral bending views = 1 tech for each
Frontal angulated LS spot or lateral LS spot = 1 tech

Sacrum/Coccyx

Sacrum: AP and lateral = 1 tech
Coccyx: AP and lateral = 1 tech

Spinal survey

APFS (with closed mouth positioning) and 3 sectional lateral views with or without APOM = 2 techs. A separate APOM view completes the full spine study. AP & LAT FS = 1 tech. **Only if taken as an intern fulfilling his or her clinic assignment at a credentialed CBI clinic at which the AP & LAT FS films are the designated policy and procedure.** The CBI doctor is

responsible for clinical decision-making and quality assurance.

Abdomen AP abdomen = 1 tech

Upper extremity

Internal/external rotation and baby arm shoulder = 1 tech

R & L AP weighted and non-weighted AC joint = 1 tech

AP and lateral elbow with or without oblique and Jones (tangential) = 1 tech

PA and lateral wrist with or without oblique and PA with ulnar deviation = 1 tech

PA and oblique hand = 1 tech

PA and lateral fingers or thumb with or without oblique = 1 tech

Lower extremity

AP pelvis with or without one hip film = 1 tech

AP and frog leg hip = 1 tech

AP and lateral knee with or without tunnel and sunrise (tangential) views = 1 tech

AP and lateral ankle with or without oblique = 1 tech

Inversion/eversion (stress views) ankle = 1 tech

AP and oblique (and optional lateral) foot or toes = 1 tech

Other

AP (or PA) and lateral extremity long bone studies = 1 tech

Any special extremity views (e.g. scaphoid view) = 1 tech

1/2 tech (assist) may be given at the supervisor's discretion for related x-ray duties (e.g. developing films, film copying, mixing chemicals, cleaning processor, sensitometer-densitometer readings, etc.). MRI and CT scans may be copied for 1/2 tech credit each.

A maximum of 1/2 tech is available for one additional intern who assists intern receiving the 1 tech credit (in other words, an intern may not receive tech credit and assist credit for taking and developing the same films).

Report credit shall be issued in the same manner as x-ray techs (i.e. if a report is completed on a Davis series, it is worth 2 report credits).

9.5 State Regulations

It is the intern's responsibility to become familiar with the state regulations regarding conduction of a radiological examination. One or more copies of these regulations will be kept on file at the clinic to be checked out for review by the interns prior to their involvement in any radiological study. Interns who have already studied these regulations in a course at the college, i.e. x-ray physics and radiation protection, are encouraged to review them occasionally to be sure they remain in compliance.

9.6 Forms

A sample of the form to be used in the college clinics when taking x-rays is located at the end of this handbook with other example forms. It is to be filled out completely and must accompany the x-rays when they are sent to the radiology department to be read.

10.0 REFERRAL POLICIES AND GUIDELINES

Interns may use the professional business cards, supplied by the University, to refer patients to the clinic to which they are assigned. Interns must use only the cards supplied by the college, for they clearly identify the student as a "Chiropractic Intern".

11.0 INTERN-PATIENT ASSIGNMENT IN THE COLLEGE CLINIC SYSTEM

11.1 Initial Patient Assignment

A faculty doctor and the assigned intern will see new, non-referred patients who schedule an appointment at the clinic.

To balance new patient distribution, intern assignments are made by the receptionist through a rotating file. The card of an intern who received a new patient assignment is moved to the back of the file and will move through the file as additional new patients come in.

This procedure is utilized unless the clinic director wishes to assign a particular intern to the case or the patient requests a certain type of intern, e.g. a female intern. In any case, the card of the intern who receives the assignment will be moved to the end of the file to again be rotated forward.

An assignment to a case, which results in only one visit, will not be counted as a new patient assignment and the intern's card will not be removed from its position in the file. In the event that this occurs a second time, the intern's card will be rotated in the proper sequence.

Interns who have developed a satisfactory patient load through the new patient distribution plan may request of the clinic director that they be temporarily removed from the rotation file. Likewise, the clinic director may request that certain interns allow their temporary removal from the rotation file in order to facilitate the practice development of other interns.

While every effort is made to assign interns on a rotating basis, new patients may request assignment of a particular intern. This patient is noted as a "referred patient" in the daily appointment book. In these instances, the front desk staff will arrange an appointment at a time when the requested intern and a faculty doctor can both see the patient. Interns who obtain referrals will generally have a larger caseload and will complete clinic requirements at an earlier date than interns who receive patients only through the rotation file.

Interns are cautioned not to schedule new, referred patients themselves without contacting the front desk staff. Interns should advise a prospective patient to schedule their appointment at a time when the intern will be in the clinic.

11.2 Intern-patient Reassignment

Under some circumstances a patient may be reassigned to a different intern. This is done regularly for new, incoming interns at the beginning of a term. This method ensures that

reassignment of patients to new interns occurs fairly and efficiently. Generally, new interns are assigned to active or previous clinic patients through the rotational file.

A less common reason for patient reassignment is one that occurs as a result of either a clinic faculty doctor or the patient requesting a change. Although decisions such as this occur rarely, it is the prerogative of the clinic director to reassign that patient if necessary.

To minimize the difficulty experienced by patients who struggle with the continual turnover of students, all patients are considered the supervising doctor's patients. Interns should expect that their primary role will be to assist the doctor in the delivery of care to the doctor's patients. The rotation procedure outlined in this section remains valid.

12.0 ADMINISTRATIVE RESPONSIBILITIES RELATIVE TO PATIENT CARE

12.1 Fee Explanation

During admittance, each patient checks an option regarding payment on the financial form.

The intern should become aware of the entire fee structure and have the ability to explain it properly to the patient. The intern may refer patient questions regarding fees to the clinic staff if they are uncomfortable or have difficulty appropriately answering those questions regarding the fee structure. At no time should the intern negotiate a fee structure or payment arrangement with the patient. An intern must not recruit or solicit patients to the clinic under the false impression that payment for services is not expected.

12.2 Insurance Reporting and Professional Correspondence

Interns serving in the public clinics are expected to assist clinic faculty and staff in the preparation of insurance claim forms and other types of correspondence regarding third-party payment and reports to other health care providers and attorneys. The following types of insurance coverage commonly require intern involvement during the process of insurance reporting:

- Auto
- Chiro Care
- Group and Private Health Insurance
- Workers' Compensation
- Medicare

Interns are responsible for assisting in the completion of insurance forms, especially in answering specific questions regarding diagnostic impressions (reported both in a narrative fashion and by ICD-9 codes), date of onset and other pertinent information.

Upon completion, interns submit insurance forms to the clinic faculty doctor responsible for the care of that patient for review and signature.

12.3 Completion of Clinic Fee Slip

Following each clinic visit, a fee slip indicating the services performed must be completed. The accurate completion of this form is essential to facilitate billing and the calculation of clinic services. Interns are to complete these forms as indicated by their supervising doctor.

13.0 INTERN ASSESSMENT

13.1 Mid-term Progress Meeting

Midway through the term, the intern and the clinic supervisor are to meet and review the clinical internship course syllabus and workbook for progress made towards meeting the desired learning objectives and establishing goals for the remainder of the term. This is also an excellent opportunity to discuss how expectations for the experience have been met and how they may be adjusted for the balance of the term. The “Mid-term Progress Meeting” form is turned into the Department of Clinical Education.

13.2 Clinic Performance Assessment

At the end of the term, the clinical supervisor will complete a “Clinic Performance Assessment” (CPA), and then meet with the intern to review and discuss the intern’s observed strengths and weaknesses. Specific learning objectives for the coming term will be identified. If the intern is changing sites, this assessment will be passed on to the new supervisor, and the intern will take his/her individual syllabus workbook to the new site to continue working towards the learning objectives.

13.2.1 Referral to Clinical Education Remediation Panel (CERP)

Interns’ who are given a score of 2 by the faculty clinician on their CPA will be referred to the *Clinical Education Remediation Panel (CERP)*. The Remediation Coordinator will gather and review all pertinent documentation, speak with the intern and their faculty clinician, and determine if the case should go to full committee. If so, the Panel will develop a Remediation Plan for the intern. Whenever possible, the intern will remain in their assigned clinic; however, if necessary, the intern will be transferred to another clinic site which will enhance their learning opportunity. A faculty clinician may fill out a CPA on their intern at any point during an internship and contact the Remediation Coordinator. An intern’s lack of cooperation or compliance with the plan laid out by the CERP could result in termination of the internship and a referral to the Academic Standards committee.

13.3 Intern Experience Evaluation

All interns are required to complete an evaluation of their clinic experience at the end of each term and experience.

13.4 Intern Self Assessment

All interns are required to complete a Self Assessment (SA) form at the end of each trimester. This allows students and the Department of Clinical Education to monitor growth patterns and help students who feel deficient in any category.

14.0 PROBLEM RESOLUTION

Policy: When problems emerge in a clinic placement, the college or CBI administration will work with the student and faculty doctor towards resolution of the issues to the mutual satisfaction of all parties. If there is not improvement in the situation, an alternative placement may be investigated.

Purpose: Recognizing that there are many variables in the process of placing students with college clinics and field doctors, the clinical education program must have a procedure established that directs the resolution of problems that can emerge during the course of the internship. The goal is to optimize the clinical learning situation for the student, provide assistance/support to the faculty doctors in addressing educational/behavioral needs of the intern, and to maintain a high level of integrity in the clinical education program.

Procedure:

1. It is imperative that the doctor and intern maintain a positive and open attitude, recognizing that there is a period of adjustment to any new situation. It is the responsibility of both student and supervising doctor to work towards keeping open lines of communication, attempting to identify and work through any issues before they become significant problems. Most problems are the result of one party simply not effectively communicating their needs to the other.
2. Seek guidance and support from the Dean of NWCC if you are assigned to a University Clinic or the Department of Clinical Education if you are assigned to a CBI clinic. They will work with the person who initiates contact to brainstorm strategies for dealing with identified problems, and will be as actively involved as the person wishes.
3. If the situation is not improving, a meeting will be scheduled that includes the doctor, the student, and the Dean of NWCC or the Department of Clinical Education faculty. This person will serve as a mediator to help resolve the situation advocating for the needs of the student and the standards of the program.
4. The Dean of NWCC, or the Department of Clinical Education faculty, will actively monitor the situation and follow through with offering whatever resources and support are necessary.
5. If the situation remains untenable, the student, or doctor, may request a "Clinic Transfer" for the student from the Director of the Department of Clinical Education. *Only "Clinic Transfer" requests from persons who have already attempted to resolve the situation by following the above sequential steps will be considered.*

15.0 CONSEQUENCES FOR INAPPROPRIATE CONDUCT

Interns who display inappropriate conduct at their assigned clinic site, or when interacting with University personnel, will be subject to consequences. Interns are directly responsible to their assigned faculty clinician, and the Department of Clinical Education. The

following is a list of common, potential consequences to inappropriate conduct; it is, however, not necessarily all-inclusive.

- A. Loss of TAC time
- B. Loss of requirement numbers
- C. Loss of clinic hours
- D. Referral to CERP
- E. Referral to Behavioral Standards
- F. Failure of Clinical Internship 3, 4, 5, and/or 6
- G. Referral to different clinic assignment
- H. Suspension from clinic assignment
- I. Dismissal from the College of Chiropractic
- J. Referral to the State Board of Chiropractic Examiners

16.0 CLINICAL QUANTITATIVE REQUIREMENTS FOR GRADUATION

During the clinic service the intern must meet a number of specific performance requirements prior to graduation. These requirements have been established by the Clinical Education Council and satisfy the graduation requirement guidelines established by the Council on Chiropractic Education (CCE) and most specific state statutes where there is state legislation concerning clinic experience requirements.

The outpatient clinic experience requirements identified below are minimum quantitative requirements. None of these services (with the exception of x-ray techs) may be administered to NWCC students or an NWCC student's own family member(s); however, an intern may treat another NWCC student's family member(s).

1. Perform at least twenty (20) clinical examinations with case history for the purpose of developing a diagnostic or clinical impression of the status of the patient relative to chiropractic care. To qualify, the examination must at least include an evaluation of all vital signs, case history, and an appropriate general (orthopedic, neurologic, and systems review) or focused examination. Order, perform, and integrate the data for case management and follow-up from appropriate services.
2. Perform or interpret twenty-five (25) urinalyses. Each urinalysis must include chemical and microscopic components to qualify. In addition, the urinalysis must be accompanied by a written lab report.
3. Perform or interpret thirty (30) clinical hematology tests, which include at least twenty (20) complete blood counts and ten (10) clinical chemistry, microbiology, or immunology procedures or profiles done on human blood and/or other body fluids. These tests must also be accompanied by a written report.
4. Perform at least twenty (20) x-ray techs.
5. Perform and interpret, order and interpret, or interpret at least twenty-two (22) area radiographic (diagnostic imaging) examinations with written reports of findings.
6. Order, perform, and integrate the data for case management and follow-up from appropriate services of those listed above on a minimum of ten (10) different outpatients.
7. Perform a minimum of two hundred fifty (250) chiropractic adjustments/manipulations, of

which at least two hundred (200) must be spinal, occurring during at least two hundred fifty (250) separate patient care visits. A maximum of fifty (50) chiropractic adjustments will carry over from Student Health Clinical Experience.

8. Accumulate the minimum number of clinic hours for Clinical Internship 3 (T8) and Clinical Internship 4 (T9).

T8: 289 clinic hours and 11 clinical rotation hours for a minimum total of **300** hours

T9: 289 clinic hours and 11 rotation hours for a minimum total of **300** hours

A minimum of 17 clinic hours must be earned each week for the entire term. Please note that the number of weeks in a term may vary.

Adherence to all of these requirements will qualify each intern for T10 Preceptorship.

All administered services and procedures must be listed on the intern Monthly Service Report (MSR) and submitted daily to the faculty clinician for signature approval. The following procedure for the transmittal of interns' monthly paperwork is in affect to meet the federal regulations to protect patient privacy. This procedure helps us comply with the Health Information Portability and Accountability (HIPAA) regulations to safeguard patient information as we verify student achievement to meet CCE standards. The procedure for transmitting interns' monthly paperwork to the DCE is as follows:

- Monthly paperwork remains in the students' assigned clinic until forwarded to the DCE by the clinician.
- Faculty clinicians submit their students' monthly paperwork to the DCE (Attn: Kimberly) per the monthly deadlines. Paperwork must be in a sealed and secured envelope. Clinicians can submit the paperwork to the DCE by US mail, Northwestern Interdepartmental courier, or in person hand delivery. "In-person hand delivery" means the direct supervisor (clinician) is making the delivery to our office. Students **cannot** deliver monthly paperwork to our department.
- Students document their clinic activity on the official DCE forms (available in our office or the DCE website). This includes the Case Management and X-ray Report forms.
- Forms or records from the patient's chart are not to be copied and attached as supporting documentation. This includes dictated patient records.

Monthly paperwork must be turned in to the DCE by the **1st Friday** of the next month.

Following are some guidelines for completing MSRs.

1. Adjustments
 - a. Only one intern will receive credit per adjustment.
 - b. There are **no** assists allowed in adjustments. In order to receive adjustment credit, the intern must participate in the patient's care enough to establish a true doctor/patient relationship - **no credit shall be given solely for observing.**
2. Physical Exams
 - a. Physical exams are to be recorded on the MSR as "problem focused", "expanded

problem focused”, “detailed”, or “comprehensive”.

- b. Credit will be given for up to one exam (either “PF”, “EX”, “D”, or “C”) per patient per day. Only one type of exam should be filled in per patient per day.
- c. To receive credit for an exam the intern needs to submit and had approved by the supervising doctor a case management study for the patient on which the exam was performed. A case management study must be completed following every exam and re-exam. Once completed, interns may fill in the appropriate bubble on their scanable MSRs. The case management form must be turned in with the MSR form for credit to be granted.

3. X-Ray Studies

- a. X-ray tech, assist, and report credit involve two forms– the scanable MSR form and the X-ray Report form.
Scanable MSR – list the date, patient’s name, fill in appropriate bubbles for x-ray tech, reports, assists, and list the views after the patient’s name. Have your supervisor initial the MSR.
X-ray Report Form – complete the top portion; then, any pertinent history, the ABCS information, impression, and further recommendation section if indicated. Review the x-rays and report with your faculty clinician and have them sign the report form.
Only the views for which the intern is taking credit should be listed. **To receive tech credit, a completed and signed report must be turned in with the scanable MSR.**
- b. The tech, assist, and report bubble columns on the MSR must be filled-in accurately. Separate techs and assists appropriately.

X-ray assists:

- One assist should be recorded as 0.5; 2 assists should be recorded as 1.0, etc.
 - The assist column should also be used for recording credit for copying x-rays or other miscellaneous x-ray duties. If credit for copies is being issued, “copies” must be indicated on the scanable MSR.
- c. When appropriate, right and left must be indicated (RPO, LPO).
 - d. X-rays must be diagnostic to receive credit:
 - When x-rays are non-diagnostic, for any reason, an intern may take credit for only the original set or the repeat set, but not both.
 - X-rays must be in a complete series
 - The standard views must be contained in each series (APLC, LCN, APOM) to receive credit

Interns may receive tech credit for taking x-rays in an office other than their primary site. Clinical Education must approve of the arrangement **prior** to x-rays being taken

4. Lab Work

Lab requirements are completed through the Clinical Case Studies I course.

5. Timesheet

- a. The total hours column must be filled in, or the timesheet will be returned and no credit will be issued until it has been completed and returned.
- b. Every day an intern is scheduled to work must be accounted for on the timesheet and verified by the faculty clinician. TAC time **must** be recorded on the timesheet. TAC time does count toward the term total of 272 clinic hours; so, if they are not recorded, the intern will not receive credit for that time.
- c. Interns will receive 4 clinic hours for each of the six major holidays that fall during the workweek that particular term. This includes Memorial Day, Independence Day, Thanksgiving Day, and Christmas Day,
- d. Interns participating in the Interdisciplinary Program (attends spine surgery, Noran Clinic, etc.) may earn extra clinic hours for that provided the visit does not interfere with their normal clinic shift. If it does, the intern will receive just the amount of time spent at the facility and will not receive time for their missed clinic shift.
- e. Community involvement (health fairs, sporting events, school talks, etc.) pre-approved by the Department of Clinical Education should be reported on the timesheet as it occurs so that the Clinical Education office can track how much extra TAC hours interns have coming to them. The doctor supervising the event must sign the timesheets. Professional development should also be recorded on the timesheet. Proof of professional development must be attached to the timesheet.
- f. Interns are expected to work their clinic shift even though their faculty clinician may be absent. In this instance, the intern can work with patients via a relief doctor, approved by the Department of Clinical Education, or with the clinic staff if no qualified doctor is present.

6. Communication

- a. The Department of Clinical Education has two main avenues of communication with students – email and personal folders. The folders are located on the front desk as you enter the department.
- b. It is the responsibility of every intern to check their email and folder each time they are on campus.

7. Check-out procedures

- a. Each intern must check out at the end of T8 and T9 with the Administrative Assistant for Clinical Education.
- b. Interns will receive a check out folder near the end of the term with instructions.
- c. A sign-up sheet will be posted in the Department of Clinical Education to make appointments for check out. All paperwork defined in the instruction folder must be completed and with the intern when they meet with the Administrative Assistant for check out; if all paperwork is not present or completed accurately, rescheduling will

- be necessary.
- d. Interns will not progress to the next term until check out procedures and paperwork have been approved. Even if an intern were to begin their next term at a clinic site, they would not receive clinic hours or requirement credit until the check out process was completed.

8. In General

- a. Any MSR's not completed in their entirety, or completed incorrectly, will be returned to the clinician, and no credit will be issued until the MSR has been completed correctly and returned to the Clinical Education office. MSR's must include both intern and faculty doctor signatures, dates, and first and last patient names. It is a good practice to make copies of your MSR's and time sheets before you submit them; keep these for your educational records at your clinician's office.
- b. Interns should not record x-ray reports and case management studies on the MSR until the work has been reviewed and approved by the supervising doctor. These forms must be attached to the MSR when submitted.
- c. An intern may not receive credit for services (with the exception of x-ray techs) administered to their own family members or other NWCC students; therefore, these should not be recorded on the MSR. If they are recorded, credit will be denied.
- d. Interns may not receive hours or credit for any work done in another doctor's office with the exception of x-ray techs.

A *Progress Report Summary* will be generated at mid term and given to each intern, itemizing requirement credits to date. It is the student's responsibility to resolve problems related to their requirements by contacting the Department of Clinical Education. A *Progress Report Summary* can be generated at any time by request.

It must be emphasized that patient care and clinical experience should be the primary objective of the intern. Meeting quantitative requirements is one set of evaluative guidelines. Clinical competence, confidence, and professionalism are other essential factors in the training of a future Doctor of Chiropractic at Northwestern Health Sciences University.

16.1 Early Graduation Policy

16.1.1 Policy

Students may request an early graduation date that allows the completion of the DC degree program prior to the end of the published academic calendar. A request will be considered only in situations where having to wait for the formally scheduled graduation date would:

1. preclude a specific, bona-fide employment / practice opportunity; or,
2. cause a significant delay of several months in licensure eligibility (especially in situations where there are no options for participation in a postgraduate preceptorship).

Changing graduation dates is a complex process that has a significant ripple effect throughout the University; only requests of exceptional merit will be granted. ***Under no circumstances will requests be granted that would shorten the term to less than ten full weeks in duration.***

16.1.2 Procedure

1. Requests for early program completion must be made in writing to the Director of the Dept. of Clinical Education ***no later than three (3) weeks into the student's 10th term.*** In this letter, the student must detail the rationale for the early graduation request, including relevant dates and deadlines.
2. In the case where a job offer is contingent upon the earlier graduation date, the doctor offering the position must submit a letter verifying the validity of the job offer.
3. In situations where early graduation is required to facilitate the opening of a new practice, the student must submit some form of documentation verifying the timing of the planned opening of the practice (e.g. a copy of the business plan, lease arrangement, etc.).
4. The Director will circulate the request to the appropriate parties, and written notification of the decision will be provided within ten days of the request.

If the request is approved, the student is responsible for ensuring that:

1. all requirements for the T-10 Preceptorship can, and will be completed by the requested date, including the attainment of a minimum of 300 documented clinical hours (see T-10 Preceptorship requirements);
2. the request for the shortened preceptorship has the approval of the supervising preceptor;
3. arrangements will be made with all departments of the University to be cleared for graduation prior to the revised graduation date. A final transcript and diploma will not be released until all of these requirements are satisfactorily completed.

A student granted an early graduation date must be aware that his/her Preceptorship is done on that date, and they may no longer deliver clinical care until licensed (or formally enrolled in a postgraduate preceptorship program). Early graduates will still be welcome to go through the formal graduation ceremony with the rest of the class.

If you have questions about this policy, contact the Director of the Dept. of Clinical Education.

17.0 CLINICAL INTERNSHIP 5 / 6 (T10)

17.1 Preparing for T10

Begin the process of looking for an Externship early. The Department of Clinical Education needs time to send the application, receive it, credential the doctor, and notify the state board. There are deadlines to meet for contracts and certain states (e.g. SD, WI), and applications to complete for certain states (e.g. OH, OK, SD, WI, TX).

Northwestern requires of DCs the following regardless of the criteria in each specific state:

- MN – 3 years licensed and in practice in the state of Minnesota
- All other states and countries – 5 years licensed and in practice in the jurisdiction in which the student is doing T10.

17.2 Clinical Internship 5

Students continue to complete quantitative clinical requirements for graduation and typically stay at the same site as Clinical Internship 4. Clinical Internship 5 is completed in a University or

CBI clinic.

17.3 Clinical Internship 6

Clinical Internship 6 is also known as T10 Externship (Preceptorship) which is a specialized program available to students through the Department of Clinical Education. Students are eligible for an Externship during their 10th trimester if they have completed all clinical requirements.

Students can leave a University or CBI clinic for a 10th trimester Externship experience when the following criteria has been met:

- 1) all internship requirements have been verified as complete by the Clinical Education Coordinator,
- 2) the Externship placement has been approved by the Department of Clinical Education, and
- 3) T9 check-out has been completed with the Clinical Education Coordinator.

For Clinical Internship 6, students research and arrange their own placement for T10 using resources and counsel from the Department of Clinical Education. Clinical Internship 6 allows interns to receive compensation from their doctor, if the doctor agrees. The intern and doctor make their own financial arrangement.

17.4 T10 Requirements

Below are listed requirements for the 10th trimester.

1. A signed contract by both the extern and qualified preceptor must be submitted to the Department of Clinical Education by the specified deadline (varies each term).
2. Complete a minimum of 25 hours per week, and maximum of 40 hours per week, with a total **minimum** of 300 clinic hours for the term. The average number of hours worked per week by the intern is 30 – 33. Thirty (30) of these 300 hours may be used as TAC, which must be arranged with your Preceptor. Externs must be at their clinic site for the entire term, except when using TAC hours.
3. Create and submit a T10 Project to the Department of Clinical Education. Instructions for this assignment will be given to students in their T10 packet.
4. Complete and turn in to the Department of Clinical Education at the end of each month:
 - Time Sheets - hours are required for T10.
5. A Preceptorship Experience Evaluation must be completed and turned in to the Department

of Clinical Education at the end of the term.

17.5 Non-competete Clauses – Clinical Internship 6

Students participating in the T10 Preceptorship program may be asked by their preceptor to sign a non-competete clause. The student has the option to sign or not sign a non-competete clause. This is an acceptable request by the preceptor as students self-select their preceptors, have completed their clinic requirements, and are preparing for private practice. Students and preceptors may negotiate this process; however, if an agreement is not reached, the preceptor might decline working with the student.

17.6 Post-graduate Preceptorship Program

This program can be utilized in some states between graduation from Northwestern and receiving a license to practice Chiropractic. The states participating in this program do so either through Northwestern or the specific state. In Minnesota, it is through the Minnesota State Board of Chiropractic Examiners. Minnesota doctors must have been licensed and in practice for five or more years.

Contact the Department of Clinical Education if you would like more information.

17.7 Preceptor Responsibility

The doctor who signed the contract with the intern must be on-site whenever the intern is involved in any aspect of patient care.