

Northwestern **College of Chiropractic**

**This handbook supersedes
all other editions.**

INTERN'S CLINIC HANDBOOK

Clinical Internship 2 - 6

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1.0 INTRODUCTION

Interns in their last 16 months 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 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 preventative 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 judgment 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 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. Clinical Education 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 faculty clinician managing the patient. If authorized, this technique must be duly noted in the S.O.A.P. notes. Remember that each faculty clinician is legally and ethically responsible for the students' actions and that all faculty are not versed in all techniques. Some techniques require certification from the State Board to be used in clinic. If the supervising faculty clinician does not have this certification, and the intern is not enrolled in the course, the doctor or intern may not use the technique (ex. Acupuncture). Should a dispute regarding technique arise, the final decision will rest with the faculty clinician managing the patient.

2.0 CLINIC STRUCTURE

2.1 Administration

The outpatient clinical experience over the last 4 terms is cooperatively managed through Clinical Education and Clinical Services.

Clinical Education is responsible for the academic components of the internships, including the tracking and verification of quantitative requirements for graduation. Responsibilities include:

1. Clinical competency remediation;
2. Development of clinical curricula and syllabi;
3. Placement of all T-7 through T-9 interns in the clinic system;
4. The tracking of all quantitative clinical 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 Rotations Program.
8. Coordination of the Post-graduate Preceptorship Program

Please use the following chart in contacting the appropriate person to meet your needs.

ROLES AND LINES OF COMMUNICATION

University Health Service

Dr. Ewald
Director

Debbie Miller
Clinics Administrator



Shawn
Sr Patient Service Coordinator



Louise
Receptionist

Clinical Education

Amy
Clinical Education Assistant



Ms. Hewitt
Clinical Education Coordinator

- Monthly Paperwork
- Timesheets
- Evaluations
- Checkout (T7→8, T8→9; T9→10)
- Some T10



Ms. Berg
Clin Exper Ed Coordinator

- Chiro in Undrservd Com
- CBI
- Rotations
- General Internship
- Some T10



Dr. Moe
Curriculum Coordinator

- Clinic Placement
- CBI
- Syllabus Workbook
- Prep Labs
- Some T10



Dr. Hvidsten
Associate Dean, Clinical Education

T10 – International and States with restrictions or deadlines
Policies and Procedures
Final Decisions

Clinic Services manages the University Health Service and the two Northwestern Natural Care Centers. Chiropractic interns participate in all of these clinics. The Clinics Administrator works with the Clinic Management Team to address all issues related to the management and development of the college clinics. Clinical Services interacts closely with Clinical Education to ensure that the interns are well supported in their clinical and professional development.

2.2 Clinic Locations

The public outpatient clinics (two **Natural Care Centers**) and **UHS**, where chiropractic interns participate in patient care, are at the following locations:

Bloomington	Mon – Fri	Woodwinds	Mon – Fri
2501 West 84 th Street	7:00 – 7:00	1875 Woodwinds Drive	7:00 – 7:00
Bloomington, MN 55431		Woodbury, MN 55125	
(952) 885-5444		(651) 232-6830	

Summer hours may vary at either clinic.

University Health Service Mon - Fri
2501 West 84th Street 7:00 – 5:00
Bloomington, MN 55431
(952) 885-5415

(Locations and hours are subject to change at the sole discretion of the College.) In addition, approximately 155 select private practices in Minnesota participate in the Community Based Internship (CBI) Program, and over 750 private practice sites in the Chiropractic Physicians Associate Program (CPAP).

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 Clinics Administrator and the College President. In most instances, recommendations involving overall clinic policy matters are developed by the Clinic Management Team and approved by the Clinics Administrator and the President.

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

In each college-owned clinic, residents in roentgenology, orthopedics, or clinical chiropractic may be present. These residents are licensed doctors of chiropractic who also assist with 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 this chiropractic care.

University Health Service (UHS)

The UHS is a faculty-based clinic with T7 – T9's interning directly with the faculty to provide chiropractic care to all chiropractic, acupuncture, and massage therapy students and employees, and dependents, parents, and siblings of students and employees from these 3 colleges. Chiropractic care is provided at no cost to these patients, except for dependents and family members, which is \$5.00 per visit.

Natural Care Centers

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 two outpatient clinics, the Community Based Internship (CBI) Program, or the University Health Service at the end of T6 – T8, Clinic assignment is conducted on a random number basis during T6, and is impacted by the requirements of the various clinics and assessment of the intern's clinical skills.

*T6 interns who opt to sit out **the next** term or split their T6 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**.*

T7 and 8 interns have the option of moving to a new clinical internship site for the 8th and 9th terms by signing up for a site change to:

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

Placements are made for the entire term; however, under certain conditions, a Transfer Request may be submitted to the Associate Dean of Clinical Education for consideration of changing

clinic sites.

Interns are required to experience at least two different clinical settings during the course of their final four terms. Interns wishing to remain in a clinic site for a fourth consecutive term must receive approval from Clinical Education. (See section 6.8).

Clinical Internship 3 and 4 (T8-9) begin on the first day of the term and end the day before the first day of the following term. Clinical Internship does not necessarily follow the NWCC class schedule, and you are expected to adhere to your assigned clinic's schedule. Clinical Internship 2 (T7) begins the first day of the term and ends at the completion of finals.

Interns may not be employed at the site of their internship. Also, interns will not be assigned an internship at the site of their employment. Interns assigned to a University clinic cannot be employed in that clinic. Interns employed by the University may be assigned to a University clinic if the responsibilities of their employment are not directly related to the specific clinic to which they are assigned.

Interns may become eligible to participate in NWCC's Preceptorship program for their 10th trimester. Eligibility will be given to interns who fulfill all CCE and NWCC academic and clinical requirements, complete checkout at the end of T7, 8 and 9, and submit required documentation to Clinical Education.

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. **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 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 NWSU Clinic System Compliance Manual 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 clinician 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 clinicians to ask or demand students to sign a non-compete clause during the intern's CBI experience (Clinic Internship 3, 4, & 5). Interns in the CBI program who are asked to sign a non-compete clause are to tell their faculty clinician they **can not** sign it and should refer their clinician to Clinical Education.

4.0 STUDENT CONDUCT

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

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 care-givers should wash their hands between patients.

All clinics will adhere to appropriate lab/HIV protocol.

Faculty clinicians and the Clinics Administrator 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.

An intern who feels they have been treated unfairly or inappropriately, or observes any such situation, should report the situation to the Associate Dean, NWCC Clinical Education. The Associate Dean will help with resolution or refer the intern to the appropriate person in the University.

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 clinician-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.
6. Patient's records and imaging studies 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. Patient contact for any reason, such as missed appointment, follow-up on care, etc., will be at the discretion of the faculty clinician, who must be on site when this occurs.
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 adjustment record to their faculty clinician 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 Business Card Policy

Business cards for use during clinical internship may be used by students. The following procedures must be adhered to for interns who wish to use business cards.

There are two options for generating business cards:

1. Create your own.
 - a. The card may contain your name and the clinic address.
 - b. You **must** indicate you are an intern. Using a designation indicating you are a doctor is **prohibited** (ex: DC, Dr., Chiropractor, etc.).
 - c. No personal communication information is allowed (ex: home phone, cell phone, etc.)
 - d. Indicating any approach to health care is **prohibited** (ex: patient-centered approach, chiropractic care, nutrition, neurology, functional medicine, etc.).
 - e. Use of the University or college logo is **prohibited**.
 - f. After the final printing and prior to distributing the business cards, you must submit your business card to, and obtain approval from, Clinical Education.

To minimize the possibility of having to reprint your business cards, you are welcome to submit a proof of the business card to Clinical Education prior to printing.

2. Use your faculty clinician's business card
 - a. Must have their permission.
 - b. Write your name on the back.
 - c. You **must** indicate you are an intern. Using a designation indicating you are a doctor is **prohibited** (ex: DC, Dr., Chiropractor, etc.).
 - d. No personal communication information is allowed (ex: home phone, cell phone, etc.).

5.3 The Intern-Clinic-Faculty Relationship

Clinical internship requires a contract between a specific intern and faculty clinician. This faculty clinician needs to be physically on-site and immediately available to the intern during the internship. Alternative arrangements need to be made if the faculty clinician is not physically on site and available to the intern. To receive credit for clinical hours and activities, the alternative arrangements must be approved by Clinical Education in advance of the primary doctor's absence.

1. The following **Doctor/Intern Contact Guidelines** have been formulated to provide both the faculty and the intern with clear expectations for the Clinical Internship learning experience.
 - a. **The doctor and intern will complete a *Clinical Internship Contract (T8–9)*** prior to the beginning of the internship that specifies the internship starting and ending dates, the daily schedule, and the number and types of patient contacts needed by the intern to complete the program.
 - b. **The doctor and intern will use the *Educational Packet*** (includes evaluation data, drs copy of contract, Quick Reference, intern picture) that will provide structure for the internship and help focus on areas that warrant special attention. This should be used during the term for education, supervision and evaluation of the intern.
 - c. **The doctor and staff will provide a thorough orientation to the clinic** that will include an overview of office procedures, personnel, practice philosophy, scheduling of hours/time-off, and the intern’s role in the clinic. (See the “Orientation” module – Week 1 of the Syllabus Workbook).
 - d. **In keeping with the Clinical Mentor model of teaching, the intern is to spend most of the 6 hours per week (T7) or 17 hours per week (T8-9) at the doctor's side, learning through observation and participation in the shared care of the patient.** It is appropriate for the intern to spend time with other personnel in the clinic on assigned tasks or to achieve specific learning objectives. However, the student is in the office to learn as much as they can, and are developing their perspective as a chiropractor from their mentor. The intern should *not* be expected to function in the capacity of a CA or other paid staff member, nor should the day-to-day function of the clinic completely depend on the presence of the intern.
 - e. **The doctor needs to *actively* incorporate the intern into their clinical patient care.** There is limited educational value in passive observation. The more a doctor is able to involve the intern in the course and process of providing care to the patient, the better prepared the student will be. A good mentor will find ways to “treat and teach” simultaneously, and may do so in a way that does not undermine the quality of care or trust of the patient. Over the course of the internship, the student should expect to gain experience in the evaluation, treatment, and physical adjustment of actual patients.
 - f. **The doctor will provide regular, ongoing feedback and instruction to the intern** through scheduled weekly supervision/case review meetings, daily “check-in” sessions, and spontaneous contact. Both the DCE Coordinators and Faculty Liaison are available to visit the site to meet with the student and doctor to process how the internship is going, to offer assistance for improving the training, and to help resolve any problems.
 - g. **The doctor must conduct a formal evaluation of the student's progress and performance at the end of the term.** After reviewing this with the student the evaluation is to be submitted to Clinical Education. We also request that the doctor verify the types of experience the intern is having by signing their adjustment record, case management, and x-ray report forms *on a daily basis*. A brief program evaluation is also requested each year for CBI faculty.
 - h. **The doctor must be present at all times within the environment when the student is interning.** The supervision of the intern’s chiropractic training must be provided by the approved, licensed Doctor of Chiropractic to whom the intern is assigned. If the faculty clinician is absent from the office for any expected or unexpected reason, follow the procedures in section 6.10.
2. It is the responsibility of the faculty clinician to manage care and to help the intern 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.

3. Learning each aspect of the office is important, and as the doctor becomes comfortable with the intern's abilities they can be incorporated into different areas within the office. The intern should not be expected to function in the capacity of a CA or other paid staff member, nor should the day-to-day function of the clinic depend on the presence of the intern.
4. Any clinical decisions in a case are to be made by the patient's faculty clinician. It is the intern's responsibility to consult with the patient's faculty clinician 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. Decision to do laboratory testing, 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
 - g. Any change in treatment plan
5. The signature of the patient's faculty clinician is required on the following documents upon their completion:
 - a. Treatment plan
 - b. Daily progress notes
 - c. X-ray request forms
 - d. Laboratory report forms
 - e. Notes for telephone consultation
7. Any clinic or patient-related problem must be brought to the attention of the faculty clinician. Maintaining communication with the faculty clinician about problems that exist is the intern's responsibility. If satisfaction is not obtained, the intern may bring the problem to the attention of Clinical Education or, if necessary, the Clinics Administrator.

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 basic duty of a front desk staff member to greet patients, answer phones, schedule appointments, filing, 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 faculty clinician if not settled by the individuals involved.

6.0 INTERNSHIP ATTENDANCE POLICIES

6.1 Primary Internship Attendance Requirements

6.1.1 T8-9 Interns

Interns are required to be in their primary clinic site from the first day of the term until the beginning of the next term. Time Away from Clinic (TAC) may be used during the term as arranged between the intern and their faculty clinician. Interns are required to be present at their primary clinic assignment a **minimum** of 17 hours each week. Because this is a minimum requirement, accumulating additional hours one week does not allow an intern to be at their clinic less than the minimum hours the following, or any other, 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 Clinical Education. There is a **minimum** requirement of 300 hours for each term (T8 & T9) using a combination of primary internship, clinical rotations, and TAC. Clinic hours and rotation hours are counted toward the quantitative requirement for the internship. These hours are recorded by interns on the Time Sheet and validated by the intern's faculty clinician. Some terms have fewer weeks than others. In this case the student and faculty clinician are responsible for managing an intern's hours within the 17 – 21 hour weekly (Monday-Saturday) range to meet the per term 300 hour minimum.

6.1.2 T7 Interns

Interns are required to be in their clinic site from the first day of the term until the beginning of the next term. Time Away from Clinic (TAC) may be used during the term as arranged between the intern and their faculty clinician. Interns are required to be present at their clinic assignment for 6 hours each week. Accumulating additional hours one week does not allow an intern to be at their clinic less than 6 hours the following, or any other, week. Interns may alter their scheduled hours within a specific week for special circumstances with the approval of their faculty clinician.

6.1.3 T7-9 Interns

Schedules and/or shifts are determined by the faculty clinician and intern using parameters established by Clinical Education. Interns are expected to remain at their clinic even though they may not have patients scheduled.

Interns are required to remain in their primary clinic until the beginning of the next term. Meeting requirements before this time does not allow an intern to leave clinic early.

Interns may leave their internship site when their shift has ended or when using any remaining TAC hours, if approved by their faculty clinician (see TAC policy).

6.2 Clinical Rotations (T8-9)

T8 and T9 interns are required to attend Chiropractic, Allopathic, and Independent Study Clinical Rotations over the length of each term. This opportunity is in conjunction with the intern's primary clinic time, and allows interns to visit and participate in a variety of clinical

settings.

6.2.1 Clinical Rotations Policy

1. Interns sign up in advance through T8 and T9 Orientation classes. Interns must notify their primary faculty clinician of any conflicts with their regularly scheduled hours and make arrangements to be away from clinic for the rotation.
2. Interns must complete these rotations. Failure to attend the rotation will result in a 1:1 TAC hours deduction.
3. Interns 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 Clinical Education. Failure to notify **both** sites will result in a 1:1 TAC hours deduction.
4. If an intern incurs a medical emergency that prevents the intern from attending a scheduled clinical rotation, the intern must submit written documentation verifying the medical emergency to 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.
5. If a rotation site cancels less than 24 hours in advance, the intern receives 1:1 TAC hours.

6.3 Clinical Case Studies Class (T8-9)

T8 and 9 interns are required to fulfill case study hours each term.

- **T8s** accomplish these hours by attending “Clinical Case Studies 1” in a classroom environment.
- **T9s** accomplish this through “Clinical Case Studies 2” (15 hours). Interns spend one hour per week going over cases with the intern’s assigned faculty clinician. The clinician needs to sign the time sheet for Case Study hours (T9s only).

This hour **does not** count towards the 300 total clinic hours required for each term. T9 interns should document this hour on their Time Sheet 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. T-9s and their faculty clinician 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, minimum of 15 minutes, adding up to one hour.

6.4 Time Away from Clinic (TAC) Policy

TAC Hours – hours that may be used in place of primary clinic scheduled hours, as approved by the faculty clinician. These hours **cannot** be carried over to the next term.

6.4.1 TAC Hours per Term

Interns are allowed (T7 - 6 hours; T8/9 - 24 hours) of TAC per trimester; and 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. Students who miss clinic and have exhausted their TAC will forfeit 1:1 clinic hours to meet the minimum weekly requirement. Although unexpected and unexcused absences are recorded as TAC hours, an absence, which is deemed professionally inappropriate by the intern’s faculty clinician or college clinic and administration, may result in suspension, dismissal, or a failing

grade for the internship.

6.4.2 Requesting TAC Hours

Interns are expected to request approval from their faculty clinician well in advance when an absence is anticipated. Sufficient notice allows the faculty clinician to effectively manage the internship learning experience. Interns taking a full week (Monday – Saturday) off will be charged a maximum of 6 hours for T7 and 17 hours for T8/9; those taking less than a full week (Monday – Saturday) off will be charged the number of hours needed to reach the 6 or 17 hour minimum. TAC hours must be taken during the term in which they are granted. Any unused TAC hours at the end of the term will count towards the 84 or 300 total clinic hours requirement for each term. Any unused TAC hours at the end of a term will **not** be carried into the following term unless notified otherwise by Clinical Education.

6.4.3 Clinic Holidays

The clinics are closed on the following days: **Memorial Day, Independence Day, Thanksgiving Day, Christmas Day**. Each intern will receive one-for-one clinic hours per his/her contracted internship hours for each of the identified campus holidays (effective Sept 6, 2005). If the faculty clinician determines other days off in the clinic, follow the procedures outlined under section 6.10.

6.4.4 Excused Absences from Clinic

Interns 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 Associate Dean, NWCC Clinical Education.

6.4.5 TAC Hours for Taking Boards

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. Interns may need to make arrangements to ensure that they meet the 84 or 300 clinic hours requirement by either taking TAC hours, making up the hours in clinic, earning additional hours through authorized university events, or through additional Rotations (T8/9). 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 complete their assigned shifts or use TAC hours to be away from clinic. Interns 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.

6.4.6 TAC Hours for Taking Tests

Interns are expected to complete their scheduled clinic hours during midterms and finals unless a test is scheduled during their clinic hours. This is not a common occurrence, however, it may happen occasionally. When this happens, an intern does not need to meet the minimum required weekly hours, or use TAC for the time required to take the test. Interns are expected to be in clinic directly before and after the test, depending on their clinic schedule. The intern is, however, required to meet the minimum number of total hours for the term. The intern needs to notify their faculty clinician about this situation as early as possible. Interns who wish to not be in clinic during midterms and finals for any other reason need to use TAC, and have made arrangements with their faculty clinicians well in advance of their absence.

6.5 Earning Additional Clinic Hours - Policy and Procedure

Interns have the option of earning additional clinic hours by volunteering at designated university events through the combined efforts of Communications and Clinical Education. Mr. John Healy, Communications Director, Room 29, will be setting-up all events, and Clinical Education will be credentialing all events.

Policy: Community involvement and community service (including spinal screenings supervised by a faculty DC and health talks at schools) sponsored by the University as approved by Clinical Education and organized by Mr. Healy qualify for clinic hours. Clinical Education and Mr. Healy will determine in advance which volunteer job descriptions at which University sponsored events qualify for credit. Development events do not qualify for clinic hours.

Purpose: Having avenues for granting hours for educational experiences outside the normal curriculum allows interns to participate without being penalized for missing time in their assigned clinic. Experiences are assessed as being valid for additional clinic hours. This system encourages experiences that enhance the intern's professional, personal, and political development, through community involvement activities.

Procedure: An intern who wishes to earn additional clinic hours needs to follow these steps:

1. contact Mr. Healy for a list of opportunities
2. document on the monthly time sheet the date, event and hours
3. have Mr. Healy, or his designated representative, sign the time sheet for hours
4. turn-in the time sheet to Clinical Education.

6.6 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 Clinics Administrator.

6.6.1 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.

6.6.2 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 clinic weeks during clinical service of terms 7, 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.

6.6.3 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.

6.6.4 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 Clinical Education 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 faculty clinician and Clinical Education periodically of his/her status. The Clinics Administrator 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.

6.6.5 Applying for Leave and Scheduling Requirements

1. An intern requesting leave for childbirth is required to give, to Clinical Education 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 Clinical Education.
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.

6.6.6 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.

6.6.7 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 6 (preceptorship) may not begin until term 7, 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 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.

6.7 Trimester 8 and 9 Splits Policy and Procedure

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

Policy:

1. Interns 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, Clinical Education, and the faculty clinician 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. Interns will incur the Split Schedule fee;
6. Interns 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;

7. Interns 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 3, or 4.

T8-2 or T9-2:

The intern takes Clinical Internship 3, or 4;

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 intern must take Case Studies and Clinic Practice in T81.);
The intern is in Clinical Internship 3 half-time;
The intern registers and pays 100% of Clinical Internship 3;
The intern receives an Incomplete, which is carried forward to, and resolved in T82, for Clinical Internship 3.

T8-2: The intern takes the remaining T8 classes;
The intern is in Clinical Internship 3 half-time;
The intern is registered again for Clinical Internship 3. However, the student pays no additional tuition.

Option B is available for the T9 classes and Clinical Internship 4. The intern can take Legal Aspects and/or the Business of Clinical Practice in either T91, or T92.

Procedure:

1. An intern requesting a Split Schedule must submit a request in writing to the Dean of Student Affairs. In this letter, the intern must detail the rationale for requesting a Split Schedule. In this letter, the intern must also include the anticipated clinic schedule that was agreed to with the faculty clinician.
2. The Dean of Student Affairs, or the Coordinator, Enrollment Support Services, shall inform the Associate Dean, NWCC Clinical Education of the student's request.
3. Once the request is approved, the intern 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 Associate Dean, NWCC Clinical Education of the intern's approved Split Schedule.

6.8 Three term limit policy

The Clinical Internship (T7 -10) program is designed to give every intern at least two different clinical experiences. If an intern desires to stay at the same clinic for all four terms, they may submit a request using the following procedure:

1. The intern shall submit a request, in writing, to the Associate Dean, NWCC 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. Also, include the following information:

- Who you would desire as a faculty clinician for the subsequent site, and
 - The desired schedule of hours you would extern at each site.
2. The hosting faculty clinician must also submit a letter in support of this action;
 3. To be considered for a 4th term at the same clinic an extern must spend the majority of clinic hours at a subsequent clinic site. The subsequent site should not be a faculty clinician involved with the Community Based Internship program. To locate this faculty clinician, the extern may use the preceptorship resources in Clinical Education, or perhaps rely on a personal recommendation of their present faculty clinician.

Considerations:

- The clinic hours for T10 are 25 – 40 per week, and a minimum of 300 for the term.
 - Externs must spend the majority of clinic hours at the subsequent preceptorship site: a **minimum** of 51% of their clinic hours. The 51% requirement includes the weekly number of combined clinic hours from both sites and the cumulative clinic hours for the entire term.
 - Externs are allowed to be at both Preceptorship sites for only the contracted hours.
4. If the request for an exception to the Two Term Limit Policy is approved, the extern must:
 - Before Clinical Internship 6 begins, submit and have approved by Clinical Education, a completed *Preceptor/Extern Learning Agreement: Contract* with specific clinic hours scheduled at both Preceptorship sites.
 - Have fulfilled the requirements to participate in Clinical Internship 6
 - Extern with a Preceptor credentialed and approved by Clinical Education.

6.9 Interning with Family Members

- 6.9.1 Clinical Internship 2 – 5 interns are not allowed to intern with family members (immediate or extended).
- 6.9.2 Clinical Internship 6 (Preceptorship) externs may contract with family members under the following conditions:

Requirements

- All clinical quantitative requirements must be completed (except T10 clinic hours);
- Complete the T10 paperwork, T9 to 10 end-of-the-term checkout process, and the doctor credentialing process.

Considerations

Preceptorship with a family member has its challenges:

- With a family member evaluating an extern, the validity of the evaluations and feedback could be in question. There is a greater likelihood of the evaluations and feedback being less objective.
- With family members, it often is difficult to maintain the role of clinician and extern. Faculty clinicians who are family often revert to their family role

instead of being a clinical mentor. The parallel dynamic often happens with the extern.

- Interns completing an externship with a family member are often related to as an employee instead of a soon-to-be doctor. This changes the dynamics and learning outcomes of the Preceptorship.
- Externs intending to practice with family members, and do a Preceptorship with them, are limiting their variety of clinical experiences.

6.10 Clinic hours during Faculty Clinician absence

There may be occasions when faculty clinicians are not present in their clinic. This could range from hours to weeks. Interns, however, must continue to fulfill required weekly hours. This may be accomplished by following the options listed below:

1. Make-up hours during that week if the doctor is away for any hours, up to one day.
2. Interning with another credentialed faculty clinician in the office. In the college clinics, interns may intern with another faculty clinician as determined by their assigned faculty, as all college clinicians have been credentialed by Clinical Education. CBI interns may intern with associate doctors in the office if they are credentialed, or “relief doctors” if they are credentialed (see Relief Doctors / Associates, section 6.12).
3. Use TAC to cover assigned clinic hours.
4. Participate in opportunities to earn additional clinic hours (see Section 6.5).

6.11 Employment Policy

Interns may not be employed at the site of their internship. Also, interns will not be assigned an internship at the site of their employment. Interns assigned to a University clinic may not be employed in that clinic. Interns employed by the University may be assigned to a University clinic if the responsibilities of their employment are not directly related to the specific clinic to which they are assigned.

Interns cannot enter into an employee/employer relationship during an internship assignment or opportunity; thus, no compensation can be made to the intern.

6.12 Relief Doctors / Associates

Faculty clinicians may submit a request to Clinical Education to have the relief doctor or associate credentialed for the time they are away from their clinic. This should occur at least two weeks before the faculty clinician leaves the office. If the relief doctor or associate meets the credentialing requirements, the intern may continue interning in the clinic under the direction of the relief doctor or associate. In CBI offices where there is more than one credentialed doctor, the intern only needs to notify Clinical Education as to which doctor they will be interning with and for what period of time.

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. Interns 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

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 intern 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 intern'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 faculty clinician is responsible for ensuring that the adjustment an intern claims on their MAR truly meets these criteria. This will require some discretion on the part of the clinician, 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 faculty clinician. It is left to the faculty clinician'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 faculty clinician 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 faculty clinician, or adjusts a staff member while being directly supervised by the faculty clinician.** To get credit, the intern must receive constructive feedback and document the interaction in via S.O.A.P. notes 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 faculty clinician;
- * the intern's function is not directly involved with delivery of patient care (i.e. only documenting the DC's treatment and not actively sharing in the patient's care);
- * the intern is strictly observing
- * an intern is adjusting his or her significant other, parent, sibling, or child, or a student, during T7-10.

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 with 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.
5. The patient should always be clearly informed of the need and purpose for the radiological examination. Interns should discuss with their faculty clinician who will be informing the patient of the need and purpose of the examination, and whether or not there are contraindications to the procedure. Most offices have a form to be signed by female patients indicating that they are not pregnant.
6. 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 suite.

9.3 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 faculty clinician 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. **Non-diagnostic films must be repeated before the faculty will issue credit for the examination.**
3. The intern, after completing the X-ray Report form, meets with their faculty clinician to review the x-rays and report. The faculty clinician will sign the report when they are assured of its accuracy and completeness.
4. Radiology Tech Guidelines

The X-ray Report form must be signed by the intern's faculty clinician for the intern to

receive tech and/or report credit.

☞ **Please Note:** Tech credit will be issued according to 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 faculty clinician 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 faculty clinician'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 the intern receiving 1 tech credit - 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).

9.4 Digital x-ray

Your faculty clinician's office may utilize a digital x-ray system. In this case, the attending intern will receive tech credit for setting-up the patient and taking the x-ray (if a report is written). There will be no credit for assists since no developing of x-rays is necessary.

9.5 State Regulations

It is the intern's responsibility to become familiar with the state regulations regarding conduction of a radiological examination. Regulations should be kept on file at the intern's assigned clinic.

State regulations also require interns to complete an X-ray Technology Orientation **before** using an x-ray unit for the first time. Students assigned to a college owned clinic will receive training from the University Radiation Safety Officer. CBI interns must complete the T7 or T9 X-ray Technology Orientation form and have it signed by their faculty clinician. T10 externs complete the T10 X-ray Technology Orientation form if they are at a clinic site different from their T7 - 9 clinic experience.

10.0 ADMINISTRATIVE RESPONSIBILITIES RELATIVE TO PATIENT CARE

10.1 Fee Explanation

During admittance, patients typically check an option regarding payment for services on the financial form. 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, except in UHS where chiropractic care is a benefit for NWSU students and employees.

10.2 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.

Any form or letter of correspondence must be signed by the faculty clinician, not the intern.

10.3 Clinic Fee Slips

Following each patient 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 should consult with their faculty clinician regarding proper completion of these forms.

11.0 INTERN ASSESSMENT

11.1 Mid-term Progress Meeting

Midway through the term, the intern and the faculty clinician 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 signed by the faculty clinician and intern, and returned to Clinical Education.

11.2 Clinic Performance Assessment

At the end of the term, the faculty clinician will complete a “Clinic Performance Assessment” (CPA), and 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 faculty clinician, and the intern will take his/her individual syllabus workbook to the new site to continue achieving the learning objectives.

11.2.1 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.

11.3 Intern Experience Evaluation

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

11.4 Intern Self Assessment

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

12.0 PROBLEM RESOLUTION

Policy: When problems emerge in a clinic placement, the college or CBI administration will work with the student and faculty clinician towards resolution of the issue(s), hopefully, 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 clinicians in addressing educational/behavioral needs of the intern and maintaining the integrity of their practice, 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. Most problems are the result of ineffective communication between the involved parties. It is the responsibility of both student and supervising clinician to work towards keeping open lines of communication, have direct and specific conversation(s), and attempt to identify and work through any issues before they become significant problems.
2. Seek guidance and support from the Curriculum or Assessment Coordinators in Clinical Education. They will work with the person who initiates contact to brainstorm strategies for dealing with identified problems. Clinical Education supports the intern or faculty clinician resolving issues without our involvement unless it is necessitated by University or Clinical Education policy and procedure.
3. If the situation is not improving, a meeting will be scheduled that includes the clinician, the student, and one of the Clinical Education Coordinators. The latter will serve as a mediator to help resolve the situation advocating for the needs of the student or faculty clinician and the standards of the program.
4. The Clinical Education Coordinator 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 faculty clinician, may request a "Clinic Transfer" for the student from the Associate Dean, NWCC 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.

6. In cases of *extreme* necessity, interns may be immediately removed from their assigned clinic for protection of either the faculty clinician or student.

13.0 CONSEQUENCES FOR INAPPROPRIATE CONDUCT

Students, at any point during their clinical education experience, are expected to conduct themselves in a mature, professional manner. This includes, but is not limited to, any interaction within the University, their assigned clinic site on or off campus, and/or personnel involving any aspect of the clinical education experience which may or may not have a direct relationship with the University.

- 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 2, 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
- K. Loss of the opportunity to apply for and/or receive a license to practice chiropractic

14.0 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 Northwestern College of Chiropractic 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.

1. Perform at least forty (40) 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 include an appropriate history and

examination. Order, perform, and integrate the data for case management and follow-up from appropriate services. Of these 40 clinical examinations, a minimum of thirty-five (35), different, complex case types, requiring a higher order of clinical thinking and integration of data, must be evaluated and managed, including 10 live-patient (8 non-student), five (5) of which may be paper-based.

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. Authorized chiropractic adjustments will carry over from the University Health Service.
8. Perform a minimum of seventy-five (75) adjustments that are directly supervised and assessed by the faculty clinician.
9. Accumulate the minimum number of clinic hours for Clinical Internship 2 (T7), 3 (T8), and 4 (T9).
T7: clinic hours, added with TAC hours, for a minimum total of **84** hours
T8: clinic hours, added with rotation and TAC hours, for a minimum total of **300** hours
T9: clinic hours, added with rotation and TAC hours, for a minimum total of **300** hours
A minimum of 6 or 17 clinic hours(T7 – 6; T8/9 – 17) must be earned **each** week for the entire term. The number of weeks in a term may vary.

During T7-10, **none** of these services 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).

Adherence to all of these requirements, plus completion of all Syllabus and Rotation Assignments will qualify each intern for T10 Preceptorship.

All administered services and procedures must be listed on the Monthly Adjustment Record (MAR), X-ray Report form, and/or Case Management form and submitted **daily** to the faculty clinician for signature approval. Faculty clinician signatures must be hand-written. The use of signature stamps is unacceptable, and paperwork will be returned for appropriate signing with no credit given to the student. Credit will be considered when the paperwork is returned with proper original hand-written signatures. The following procedure for the transmittal of interns' monthly paperwork is in affect to meet federal regulations regarding patient privacy. This

procedure helps us comply with the Health Information Portability and Accountability Act (HIPAA) regulations to safeguard patient information as we verify student achievement to meet CCE standards. The procedure for transmitting interns' monthly paperwork to Clinical Education follows:

- Monthly paperwork remains in the interns' assigned clinic until forwarded to Clinical Education by the faculty clinician.
- Faculty clinicians submit their students' monthly paperwork to Clinical Education (Attn: Jennifer) per the monthly deadlines. Paperwork must be in a sealed and secured envelope. Faculty clinicians can submit the paperwork to Clinical Education by US mail, Northwestern Interdepartmental courier, or in person by hand delivery. "In-person hand delivery" means the assigned faculty clinician is making the delivery to our office. Interns **cannot** deliver monthly paperwork to Clinical Education.
- Interns document their clinic activity on the official Clinical Education forms (available in our office or our 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 sent to Clinical Education by the **1st day** of the next month.

Following are requirements for completing monthly paperwork:

1. Monthly Adjustment Record
 - 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**.
 - c. 75 adjustments need to be directly observed by the faculty clinician and their assessment recorded on the MAR.
2. Clinical Examinations
 - a. Clinical examinations are to be recorded on the Case Management forms as Non-complex or Complex.
 - b. This form will allow interns to record up to 3 different clinical examinations per form.
 - c. To receive credit for an exam the intern needs to submit a Case Management form (**Clinical Education form only**). A Case Management form is completed for every new patient exam. Credit is not allowed for reexaminations. Interns fill in the appropriate exam information on the front using case protocols provided on the back of this form. The month/year recorded on the form is the month/year the initial exam was performed. The intern and faculty clinician meet to review the patient file, discuss the case, and sign the form.
3. X-Ray Studies
 - a. X-ray tech, assist, and report credit are recorded on the X-ray Report form.

Complete the front and back of the form (**Clinical Education form only**). The intern and faculty clinician meet to discuss and sign the form.

Only the views for which the intern is taking credit should be listed.

- b. The tech, assist, and report bubble columns on the X-ray Report form must be filled-in accurately. Techs and assists cannot be recorded for the same patient.

X-ray assists:

Credit for copying x-rays or other miscellaneous x-ray duties is recorded on the back page under the "other" section.

- c. 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.
 - The standard views must be contained in each series 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 Tests

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

5. Timesheet

- a. Complete the "total hours" column of the timesheet to receive credit.
- b. The timesheet should be completed by the intern and signed by the faculty clinician on a daily basis. Record TAC time on the timesheet to receive clinic hours when absent from clinic. TAC time taken during the term does count toward the required 300 clinic hours. TAC time not used during the term will be added as clinic hours at the end of the term.
- c. Interns will receive 1:1 clinic hours for each of the four major holidays that fall during the contracted hours that particular term. This includes Memorial Day, Independence Day, Thanksgiving Day, and Christmas Day,
- d. Interns receive 1:1 clinic hours for a Rotation Program visit provided this does not interfere with their normal clinic shift. If it does, the intern will receive clinic hours for time spent at the rotation facility and will not receive time for their missed contracted hours.
- e. Community involvement (health fairs, sporting events, school talks, etc.) pre-approved by Clinical Education, and John Healy, Communication Director, should be reported on the timesheet as it occurs, and signed by John Healy, or a designated representative. This allows Clinical Education to track how many clinic hours interns have earned each month.
- f. Interns are expected to meet the number of weekly clinic hours even though their faculty clinician may be absent. In this instance, the intern can participate with patients via a relief doctor, approved by Clinical Education. Interns may also make arrangements with Clinical Education to participate in Rotations or use TAC hours.

6. Communication

- a. Clinical Education has two main avenues of communication with interns – email and personal folders. The folders are located on the front desk as you enter the Clinical Education office.
- 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 T7, T8, and T9 with the Clinic Requirements Coordinator.
- b. **T7 & T8:** Interns will be notified near the end of the term (via email) regarding the check-out process which occurs online.
- c. **T9:** If all paperwork (including monthly) is not present or completed accurately, check-out is not complete. Interns who have not completed clinical requirements by the end of the 9th term **will not** be allowed to participate in the Preceptorship program.
- d. Interns will progress to the next term only when check-out procedures and paperwork have been approved. If all paperwork has not been turned-in by the end of the term, students will receive an *Incomplete (I)* grade. Incomplete grades must be resolved with-in the first 4 weeks of the next term or the Incomplete will turn into an "F".

8. General

- a. Any MARs not completed in their entirety, or completed incorrectly, will be returned to the faculty clinician, and no credit will be issued until the MAR has been completed correctly and returned to Clinical Education. MARs must include both intern and faculty clinician signatures, dates, and first and last patient names. It is a good practice to make copies of your MARs and time sheets before submitting them to your faculty clinician; keep these for your educational records at your clinician's office.
- b. Interns receive credit for services administered to clinic patients except for their own family members or other NWCC students (with the exception of x-ray techs). Credit will be issued accordingly.
- c. Interns receive hours and credits for interning at their assigned clinic site. The only exception is for interns taking x-rays at another doctor's office for tech credit.

A *Progress Report Summary* will be generated at mid term and given to each intern, itemizing requirement credits to date. It is the intern's responsibility to resolve problems related to their requirements by contacting Jennifer in 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.

14.1 Early Graduation Policy

14.1.1 Policy

Interns/externs 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.***

14.1.2 Procedure

1. Requests for early program completion must be made in writing to the Associate Dean, NWCC Clinical Education ***no later than three (3) weeks into the student's 10th term.*** In this letter, the intern/extern 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 intern/extern 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 Associate Dean 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 intern/extern 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 requirements);
2. the request for the shortened preceptorship has the approval of the supervising preceptor;
3. arrangements will be made with all facets 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.

An intern/extern 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 Associate Dean, NWCC Clinical Education.

15.0 CLINICAL INTERNSHIP 5 / 6 (T10)

15.1 Preparing for T10

Begin the process of looking for an Externship early. Clinical Education needs time to send the application, receive it, credential the doctor, and notify the state board. Certain states have deadlines to meet for contracts (e.g. SD, WI), and applications to complete (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 extern is doing T10.

15.2 Clinical Internship 5

Interns 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.

15.3 Clinical Internship 6

Clinical Internship 6 is also known as T10 Externship (Preceptorship) which is a specialized program available to interns through Clinical Education.

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

- 1) verified satisfactory completion of all **T1 - T9** curriculum coursework, including electives,
- 2) satisfactory completion of all internship requirements (i.e. quantitative, workbook assignments, and rotations) verified by the Clinical Education Coordinator
- 3) the Externship doctor and placement has been approved by Clinical Education,
- 4) T9 check-out has been completed with the Clinical Education Coordinator,
- 5) the 9th trimester has ended and the 10th trimester has started,
- 6) the *Preceptor/Extern Learning Agreement: Contract* has been completed and signed by the Preceptor and intern and returned to Clinical Education prior to beginning the externship, and
- 7) Clinical Education has authorized the student to start the externship.

For Clinical Internship 6, interns research and arrange their own placement for T10 using

resources and counsel from Clinical Education.

Students with signed contracts with an authorized doctor approved by Clinical Education are covered by malpractice insurance and qualify for earning credit toward completing requirements for graduation. Students who have not turned in a signed contract and/or are doing clinical activities without being authorized by Clinical Education will not receive credit toward completing requirements for graduation.

15.4 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 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. 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 Clinical Education. Instructions for this assignment will be given to interns/externs in their T10 packet.
4. Complete and turn-in Time Sheets to Clinical Education at the end of each month – clinic hours are required for T10.
5. Have your faculty clinician complete a midterm and final evaluation. Discuss these forms with your faculty clinician and turn-in to Clinical Education.
6. A Preceptorship Experience Evaluation must be completed and turned-in to Clinical Education at the end of the term

15.5 T10 Externs Contracted with Family Members

Clinical Internship 6 (Preceptorship) externs may contract with family members under the following conditions:

Requirements

- All clinical quantitative requirements must be completed (except T10 clinic hours);
- Complete the T10 paperwork, T9 to 10 end-of-the-term check-out process, and the doctor credentialing process.

Considerations

Doing a Preceptorship with a family member has its challenges:

- With a family member evaluating an extern, the validity of the evaluations and feedback could be in question. There is a greater likelihood of the evaluations and feedback being less objective.

- With family members, it often is difficult to maintain the role of clinician and extern. Faculty clinicians who are family often revert to their family role instead of being a clinical mentor. The parallel dynamic often happens with the extern.
- Externs completing an externship with a family member are often related to as an employee instead of a soon-to-be doctor. This changes the dynamics and learning outcomes of the Preceptorship.
- Externs intending to practice with family members, and do a Preceptorship with them, are limiting their variety of internship experiences.

15.6 Non-compete Clauses – Clinical Internship 6

Externs participating in the T10 Preceptorship program may be asked by their preceptor to sign a non-compete clause. The following information is specific to this situation.

- It is acceptable for doctors supervising 10th trimester externs to ask them to sign a non-compete statement. A non-compete statement ought to be reasonable with respect to distance and duration and take into consideration the chiropractic and community demographics of the local area.
- Externs have the option of negotiating the terms of the non-compete statement.
- Externs have the option of not signing the non-compete statement.
- The faculty clinician has the option to not accept an extern who will not sign a non-compete statement.

Clinical Education has the following expectations about non-compete statements:

- Doctors who want externs to sign a non-compete statement will present the statement to the extern prior to negotiating the T10 Learning Agreement & Contract, and therefore, also before the extern starts the T10 externship;
- Neither the faculty clinician, nor the extern, will require renegotiation of the non-compete statement after the T10 contract is signed or after the externship commences;
- If either party requests a renegotiation of the non-compete statement after the T10 contract has been signed, neither party will make continuing the externship placement contingent on renegotiating the non-compete statement.

15.7 Employment Policy

Interns/Externs may not be employed at the site of their internship. Also, interns/externs will not be assigned to the site of their employment. Interns/externs assigned to a University clinic cannot be employed in that clinic. Interns/externs employed by the University may be assigned to a University clinic if the responsibilities of their employment are not directly related to the specific clinic to which they are assigned.

Interns/externs cannot enter into an employee/employer relationship during an internship / externship (preceptorship) assignment or opportunity; thus, no compensation can be made to the intern/extern.

15.8 Preceptor Responsibility

Clinical internship requires a contract between a specific extern and faculty clinician. This

faculty clinician needs to be physically on-site and immediately available to the extern during the externship. Alternative arrangements need to be made if the faculty clinician is not physically on site and available to the extern. To receive credit for clinical hours and activities, the alternative arrangements must be approved by Clinical Education in advance of the primary doctor's absence.

15.9 Post-graduate Preceptorship Program

This program can be utilized in some states between graduation and receiving a Chiropractic license. 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 five or more years.

16.0 DOCUMENTATION DIRECTORY

Quantitative Requirements

(must be completed before you can participate in the Preceptorship Program)

Adjustments	250	
Assessed adjustments	75	
Case Managements (use CE Case Mgmt Form)	40	(35 must be Complex Cases)
X-Ray Techs	20	
X-Ray Reports (use CE X-Ray Report Form)	22	
Lab Requirements		(usually done in Dr. Moe's CCS 1 Class)
Urinalysis with report	25	
Hematology – CBC w/ Report		20
Hematology – Chem., et. al.	10	
Case Study Hours (T9s Only)	15	separate from Clinic hours
Clinic Hours T8/9 (1° site & rotations)	300	ea term (no carry-over) 17 minimum each wk
Clinic Hours T7 wk	84	each term, no carry-over; 6 minimum each wk

Items to be mailed on the first of the following month, by your supervisor

Timesheet	Signed by both your doctor and yourself
MAR Form	The top section must include Clinic ID# and Student ID #. Please have your doctor initial for each "bubble" filled in.
Case Management Forms	Complete up to 3 different cases on this form for exam credit
X-ray Form	Complete X-ray forms for X-ray tech and report credit
Monthly Activity Log	Please make sure your name and ID# along with your Doctor's name and ID# are complete.
Monthly Condition Tracking	Complete as directed on form and submit monthly.

Additional paperwork that needs to be completed and returned during the term.

Midterm Evaluation	This is completed during your mid term meeting between you and your Doctor. This form needs to be brought back to Clinical Education by the due date listed on the form.
Self Assessment	This form is to be completed online by the end of the term.
Clinical Internship Experience Evaluation	This form is to be completed online by the end of the term.

Points to remember

T7 - T9: Clinic placement assignments are made through a placement process.

T10: You are responsible for locating your own preceptorship, using our office as a resource. 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

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.

AP and lateral sacrum or AP and lateral coccyx = 1 tech

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 frogleg 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. film copying, mixing chemicals, cleaning processor, sensitometer-densitometer readings, etc.). MRI and CT scans may be copied for 1/2 tech credit each. No report credit is given for MRIs and CT scans.

A maximum of 1/2 the assigned tech credit is available for one additional intern who assists the 1^o intern receiving full tech credit. 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).