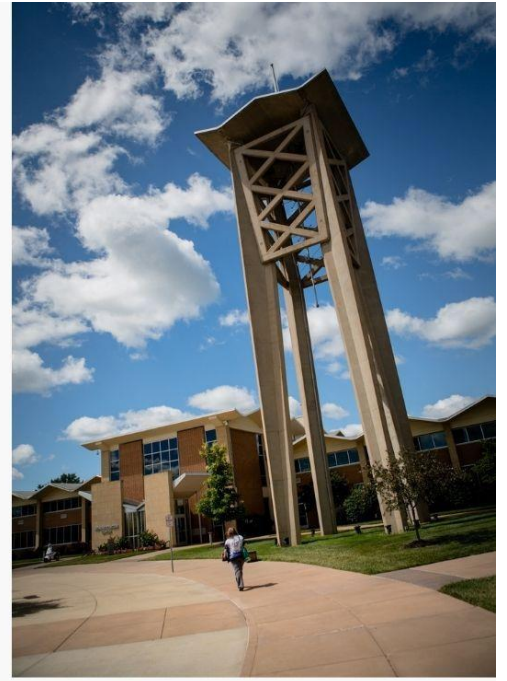


LOGAN UNIVERSITY **LEADERS** *Made*



External Rotation Program
Site Supervisor Manual
March 2025



Guiding Statements

Logan University Mission

Logan University is a diverse and engaging community committed to excellence in health sciences, education, and service.

Logan University Vision

Logan University aspires to be a community of leaders committed to transformative student success in health and wellness.

Logan University Values

DIVERSITY
EMPATHY STUDENT
FIRST POSITIVE
ATTITUDE
EVIDENCE-INFORMED
CHARACTER TEAMWORK

Logan Clinic System Goal

The goal of the Logan Clinic System is to maintain a patient-centered, student-sensitive, data-informed environment that supports quality patient care and prepares student interns to become entry-level Doctors of Chiropractic upon graduation.

Introduction

We would like to welcome you to the Logan University College of Chiropractic External Rotation Program. You are now officially credentialed as an External Rotation Site and have been appointed as a Logan University College of Chiropractic Adjunct Faculty member for the duration of your student hosting responsibilities during this rotation.

This program serves as an important milestone for our 3rd year chiropractic students. Their time spent in Private Practices, Integrative Healthcare Clinics, Federally Qualified Health Centers, Hospitals and Veteran Administration Facilities is an integral part of their Chiropractic training.

Each Clinic Course has Course Learning Outcomes (CLO's) that are associated with the Doctor of Chiropractic Program Learning Outcomes (PLO's). The Doctor of Chiropractic PLO's are:

1. COMMUNICATION – exhibit verbal and written communication skills that promote integrative healthcare relationships.
2. CRITICAL REASONING – demonstrate critical reasoning framed by the principles of evidenced-informed practice.
3. PATIENT CENTERED HEALTH CARE – demonstrate appreciation of the needs and preferences of patients as individuals.
4. PROFESSIONALISM – demonstrate ethical and responsible health care and business practices.
5. FUNDAMENTAL KNOWLEDGE AND SKILLS – demonstrate knowledge and skills foundational to evidence-based, patient-centered healthcare.
6. CULTURAL COMPETENCY -Cultural competency includes the knowledge, skills, and core professional attributes needed to provide care to patients with diverse values, beliefs, and behaviors, including the tailoring of health care delivery to meet patients' social, cultural, and linguistic needs in an effort to reduce disparities in health care delivery.

External Rotations and Specialty Rotations can occur in Clinic II (Trimester 8- Specialty Rotations), Clinic III (Trimester 9), and Clinic IV (Trimester 10).

The CLO's are:

Clinic II

1. Apply knowledge of health center protocols including routine infection control practices during patient care. (PLO-3) (MC-3A)
2. Demonstrate proficiency in case appropriate clinical assessment and differential diagnosis. (PLO-3) (MC-1 A,B,C,D,E)

3. Develop evidence-based, patient-centered management plans. (PLO-3) (MC-2 A,B,C,D,E,F,G,H,I)
4. Deliver appropriate, safe and effective patient care. (PLO-3) (MC-2B) (MC-7 A,B,C,D,E)
5. Demonstrate proficient communication and documentation skills. (PLO-2) (MC-4 A,B,C,D)
6. Demonstrate ethical and professional conduct. (PLO-4) (MC-5 A,B,C)
7. Apply health promotion strategies in the clinical environment. (PLO-3) (MC-3 A, B,C,D)
8. Identify the elements of cultural competency and social determinants of health in relation to patient-centered care. (PLO-4) (MC6-A) (MC6.1)
9. Demonstrates awareness of own biases, considers gender identification, cultural identification, and other factors of diversity in relation to patient-centered care. (PLO-4) (MC6-A) (MC6.1)
10. Assess the influence that gender identification, cultural identification, and other factors of diversity, also including personal biases, have on patient-centered care and its application in patient management. (PLO-4) (MC6-B) (MC6.2)
11. Collaborate with healthcare professionals as it relates to patient care. (PLO-3) (MC-8 A,B,C,D,E)

Clinic III

1. Apply knowledge of health center protocols including routine infection control practices during patient care. (PLO-3) (MC-3A)
2. Demonstrate proficiency in case appropriate clinical assessment and differential diagnosis. (PLO-3) (MC-1 A,B,C,D,E)
3. Develop evidence based, patient centered management plans. (PLO-3) (MC-2 A,B,C,D,E,F,G,H,I)
4. Deliver appropriate, safe and effective patient care. (PLO-3) (MC-2B) (MC-7 A,B,C,D,E)
5. Demonstrate proficient communication and documentation skills. (PLO-2) (MC-4 A,B,C,D)
6. Demonstrate ethical and professional conduct. (PLO-4) (MC-5 A,B,C)
7. Apply health promotion strategies in the clinical environment. (PLO-3) (MC-3 A,

B,C,D)

8. Identify the elements of cultural competency and social determinants of health in relation to patient-centered care. (PLO-4) (MC6-A) (MC6.1)
9. Demonstrates awareness of own biases, considers gender identification, cultural identification, and other factors of diversity in relation to patient-centered care. (PLO-4) (MC6-A) (MC6.1)
10. Assess the influence that gender identification, cultural identification, and other factors of diversity, also including personal biases, have on patient-centered care and its application in patient management. (PLO-4) (MC6-B) (MC6.2)
11. Collaborate with healthcare professionals as it relates to patient care. (PLO-3) (MC-8 A,B,C,D,E)

Clinic IV

1. Apply knowledge of health center protocols including routine infection control practices during patient care. (PLO-3) (MC-3A)
2. Demonstrate proficiency in case appropriate clinical assessment and differential diagnosis. (PLO-3) (MC-1 A,B,C,D,E)
3. Develop evidence-informed, patient-centered management plans. (PLO-3) (MC-2 A,B,C,D,E,F,G,H,I)
4. Deliver appropriate, safe and effective patient care. (PLO-3) (MC-2B) (MC-7 A,B,C,D,E)
5. Demonstrate proficient communication and documentation skills. (PLO-2) (MC-4 A,B,C,D)
6. Demonstrate ethical and professional conduct. (PLO-4) (MC-5 A,B,C)
7. Apply health promotion strategies in the clinical environment. (PLO-3) (MC-3 A, B,C,D)
8. Identify the elements of cultural competency and social determinants of health in relation to patient-centered care. (PLO-4) (MC6-A) (MC6.1)
9. Demonstrates awareness of own biases, considers gender identification, cultural identification, and other factors of diversity in relation to patient-centered care. (PLO-4) (MC6-A) (MC6.1)
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Student interns must meet or exceed several different benchmarks to become eligible for an External Rotation. One benchmark is scoring a minimum of 70% on each meta-competency. In total, there are thirty-one meta-competency outcomes. Those outcomes are based on the eight Council on Chiropractic Education (CCE) meta-competencies. These meta-competencies are being shared with you so you understand the underlying college of chiropractic overall expectations of our student interns.

The meta-competencies and outcomes are:

META-COMPETENCY 1 ASSESSMENT & DIAGNOSIS

Assessment and diagnosis require developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation; hypothesis generation and testing; and critical evaluation of diagnostic strategies. This dynamic process includes the collection and assessment of data through history, physical examination, imaging, laboratory tests, and case-related clinical services.

CURRICULAR OBJECTIVE:

The program prepares students to:

- A. Compile a case-appropriate history that evaluates the patient's health status, including a history of any present illness; systems review; and review of past, family, and psychosocial histories for the purpose of constructing a differential diagnosis and directing clinical decision-making.
- B. Determine the need for and availability of external health records.
- C. Perform case-appropriate examinations that include evaluations of body regions and organ systems, including the spine and any subluxation/segmental dysfunction, that assist in developing the diagnosis/es.
- D. Perform and interpret diagnostic studies, inclusive of imaging, clinical laboratory, and specialized testing procedures based on clinical needs, and refer to other providers for consultations when appropriate.
- E. Formulate an evidence-informed diagnosis/es supported by information gathered from the history, examination, diagnostic studies, and relevant scientific literature to inform patient care.

OUTCOMES:

Students will be able to:

1. Perform a case-appropriate history that evaluates the patient's health status.
2. Perform a case-appropriate examination that leads to the identification of significant findings and determine the need for additional examination, diagnostic and/or confirmatory tests, and consultations.
3. Perform/order and interpret clinical laboratory, imaging, and other diagnostic studies required for formulating an appropriate diagnosis.
4. Demonstrate clinical reasoning to generate a corresponding list of current/active diagnosis/es.

META-COMPETENCY 2 MANAGEMENT

Management involves the development, implementation, and monitoring of a patient care plan for positively impacting a patient's health and well-being, including specific healthcare

goals and prognoses. It may include case follow-up, referral, and/or collaborative care.

CURRICULAR OBJECTIVE:

The program prepares students to:

- A. critically appraise scientific literature to inform evidence-informed practices in patient management.
- B. develop a management plan appropriate to the diagnosis/es, the patient's health status, obstacles to improvement, specific goals, and prognoses while incorporating patient values and expectations of care
- C. evaluate the clinical indications and rationale for selecting chiropractic adjustment/manipulation or other appropriate forms of active or passive modalities supporting the goals of care.
- D. determine the need for changes in patient behavior and activities of daily living.
- E. determine the need for emergency care, referral, and/or collaborative care.
- F. provide information to patients of risks, benefits, natural history, and alternatives to care regarding the proposed management plan.
- G. obtain informed consent.
- H. monitor patient progress and alter management plans as new clinical information becomes available.
- I. recognize the point of a patient's maximum improvement and release the patient from care or determine rationales for any ongoing care.

OUTCOMES:

Students will be able to:

1. use relevant scientific literature and other evidence to inform patient care.
2. develop an evidence-informed management plan appropriate to the diagnosis, including elements such as obstacles to improvement, measurable healthcare goals, prognoses, and target endpoint of care in consideration of bio-psychosocial factors, natural history, and alternatives to care.
3. identify the need and refer for emergency care as appropriate.
4. perform a review of findings that outlines benefits, risks, and alternatives to care and obtain informed consent for care.
5. deliver appropriate chiropractic adjustments/manipulations and/or other forms of passive care.
6. implement appropriate active care.
7. make recommendations for changes in lifestyle behaviors, including activities of daily living and/or dietary and nutritional habits as appropriate.
8. identify maximum improvement and document the endpoint of care or determine rationales for continuing care or referral.

META-COMPETENCY 3 HEALTH PROMOTION & DISEASE PREVENTION

Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognition of the impact of biological, chemical, behavioral, structural, psychosocial, and environmental factors on general health.

CURRICULAR OBJECTIVE:

The program prepares students to:

- A. identify the importance of primary, secondary, and tertiary prevention in population health, including health promotion, disease prevention, and screening.
- B. explain the major causes and trends in chronic disease, comorbidity, and mortality, including those for patients from diverse backgrounds and from underrepresented communities.
- C. recognize the importance of social determinants and impact of health care disparities within diverse populations.
- D. recognize reporting responsibilities regarding public health risks and issues.

OUTCOMES:

Students will be able to:

- 1. manage health risks and public health issues, including reporting, as required.
- 2. identify, recommend, and/or provide resources (educational, community-based, etc.) for influencing public health.
- 3. apply appropriate hygiene practices in the practice environment.

META-COMPETENCY 4 COMMUNICATION & RECORD KEEPING

Effective communication includes oral, written, and nonverbal skills with appropriate sensitivity, clarity and control for a wide range of healthcare-related activities, to include patient care, professional communication, health education, record keeping, and reporting.

CURRICULAR OBJECTIVE:

The program prepares students to:

- A. communicate effectively, accurately, and appropriately with patients and other health care professionals.
- B. create and maintain accurate, appropriate, and legible records.
- C. comply with regulatory standards and responsibilities for patient and business records.

OUTCOMES:

Students will be able to:

- 1. document health risks and management options considering the patient's health care needs and goals.
- 2. exhibit verbal and non-verbal communication skills supportive of patient-centered care.
- 3. safeguard and keep confidential the patient's protected health and financial information.
- 4. generate patient records, narrative reports, and correspondence that comply with state and federal laws and regulations and applicable/accepted industry standards.

META-COMPETENCY 5 PROFESSIONAL ETHICS & JURISPRUDENCE

Professionals are expected to comply with the law and exhibit ethical behavior.

CURRICULAR OBJECTIVE:

The program prepares students to:

- A. apply knowledge of ethical principles and boundaries.
- B. apply knowledge of applicable health care laws and regulations.

C. apply knowledge of expected professional conduct.

OUTCOMES:

Students will be able to:

1. maintain appropriate boundaries with patients, including physical, communication (verbal and nonverbal), and emotional.
2. maintain professional conduct with patients, peers, staff, and faculty.
3. comply with the ethical and legal dimensions of clinical practice.

META-COMPETENCY 6 CULTURAL COMPETENCY

Cultural competency includes the knowledge, skills, and core professional attributes needed to provide care to patients with diverse values, beliefs, and behaviors, including the tailoring of health care delivery to meet patients' social, cultural, and linguistic needs in an effort to reduce disparities in healthcare delivery.

CURRICULAR OBJECTIVE:

The program prepares students to:

- A. demonstrate an awareness of biases and social determinants of health that may impact the delivery of care to a diverse population.
- B. evaluate the role of sociocultural, socioeconomic, and diversity factors in contemporary society to meet the healthcare needs of persons, groups, and populations.

OUTCOMES:

Students will be able to:

1. communicate respectfully and effectively with patients of diverse social, cultural, and linguistic backgrounds in a manner that protects the dignity of individuals and communities.
2. design a care plan that considers and respects the culture of the patient.

META-COMPETENCY 7 CHIROPRACTIC ADJUSTMENT/MANIPULATION

Doctors of chiropractic employ the adjustment/manipulation to address joint and neurophysiologic dysfunction. The adjustment/manipulation is a precise procedure requiring the discrimination and identification of dysfunction; interpretation and application of clinical knowledge; and the use of cognitive and psychomotor skills.

CURRICULAR OBJECTIVE:

The program prepares students to:

- A. Assess normal and abnormal structural, neurological, and functional articular relationships.
- B. Evaluate the clinical indications and rationale for selecting a particular chiropractic adjustment/manipulation.
- C. Determine, based on clinical indications and risk factors, the appropriateness of delivering chiropractic adjustment/manipulation.
- D. Demonstrate the knowledge, mechanical principles, and psychomotor skills necessary to safely perform chiropractic adjustment/manipulation.
- E. Assess the patient outcome(s) of the chiropractic adjustment/manipulation.

OUTCOMES:

Students will be able to:

1. Identify subluxations/segmental dysfunction of the spine and/or other articulations.
2. Analyze and interpret findings indicating the need for chiropractic adjustment/manipulation.
3. Identify indications, contraindications, and risk factors for the chiropractic adjustment/manipulation and explain the anticipated benefits, potential complications, and effects to patients.
4. Apply chiropractic adjustment/manipulation to patients while ensuring patient safety.
5. Identify the effects following the chiropractic adjustment/manipulation.

META-COMPETENCY 8 INTER-PROFESSIONAL EDUCATION

Students have the knowledge, skills, and values necessary to function as part of an inter-professional team to provide patient-centered collaborative care. Inter-professional teamwork may be demonstrated in didactic, clinical, or simulated learning environments.

CURRICULAR OBJECTIVE:

The program prepares students to:

- A. Work with other health professionals to maintain a climate of mutual respect and shared values, placing the interests of patients at the center of inter-professional health care delivery.
- B. Identify different models of inter-professional care, organizational, and administrative structures and the decision-making processes that accompany them.
- C. Explain the roles and responsibilities of each member of the health care team.
- D. Collaborate with health team members to clarify each member's responsibility in executing components of a management plan or public health intervention.

OUTCOMES:

Students will be able to:

1. Communicate information with health team members in a manner that is understandable, avoiding discipline-specific terminology when possible.
2. Apply collaborative strategies with members of the healthcare team to support a team approach to patient-centered care.

Overview of the Student Learning Experience

- Regular direct dialogue between the site supervisor and the student interns in order to provide the student intern with feedback regarding his/her performance, including weeks 4, 8 and 13 assessment performances.
- Opportunities for the student intern to observe the site supervisor caring for patients.
- Student interns must participate in patient care such as adjusting patients, performing examinations, physical therapy modalities and taking x-rays, as allowed by State law; please note that student interns must only utilize

- skills for which they have been formally trained at Logan University.
- Participating in and performing patient education and health care classes.
 - Routine administrative responsibilities by the student intern such as exposure to office procedures, filing, record keeping, billing, staff meetings, etc.
 - Student interns participation in extra activities such as State Chiropractic Association meetings or local community events and club meetings.

Student interns may participate in out-of-office spinal/health screenings and informational booths or distributions only if the assigned site supervisor is present.

In the beginning, student interns are expected to observe and assist until they are familiar with the staff, patients, general office policies and protocols, facilities, and

equipment. As the student interns becomes ready, he/she should assume increasing responsibilities, keeping in mind that all responsibilities must be performed under the direct supervision of the assigned site supervisor and be in compliance with state laws.

Student interns should gain an understanding and appreciation of the roles, duties, and responsibilities of the chiropractor.

Site supervisors should assist student interns in developing an increased awareness of the dynamic and challenging nature of practicing chiropractic in today's health care arena.

Site supervisors should expose student interns to the work of professional and service organizations and other related community groups and encourage them to participate in these activities.

Student interns should have learning experiences that will strengthen their understanding of human beings and relationships and help develop their ability to enter into a caring and professional relationship with patients.

Learning experiences should be of such nature that they assist student interns and site supervisors in discovering the student interns' professional strengths and weaknesses.

Site supervisors must discuss HIPAA and Protected Health Information (PHI) requirements with the assigned student interns. If the site supervisor requires the student intern to sign a Non- Disclosure of PHI form, he/she should keep the signed form on file in his/her office.

The site supervisor may not exploit student interns for personal assistance such as running errands, cleaning offices, babysitting services, or other non-educational reasons.

**The site supervisor may not have students sign any documentation, including contractual obligations, without prior approval from Logan University.

Site Supervisor Training

Within the first week of a student intern commencing their external rotation, each site supervisor is required to either attend a live orientation session or, if attendance is not feasible, view the recorded orientation video. Additionally, supervisors must sign a site supervisor outlining the responsibilities, obligations and, assessments associated with hosting an external rotation student. This agreement will acknowledge that the site supervisor must provide a hands-on experience for the student intern, including:

1. New Patient Intake consults, histories, and exams.
2. Re-evaluation exams, transfer exams, focused exams.
3. Chiropractic adjusting
4. Physical therapy modalities
5. Front desk procedures
6. Electronic Health Record training

7. Diagnosis / Differential Diagnosis training
8. Treatment Plan Implementation

15-week learning plan (example)

Example Learning Plan

Overview

- The following is an example of how to incorporate the student intern into your patient care. It is meant to create an environment that is still patient-centered while creating learning opportunities for the student on rotation with you.
- The following is an expanded example of See One, Assist One, Do One model for introducing students into your clinic. Keep in mind that you may progress the student faster or slower than what is given as an example below. Students progress at their own pace just as patients heal at their own pace.
- The minimum weekly clinic hour requirement for both Clinic III and Clinic IV preceptorships must be met during the External Rotation experience at the offsite doctor's office or facility. The minimum number of required weekly hours is 25. This is a minimum number of hours, and many sites may require more than 25 hours per week. The student intern must be fully informed of the hourly requirement and expectations (including break and holidays) before fully committing to the opportunity.

Example Learning Plan

Definitions:

Direct Supervision: Site Supervisor is in the room while the student intern is interacting with the patient, including verbal and physical interactions

Indirect Supervision: Site Supervisor is in the office/clinic while the student intern is interacting with the patient, including verbal and physical interactions; may not/does not need to be in the same room as the student intern

- Week 1: Introduction to the clinic (See One)
 - Orientation of clinic, meet staff
 - Set expectations of the student intern (professionalism, office policies, patient interactions, etc.)
 - Meet with student to set individual goals for the trimester; set regular meeting dates and times
 - Example: 30-minute monthly meeting to review/modify student's goals
 - Note: Meetings are not mandatory, only a suggestion. You may choose to meet more regularly or not at all.
 - Observation of doctor and staff (See One)
 - Student learns policies and procedures for patient care
 - Meet patients with whom he/she will be interacting
 - Invite student to feel what you are feeling while working with patients
 - Introduce student to front desk policies and procedures and billing, as applicable
- Week 2: Increased Student Participation (Assist One)
 - Continue observation as needed
 - Start to incorporate student into patient flow under direct supervision; this may be all patients or only a select few to start with.
 - Student gathers updated history/subjective information at start of patient encounters as directed by site supervisor
 - Student performs soft tissue work during patient encounters as directed by site supervisor
 - Student is allowed to assess spine and/or extremities (as indicated by the case) and reports directly to site supervisor
- Weeks 3-5: Low Complexity Patient, Direct Supervision (Do One)
 - Continue observation and/or graduated student-patient interaction, as needed
 - Allow student to run entire patient visit under direct supervision.
 - Low-complexity case. Maintenance/wellness patients may be a good population to start with.
- Week 6-9: Low Complexity Patient, Indirect Supervision / Moderate Complexity Patient, Direct Supervision (Do One)
 - Allow student to gather data for parts or all of patient encounter with indirect supervision, as appropriate; may use graduated responsibilities as earned similar to first few weeks
 - Review and update student goals, as needed
 - If student still needs direct supervision in collecting data for patient encounters, he/she may need remediation. Contact clinical assessment team.
- Weeks 10-15: Low & Moderate Complexity Patients, Indirect Supervision / High Complexity Patients, Direct Supervision (Do One)
 - Allow student to gather data for parts or all of patient encounter with indirect supervision, as appropriate; may use graduated responsibilities as earned similar to first few weeks
 - Student self-reflection and review goals
 - Exit interview, Week 15

Notes:

**Remember, at no time is the student allowed to perform any patient encounter with the Site Supervisor out of the office.*

**Throughout the trimester it is important that the student receives helpful feedback to improve their clinical reasoning skills and technical skills. Even as they transition from direct observation to indirect supervision, you should know what advice and treatment is being provided to your patients at all times.*

Student intern Assessment Process

The student intern assessment process is required throughout the External Rotation. The assessment schedule is broken down into three reporting periods.

Reporting period 1: Weeks 1-4
 Reporting period 2: Weeks 5-8
 Reporting period 3: Weeks 9-14

The first reporting period will have at least 4 assessments that will be performed. They are due at the end of Week 4 of the semester (TBD). The assessments that are due at the end of week 4 are: Exam Assessment, History Assessment, Adjustment Assessment and ROF/IC Assessment.

The second reporting period will have 6 assessments that will be performed. They are due due at the end of Week 8 of the semester (TBD). The assessments that are due at the end of week 8 are: Exam Assessment, History Assessment, Adjustment Assessment, ROF/IC Assessment, Intern Self-assessment and Professionalism Assessment..

The third reporting period for:

Tri 9 - Exam Assessment, History Assessment, Adjustment Assessment, ROF/IC Assessment and Site Supervisor Assessment of the Intern/Professional Attitude.

Tri 10 - Site Supervisor Assessment of the Intern/Professional Attitude

These assessments are due at the end of Week 13 of the semester (TBD).

The site supervisor must document both the strengths and weaknesses of the student intern. When the site supervisor determines that remediation is necessary, the Director of Health Centers shall convey the Assessment Department's directives outlining the specific requirements the student intern must fulfill as part of the remediation process.

APPENDIX

RUBRICS

The following are the rubrics you will be using to assess students.

1. Exam Assessment
2. History Assessment
3. Adjustment Assessment
4. Report of Finding/IC
5. Intern Self-Assessment
6. Professionalism Assessment
7. Site Supervisor Assessment of the Intern/Professional Attitude