

# **NWCC Chiropractic Physicians Associate Program Learning Agreement**

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*This learning agreement is designed to help the extern and the preceptor develop and document an individually tailored educational program which addresses the learning concerns and objectives of the extern.*

## ***Instructions***

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- 1. Meet with your preceptor and complete page one: the Brainstorming Worksheet.*
- 2. Complete page two, the Learning Plan, which can be used as a reference guide throughout the Preceptorship Program.*
- 3. Meet with your preceptor to discuss these learning objectives and sign page four as a contract between you, the preceptor, and NWCC.*
- 4. Make a copy to keep for your records, and then return the Contract (page four ) to the  
Department of Clinical Education  
Northwestern Health Sciences University  
2501 West 84th Street,  
Bloomington, MN 55431-1599  
(fax: 952-886-7593)*

T10 Externship (i.e. Preceptorship) is a specialized program available to students through Clinical Education. Students are eligible for an externship during their 10<sup>th</sup> trimester if they have completed all clinical requirements.

Students can leave a University or CBI clinic for a 10<sup>th</sup> trimester externship experience when the following criteria have been met: 1) the Externship doctor and placement has been approved by Clinical Education; 2) all internship requirements (i.e. quantitative, workbook assignments, and rotations) have been verified by the Clinical Education Coordinator as complete; 3) the face-to-face T9 check-out has been completed with the Clinical Education Coordinator; 4) the 9<sup>th</sup> trimester has ended and the 10<sup>th</sup> trimester has started; 5) Clinical Education has authorized the student to start the externship.

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.

## PRECEPTOR/EXTERN LEARNING AGREEMENT: BRAINSTORMING WORKSHEET

Use this form with your preceptor to brainstorm learning objectives, to identify elements of the program that should be emphasized, and to negotiate roles and responsibilities for both parties.

PROGRAM OBJECTIVES	PRECEPTOR	EXTERN
<p><b>ENHANCING PROFESSIONAL SKILLS</b></p> <p><i>History &amp; Exams</i> Eliciting a pertinent and complete history Conducting an examination Selecting and ordering further examinations as warranted</p> <p><i>Diagnosis &amp; Treatment</i> Arriving at a diagnostic conclusion Determining the therapeutic rationale for treatment Selecting priorities of care Preparing a treatment regimen Understanding rationale for alterations to treatment regimens Making a proper referral Dealing with multiple health problems</p> <p><i>Communication</i> Communicating findings and recommendations to patients Enhancing patients' understanding of health concerns Mastering communications with other professionals Refining communication skills with patients Motivating patients' compliance with care</p> <p><i>Methods &amp; Techniques</i> Refining chiropractic methods Applying and refining adjustment techniques</p> <p><i>Therapies &amp; Supplemental Care</i> Applying adjunctive therapies Selecting supplemental care Instructing patients on in-home care</p>		
<p><b>THE ENHANCEMENT OF PRACTICE MANAGEMENT SKILLS</b></p> <p><i>Banking and Accounting</i> Understanding accounts payable/receivable Understanding insurance claims and filing Understanding business tax reporting Developing marketing methods Understanding capital expenditure</p> <p><i>Staffing</i> Hiring clinic personnel Managing clinic staff Evaluating staffing needs</p>		
<p><b>THE ENHANCEMENT OF CHIROPRACTIC ATTITUDES TOWARD PATIENT CARE</b></p> <p>Appreciation of the chiropractic orientation to health and disease Understanding of chiropractic science and its relationship to patient care Recognition of the chiropractic arts as a unique combination of knowledge, skills, and experience applied to patient care</p>		

## PRECEPTOR/EXTERN LEARNING AGREEMENT: EDUCATIONAL PLAN

*Focus the kind of learning experience you want to have during your externship by developing a number of learning objectives. Identify one or more learning objectives in each of the following categories, with two to four specific strategies for each objective, and one method of evaluation for each objective. Additional objectives may be added at any point during the term.*

<b>ENHANCING PROFESSIONAL SKILLS</b>			
<b>LEARNING OBJECTIVES</b> <i>What I want to learn</i>	<b>TASKS AND STRATEGIES</b> <i>How I am going to learn the objective</i>	<b>EVALUATION</b> <i>How I am going to demonstrate that I attained the objective</i>	<b>TARGET COMPLETION DATE</b>
<b>ENHANCING PRACTICE MANAGEMENT SKILLS</b>			
<b>LEARNING OBJECTIVES</b> <i>What I want to learn</i>	<b>TASKS AND STRATEGIES</b> <i>How I am going to learn the objective</i>	<b>EVALUATION</b> <i>How I am going to demonstrate that I attained the objective</i>	<b>TARGET COMPLETION DATE</b>
<b>ENHANCING CHIROPRACTIC ATTITUDES TOWARD PATIENT CARE</b>			
<b>LEARNING OBJECTIVES</b> <i>What I want to learn</i>	<b>TASKS AND STRATEGIES</b> <i>How I am going to learn the objective</i>	<b>EVALUATION</b> <i>How I am going to demonstrate that I attained the objective</i>	<b>TARGET COMPLETION DATE</b>

## PRECEPTOR/EXTERN LEARNING AGREEMENT: CONTRACT

<b>PRECEPTOR</b> (Supervising Doctor)	<b>EXTERN</b> (Student)	<b>Department of Clinical Education</b> <b>Northwestern College of Chiropractic</b> 2501 West 84 <sup>th</sup> Street Bloomington, MN 55431-1599 Phone: 952-885-5426 Fax: 952-886-7593
Name _____	Name _____	
Address _____	Address _____	
Phone _____	Phone _____	

### TERMS OF THE PROGRAM

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Hours Per Week \_\_\_\_\_

**PRECEPTOR:** I have discussed this externship program with the undersigned student and have negotiated and assigned the responsibilities related to the during the term. I agree that the student is functioning under my license and that I must be present whenever patient contact occurs. I understand and agree that my insurance carrier may be liable in the event of a malpractice claim made against the extern. I further agree that I am responsible for any expenses not covered by insurance.

Print or type name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

**EXTERN:** I understand and accept the responsibilities/assignments which appear in the *Preceptor/Extern Learning Agreement: Educational Plan* and I agree to complete them promptly and to the best of my ability. I accept the obligation of confidentiality in my relationship with patients and the preceptor's office. I agree to familiarize myself with and to adhere to the relevant office policies, procedures, and functions and to the appropriate standard of ethical conduct. I agree that I will not do anything that would harm or jeopardize my preceptor's practice, including attempting to solicit their patients when I leave, or opening a competing practice in the immediate geographic area. I will not present myself as a licensed chiropractor nor allow others to remain under that misperception. I will not be present in this office when the preceptor is not present. I understand that this is not an offer of employment and that I am not eligible for any benefits, including compensation or unemployment compensation.

Print or type name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

PLEASE MARK CURRENT STATUS OF BOARDS (COMPLETED & PASSED): Part I \_\_\_\_\_ Part II \_\_\_\_\_ Part III \_\_\_\_\_ PT \_\_\_\_\_ Acup \_\_\_\_\_ Part IV \_\_\_\_\_

\*Office use only: Current DC Application on File Y/N Appointment Letter Sent \_\_\_\_\_ Board Letter Sent \_\_\_\_\_