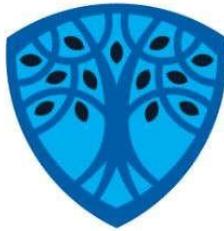


# College of Chiropractic Intern's Clinic Handbook 2025-2026



**NORTHWESTERN  
HEALTH SCIENCES  
UNIVERSITY**

**College of Chiropractic**

Clerkships 1 - 4  
Clinical Internships 1 - 5

# Table of Contents

1.0	Introduction .....	1
1.1	College of Chiropractic Mission Statement.....	1
1.2	Northwestern Health Sciences University Vision Statement .....	1
1.3	NWHSU College of Chiropractic Statement of Purpose .....	1
1.4	NWHSU College of Chiropractic’s Health Care Model.....	2
1.5	Clinical Education Mission Statement .....	3
1.6	Statement on Chiropractic Scope and Practice .....	3
1.7	Statement on Technique Policy.....	3
1.8	Definition of Unpaid Internship .....	4
2.0	Clinic Administration & Structure .....	4
2.1	Clinic Administration.....	4
2.2	NWHSU Clinic Locations .....	5
2.3	Community Based Internship Program (CBI).....	6
2.4	Preceptorship Program.....	6
2.5	Clinic Faculty and Staff.....	6
2.6	Clinic Fee Structure and Payment Policies .....	7
3.0	Clinic Assignment Procedures .....	7
3.1	Clerkship Placement .....	8
3.1.1	CS1 Placement .....	8
3.1.2	CS2-CS4 Placement.....	8
3.2	T3/T6 Clinical Experience.....	9
3.3	Internship Placement .....	10
3.3.1	CI1 Placement .....	10
3.3.2	CI2 Placement .....	10
3.3.3	CI3-CI4 Placement.....	11
3.4	Clinical Internship 5 Preparation & Placement.....	11
3.4.1	Preparing for CI5 (T10) .....	11
3.4.2	CI5 Placement .....	11
3.5	Clinical Rotations.....	12
4.0	Professionalism, Ethics and Conduct.....	12
4.1	Dress Code Policy .....	12
4.2	Ethical Consideration .....	12
4.3	Non-Compete Agreement.....	13
4.4	Employment Policy .....	13
4.5	Problem Resolution Policy.....	14
4.6	Academic Dismissal.....	14
4.7	Consequences for Inappropriate Conduct.....	15
5.0	Non-Discrimination & Non-Harassment in the Internship Setting .....	15
6.0	Responsibilities within Clinical Environments.....	17
6.1	The Student-Patient Relationship.....	17

6.2	The Student-Clinic Faculty Relationship .....	18
6.3	Preceptorship Responsibility .....	20
6.4	The Student-Front Desk Staff Relationship .....	20
6.5	Interning with Family Members .....	21
6.6	Business Card Policy .....	21
7.0	Clinic Attendance Policies .....	22
7.1	Clerkship Attendance Requirements .....	22
7.2	Primary Internship Attendance Requirements .....	22
7.2.1	Clinical Internship 2 (T7) .....	22
7.2.2	Clinical Internship 3 (T8) .....	23
7.2.3	Clinical Internship 4 (T9) .....	23
7.2.4	Clinical Internship 5 (T10) .....	23
7.3	Clinical Rotations Policy .....	24
7.4	Time Away from Clinic (TAC) Policy .....	25
7.4.1	Internship Absence Categories .....	25
7.4.2	Clinic Holidays .....	26
7.5	Earning Clinic Hours .....	26
7.5.1	Clinic Hours During Faculty Clinician Absence .....	27
7.5.2	Relief Doctors/Associates .....	27
7.6	Absence Policy .....	27
7.6.1	Pregnancy and Childbirth Absence Planning .....	27
7.7	Early Leave Policy for Preceptorship Relocating .....	28
7.8	Split Clinic Schedule Policy .....	28
7.9	Two-Term Limit Policy .....	29
8.0	Intern Malpractice Insurance .....	30
9.0	Patient Care Records .....	30
9.1	Necessary Standards for Record-Keeping .....	31
9.2	Documenting Valid Adjustments .....	31
10.0	Intern Use of X-Ray .....	33
10.1	Guidelines for Performing Radiological Examinations .....	33
10.2	Ordering the Radiological Examination .....	34
10.3	Intern Credit for Diagnostic Imaging (DXI) Reports .....	34
10.3.1	Credit in CI2 .....	34
10.3.2	Credit in CI3-CI5 .....	34
10.4	State Regulations .....	35
11.0	Intern Assessment & Evaluation .....	35
11.1	Assessment through Internship Assignments .....	35
11.1.1	Northwestern Integrated Clinical Exams (NICE) .....	36
11.1.2	Midterm Meeting .....	36
11.1.3	Clinical Internship Experience Survey .....	36
11.1.4	Self-CEX Self-Assessment .....	36
11.2	Assessment of Clinical Competencies .....	36

11.2.1	Remediation and Learning Supplements .....	37
12.0	Quantitative Graduation Requirements .....	38
12.1	Documentation of Clinical Requirements.....	38
12.1.1	Adjustment Records.....	39
12.1.2	Case Managements .....	39
12.1.3	Clinic Hours.....	39
12.1.4	Radiology Reports (Dxl) .....	39
12.1.5	Rotation Hours.....	40
12.2	Grading Submission Deadline.....	40
12.3	Submission & Dashboard Expectations .....	40
13.0	Graduation .....	40
13.1	Early Graduation .....	41
13.2	Post-Graduate Preceptorship Program.....	42

# 1.0 Introduction

Clinical training builds throughout the entire curriculum, beginning with observation, and progressing to mentored patient contact for competent and successful chiropractic practice. Students develop their patient care skills through a variety of real-world experiences in the clinics of Northwestern Health Sciences University, with chiropractic doctors working in private practice settings, and through community service-learning environments.

Interns in their last 16 months at Northwestern Health Sciences University (NWHHSU) will be engaged in an exciting and diverse range of unpaid clinical experiences. These may occur in one of the college's own clinics, in one of the Community Based Internship (CBI) sites, a Preceptorship-Only site, or a combination of all of these. The NWHHSU 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 healthy 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 NWHHSU College of Chiropractic's Vision Statement and Health Care Model.

## 1.1 College of Chiropractic Mission Statement

The College of Chiropractic prepares future chiropractors as leaders for the delivery and advancement of evidence-informed practice, applying whole-person, patient-centered health care through excellence in education, professional and scholarly activity, clinical service, and community engagement.

## 1.2 Northwestern Health Sciences University Vision Statement

We are a premier health sciences university creating a healthier world. Live, Learn, Serve Healthy!

## 1.3 NWHHSU 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.

## 1.4 NWHSU College of Chiropractic's Health Care Model

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

The College of Chiropractic's model of health care embraces the responsibility to respond to the health care needs of the patient, as they relate to clinical problems and promotion of optimal health. This model is based on the principle that the body's innate recuperative power is affected by and integrated through the nervous system.

With this underlying philosophy, chiropractic's patient-centered perspective incorporates both therapeutic and preventative approaches. The therapeutic approach promotes improved health through the diagnosis and management of clinical conditions. The preventive approach requires attention to the patient's health behaviors, and the maintenance of optimum body structure and neural function. Chiropractic recognizes and places particular attention on the adjustment, correction, and prevention of the subluxation complex in the preservation and restoration of health.

Doctors of Chiropractic employ their knowledge, clinical skills, and 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 dysfunction;
  - 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 benefit the patient.

## 1.5 Clinical Education Mission Statement

Our Mission: to create competent and confident Doctors of Chiropractic prepared to practice successfully in the ever-evolving healthcare environment. Clinical Education dedicates itself to providing students with a nurturing, skill-building environment leading students to achieve clinical competency.

## 1.6 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.

## 1.7 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.

## 1.8 Definition of Unpaid Internship

Individuals who participate in the clinical internship educational program must meet the following criteria:

1. The internship, even though it includes actual operation of the facilities of the CBI/Preceptorship Only clinic, is similar to training that would be given in an educational environment.
2. The internship experience is for the benefit of the intern.
3. The intern does not displace regular employees but works under close supervision of a credentialed faculty clinician.
4. The faculty clinician that provides the training derives minimal or no immediate advantage from the activities of the intern and on occasion its operations may be temporarily impeded.
5. The intern is not necessarily entitled to a job at the conclusion of the internship.
6. The faculty clinician and the intern understand that the intern is not entitled to wages for the time spent on the internship. If all the factors listed above are met, an employment relationship does not exist under the FLSA, and the Act's minimum wage and overtime provisions do not apply to the unpaid intern.
7. Further, the individual is not eligible for any benefits, including unemployment or workers' compensation.

## 2.0 Clinic Administration & Structure

### 2.1 Clinic Administration

The outpatient clinical experience is cooperatively managed through Clinical Education and Clinical Services.

The Clinical Education Department is responsible for the academic components of the clerkships and internships, including the student placement process and the tracking and verification of quantitative requirements for graduation.

<b>Clinical Education Department</b>		
Director, Clinical Education Dept. Dr. Adam Dunham		
<b>Clinical Education Coordinator</b> Jill Mulder  CBI/Preceptor Credentialing Background Checks T10 Experience Rotations Combining T8/T9 T8-T10 Clinic Placement Chiropractic in Underserved Communities	<b>Clinical Education Coordinator</b> Ally Gellatly  HIPAA Training & BLS Completion Tracking T6-T7 De Rusha Clinic Placement Combining T8/T9 Zoho Clinical Graduation Requirements Supervisor Intern Summary Reports Assessment & Evaluations Early Preceptorship Eligibility T5 -T10 Checkout Verification	<b>Assistant Professor</b> Dr. Melissa Kolb  Instructor for various courses in the CoC including Clinical Ed Dept. Clerkship 1- 4 Placement Grader for T8-T10 Assignments Grader for Case Managements Facilitator of Intern Remediation

<b>Clinic Administration</b>		
Vice President of Academic Clinics & Dean of College of Chiropractic Dr. Katie BurnsRyan		
Director, Human Performance Center Dr. Jennifer Watts	Director, Academic Clinics Dr. Stacy Neal Academic & Community Clinics: De Rusha, HPC, ICM & ZaRah	Director, Bloomington Clinic Dr. Marty Caron
Department Chair for Chiropractic Clinics Dr. Matthew Thronson Academic & Community Clinics		Clinic Operations Administrator Carissa Marsh Clinic Operations: Bloomington & De Rusha Clinics
Human Performance Center (HPC) <a href="#">Providers</a>	De Rusha Clinic <a href="#">Providers</a>	Bloomington Clinic <a href="#">Providers</a>

Clinic Services manages the De Rusha Clinic, the Bloomington Natural Care Clinic and Human Performance Center. Chiropractic interns participate in all 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. Clinic Services interacts closely with the Clinical Education Dept. to ensure that students are supported in their clinical and professional development.

## 2.2 NWHSU Clinic Locations

Chiropractic students participate in patient care at the following locations.

### NWHSU-BLOOMINGTON CLINIC

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

### DE RUSHA CLINIC

2501 West 84th Street  
Bloomington, MN 55431  
(952) 885-5415

### HUMAN PERFORMANCE CENTER (HPC)

2501 West 84th Street  
Bloomington, MN 55431  
(952) 214-1176

### ZARAH INTEGRATED ROOT CENTER

1200 W Broadway  
Minneapolis, MN 55411  
(952)214-1194

### INTEGRATIVE CLINIC OF MINNESOTA (ICM)

#### AT FAMILY TREE CLINIC

1919 Nicollet Avenue  
Minneapolis, MN 55403  
(952) 873-6048

*(Locations and hours are subject to change at the sole discretion of the University.)*

In addition, approximately 180 private practices in Minnesota participate in the [Community Based Internship Program \(CBI\)](#), and approximately 283 private practice sites in the [Preceptorship Program](#).

## 2.3 Community Based Internship Program (CBI)

Community Based Internship sites are found throughout the Minneapolis-St. Paul Metroplex and surrounding suburbs. More recently the CBI process has also been extended to include the St. Cloud, Rochester, and Mankato regions with a radius of 100 miles from the University. The distance is capped at this radius because periodically students need to return to campus. Interns can participate in CBI educational placement in their 8th through 10th terms. NWSU's Bloomington Clinic is considered a CBI site, as well. Services offered varies by location, for a complete list of these sites visit the [CBI Sites Page](#) of the Clinical Education SharePoint Website.

## 2.4 Preceptorship Program

Preceptorship allows students in Clinical Internship 4 (T9) and/or Internship 5 (T10) to work with a practicing chiropractor in the field anywhere in the United States as well as internationally. Only interns that have combined their didactic coursework of T8 and T9 during their eighth term and fulfilled and passed all elective requirements are eligible for an Early Preceptorship for CI4. There is an approval process for these sites, performed by the Clinical Education Department. This opportunity provides students the ability to practice with their mentor, become accustomed to an area they are interested in practicing and even future employment or ownership in some instances.

Students that participate in a preceptorship opportunity must have all clinical graduation requirements completed to be eligible for this experience. See the [Preceptorship Page](#) of the Clinical Education SharePoint Website for a list of current sites.

[Preceptorship State Restrictions](#)  
[Preceptorship State Requirements](#)

*Please confirm with Clinical Education and your state of interest, as the information within the links provided is subject to change without notice.*

## 2.5 Clinic Faculty and Staff

The NWSU clinics are staffed by faculty from the College of Chiropractic and the College of Health and Wellness. In most instances, recommendations involving overall clinic policy matters are developed by the Quality Assurance Committee which includes oversight by the Vice President of Chiropractic & Academic Clinics. 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 university-owned clinic, residents in roentgenology, orthopedics, or clinical chiropractic may be present. These residents are licensed Doctor of Chiropractic who also assist with intern instruction and patient care.

Private practice doctors in the CBI program are considered Associate Clinic 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 NWSU, 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.

## 2.6 Clinic Fee Structure and Payment Policies

### NWHSU STUDENT LEARNING CLINICS

<https://www.nwhealth.edu/nwhsu-student-learning-clinics/>

#### De Rusha Clinic

<https://www.nwhealth.edu/clinics/university-health-services/fees-and-payment/>

The De Rusha Clinic is a faculty-based clinic with T7 – T10’s interning directly with the faculty to provide chiropractic care to all chiropractic, acupuncture, and massage therapy students and employees, as well as dependents, parents, and siblings of students and employees from these three colleges. Chiropractic care is provided at no cost to these patients (this does not include supplements, herbal products or laboratory work, except for dependents and family members, which is \$10.00 per visit).

#### Human Performance Center (HPC)

<https://www.nwhealth.edu/clinics/human-performance-center/>

#### Integrative Clinic of Minnesota (ICM) at Family Tree Clinic

<https://www.nwhealth.edu/clinics/integrative-clinic-minnesota/>

#### ZaRah Integrated Root Center

<https://www.nwhealth.edu/clinics/health-clinic-zarah/>

## 3.0 Clinic Assignment Procedures

Intern assignments are made to one of these three clinic environments: Northwestern Health Sciences University - Bloomington Clinic, De Rusha Clinic, or Community Based Internship (CBI) program. Clinic assignment is conducted using the intern’s clinician preference, the clinician’s capacity and specific request, and the intern’s University GPA for Placement Numbers for T7 to T8, & T8 to T9.

Interns who split a term will have the option of staying at their current clinic site for the second half of the split term or may participate in the clinic placement process and receive a new placement number with their new class. If there is not a T-level class that term, they will be placed with the class below.

Interns who take a term off from clinic will receive a new Placement Number as part of the next class, which will be the class below.

Placements are made for the entire term. You may not split between two different CBI clinics, other than Integrative Clinic of MN, Human Performance Center or ZaRah Integrated Root Clinic. Any issues or situations that arise during the term can be addressed through the [Problem Resolution Policy](#).

Interns are required to experience at least three different clinical settings during their final four terms. Interns wishing to remain in a clinic site for a third consecutive term must follow the [Two-Term Limit Policy](#) procedure and receive approval from Clinical Education.

Interns may become eligible to participate in the CoC’s Preceptorship program for their 9th or 10th trimester. Eligibility will be given to interns who fulfill all CCE and CoC academic and clinical requirements, complete NICE 2, NICE 3, Checkout at the end of T7, 8 and 9, all elective credits and submit required documentation to Clinical Education.

## 3.1 Clerkship Placement

### 3.1.1 CS1 Placement

The Clinical Education Dept. places students in our university-owned clinics – De Rusha Clinic, Bloomington Natural Care Clinic, and Human Performance Center at the NWHSU campus. Clerkship times and placement are based on clinician provider schedules and availability of shifts that will provide a fruitful shadowing experience at each clinic.

1. Registered students are scheduled for 1.5 hours at an on-campus clinic before or after classes.
2. Once placement is finalized for all students, it is emailed out prior to the first day of class.
3. Final placement is also posted on the CS1 Canvas page, which students can access the Friday before Week 1.

### 3.1.2 CS2-CS4 Placement

Beginning in Clerkship 2, students participate in a student-driven placement system designed to support individualized learning goals while ensuring compliance with clinic capacity and accreditation requirements. Placement occurs through a structured Host Site Research Phase followed by an Open Registration Period, completed via Zoho.

#### 1. Host Site Research Requirement

Prior to registration, all students must review the current CBI Host Site Directory, which includes the complete list of approved chiropractic host doctors and clinic sites. The directory provides detailed information for each host, including:

- Clinic name and location
- Contact information
- Clinical focus areas
- Average weekly patient volume
- Available staff and support
- Treatment techniques
- Therapies and modalities used
- Whether the clinic accepts Clerkship students, Interns, or both

The Clinical Education Department updates and publishes this directory prior to each term and on an on-going basis. Students can locate the most current version on the Clinical Education SharePoint site.

<https://nwhealth.sharepoint.com/sites/CoCClinicalEducation/SitePages/Clinical-Based-Internships.aspx>

Students are expected to review available sites and identify placements that best support their educational goals, geographic needs, and preferred clinical experiences. When appropriate, students may contact clinics to ask about expectations or areas of emphasis.

#### 2. Open Registration Period via Zoho (First-Come, First-Served)

After the research phase concludes, students will register during a designated Open Registration Period using the Zoho Clerkship Placement Portal. Dates are announced via email and Canvas. During the registration window:

1. Students log into Zoho with NWHSU credentials.
2. Review available host sites and shift openings which are displayed with real-time capacity.
3. Students select one host doctor and one shift for their upcoming clerkship.
4. Once a slot is filled, Zoho removes it from the available list.

Each host sets their own limits on:

- Number of clerkship students
- Number of shifts
- Days of the week and timing

Due to these parameters, all selections are strictly first-come, first-served. The system will not allow registration in a full or closed shift.

### **3. Confirmation & Finalization**

After registering, students receive an automated Zoho confirmation email. The Clinical Education Department then reviews all selections for completeness and qualification. Final placements are:

Emailed to students before Week 1

Posted on the Clerkship Canvas course

Communicated to host doctors

Students must review all instructions provided by both Clinical Education and their assigned host doctor.

### **4. Failure to Register During the Window**

Students who do not register during the open period will be assigned to remaining open placements only. Preferences and location convenience cannot be guaranteed.

### **5. Professional and Attendance Expectations**

By selecting a site, students commit to:

Attending every scheduled clerkship shift, as outlined in this handbook and the course syllabus

Communicating professionally and promptly with their host

Adhering to clinic policies, procedures, and expectations

Demonstrating readiness, reliability, and professionalism

Failure to meet clinic or program expectations may result in removal from a site and reassignment at the discretion of the Clinical Education Department.

## **T3 PATIENT PLACEMENT AND ASSIGNMENTS IN DE RUSHA CLINIC**

All students as a T3 in either Clerkship 3 or Clinical Skills: Patient Interviewing are required to participate in the De Rusha Clinic T3/T6 Clinical Experience as a patient. The Clin Ed Dept. facilitates the placement and pairing of T3 students with a T6 intern to experience the flow of patient care, history taking, and adjusting from the patient's perspective. Please refer to the [T3/T6 Clinic Experience](#) section for further detail.

## **3.2 T3/T6 Clinical Experience**

During this clinical experience in De Rusha, T3 students participate as assigned patients to T6 interns. A pairing assignment structure is utilized to ensure every student receives a consistent experience regardless of cohort size. A treatment room will have two T6 interns during a 1-hour block, each taking an assigned half of the hour for their T3/T6 appt for the entire 12-week experience.

The T3 and T6 course schedules will have multiple holds for different sections labeled "Block for T3/T6 Clinic". Students should plan to be available for any of these clinic holds within the section they plan to register for.

**Placement is randomized, and each T3 and T6 will only be assigned one of these 1-hour blocks.**

Depending on each cohort size, Clinical Education will randomly assign T3s to one of two pairings for the duration of the T3/T6 Clinical Experience, beginning Week 2 through Week 13. All T3 patients are required to attend their specific 30-min. time slot every week (e.g., 8:00 AM-8:30 AM), regardless of which pairing they're assigned. The primary benefit of the different pairing assignments is to create a continuous and equitable T3/T6 Clinical Experience for all students for a full 12-week period.

1. Standard Pairing (1:1)- 1 T6 intern & 1 T3 student
  - T3 student is the only patient for the full 12 weeks.
2. Rotation Pairing (1:2)- 1 T6 intern & 2 T3 students
  - T3 student shares the time slot with one other T3 peer, the full 12 weeks, swapping roles midterm. One student is the "Patient"; the other student is the "Observer" for Weeks 2-7. The T3 students swap as "Patient" and "Observer" for Weeks 8-13.

T6 interns benefit from having their first patients be T3 students. The T6 interns receive more in-depth feedback than from typical patients because the T3 students have a better understanding of chiropractic care.

## 3.3 Internship Placement

### 3.3.1 CI1 Placement

In CI1, students are placed in the De Rusha Clinic for their 1-hour clinical lab. Clinic shift times and placement are based on faculty and clinician provider schedules. The Clin Ed Dept. manages the placement and pairing of T6 interns with their T3 student patient(s) as outlined in the [T3/T6 Clinical Experience](#) section. This process begins after all students have registered for T6.

**\*Students with Adjusted Schedules-** must meet with [Kristin Smith](#), Lead Program Advisor, in the Registrar's Office as soon as possible once registration has begun so Clinical Education is aware of potential scheduling conflicts.

Placement is sent out to T6 interns approximately the 1<sup>st</sup> week of finals.

Students that would like to switch shifts with a classmate must *both* email [Ally Gellatly](#) in Clinical Education. If a lab change is made through the Registrar, the students swapping lab sections are also swapping their assigned lab placements and are responsible for notifying Clin Ed.

### 3.3.2 CI2 Placement

In CI 2, students are placed in the De Rusha Clinic and Human Performance Center (HPC) at the NWHSU campus. Clinic shift times and placement are based on faculty and clinician provider schedules. T7 placement is a package that consists of 4 clinic hours per/week in De Rusha, 1- hour/week HPC for Active Care and a 1- hour Radiology Tech Lab (interns enrolled in RAD-8707 Radiographic Technology and Positioning course) for a total 6-hour placement

On the T7 schedule, each lab section will have designated clinic shifts that an intern has the potential to be placed in. Clinical Education will also post the clinic shift options in a list format on the Clinical Internship 1 Moodle or Canvas page.

**\*Students with Adjusted Schedules-** must meet with [Kristin Smith](#), Lead Program Advisor, in the Registrar's Office as soon as possible once registration has begun so Clinical Education is aware of potential scheduling conflicts.

Once the Registrar has assigned lab sections to students in Ellucian, Clinical Education sends the T7 Clinician & Shift Preference Survey to students by lab assignment.

- Interns must rank all shifts in order of preference. All submissions must be turned in by the provided cutoff date/time. **The order placement is assigned is random- submission order is not relevant.** However, submissions after the cutoff date/time will be considered last.
- Within the survey there is a section that interns should use to inform Clinical Ed of any accommodations, scheduling conflicts, etc. that we should be aware of while placing students. We try our best to take into consideration individual needs but cannot make any guarantees.

Interns are notified of their T7 De Rusha placement, 1-hour Active Care shift and Rad Tech Lab prior to elective registration opening.

Students that would like to switch shifts with a classmate must *both* email [Ally Gellatly](#) in Clinical Education. If a lab change is made through the Registrar, the students swapping lab sections are also swapping their assigned lab placements and are responsible for notifying Clin Ed.

### 3.3.3 CI3-CI4 Placement

Interns have the opportunity to shadow and request specific clinicians in off-campus CBI clinic sites or the on-campus clinic site, Northwestern Health Sciences University – Bloomington Clinic. Supplemental placements may be made in De Rusha Clinic based on provider availability. Interns are encouraged to visit clinics and shadow clinicians starting week 5 and ending week 11.

All interns must rank their top five clinician preferences by week 11. The intern's placement with the CBI clinician will be based on the intern's clinician request, the clinician's capacity and specific request, and the intern's University GPA.

## 3.4 Clinical Internship 5 Preparation & Placement

### 3.4.1 Preparing for CI5 (T10)

Interns are encouraged to begin the process of looking for a Preceptorship 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. AZ, SD, WI, etc.), and applications to complete (e.g. AZ, SD, WI, and others).

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 for at least five consecutive years with the last three years in the current jurisdiction unless otherwise mandated by the State Board.

### 3.4.2 CI5 Placement

Interns are expected to research and arrange their own preceptorship utilizing resources available through Clinical Education to help find an opportunity that meets their needs – educationally, personally, and professionally. The preceptorship is designed to allow some flexibility and may be tailored to fit the individual development needs of the student within the context of the opportunities available in the doctor's office. Clinical Education encourages the preceptor to provide the broadest range of experiences possible, including patient contact as allowed by state/provincial regulations.

When the preceptor's approval for the Preceptorship Program has been confirmed and a preceptorship has been arranged, the following contractual documentation must be completed:

- The student and doctor must submit a learning agreement and signed contract to Clinical Education to formalize the placement. These documents must be received by Clinical Education prior to the intern beginning the preceptorship. If the preceptorship is out-of-state, Clinical Education will issue a letter to the state board informing them of the placement and seeking the state board's approval, if needed.
- Some states/provinces have separate applications, deadlines, and allow intern activities that must be attended to. Details are available from the state/provincial board or see Appendix B of the Preceptorship Program Handbook for specific paperwork and guidelines that may be required for specific state chiropractic boards.

## 3.5 Clinical Rotations

T8 and T9 interns are required to attend clinical rotations each term. Rotations are in addition to the intern's primary clinic hours and allow interns to observe and participate in a variety of clinical settings. Interns rank site preferences, and the Clinical Ed. Coordinator assigns interns to sites according to preferences, capacity and GPA. For additional detail, see the [Clinical Rotations Policy](#).

## 4.0 Professionalism, Ethics and Conduct

Interns are held to the Student Conduct standards as outlined in this handbook in addition to the [NWHSU Student Handbook](#) published through Student Affairs.

### 4.1 Dress Code Policy

Interns are responsible for following the guidelines at their clinical placements and rotations. It is the responsibility of department managers and supervisors to communicate and manage appropriate attire for the employees and/or interns who are their direct reports. The NWHSU Clinics Dress Code Policy is found below.

For detailed information please refer to the [NWHSU Clinics Dress Code Policy](#).

### 4.2 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:

#### **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.

#### **CONFIDENTIALITY AND 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. To have a relationship of trust, respect, and confidence with any patient, this obligation must be strictly observed. Interns must follow the NWHSU 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.

#### **PATIENTS' 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.

### **PROFESSIONAL BOUNDARIES**

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

### **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.

## **4.3 Non-Compete Agreement**

In accordance with Minnesota law (effective July 1, 2023), interns/externs may not be required to sign a post-employment non-compete agreement as a condition of participating in a CBI or Preceptorship in MN.

Supervising clinicians may require intern/externs to sign lawful agreements to protect confidential information or trade secrets, provided such agreements comply with Minnesota law and are presented before the Clinic Internship Contract is signed.

Neither party may require renegotiation of such agreements after the contract is executed or after the internship/externship begins, nor may continuation of the internship/externship be made contingent upon entering into an unlawful agreement.

\*Should an T9 or T10 extern be participating in other states or provinces, compliance with local and federal laws is expected.

## **4.4 Employment Policy**

Interns/externs are prohibited from being employed at the site of their internship or assigned to the site of their employment. Those assigned to a university clinic cannot be employed in that clinic. Those 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 an employee/employer relationship during an internship/externship (preceptorship) assignment or opportunity; thus, no compensation can be made to the intern/extern. See [Definition of Unpaid Internship](#) below.

A student who has been employed at a CBI office in the past may be considered for internship at this office if the following criteria have been met:

- The doctor is a current, credentialed CBI faculty clinician.
- The CBI doctor is in good standing with the Clinical Education Dept.
- There have been no issues with the doctor using interns to fill the role of an office employee.
- The length of time from the end date of employment to the start date of internship is equal to or greater than 1 year.

## 4.5 Problem Resolution Policy

### PURPOSE:

Recognizing that there are many variables in the process of placing students with college clinics and field doctors, the Clinical Education Dept. must have an established procedure 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, aid/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.

### 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 no improvement in the situation, an alternative placement may be investigated.

### 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 parties involved. 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. If necessary, seek guidance and support from Clinical Education. They will work with the person who initiates contact and brainstorm strategies for dealing with identified problems. Clinical Education supports the intern or faculty clinician resolving issues without department 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 Adjunct Faculty. 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. Clinical Education 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 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.

## 4.6 Academic Dismissal

Each term the Dept of Clinical Education receives notification of the academic status of students. Any student who has received an "Academic Dismissal" is not eligible to be in any Clinical Internship environment (University clinic, CBI office, Preceptorship Only site, or rotation). In cases of Academic Dismissal, Clinical Education will notify the student, the faculty clinician to whom the student was assigned, and the corresponding chief of staff/clinician in charge that the student is not eligible (academically or physically) to be in clinic. In cases where students are reinstated, Clinical Education needs to be notified by the Registrar's Office of this status change. After Clinical Education has received this notification, they will notify the constituents listed above that reinstatement has occurred, and the student will become eligible to be in clinic. The student may enter or return to clinic only after they have been notified by Clinical Education.

## 4.7 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.

- Loss of TAC time
- Loss of requirement numbers
- Loss of clinic hours
- Referral to Student Affairs
- Referral to Behavioral Standards
- Failure of Clinical Internship/Clerkship course
- Placement at a different clinic site
- Suspension from clinic assignment
- Dismissal from the College of Chiropractic
- Referral to the State Board of Chiropractic Examiners
- Loss of opportunity to apply for and/or receive a license to practice chiropractic

## 5.0 Non-Discrimination & Non-Harassment in the Internship Setting

Clinical Education is committed to partnering with NWSU in providing an internship environment that promotes personal integrity, civility, and mutual respect and an environment free of discrimination or harassment in all its forms. This includes all forms of sexual discrimination, including sexual harassment sexual assault, and sexual violence as well as general harassment and discrimination by employees, students, or third parties. Retaliation against a person who reports or complains about discrimination or harassment, or who participates in or supports the investigation of a discrimination or harassment complaint, is also prohibited, and will not be tolerated.

Any member of the NWSU community found to have violated this policy is subject to disciplinary or corrective action, up to and including removal of a provider or site from our internship program.

### **DISCRIMINATION**

Occurs when an individual is treated adversely or differently because of that person's actual or perceived race, color, creed, religion, national origin, sex/gender, gender identity, marital status, familial (or parental) status, disability, status with regard to public assistance, sexual orientation, age, family care leave status or veteran status or any other protected class.

### **HARASSMENT**

Includes conduct that denigrates or shows hostility or aversion toward an individual because of their race, color, creed, religion, sex, age, national origin, disability, marital status, sexual orientation, status with regard to public assistance, membership or activity in a local commission, or any other protected class status defined by applicable law and that:

1. Has the purpose or effect of creating an intimidating, hostile, or offensive working or educational environment; or

2. Has the purpose or effect of unreasonably interfering with an individual's work or educational performance; or
3. Otherwise adversely affects an individual's employment or educational opportunities.

Some examples of conduct that may constitute discrimination or harassment include the following:

1. Failure or refusal to hire, train or promote because of an individual's protected class status; or
2. Disciplining or terminating an individual because of protected class status; or
3. Treating an individual adversely in any other respect because of protected class status; or
4. Epithets, slurs, threatening or intimidating acts, including written or graphic material directed to an individual because of protected class status; or
5. Written, verbal or physical acts directed to an individual because of protected class status that purport to be jokes or pranks.

### **SEXUAL HARASSMENT**

Behavior of a sexual nature that is unwelcome and offensive to the person or persons it targets and that:

1. Has the purpose or effect of creating an intimidating, hostile, or offensive working or educational environment; or
2. Has the purpose or effect of unreasonably interfering with an individual's work or educational performance; or
3. Otherwise adversely affects an individual's employment or educational opportunities.

Examples of sexually harassing behavior may include unwanted physical contact, foul language of an offensive sexual nature, sexual propositions, sexual jokes or remarks, obscene gestures, and displays of pornographic or sexually explicit pictures, drawings, or caricatures.

Behavior that meets the definition of sexual harassment set out in the NWHSU Title IX Policy will be addressed under the processes laid out in that Policy.

NWHSU's full policy on Title IX and Non-Discrimination & Non-Harassment is available on the [NWHSU website](#).

### **REPORTING OPTIONS:**

NWHSU is here to support students and help ensure that students are in a safe internship environment. Even if a student decides not to pursue a formal complaint, speaking up potentially helps other students since the University will be aware of concerns about the internship site where others future students may be placed. Remember that another person's misconduct is not your fault and that you are entitled to an environment free from harassment. Finally, it is important to understand that neither your internships site or NWHSU may retaliate against you for having made a good-faith report of harassment or discrimination against an internship site. "Good faith" does not require that your complaint results in a formal finding of harassment or discrimination; it simply means that, when you filed the report, you held an honest belief that your report was true. Some steps you may consider taking include:

- Contact [Anthony Molinar](#), Dean of Students, amolinar@nwhealth.edu, 952-887-1381. Please understand that such reports do not come with a guarantee of confidentiality but strive to safeguard the privacy of individuals who have been impacted by harassment or other inappropriate conduct. The University will share information as needed to respond to the requests of those who have been harmed, to assess community safety, or to comply with legal requirements. The Dean of Students can partner with the Clinical Education Department to assist you in finding a different internship placement, as appropriate.
- Keep a record of the harassment or discrimination, noting the date, time, and place specific behavior occurred should you later choose to report it. Take screenshots or keep copies of texts, emails, or other documentation.

Resources are available even if you choose not to make a formal complaint. Confidential Resources have legally protected confidentiality and only share information with others when given specific permission by the reporting person or when required by law.

- Confidential Counseling Services are available 24/7 through [StudentLine](#) with access to a licensed mental health professional for immediate support, and options to schedule subsequent in-person or virtual counseling appointments. Please call 1-888-893-5462.

Our **Title IX Reporting Hotline** is hosted by a secure, independent provider, [EthicsPoint](#) – so you can be assured that your report is handled confidentially. You may remain anonymous, and the IP address of your computer cannot be traced. Reports will be provided to the Vice President of Human Resources. It should be understood that an investigation may be hampered or be impracticable if the Reporting Person cannot be identified and questioned about the incident and related facts.

## 6.0 Responsibilities within Clinical Environments

All clinic personnel share responsibility for the appearance and cleanliness of the clinic. Each clerkship and internship students will be held responsible for maintaining any clinic area they have used. Face paper should be changed before leaving the treatment room. All caregivers should wash their hands between patients. All clinics will adhere to appropriate lab/HIV protocols.

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.

A student who feels they have been treated unfairly or inappropriately, or observes any such situation, should report the situation to Clinical Education. The department will help with resolution or refer the intern to the appropriate person at the University.

### 6.1 The Student-Patient Relationship

The following are guidelines and regulations regarding the relationship between the student and clinic patient to which the student 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.
- 4) 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.
- 5) 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.
- 6) No intern may leave the clinic at the end of a shift until their case records for the day are completed and available for review.
- 7) Patient's records and imaging studies are not to be taken from the clinic.
- 8) 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.
- 9) 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.
- 10) **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.
- 11) At the end of each shift or at minimum each week, each intern should complete their monthly adjustment record for services rendered that day in Zoho Analytics, the NWHSU documentation software. This record is to be maintained in a current and accurate manner. Clinical Education carries out random monitoring of intern service reports. **Deliberate misrepresentation may minimally result in a failing grade for the internship.**
- 12) Patient records are randomly monitored for quality assurance and must be kept current and complete.

## 6.2 The Student-Clinic Faculty Relationship

The Clinical Education Dept. requires a contract between a specific student and faculty clinician. The following **Doctor/Student Contract Procedures** have been formulated to provide both the faculty and the student with clear expectations for the Clerkship or Internship learning experience.

### CLERKSHIP STUDENTS:

- 1) **The doctor and clerkship student will complete a Clerkship Contract (T2–T4)** prior to the beginning of the clerkship experience that specifies the clerkship starting and ending dates, the weekly schedule, and the skills the student can perform at their stage in the program while in attendance in clinic.
  - a. **The doctor must conduct an assessment rating the student's skills and performance at the middle and end of the term for T2-T4.**

### INTERNSHIP STUDENTS:

- 1) **The doctor and intern will complete a Clinical Internship Contract (T7–T9)** 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.
  - a. **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.** A Clinic Orientation Form will be completed during this time indicating completion and turned into Clinical Education as a course requirement.

- b. **In keeping with the Clinical Mentor model of teaching, the intern is to spend most of the minimum weekly required hours 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.
  - c. **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.
  - d. **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.** 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.
  - e. **The doctor must conduct a formal evaluation (Summary-CEX) of the student's progress and performance at the middle and end of the term for T7-T9.** After reviewing this with the student, the evaluation is to be submitted through a Zoho form to Clinical Education which is a unique link sent by email to the supervising clinician. We request that the doctor verify the types of experience the intern is having by approving the adjustment records, case managements, and time logs.
  - f. **The doctor must always be present in 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, the procedure outlined in the [Clinic Hours During Faculty Clinician Absence](#) section should be followed. To receive credit for clinical hours and activities, alternative arrangements must be approved by Clinical Education in advance of the primary doctor’s absence.
- 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 about 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:
    - Patient discharge
    - Report of findings, which will normally be led by the faculty clinician with the intern participating
    - Patient work discontinuance or return to work order or any correspondence regarding a patient's case
    - Patient insurance or legal reports
    - Change or cancellation of a patient appointment or change of plan for treatment frequency

- 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
  - Any change in treatment plan
- 5) The signature of the patient's faculty clinician is required on the following documents upon their completion:
- New patient and re-examination notes
  - Daily progress notes
  - X-ray request forms
  - Laboratory report forms
  - Notes for telephone consultation
- 6) 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.

### 6.3 Preceptorship Responsibility

Clinical Education requires a contract between a specific extern and faculty clinician in place for students participating in a preceptorship opportunity as a T9 or T10. 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. The faculty clinician must complete and approve all Clinic Hour and Adjustment Logs and complete a minimum of ten (10) Mini-CEX evaluations throughout the term.

### 6.4 The Student-Front Desk Staff Relationship

The general principle of the student-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, file, 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 clerkship or internship student should interfere with or attempt to usurp these duties unless requested by the faculty clinician.

Students 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 a student and front desk staff should be brought to the attention of the faculty clinician if not settled by the individuals involved.

## 6.5 Interning with Family Members

Students may intern with family members but are encouraged to review the following considerations and potential challenges outlined below.

### CONSIDERATIONS:

- With a family member evaluating an intern, 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 student. Faculty clinicians who are family often revert to their family role instead of being a clinical mentor. The parallel dynamic often happens with the student.
- Students interning with a family member are often related to as an employee instead of an intern. This changes the dynamics and learning outcomes of the internship.
- There is a potential for limiting the variety of clinical experiences.

### PROCEDURE:

- 1) Carefully review the considerations for interning with a family member listed above.
- 2) The student must sign the “Interning with a Family Member Agreement”.
- 3) The faculty clinician family member must sign the “Supervising a Family Member Agreement”.

## 6.6 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, email, Facebook, Twitter addresses, 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.
- g. To minimize the possibility of having to reprint your business cards, you are welcome to submit 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, email, Facebook, Twitter addresses, etc.).

## 7.0 Clinic Attendance Policies

The College of Chiropractic does not grant accommodation or advanced placements in the clinical curriculum. It is usual and customary in healthcare higher education to not consider or grant accommodations or advanced placements for clinical courses.

Students are held to the standards in this handbook as well as those outlined in the [University Catalog – Attendance Policy](#).

Students who do not fulfill the required requirements for the term will be subject to receive an Unsatisfactory or Incomplete grade. An Incomplete grade must be requested by the student and is not guaranteed approval. Extenuating circumstances for requesting the Incomplete grade will be at the discretion of the Clinical Education Dept.

### 7.1 Clerkship Attendance Requirements

Students are required to be in clinic for their assigned/selected hours each week of the term. Any contracted hours students are not in clinic need to be communicated in advance. The only excused absences are those authorized by NWSU Administration.

- Clerkship hours are to be recorded by students in Zoho by completing a Clerkship Hours Submission Form, which is validated by the intern's faculty clinician using their unique three or four-digit supervisor ID number.

### 7.2 Primary Internship Attendance Requirements

Clinical Internship does not necessarily follow the College of Chiropractic class schedule, and students are expected to adhere to their assigned clinic's schedule.

All clinical internship courses require students to participate as an intern in a clinical environment and to demonstrate cognitive, psychomotor, and interactive skills. These skills are necessary to meet the course objectives and function in the practice of chiropractic.

- Clinic hours are to be recorded by interns in Zoho by completing a Clinic Hours Submission Form, which is validated by the intern's faculty clinician using their unique three or four-digit supervisor ID number.
- When completing the internship contract, the faculty clinician and intern define a schedule for the intern that is consistent with the Primary Internship Attendance Requirements.
- Interns may alter their scheduled hours within a specific week for special circumstances with the approval of their faculty clinician, and per the faculty clinician's availability.
  - Accumulating additional hours one week does not allow an intern to be at their clinic for less hours the following week, or any other week.
- Interns are expected to remain at their clinic even though they may not have patients scheduled. Interns may leave their internship site when their contracted shift has ended or when using any TAC hours, as outlined in the [Time Away from Clinic \(TAC\) Policy](#).
- Interns are not eligible for benefits or compensation during their educational clinical internship experience. See the [Definition of Unpaid Internship](#) for additional details.

#### 7.2.1 Clinical Internship 2 (T7)

CI2 begins the first day of the term and ends the final day of the Academic Term.

- Interns are required to be present at their clinic assignment for contracted weekly hours – 6 min. to 8 max. Prior approval from Clinical Education must be granted to receive credit for hours beyond the maximum per week.
- There is a minimum requirement of 78 hours for the term using a combination of primary internship hours, Active Care hours, radiology report/case management submissions and other various hour earning activities.
- **T7 interns are required to remain in their primary clinic, as outlined in their contract, through the last day of the academic term.** Meeting requirements before this time does not allow an intern to end their internship and leave clinic early.

### 7.2.2 Clinical Internship 3 (T8)

CI3 clinic start and end dates are outlined in the clinical contract signed by both Faculty Clinician and student prior to the start of the term.

- Interns are required to be present at their clinic assignment for contracted weekly hours – 18 min. to 21 max. Prior approval from Clinical Education must be granted to receive credit for hours beyond the maximum per week.
- There is a minimum requirement of 300 hours for the term using a combination of primary internship hours, clinical rotations, radiology report/case management submissions and other various hour earning activities.
- **Interns are required to remain in their primary clinic, as outlined in their contract, through the Friday before the next term begins.** Meeting requirements before this time does not allow an intern to end their internship and leave clinic early.
- T8 interns that combine their T8/T9 didactic coursework during their T8 term have the option to request Early Leave if they are planning to relocate for T9 to a Preceptorship-Only clinic out of state or outside of the 100-mile CBI range in MN. Early Leave allows an intern the ability to leave clinic for up to one week (5 business days) prior to the end of the term. See the [Early Leave Policy for Preceptorship Relocation](#) for more information.

### 7.2.3 Clinical Internship 4 (T9)

CI4 clinic start and end dates are outlined in the clinical contract signed by both Faculty Clinician and student prior to the start of the term.

- Interns are required to be present at their clinic assignment for contracted weekly hours – 21 min. to 25 max. Prior approval from Clinical Education must be granted to receive credit for hours beyond the maximum per week.
- There is a minimum requirement of 300 hours for the term using a combination of primary internship hours, clinical rotations, radiology report/case management submissions and other various hour earning activities.
- **Interns are required to remain in their primary clinic, as outlined in their contract, through the last day of the clinic.** Meeting requirements before this time does not allow an intern to end their internship and leave clinic early.
- T9 interns have the option to request Early Leave if they are planning to relocate for T10 to a Preceptorship Only clinic out of state or outside of the 100-mile CBI range in MN. Early Leave allows intern ability to leave clinic for up to one week (5 business days) prior to the end of the term. See the [Early Leave Policy for Preceptorship Relocation](#) for more information.

### 7.2.4 Clinical Internship 5 (T10)

CI5 clinic start and end dates are outlined in the *Preceptor/Extern Learning Agreement and Contract* signed by both Faculty Clinician and student prior to the start of the term.

- Interns are required to be present at their clinic assignment beginning Week 1 of the term for contracted hours – 25 min. to 40 max. Prior approval from Clinical Education must be granted to receive credit for hours beyond the maximum per week.
- There is a minimum requirement of 300 hours for the term using a combination of primary internship hours, clinical rotations, radiology report/case management submissions and other various hour earning activities.
- **Interns are required to remain in their primary clinic, as outlined in their contract, through the last day of the clinic.** Meeting requirements before this time does not allow an intern to end their internship and leave clinic early.

## 7.3 Clinical Rotations Policy

Students are expected to schedule these required rotations outside of contracted clinic shifts and class times during T8 and T9. If there is a conflict with regularly scheduled clinic shifts, notify your primary clinic supervisor of the conflict. TAC is not needed if you fall below the minimum hours for the week. *While a rotation may earn the intern enough clinic hours to meet the weekly minimum, the expectation is that students continue to observe their contracted clinic shifts as planned.*

If students cannot fulfill the commitment to their scheduled rotation time, they must cancel at least 24 hours in advance. If the cancellation is less than 24 hours in advance, the student must notify both the clinic rotation site and Clinical Education. *The rotation must be rescheduled through Clinical Education.*

- The intern will **lose** 1:1 TAC time (up to 3 hours) in the following situations:
  1. failure to attend a scheduled rotation,
  2. failure to notify both the site and Clinical Education of a cancellation and,
  3. failure to notify more than 24 hours in advance or 1 week ahead for the Underserved Populations clinic.
- The intern will **receive** 1:1 TAC time (up to 3 hours) in the following situations:
  1. If Clinical Education fails to notify interns of a cancellation less than 24 hours in advance or 1 week ahead of the Underserved Populations clinic.
  2. If the student shows up, but the host site cancels or does not hold the rotation.

If a student incurs a medical emergency that prevents them from attending a scheduled clinical rotation, the student 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; however, the required rotation must still be rescheduled.

If a student needs accommodation for any of the clinical rotations, the request must be made and verified through Student Affairs and follow their established accommodation policies.

Students at NWSU's Special Population clinics (Human Performance Center and ZaRah Integrated Root Clinic) will observe patient care during the rotation shift.

## 7.4 Time Away from Clinic (TAC) Policy

TAC hours provide students in Clinical Internship 2-5 with flexibility for planned and unplanned absences without penalizing their professional standing. TAC hours excuse an intern from a shift but do not count toward the total required clinic hours for the term. Interns are responsible for ensuring they meet their minimum term hour requirements regardless of TAC usage.

- **Professionalism:** While TAC covers unexcused absences, any absence deemed "professionally inappropriate" by a clinician may result in suspension or course failure.
- **Exhaustion of Hours:** If TAC is exhausted, missed shifts result in a 1:1 forfeiture of clinic hours.
- **Unused TAC hours are forfeited at the end of each term and cannot be carried over.**

INTERNSHIP	TAC ALLOTMENT	WEEKLY MIN. HOUR REQUIREMENT
CI2	6 Hours	6 Hours
CI3	24 Hours	18 Hours
CI4	27 Hours	21 Hours
CI5	30 Hours	25 Hours

**Bonus TAC:** Interns receive extra TAC hours if a rotation site cancels with less than 24 hours' notice. See [Clinical Rotations Policy](#) for more information.

### 7.4.1 Internship Absence Categories

Absences are categorized into two types: **TAC-Deducted** and **Activity-Exempt**.

#### TAC-DEDUCTED ABSENCES

These activities require the use of TAC hours and advance approval from the faculty clinician.

- Vacations, travel, personal appointments and events
  - Participation in Chiro Games or World Games
- Seminars: Non-mandatory educational events (e.g., ACA Sports Council) pre-approved by the Clinical Education Dept.
- Internship/Preceptorship Planning: Travel or shadowing required to secure future clinic sites.
- State/Provincial Boards: Since these are not a graduation requirement, TAC must be utilized to be excused from clinic.

#### ACTIVITY-EXEMPT ABSENCES

These do not cost TAC hours, but interns must notify their clinician at minimum, one week in advance.

- National/Canadian Boards: The University encourages students to take these Board Examinations. Therefore, for students choosing to participate in board exams, attendance is optional on exam days; no TAC is required.
- University Representation: Professional service requested by the President or Dean.
  - Note: Missed hours must be made up in a manner approved by the Dept. of Clinical Education.
- Midterms & Finals: Only for the duration of the exam conflict. Interns must attend clinic before and after the exam if scheduled.
- Scheduled Rotations or Elective Courses: Standard rotations or electives do not require TAC, though interns remain responsible for meeting their total term minimums.

## 7.4.2 Clinic Holidays

NWHSU observes specific holidays (listed below); however, operational hours vary by site. While University-run clinics typically close, Community Based Internship (CBI) and Preceptorship-Only sites may remain open. It is the professional responsibility of the intern to consult with their supervising clinician at the start of each term to confirm specific attendance expectations for these dates.

**Closed Clinics:** No hours are earned. Interns are exempt from the weekly minimum requirement due to the holiday closure but must ensure they remain on track to meet the total minimum.

**Open Clinics:** Students earn 1:1 credit for all contracted hours attended during a holiday.

**Clinician Absence:** If a clinician closes a clinic unexpectedly, refer to the [Clinic Hours During Faculty Clinician Absence](#) section.

Interns are encouraged to utilize the numerous alternatives of [Earning Clinic Hours](#) toward meeting their minimum term requirement, if necessary.

New Year's Day ( <i>January</i> )	Labor Day ( <i>September</i> )
Martin Luther King, Jr. Day ( <i>January</i> )	Indigenous Peoples' Day ( <i>October</i> )
Presidents' Day ( <i>February</i> )	Thanksgiving & Friday after ( <i>November</i> )
Memorial Day ( <i>May</i> )	Christmas Eve ( <i>December</i> )
Juneteenth ( <i>June</i> )	Christmas Day ( <i>December</i> )
Independence Day ( <i>July</i> )	New Year's Eve ( <i>December</i> )

## 7.5 Earning Clinic Hours

While the majority of required hours should be earned by observing or participating in patient care during primary scheduled clinic shifts, the below list provides additional opportunities to earn clinic hours:

Clinic Hours Opportunity	Hours Earned
Case Managements submissions	1 hour per case
Radiology Reports submissions	1 hour per report (T7) / .5 hours per report (T8-T10)
Complete an Independent Rotation - Shadowing a Clinician	2 -10 hours per clinician/clinic
Attending Grand Rounds sessions	1:1 hours attended
Attend shifts at secondary clinic sites (e.g. DICE, ICM, HPC, ZaRah)	
Attend approved Rotation	
Volunteer as an <b>unpaid</b> patient for the NICE exam	
Approved Continuing Education opportunities	
Attending Seminars approved by Clinical Ed	
Attending Homecoming Seminars	1:1 hours for sessions/seminars attended; travel not included
Participation at Legislative Day/ MCA Day at the Capitol	
Participation in NCLC/SACA Leadership Conference	
Participation in ACC-RAC	

There are specific duties attached to each event which qualify to earn hours. Students interested in earning clinic hours (other than regularly scheduled clinic hours and clinic holidays) should contact Clinical Education for the specific details involved in each event. Some of these events have paid positions - **clinic hours are not available for students receiving any type of compensation.**

### 7.5.1 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:

- Make up hours during **that same week** on different contracted days, if the doctor is in the office for an adequate number of hours.
- Intern with another credentialed faculty clinician in the office. Interns at University clinics are allowed to be supervised by another faculty clinician as determined by their assigned supervisor, as all University clinicians have been credentialed by Clinical Education. Interns at a CBI or Preceptorship Only clinic site have the option to intern with associate doctors or “relief doctors” in the office if they are credentialed. See [Relief Doctors/Associates](#) section below.
- Participate in opportunities to earn additional clinic hours that week. See the [Earning Clinic Hours](#) section.
- Contact Jill Mulder ([jmulder@nwhealth.edu](mailto:jmulder@nwhealth.edu)) for any additional rotation experiences.
- Use TAC to cover assigned clinic hours.

If a faculty clinician closes their clinic location, they must email verification of the clinic closure to Clinical Education.

### 7.5.2 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 duration.

## 7.6 Absence Policy

Students are held to the expectations and procedure outlined within the [University Catalog – Absence Policy](#) published through Student Affairs.

### 7.6.1 Pregnancy and Childbirth Absence Planning

Interns should refer to the [Pregnancy and Childbirth Leave Policy](#) published through Student Affairs.

- Contact Dean of Students and the Director of Clinical Education with as much advance notice as possible to prepare for a leave of absence related to pregnancy or childbirth.

## 7.7 Early Leave Policy for Preceptorship Relocating

### **POLICY:**

This is to allow students up to five (5) business days prior to the end of the T8\*/T9 term's end to relocate to a Preceptorship-Only site a long distance from the campus.

*\*T8 Early Leave is only eligible for interns that completed the process and received approval to Combine T8/T9 didactic courses during their T8 term. These interns must still meet the following requirements in order to be eligible to leave at the end of clinic.*

### **PROCEDURE:**

To be approved for Early Leave, the following items must be completed prior to the requested leave date:

- 1) Intern must meet with their T8/T9 clinician(s) to get approval to leave clinic early, complete the Early Leave Request Form, which requires a signature from current clinician(s), and submit the request form. Once received, TAC will be pro-rated for the current term by Clinical Ed.
  - T8 – Pro-rated to 18 TAC hours
  - T9 – Pro-rated to 21 TAC hours
- 2) Submit a signed contract from an approved T9/T10 Faculty Clinician.
- 3) Receive State Board approval, if necessary.
- 4) Completed all minimum academic, quantitative and qualitative clinical graduation requirements including CEX assessments, evaluations, CI3/CI4 course assignments and checkout process.

The student will receive an Early Leave Approval notification once Clinical Education has reviewed their progress. Students that receive approval are not yet authorized to leave and must remain in the Twin Cities Metro area until:

- 1) All remaining academic courses or required elective grades have been recorded in Ellucian as passed.
- 2) Clinical Education has verified that all the above requirements have been met; at which point the intern will receive a course checkout notification and final authorization they are Cleared for Preceptorship.

## 7.8 Split Clinic Schedule Policy

The CoC Dept. of Clinical Education recommends interns consecutively complete the 7th through 10th trimesters with no adjusted schedule. However, interns with extenuating circumstances that require a schedule accommodation for Clinical Internship 2, 3 or 4 may request a Split Clinic Schedule, if a Leave of Absence is not appropriate.

Splitting a term may have implications in the following areas:

- Financial – before determining which option will work best, it is advised to check with Financial Aid to fully consider the financial impact of splitting.
- Progression through the curriculum – not all courses are available every term. This may cause interns to fall back to a lower term and extend the date of graduation for one or multiple terms.

### **POLICY:**

- 1) Interns with extenuating circumstances, for which a Leave is not appropriate, may request a Split Clinic Schedule for the Clinical Internships 2, 3 or 4.
- 2) Split Clinic Schedule requests must be approved by Clinical Education.
- 3) All required courses for the trimester level that is split must be taken prior to continuing to the subsequent term.

- 4) Split Clinic Schedules approved by the end of the fourth week of the term incur no financial penalty.
- 5) Interns will incur the Split Clinic Schedule fee.
- 6) Interns who request a Split Clinic Schedule are encouraged to consult with the offices of Student Affairs and Financial Aid to discuss the financial and academic consequences of splitting an internship course.
- 7) There are several options for splitting a clinical internship course over two terms. They vary dependent on the trimester and term in which the student begins the split.

Options for splitting will be created and managed with students on an individual basis. The following items affect all splits:

- The intern must earn the minimum required number of clinic hours by the end of the second term.
  - CI2- 78 hours, CS3 & CS4- 300 hours
- TAC hours will be prorated for each term according to the number of weekly internship hours.
  - CI2- 6 TAC hours, CI3- 24 TAC hours & CI4- 27 hours
- Concurrent enrollment in multiple internship courses is not permitted.
- The split terms need to be completed and passed before moving on to the subsequent term.
- The scheduling and sequencing of courses and weekly clinic hours during the split will be determined by Clinical Education.
- All existing prerequisite requirements remain in effect.

#### PROCEDURE:

- 1) Any international student on an F-1 Visa must first meet with Amy Bello, Assistant Dean of Student Affairs.
- 2) The intern should reach out to Financial Aid to understand the financial impact of splitting.
- 3) The intern will meet with the Clinical Education Dept. to discuss split schedule options that fit the criteria listed in the above Policy.
- 4) The intern will then be directed to Kristin Smith, Lead Program Advisor in the Office of the Registrar and Anthony Molinar, Dean of Students, who will sign off on the Split Schedule.

## 7.9 Two-Term Limit Policy

The Clinical Internship (T7 -T10) program is designed to give every intern at least three different clinical experiences. With the university's goal of providing interns with exposure to as many varying clinical environments and experiences as possible to encourage growth. To meet this goal, Clinical Education limits interns to a maximum of two terms at a particular clinic. To be considered for a third term at the same clinic, this policy outlines the requirements and exceptions.

#### CONSIDERATIONS:

- Externs must spend the majority of their clinic hours at a subsequent preceptorship site: a minimum of 51% of their contract. The 51% requirement includes total combined weekly hours from both sites and the total cumulative clinic hours for the entire term.
- Externs must submit a completed *Preceptor/Extern Learning Agreement and Contract* for each clinician including the specific number of clinic hours scheduled at each Preceptorship site.
- If a T9 or T10 Preceptorship Only clinic, the extern must have met all graduation requirements.
- Externs are allowed to be at both Preceptorship sites for only the contracted hours.

### EXCEPTIONS:

- Extern has a confirmed employment opportunity at the clinic after the T10 term and staying at the clinic for a full third term would support building patient rapport and continuity of care.

If an intern would like to seek a third term at the same clinic, they may submit a request using the following procedure.

- 1) The extern must submit a written request to the Department of Clinical Education for an exception to the two-term limit policy. In this letter, they must identify the following:
  - The educational and career factors that make this placement beneficial.
- 2) The faculty clinician must submit a letter to the Department of Clinical Education confirming the extern's employment opportunity at the clinic following their T10 term.
- 3) If the request for an exception to the Two-Term Limit Policy is approved, the extern must:
  - Submit a completed Preceptor/Extern Learning Agreement and Contract to Clinical Education

## 8.0 Intern Malpractice Insurance

Interns in *approved clinical placements* are covered by the University's group malpractice insurance policy which is paid for by NWHHSU. 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.

## 9.0 Patient Care Records

It is the policy of the clinics of NWHHSU's 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.

### MFA/EMR AGREEMENT

Providing quality patient care is a top priority for the Northwestern Health Sciences University clinic system, as part of that we utilize electronic medical records application, which includes any Electronic Medical Records system storing patient information. To ensure all information is kept secure, all student application users beginning in T5 through T7 are required to review and sign the [Multifactor Authentication and Clinic Electronic Medical Records System Agreement](#).

As T8-T10 intern, an MFA/EMR Agreement renewal is completed only by those contracted at university-owned clinic during the term.

The policy states that all NWHHSU Clinic System Electronic Medical Records (EMR) Users will comply with protecting patient health information (PHI) and comply with HIPAA policies. Users will be accountable for actions performed in the system, in conjunction with the Multifactor Authentication (MFA) policies to keep data secure and protected. Students agree to follow the stipulations as outlined within the agreement.

## 9.1 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) and Preceptorship Programs. Health records must justify the need for chiropractic care. 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 computerized, organized and completed. Paper documents must be written in ink and legible. Entries must not be erased or altered and should be dated and signed by the person making the entry.

## 9.2 Documenting Valid Adjustments

To graduate with a Doctor of Chiropractic degree, interns must satisfy quantitative requirements across several different categories. This includes a minimum of **250 adjustments** performed during patient encounters within the outpatient clinical experience.

Supervision levels transition as interns gain clinical experience:

- T6 & T7 interns: Must be directly observed by a faculty clinician for every adjustment performed.
- T8-T10 interns: May perform adjustments without the clinician in the room, provided the faculty clinician is present within the clinic facility.

### FULFILLING THE MINIMUM 250 ADJUSTMENTS:

- Credit will be given for a limit of 1 spinal and 1 extremity per patient.
- If more than one spinal region is adjusted on a single patient, then "full spine" should be selected on the entry within the [Adjustment Form](#).
- A minimum of 200 must be some form of spinal adjustment/manipulation;
- There is no minimum requirement for extremity adjustments, once the spinal adjustment minimum has been met and the overall total of 250 adjustments has been achieved.

The faculty clinician is responsible for ensuring that the adjustment an intern claims on their monthly adjustment record 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.

**REQUIREMENTS FOR A VALID ADJUSTMENT:**

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 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 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 their significant other, parent or child;

**CRITERIA FOR A “VALID” ADJUSTMENT**

The faculty clinician utilizes professional discretion to verify credits. An adjustment is deemed valid only when a formal Doctor-Patient Relationship is established, and the intern is a significant participant in the diagnostic and therapeutic process.

Valid Adjustments Include:	Invalid Adjustments Include:
Full patient visit management (Hx, Exam, CM, and CMT).	Purely observing a clinician or peer.
Specific adjustments performed as part of a clinician-led team.	Performance of therapies (Estim, Ultrasound) or X-ray only.
Technical Attempts: Clinician may grant credit if the setup/thrust was technically sound, even if no cavitation occurred.	Adjusting immediate family (Significant others, parents, or children).
Clinician/Staff Adjustments: Valid only if directly supervised, constructive feedback is given, and a full S.O.A.P. note is recorded.	Documentation-only roles (Scribing for the DC without active care participation).

## PROFESSIONAL RESPONSIBILITY – EHR & ADJUSTMENT LOGS

The faculty clinician is the final arbiter of adjustment validity. Interns are responsible for maintaining their monthly adjustment records and ensuring that all documented interactions are supported by corresponding clinical notes in the Electronic Health Record (EHR). Failure to provide supporting documentation for claimed adjustments may result in a professionalism violation or loss of credit.

# 10.0 Intern Use of X-Ray

## 10.1 Guidelines for Performing Radiological Examinations

A radiological examination is performed to help identify or evaluate for 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 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
  - 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 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.**
  
- 4) 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.
  
- 5) Patients with female reproductive organs and of child-bearing age should be asked about potential for pregnancy. If a patient is unsure or indicates they may be pregnant, then the date of the onset of the most recent menstrual cycle should be recorded to apply the 10-day rule.

- 6) The patient's privacy is to be always guarded. No unnecessary personnel and no other patients should be in the area of the radiology suite at the time of the examination.

## 10.2 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 decide 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.
4. It is 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.
5. All patients should be properly attired prior to the radiological examination, and proper shielding should be utilized.
6. 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.

## 10.3 Intern Credit for Diagnostic Imaging (DXI) Reports

**20 passed radiology reports** are required for graduation or prior to beginning an Early Preceptorship out of state or interning at a Preceptorship Only clinic in MN.

Total number of passed radiology reports is displayed on the main Zoho Intern Clinic Dashboard. Submitted reports (pending grading, passed, failed etc.) and assessment feedback from the faculty graders are found on the Intern Diagnostic Imaging Dashboard.

### 10.3.1 Credit in CI2

- Must complete and submit a *minimum of 10 radiology report attempts* during the RAD-8707 Radiographic Technology and Positioning course, based upon attendance.
  - **1 clinic hour per report\*** submitted is earned.

### 10.3.2 Credit in CI3-CI5

- Must complete and submit a *minimum of 5 radiology report attempts*, as a requirement to pass each internship course. These radiology report assignments are available in the Clinical Radiology Team in Microsoft Teams. 3 new cases are available each week. Reports must be submitted prior to the following weekly review through the Radiology Report Zoho Form.
- Report credits will be earned if interns submit prior to review and receive a minimum passing score of 70% after review by the NWHSU Radiology Dept. faculty.

- **.5 clinic hours per report\*** submitted are earned during CI 3 through the end of the program.

\*Clinic hours earned from report submissions are not added into your dashboard totals until after the report has been assessed. Once assessed, the time will apply to the term in which the intern submitted.

**All radiology report submissions and attempt requirement minimums for each term are due by the [Grading Submission Deadline](#) to allow time for the Radiology Dept. faculty to grade priority items.**

## 10.4 State Regulations

Under MN state law, only *licensed* chiropractors and *certified* employees can take x-rays. Interns, in our educational program, may take x-rays under the direct supervision of either party listed above.

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** operating an X-ray unit for the first time. Interns assigned to a university-owned clinic will receive training from the University Radiation Safety Officer.

CBI and MN T10 interns/externs must complete the X-ray Technology Orientation form, and have it signed by their faculty clinician **each** term, regardless of whether they stay at the same site as the previous term or switch to a different clinic site.

## 11.0 Intern Assessment & Evaluation

Clinical Education uses a variety of assessment instruments to evaluate and track intern competency development over the course of their internships.

### 11.1 Assessment through Internship Assignments

Course	Internship Assignment	MCO(s) covered
<b>CED-7601</b>	Course Assignment: Inter Professional Communication (Referral) Letter	MCO 4.4a, MCO 4.4b, MCO 4.4c, MCO 8.1, MCO 8.2
<b>CED-8702</b>	Course Activity: Integrative Care Essay	MCO 8.2
<b>CED-8702</b>	Course Activity Reflection: Integrative Care Case Study Assignment	MCO 8.2
<b>CED-8702</b>	Course Assignment: Inter Professional Communication (Referral Letter)	MCO 4.4a, MCO 4.4b, MCO 4.4c, MCO 8.1, MCO 8.2
<b>CED-8702</b>	Course Project: Public Health Patient Presentation	MCO 8.2
<b>CED-8803</b>	Course Assignment: Inter Professional Communication (Referral Letter)	MCO 4.4a, MCO 4.4b, MCO 4.4c, MCO 8.1, MCO 8.2
<b>CED-8803</b>	Course Project: Public Health Patient Presentation	MCO 3.2
<b>CED-8904</b>	Course Assignment: Inter Professional Communication (Referral Letter)	MCO 4.4a, MCO 4.4b, MCO 4.4c, MCO 8.1, MCO 8.2
<b>CED-8904</b>	Course Project: Public Health Patient Presentation	MCO 3.2

### 11.1.1 Northwestern Integrated Clinical Exams (NICE)

Students take the NICE 2 Exam during the fifth trimester. The purpose of this prep exam is to evaluate student preparedness for Clinical Internship 1 (T6) clinic. The NICE 2 exam is comprised of three parts:

- Part 1 is the practical part of the exam. Students take a history, perform exam procedures, and set up techniques on a standardized patient.
- Part 2 is the written portion of the exam. Students diagnose the case and answer questions about treatment.
- Part 3 is the Force Sensing table.

### 11.1.2 Midterm Meeting

Midway through the term, CI2 – CI4 interns and their faculty clinician are to meet and complete the Midterm Meeting form. This is in place to discuss 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 Midterm Meeting form is signed by both the faculty clinician and intern, then submitted to Clinical Education.

### 11.1.3 Clinical Internship Experience Survey

Interns in CI1-CI5 are required to complete an evaluation of their clinic experience at the end of each term, for each clinician or experience.

### 11.1.4 Self-CEX Self-Assessment

Interns in CI1-CI4 are required to complete a Self-CEX Self-Assessment at either the middle (CI2-CI4) or end (CI1 only) of each trimester. This allows students and Clinical Education to monitor growth patterns and help students who feel deficient in any category.

## 11.2 Assessment of Clinical Competencies

Clinical Education utilizes the Clinical Evaluation eXercise (CEX) system to track intern progress. All assessment data is aggregated into the Intern Clinic Competency Dashboard, which is accessible to both interns and supervisors for tracking and guiding skill/competency development. Interns are responsible for monitoring their dashboard to ensure all required assessments are completed. As needed, targeted activities or additional assessments may be requested of the clinical supervisor by Clinical Education to support students in specific competency areas needing further development.

### REQUIREMENTS BY TERM

Interns and supervisors should aim to perform one assessment per week, maintaining a minimum of 10 assessments per term (unless otherwise noted). There are several different Skill-CEX assessments, and interns should be assessed using each of them, ideally more than once during CI2-CI5.

Term	CEX Requirement	
<b>T6</b>	<b>≥ 7 Skills-CEX</b>	Interns are assessed during their clinical lab. The schedule of competency assessments is laid out in the syllabi course schedule and CI 1 lab manual.
<b>T7</b>	<b>≥ 10 Skills-CEX</b>	Interns are assessed throughout the term using a variety of Skill-CEX assessments that focus on a particular area of clinical skills. The supervisor must complete an End of Term Summary-CEX assessment, as well.
<b>T8</b>	<b>≥ 10 Skills-CEX</b>	Interns are assessed throughout the term using a variety of Skill-CEX in addition to Summary CEX assessments at mid-term and end-of-term.
<b>T9</b>	<b>≥ 10 CEX</b>	Interns at CBI Clinics are assessed throughout the term using a variety of Skill-CEX in addition to Summary CEX assessments at mid-term and end-of-term.  *T9 Interns on Early Preceptorship have already fulfilled their graduation requirements and are assessed using Mini-CEX forms throughout the term. Mid-term and End of Term Summary-CEX are not required.
<b>T10</b>	<b>≥ 10 CEX</b>	Interns are assessed throughout the term using the Mini-CEX form. Interns should aim to be assessed once per week with at least 10 throughout the term.  *T10 Interns still completing radiology reports and case managements will be assessed using the Skill-CEX until all minimum clinical requirements and meta competencies have been met at threshold. At which point the supervisor will assess using the Mini-CEX.

### 11.2.1 Remediation and Learning Supplements

The program uses a rolling, decaying average to monitor competency performance across the internship sequence. Each new competency rating is combined with prior ratings (including ratings from previous terms), with greater weight given to more recent performance. As a result, ratings carry forward into subsequent terms and continue to inform the rolling trend until newer performance supersedes them.

#### TRENDING REMEDIATION TRIGGER AND THRESHOLDS

At any point during the intern’s clinical experience, a remediation review is triggered when a competency’s rolling (decaying) trend shows two sequential ratings below the applicable trigger threshold for the intern’s current internship term/level. Trigger thresholds vary by term and are set relative to the cohort target for that level:

- T6: 2.5 (0.5 below cohort target)
- T7: 3.0 (0.5 below cohort target)
- T8: 3.5 (0.5 below cohort target)
- T9: 3.75 (0.25 below cohort target)
- T10: 4.0 (any amount below cohort target)

The narrower trigger window in T9 and T10 reflects increased sensitivity to below-target performance as interns approach program completion; when there is less time to remediate and demonstrate sustained improvement prior to graduation.

Once two sequential ratings fall below the trigger threshold, an automated email notification is sent to Clinical Education indicating a remediation review is needed. Clinical Education then connects with the assessing faculty/supervising clinician to gather additional context and determine the appropriate response. Depending on the intern’s overall performance pattern and the specificity/severity of the identified deficiency, the response may include:

- Informal remediation (e.g., additional mentoring, targeted practice, and increased feedback with the supervising clinician), or
- Formal remediation through a Learning Supplement.

### **LEARNING SUPPLEMENT PROCESS (FORMAL REMEDIATION)**

When a Learning Supplement is warranted, Clinical Education uses the identifying assessment data and associated feedback to define the remediation focus and pair the intern with didactic faculty as appropriate. Detailed, behavior-based feedback on the deficiency is critical for guiding the remediation work and is requested whenever possible. The Learning Supplement includes documented expectations, activities, and timelines. Interns are re-assessed as part of closing the Learning Supplement to ensure the identified skills have improved and the intern’s performance is meeting expectations relative to the applicable threshold. In some cases, an intern’s performance may improve through ongoing supervision and be reflected in subsequent ratings before Clinical Education finalizes or coordinates the Learning Supplement. If subsequent ratings demonstrate sustained improvement such that the competency is no longer trending below the trigger threshold, the Learning Supplement may be closed because improvement has already been demonstrated. Whenever possible, the intern will remain in their assigned clinic throughout the remediation process. Non-compliance with Learning Supplement plans could result in discontinuation of the internship and a referral to the Academic Standards committee.

## **12.0 Quantitative Graduation Requirements**

Qualitative and quantitative requirements for all current internship courses can be found on the [Clinical Education SharePoint website](#)’s Graduation Requirements page.

### **12.1 Documentation of Clinical Requirements**

The electronic procedure for transmitting students’ clinical paperwork to Clinical Education is through Zoho Forms, NWHSU’s documentation software program. The following forms must be used to document your clinical quantitative requirements. Faculty clinicians must approve all documents submitted through these forms. Interns can review their approved and pending clinical submissions and track their progress on the Intern Clinical Competency Dashboard and Diagnostic Imaging Dashboard. Credit will be given once the documents have been approved by the faculty clinician and reviewed by the Clinical Education Dept.

The following procedure for the transmittal of interns’ monthly paperwork is in effect 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 requirements.

<b>ZOHO DASHBOARDS</b>	
<a href="#">Intern Clinical Competency Dashboard</a>	<a href="#">Intern Diagnostic Imaging Dashboard</a>

ZOHU CLINICAL SUBMISSION FORMS		
<a href="#">Adjustment Form</a>	<a href="#">Clerkship Hours Form</a> (T1 - T4 Students)	<a href="#">Radiology Report Form</a>
<a href="#">Case Management Form</a>	<a href="#">Clinic Hours Form</a> (T7 - T10 Interns)	<a href="#">Rotation Hours Form</a>

### 12.1.1 Adjustment Records

To receive adjustment credit, the intern must participate in the patient's care enough to establish a true doctor/patient relationship - no credit is earned for observing. There are no assists allowed in adjustments. Only one intern will receive credit per adjustment. Credit will be given for a limit of 1 spinal and 1 extremity per patient. If more than one spinal region is adjusted, then "full spine" should be selected on the entry within the [Adjustment Form](#). See the [Documenting Valid Adjustments](#) section for additional detail.

### 12.1.2 Case Managements

Case Managements may be earned through CoC approved activities: HPC and De Rusha Grand Rounds, and club presentations that have been preapproved by Clinical Education to earn a case management. Written cases are available on the [Clinical Education SharePoint site](#). Cases may also be earned through the required CCS1 and CCS2 courses detailed below. Interns submit through a [Case Management Form](#) and a minimum passing score of 80% must be met to earn case credit toward graduation.

Case Management submissions (including attempts) are due by the [Grading Submission Deadline](#) each term.

#### CASE STUDY COURSE OFFERINGS

Interns can earn up to five (5) case studies in each of the following required course offerings. In addition to required attendance, interns must submit a Case Management Form for credit prior to the case review in class to be eligible to receive credit. See course syllabi for specific information.

- Clinical Case Studies 1 (CCS1) – Taken T8 term
- Clinical Case Studies 2 (CCS2) – Taken T9 term

*\*For interns combining T8/T9 to be eligible for Early Preceptorship: CCS1 & CCS2 are taken together during the T8 term.*

### 12.1.3 Clinic Hours

Clinic shifts are logged using the [Clerkship Hours Form](#) for T1-T4 Clerkship student clinical experiences and the [Clinic Hours Form](#) for T7-T10 intern clinical experiences. Hours should be logged by the students on a weekly basis.

Internship students record TAC hours on the Clinic Hours Form by selecting "TAC" for type of hours. If TAC is used during the term, it is the intern's responsibility to ensure they will meet the minimum required clinic hours by term's end.

### 12.1.4 Radiology Reports (Dxl)

Radiology reports will be completed through the [Radiology Report Form](#). New cases are available each week on the Clinical Radiology Team's page. Dxl Report credits will be earned if the intern submits prior to the weekly Clinical Radiology Team Review and receives a minimum passing score of 70% by the NWHSU Radiology Dept. faculty.

Report submissions (including attempts) are due by the [Grading Submission Deadline](#) each term.

### 12.1.5 Rotation Hours

Interns receive 1:1 clinic hour for a Rotation 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 but will not receive time for their missed contracted hours. Rotation hours will be recorded as such using the [Rotation Hours Form](#) and will be approved once the Rotation Assignment is marked complete on Moodle by the Clinical Education Coordinator. Community and University events (see [Earning Clinic Hours](#) section) pre-approved by Clinical Education should be reported in Zoho as Rotation Hours and labeled as the “type” of rotation they are, during the week they occur. This allows Clinical Education to track how many clinic hours interns have earned each week.

## 12.2 Grading Submission Deadline

All internship items that require grading or attempts to meet a minimum requirement must be submitted by the Grading Submission Deadline each term, which is the 2<sup>nd</sup> Monday of finals by 11:59pm. This allows our faculty time to grade priority submissions before grades are due to the Registrar.

Failure to submit applicable course requirements will result in a failed grade.

## 12.3 Submission & Dashboard Expectations

Any Adjustment, Case Management, and Diagnostic Imaging Report submission not completed in its entirety, or completed incorrectly, will be denied. No credit will be issued until the form has been completed correctly, re-submitted and approved. All forms must be reviewed by a Clinical Supervisor, Clinical Education Dept. or NWHSU Faculty for official credit to be given.

It is the intern’s responsibility to resolve problems related to their requirements by contacting Clinical Education or the Radiology Dept. Chair for report specific inquiries. Students should check their Zoho Dashboard and Moodle grades to review their quantitative and qualitative requirement standing. 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.

## 13.0 Graduation

Graduation successfully from the chiropractic program is contingent upon an intern completing all required program coursework including electives, in addition to meeting all clinical qualitative and quantitative graduation requirements. After Clinical Education has successfully reviewed and checked interns out of Clinical Internship 5, a checkout notification will be sent from Clinical Education to the individual. The Registrar’s Office then verifies all degree requirements have been fulfilled and confers graduates *no earlier than* their transcript date.

Any inquiries regarding the transcript request process can be referred to the [Registrar’s Office](#).

## 13.1 Early Graduation

### **POLICY:**

Students may request an early program completion 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 when having to wait for the formally scheduled program completion date would:

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

Changing program completion dates is a complex process for the University. Under no circumstances will requests be granted that would shorten the term to less than ten full weeks in duration.

### **PROCEDURE:**

Requests for early program completion must be submitted via email to the College of Chiropractic Dept. of Clinical Education via the [Early Graduation Request Form](#), no later than the first Friday of the 10th term. In this form, the student must detail the rationale for the early program completion request, including relevant dates and deadlines. In addition to the written explanation for the request for early program completion, the student submits the following to the CoC Dept. of Clinical Education no later than the first Friday of the 10th term:

- 1) a letter from the student's supervising preceptor indicating that the preceptor understands and agrees to the following:
  - The student has requested early program completion;
  - The student's 10th trimester will be shorter than originally committed;
  - The maximum available Time Away from Clinic hours is 20 hours;
  - The student's final day of the term with the preceptor will be one day prior to the program completion date.
- 2) verification of passing scores on Part I-IV National Boards {e.g. the student letter(s) received from NBCE, a screen print including the student's name from the NBCE website, or an official NBCE transcript}.
- 3) verification of an employment or practice opportunity or the significant delay in licensure eligibility:
  - In policy situation #1, where a job offer is contingent upon the earlier program completion date, the following must be submitted:
    - The employment, associate, or independent contractor agreement
    - The doctor or organization offering the position must submit a letter verifying the validity of the job offer, and that the offer is contingent on the new graduate's eligibility for licensure by a specific date.
  - In policy situation #1, where the early program completion is required to facilitate the opening of a new practice, the student must submit specific documentation verifying the timing of the planned opening of the practice (i.e. a copy of the business plan and the lease or purchase agreement).
  - In policy situation #2, where the program completion date would result in a significant licensure delay due to an infrequent licensure process, the student must submit documentation of the delay in licensure, (i.e. licensure test dates resulting in > 4 months of non-licensure in a jurisdiction that does not have a postgraduate program).
- 4) The Clinical Education Coordinator will circulate the request to the appropriate parties, and written notification of the decision will be provided.

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

- 1) All requirements for the T10 Preceptorship can, and will be completed by the requested date, including the attainment of a minimum of at least 300 documented clinical hours (When approved for an early program completion date, TAC is abbreviated to 20 hours.);
- 2) Arrangements will be made with all departments of the University to be cleared for program completion prior to the revised program completion date. A final transcript and diploma will not be released until all of these requirements are satisfactorily completed.

A student granted an early program completion date must be aware that their Preceptorship is done one day prior to the program completion date, and they may no longer deliver clinical care until licensed (or formally enrolled in a post-graduate preceptorship program).

Please note that financial aid during T10 will be amended to reflect the shortened term. Contact Financial Aid if you have questions. If you have questions about this policy, contact [Jill Mulder](#) in Clinical Education.

## 13.2 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 MN, it is through the Minnesota State Board of Chiropractic Examiners. MN doctors must have been licensed and in practice for five or more years.