



PALMER
College of Chiropractic



May 5, 2021

Department of Defense and Veterans Affairs
Student Rotation Program Handbook

Clinical Co-Curricular Programs



PALMER CHIROPRACTIC CLINICS DOD/VA STUDENT ROTATION PROGRAM HANDBOOK

It is the responsibility of program participants to read the DoD/VA Student Rotation Program Handbook thoroughly and become familiar with its contents. Palmer College of Chiropractic reserves the right, without notice, to change, revise, or eliminate any information in the handbook. Revised information may supersede, modify, or eliminate existing information. An up-to-date version of the handbook will be maintained in the office of Clinical Co-Curricular Programs and on the Palmer Portal. It is the responsibility of program participants to inquire as to whether a change has been made.



**Palmer College of Chiropractic
Clinical Co-Curricular Programs
DoD/VA Student Rotation
Program**

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DCP Program Core Clinical Competencies

*Issue Date: October 2007
Update: May 5, 2021*

Section I

PALMER COLLEGE OF CHIROPRACTIC MISSION

The mission of the Doctor of Chiropractic Program is to advance chiropractic by promoting learning, delivering healthcare, engaging our communities and advancing knowledge through research.

PROGRAM INFORMATION:

The DoD/VA Student Rotation Program is a clinical education program managed by the three Palmer campuses by the Clinical Co-Curricular Programs office which is located on the Davenport campus.

Abbreviations: DoD - Department of Defense; VA - Veterans Affairs.

The DoD/VA Student Rotation Program is an optional, off-campus clinical education program for qualified senior-level students*. It allows an opportunity for a student to gain clinical experience with a Doctor of Chiropractic and other healthcare providers in a DoD military training facility or a VA medical center. Through a mentorship-type relationship with the licensed chiropractor, the student has an opportunity to gain valuable insight into the role of the Doctor of Chiropractic working with other health providers and patients in DoD or VA healthcare facilities. Students may perform a variety of patient care procedures under the direct supervision of the licensed chiropractor. Students may also participate in patient rounds in a hospital setting with students, interns, and residents of other health disciplines as well as observe surgeries and other medical procedures. Students are expected to function as a member of a healthcare team and as such, may be asked to share their chiropractic viewpoints with persons of other health disciplines, participating in presentations and on-the-spot question-answer sessions.

Students participating in a DoD/VA chiropractic rotation are responsible for upholding the Palmer Code of Student Ethics and all additional/applicable rules and regulations set forth by Palmer College of Chiropractic as well as all rules and regulations of the DoD/VA facility.

*In this context, “students” refers to matriculated students in the Doctor of Chiropractic program of Palmer College of Chiropractic, its Davenport, Florida, and West campuses.



PROGRAM OBJECTIVES:

- To provide the College with off-campus clinical environments for preparing Doctor of Chiropractic program students for participation in multidisciplinary settings
- To build cooperative relationships between Palmer College of Chiropractic and DoD/VA facilities
- To further enhance and develop students' clinical education experiences by providing a multidisciplinary environment in DoD/VA facilities where they can apply their knowledge, attitudes and skills
- To train a subset of Palmer College graduates to be well prepared to participate as Doctors of Chiropractic in DoD and VA healthcare systems
- To provide a subset of Palmer College students with an experience that allows them to determine whether or not they are suited for, and inclined to, participate in DoD or VA patient care settings
- To provide students with a practical experience upon which to plan and build their future practice
- To provide students with a setting that allows them the opportunity to discover their professional strengths and weaknesses

PROGRAM ADMINISTRATION:

The point of contact for the program is Jennifer Steward, MBA.

This program is administratively centralized on the Davenport Campus by:

Director of Clinical Co-Curricular Programs:
Administrative Assistant:

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STUDENT ELIGIBILITY REQUIREMENTS:

Eligibility criteria upon application to the program:

1. Must have a minimum 3.0 cumulative GPA
2. Must be registered in the DC program and be in good academic standing.
3. Must have passed all sections of the National Boards Part I exam.
4. Must have no record of an ethics violation during matriculation at Palmer College.
5. Must have no past history of arrest(s) or a criminal record.
6. Must be a U.S. citizen for assignment to a DoD site and specified VA sites (every effort is made to maintain accurate records of which sites do not allow international students)
7. For International students applying to a VA site, the following requirements must be met: A nonimmigrant F-1 or J-1 student classification; or, an I-20 (or DS-2019) certificate of eligibility; AND a US Social Security Number

If selected for a rotation, prior to being cleared to leave the campus:

1. Must be in the clinic/patient care phase of the curriculum (Davenport students must have completed trimesters 1-8 by time of placement, West & Florida quarters 1 – 11).
2. Must have successfully completed Clinic and Radiology OSCE exams (or CCEP) prior to being cleared from the campus to start the rotation.
3. Must have completed all “live patient” radiology requirements prior to being cleared from the campus to start the rotation if going to a contracted facility.
4. Must have completed a minimum of 50 adjusting credits of which at least 10 are outpatient.
5. Must have completed a minimum of 10 physical exams.

QUALIFIED STUDENTS WITH DISABILITIES:

Academic Adjustments for Qualified Students with Disabilities: Palmer College of Chiropractic makes reasonable academic adjustments for qualified students with disabilities, as required by law. Any qualified student with a disability who requires a reasonable academic adjustment to perform the academic and technical standards requisite for participation in this program and associated course is to contact the Student Academic Support Center to request such an academic adjustment.



NOTICE OF NONDISCRIMINATION:

The College is committed to establishing and maintaining a work and education environment free of any form of discrimination or harassment and does not tolerate discrimination or harassment in employment, admissions or in educational practices, programs, services or activities of or by its employees, students, patients or anyone associated with or conducting business with the College. For more information refer to the College's Notice of Non-Discrimination on the College's website.

REPORTING DISCRIMINATION OR HARRASSMENT

For more information or to report discrimination or harassment refer to the College's [Equal Opportunity Policy](https://www.palmer.edu/about-us/office-of-compliance/report-a-complaint/), [Notice of Nondiscrimination](https://www.palmer.edu/about-us/office-of-compliance/report-a-complaint/), or [Report a Complaint](https://www.palmer.edu/about-us/office-of-compliance/report-a-complaint/) which may be accessed on the College's website at <https://www.palmer.edu/about-us/office-of-compliance/report-a-complaint/>.

REPORTING SEX DISCRIMINATION, SEXUAL HARRASSMENT, SEXUAL VIOLENCE OR ANY OTHER SEXUAL MISCONDUCT

The College's nondiscrimination practices in employment, admissions or in educational practices, programs, services or activities include conduct prohibited by Title IX of the Education Amendments of 1972. For more information or to file a complaint contact the College's [Title IX Coordinator or deputies](https://www.palmer.edu/about-us/office-of-compliance/report-a-sexual-misconduct/) or refer to [Report Sexual Misconduct](https://www.palmer.edu/about-us/office-of-compliance/report-a-sexual-misconduct/) which may be accessed on the College's website at <https://www.palmer.edu/about-us/office-of-compliance/report-a-sexual-misconduct/>. Information regarding [sexual misconduct awareness, prevention and response](https://www.palmer.edu/about-us/office-of-compliance/sexual-misconduct-prevention-and-response/) may be accessed online at <https://www.palmer.edu/about-us/office-of-compliance/sexual-misconduct-prevention-and-response/>. The College's Equal Opportunity Policy in its entirety may be accessed online at <https://www.palmer.edu/about-us/compliance/institutional-policy-library/>.

APPLICATION PROCESS:

Each term, applications will be available to students on the Palmer SharePoint site. The deadline for application will be posted. Davenport Campus students may apply during their 7th or 8th trimester for Davenport, and 9th or 10th quarter for the West and Florida campuses.

1. The program application must be completed in full and signed by the student.
2. A resumé must be submitted with the application.
3. Two letters of recommendation are required from faculty members on the student's campus.
4. Students meeting the program eligibility criteria will be interviewed by the Director of Clinical Co-Curricular Programs and their campus' Program Liaison. Those students who are deemed as possible good candidates for the program will have their applications placed in an eligibility pool for the affiliating doctors to consider.



ROLE OF THE STUDENT:

Overview

Students accepted for participation must be open to learning opportunities that serve as an avenue toward preparing them for chiropractic practice. As the doctor becomes familiar and comfortable with the student's knowledge and skills, the student can participate in more aspects of patient care at the DoD or VA facility. Students are not paid employees. The purpose of the program is to provide a unique clinical educational experience.

Responsibilities

While the focus of the student assignment is on continued clinical skills development, students are also responsible for the following:

- Being present during their scheduled hours and dates.
- Adhering to the College and facility policies and procedures.
- Being punctual.
- Requesting time off in advance.
- Maintaining patient confidentiality.
- Maintaining professional attitude and dress.
- Maintaining professional boundaries.

As mandated by Federal regulations, students are not allowed to provide patient services to patients on Federal Entitlement programs, including Medicare and Medicaid, including a history, examination, x-rays, physiotherapy/rehabilitation, and adjustments.

Student Identity

As required by the policy on *Student Identity Verification for Distance and Correspondence Education*, students are responsible for providing their complete and true identity information in any identification verification process. Refer to the policy in Section Two of this handbook. When sending information to the College such as credit reports, QEs, and other College-related and required assignments, the student must use a policy-approved method.

Hours

In cooperation with the Clinic Co-Curricular Programs office, and as determined by the Doctor of Chiropractic, students must earn no less than the number of hours prescribed in their course syllabus. Due to the nature of the program, the doctor will likely require more hours per week and students will be required to fulfill the hours.



Employment

Due to the educational focus of the program, students may not be employed at the site of their rotation. Likewise, students will not be assigned a rotation at a site in which they are employed.

Addressing the Student

Students are not graduates, nor are they licensed physicians. Students are not to be referred to as “doctor” verbally or in writing, nor may they use “doctor” or D.C. in written context. Students must be identified to patients as such and are required to wear their Palmer Clinic name badge while on their rotation or may wear identification assigned to them by the DoD/VA facility.

Boundaries

Students are preparing for involvement in the health care of patients and are expected to conform to the ethical standards of the academic institution as well as the standards of conduct equal to that of a practicing Doctor of Chiropractic.

APPROVAL PROCESS FOR A DOD/VA MILITARY TRAINING FACILITY:

The College and the DoD Military Training or VA Facility will enter into a formal agreement through an Academic Affiliation Agreement (AAA), a Memorandum of Understanding (MOU), or a Training Affiliation Agreement (TAA) or other specified agreement type prior to the placement of a student. The agreement will define the expectations and responsibilities of both parties in the relationship and list an expiration date and/or terms of termination.

The Doctor of Chiropractic working for the facility will submit an application to the College on College-provided forms. The College will credential the doctor and instate the doctor as Adjunct Clinical Faculty of the College. The DoD/VA doctor is not a member of the Collective Bargaining Unit.

STUDENT PLACEMENT:

Students qualified for a DoD/VA chiropractic rotation will be placed in a facility selected by the College in cooperation with the DoD or VA facility. Doctors are strongly encouraged to select students a minimum of three months in advance of their start date.

- Students will undergo an initial screening interview with the College.
- The College will inform the DoD/VA adjunct clinical faculty of qualified student applicants.
- The DoD/VA adjunct clinical faculty will then review applications and select one or more for an interview and then contact the student(s) to conduct the interview.
- The DoD/VA adjunct clinical faculty will determine which student(s) to offer a position and will contact the Director of Clinical Co-Curricular Programs on the Davenport campus prior to contacting the student. After determining the dates of the rotation to be offered, the DoD/VA adjunct clinical faculty will contact the student and offer them a position.



- If the student accepts the offer, the College will contact course instructors who will determine appropriate methods of fulfilling course hours during the DoD/VA rotation.
- Prior to leaving the campus, the student must be approved by the DoD or VA facility.
- Prior to leaving the campus, the student must formally check out with the appropriate personnel.

ROLE OF THE DOCTOR:

Overview

Doctors accepted for participation in the DoD/VA Student Rotation Program will provide mentorship to the chiropractic student. The mentorship relationship between the doctor and the student provides the student with avenues for professional growth. By accompanying the doctor throughout the day, and/or through periodic assignment to other healthcare providers, the student observes and participates in clinic and patient care functions.

Clinical Mentorship

Palmer College clinical mentorship is a system of clinic-based, practical training whereby the clinician-educator prepares students for the contemporary practice environment as they guide their ongoing development in the evaluation, care and management of patients. *Mentor* is often defined as “a wise, loyal and trusted advisor or teacher.” As such, clinical mentors serve to facilitate the formation of competent, patient-centered clinicians. In doing so, clinical mentors help graduates realize their potential as chiropractic doctors. The clinician-educator strives to provide practical clinical training where students experience a patient care model that leads to positive clinical care outcomes delivered in a consistent, safe and effective manner. The essential qualities of the mentoring clinician-educator include:

An ability to effectively communicate by –

- Developing mentor-student relationships based upon clearly defined expectations, direction and supervision, and mutual respect
- Efficiently integrating students into patient care activities
- Encouraging the professional development of students by providing ongoing, constructive guidance and support
- Actively collaborating with clinic administrators to improve the clinical education experience

An ability to facilitate learning by –

- Integrating foundational knowledge, skills and attitudes into the clinical practice setting
- Making possible their student’s application and practical understanding of patient-centered care concepts
- Discovering patient care opportunities for students to achieve their learning outcomes
- Maintaining an active learning environment that makes the transition from student to competent graduate possible

An ability to assess student performance by –

- Understanding and applying the College’s clinical assessment process
- Supervising and impartially evaluating students during their patient care activities
- Ensuring that students’ patient care activities receive fair, consistent and timely formative feedback
- Periodically performing summative reviews of students’ performance and objectively evaluating their clinical competency

An ability to act as a role model by –

- Interacting in a professional and respectful manner with students, patients, staff, faculty and administrators
- Demonstrating clinical expertise and modeling ethical, patient-centered clinical care
- Applying clinical best practices developments into patient care and student education
- Contributing to the College’s quality assurance efforts by complying with rules for proper documentation, coding and billing

Responsibilities

1. Adhere to the agreement and Adjunct Clinical Faculty contract.
2. With the student, discuss the expectations of both the doctor and the student.
3. Orient the student to the functions, policies, and procedures of the facility.
4. Using the mentorship model of clinical education, provide an effective learning environment including ongoing constructive feedback on performance.
5. Provide the student a sufficient amount of patient contact experiences to allow the student to complete their quantitative and qualitative requirements.
6. Provide direct supervision (must be physically on the premises and available for consult) when the student is interacting with patients.
7. Conduct periodic meetings with the student to discuss cases, review the syllabus and assignments, and to give feedback.
8. Conduct Qualitative Assessments of the student. Refer to appendix section.

As mandated by Federal regulations, students are not allowed to provide patient services to patients on Federal Entitlement programs, including Medicare and Medicaid, including a history, examination, x-rays, physiotherapy/rehabilitation, and adjustments.

Documentation Requirements

1. Upon AAA, MOU, or TAA approval, and in the month of December for each year following:
 - a. Sign an Adjunct Clinical Faculty appointment
 - b. Review the syllabi and discuss learning outcomes with the student. Determine time frames for completion of course requirements.
 - c. Complete College-required and provided training on FERPA, HIPAA, Title IX Sexual Misconduct, Discrimination Awareness and any additional topics as assigned by the College.
2. During the term when a student is assigned:



- a. Verify student identity as required in the policy on *Student Identity Verification for Distance and Correspondence Education*. Refer to the policy in Section Two of this handbook.
3. Validate and sign the student's quantitative tracking sheets and qualitative evaluations on a daily basis.
 - a. Complete one global assessment of the student.
 - b. Review and sign case management forms and x-ray reports.
 - c. Review, discuss, and sign related course requirements as outlined in the syllabi.
4. End of the term when a student is assigned:
 - a. Complete and return evaluations and other required documentation.
 - b. Complete and return all tracking forms to the College.

Boundaries

Ethical obligations regarding the relationship between Adjunct Clinical Faculty and students:

- Respect the dignity of assigned students.
- Do not exploit a professional relationship with students for private advantage, such as soliciting the assistance of students for private purposes in a manner that infringes upon their freedom of choice.
- Adhere to the College policy on Sexual and Other Unlawful Harassment. Refrain from sexual or romantic relationships with any student for whom the Adjunct Clinical Faculty member has a professional responsibility based on: 1) an inherent power differential which exists between teacher and student; and 2) the potential to undermine trust in which educational and therapeutic processes depend.
- Give appropriate recognition to contributions made by students to research, publication, service, or other activities.
- Refrain from any activity which involves risk to the health and safety of a student, except with their informed consent, and where applicable, in accordance with the College policy relating to the use of human subjects in research.



GUIDELINES FOR PARTICIPATION:

- This program is an optional clinical education program and as such, students are responsible for any personal travel and relocation expenses related to their participation in the program.
- Students opting to participate in this program are responsible for finding their own housing if needing to relocate.
- Students will be fulfilling College courses by correspondence while assigned with a syllabus for each course. At times, the doctor may be asked to proctor examinations or provide oversight and feedback to various assignments and will use a Proctor Verification Form to confirm student identity when doing so. The student is responsible for meeting all deadlines associated with course requirements.
- The length of a DoD/VA rotation varies but is typically the student's last one to two terms (trimesters or quarters). The dates and time period will be determined by the College.
- The student shall be assigned to one specific doctor who will oversee their program.
- Students may be required to have certain inoculations and health screenings as per DoD/VA facility regulations.
- The program will consist of observing and/or participating in aspects of healthcare outside the typical chiropractic practice and may include observing surgical procedures, participating in medical grand rounds, and other inter-professional activities.
- Students will gain chiropractic experience with the assigned Doctor of Chiropractic and will be directly supervised in providing chiropractic care services, including adjustments and exams.
- The rotation will include: A) regular direct dialogue between the doctor and the student in order to provide the student with feedback regarding his/her performance; B) opportunities for the student to observe patient care; C) opportunities for the student to participate in patient care such as adjusting patients, performing examinations, and interpreting imaging and laboratory studies. Please note that students may only utilize skills for which they have been formally trained at Palmer College.
- In the beginning, students are expected to observe and assist until they are familiar with the staff, patients, general policies, facilities, and equipment. As the student becomes ready, he/she should assume increasing responsibilities, keeping in mind that all responsibilities must be performed under the direct supervision of the assigned doctor.
- Students should gain an understanding and appreciation of the roles, duties, and responsibilities of the chiropractor.
- Students will be assigned to rotations, as available, at the DoD/VA including hospital rotations among various disciplines.
- Students should be assisted in developing an increased awareness of the dynamic and challenging nature of practicing chiropractic in today's health care arena.
- Students should be exposed to the work of professional and service organizations and other related community groups and encouraged to participate in their activities.
- Students should have learning experiences, which 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 students in discovering their professional and clinical strengths and weaknesses.

ASSESSING STUDENT PERFORMANCE:

Two Methods: 1) QEs and 2) Self-Assessment & Global Assessment

Qualitative Evaluations (QEs):

Students will be assessed using methods developed by the College. The assessments will support the learning goals and objectives of the course in which the student is enrolled. The first of two evaluation instruments, Qualitative Evaluations (QEs), are completed by the Adjunct Clinical Faculty through direct observation and interaction with the student. A key component of performing a QE or any assessment is the feedback provided to the student so that he or she can work toward making improvements in their performance.

For more detailed information on the Core Clinical Competencies, the standards used to assess student performance using the QE, please see Appendix 1.

Qualitative Evaluation (QE) Rating Scale:

The following is an example of a QE rating form for a History QE. The rating scale will be the same for all QE categories.

Faculty Instructions – CIRCLE the one most appropriate response in the Rating section.

- PERFORMANCE EXCEEDS THAT EXPECTED OF A GRADUATE. Performance equals or exceeds that of the evaluator.
- PERFORMANCE MEETS THAT EXPECTED OF A GRADUATE. Performance is acceptable but could be improved.
- PERFORMANCE DOES NOT MEET THAT EXPECTED OF A GRADUATE. Performance demonstrates significant shortfalls; elements must be repeated with active coaching.

History	Elements Needing Attention	Rating				
Obtains a health history in a timely manner with appropriate breadth, depth of inquiry and methodology to elicit a list of differentials and appropriate exams.	<input type="checkbox"/> Timeliness <input type="checkbox"/> Depth and breadth of inquiry <input type="checkbox"/> Methodology <input type="checkbox"/> Differentials list <input type="checkbox"/> Exam selection	DOES NOT MEET	+/-	MEETS	+/-	EXCEEDS

Clinician Comments: _____

Under the rating section, there are five possible ratings to select. Choose one rating only and do not overlap your rating with another one. Each rating above has a numeric value with “1” for “Does Not Meet” and “5” for “Exceeds.” Cumulative QE scores are averaged at the end of the term and result in a Pass or Fail for the clinic course grade.

The Self / Global Assessment:

The second of two evaluation instruments is called the “Student Clinical Competency Self-Assessment and Global Assessment.” Students are to spend time reflecting on their clinical competency by completing a self-assessment using a form provided by the College. Once completed, the student will submit the form to the Adjunct Clinical Faculty who will review the student’s self-ratings and then complete the global assessment rating. **KEY:** The Adjunct Clinical Faculty and student are to discuss the self-assessment and the global assessment rating. Areas of strengths and weaknesses should be noted as well as all clinical competencies and professional behavior expectations.

The key to completing QEs and a global assessment of a student is providing constructive feedback. Feedback should be given regularly, both verbally and in writing, and in such a way that the student can gain confidence in their abilities and reflect on ways to continue honing their skills and knowledge base in areas that may need more development.

Student Self / Global Assessment Scale

Global Assessment of Student – Taking into consideration all clinical competencies, as well as professional behavior expectations, I would rate your overall development at this time to be:			
Beginning Level	Intermediate Level	Graduate Level	Advanced Level

Adjunct Faculty Instructions – CIRCLE the **one** most appropriate response and provide written comments.

Section II

STUDENT IDENTITY VERIFICATION POLICY FOR DISTANCE AND CORRESPONDENCE EDUCATION

The purpose of this policy is to ensure that a student who registers for a distance or correspondence course is the same student who participates in and completes the course or program and receives academic credit. This policy meets HLC and CCE accreditation requirements.

Approved Verification Methods:

One or more of the following methods must be utilized:

- a) an individual secure login and password issued by the College;
- b) verification of student identity for proctored examinations; and/or
- c) other College approved technologies or practices that are effective in verifying student identification

Any distance delivery or correspondence course work, assessments or activities that are graded or contribute to a student's grade must be submitted via a system that verifies the student's identity as noted above. Alternatives to approved verification methods, i.e. student's personal email, are not acceptable mechanisms for submitting course work. Such methods must have reasonable and appropriate safeguards to protect student privacy.

All credit-bearing courses offered through a distance delivery course and/or a correspondence course must verify that the student who is registered for the course is the same student who participates in, completes the course requirements, and receives academic credit. The College will notify students at the time of registration or enrollment of any projected additional student charges associated with the verification of student identity, such as separate fees charged by proctoring services, etc.

Distance and Correspondence Education:

Students enrolled in distance and/or correspondence courses must submit all work prepared for the course using either the Palmer assigned e-mail address, or College approved technology or practices that are effective in verifying student identification.

Student Responsibilities:

Students are responsible for providing their complete and true identity information in any identification verification process. Students are prohibited from sharing password information with others and are responsible for any and all activity on their account. Failure to comply with this policy will be addressed through the College's Student Code of Ethics, as found in the Student Handbook.

Faculty Responsibilities:

Faculty must employ College-approved methods to verify student identity and secure student information. Distance and correspondence course syllabi must provide the Student Identity Verification Statement. Faculty must secure approval from the College for any new technologies used to verify student identity. Because identity technology and student personal accountability are not foolproof in safeguarding academic integrity, faculty are encouraged to design courses

that employ assignments and evaluations unique to the course and that foster academic integrity.

College Administration Responsibilities:

Deans and directors of College-level units are responsible to ensure that College resources and services are effectively coordinated and that the faculty is compliant with the provisions of this policy.

Protocol for College-Approved Technologies or Practices:

The College Academic Oversight Committee (CAOC) is responsible for approving technologies or practices for distance and correspondence courses that verify student identity and protect the privacy of student information. Deans and directors of College-level units are responsible for coordinating efforts with Information Services (IS) and/or the Center for Teaching and Learning (CTL) to (1) assess security and compatibility with Palmer systems, (2) verify student identity through a student login and password system, and (3) protect the privacy of student information through standard encryption technology. This information will be reviewed and presented to the CAOC for final approval. The list of College-approved technologies and practices will be kept and communicated by the CTL.

Protocol for Verifying Student Identity through the Palmer Portal and Student E-Mail Accounts:

The verification of a student's identity begins at the time of admissions and student orientation. Information Services generates a secure Palmer email account for each student. Student access to the Palmer Portal requires the use of this email as a login and password. Data transmission of login information is secured using standard encryption technology. If a student does not receive or misplaces this information, (s)he is required to bring photo identification to the Registrar's Office.

Federal and HLC Definitions for Distance and Correspondence education/courses:

Distance education/course means education that uses one or more of the following technologies (i) to deliver instruction to students who are separated from the instructor; and (ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously. The technologies used may include: (i) the internet; (ii) one way and two way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices; (iii) audio conferencing; or (iv) videocassettes, DVDs, and CD-ROMs, if the videocassettes, DVDs or CD-ROMs are used in conjunction with any of the technologies listed in clauses (i) through (iii).

Correspondence education/course means: (i) Education provided through one or more courses by an institution under which the institution provides instructional materials, by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor. (ii) Interaction between the instructor and the student is not regular and substantive, and is primarily initiated by the student. (iii) Correspondence courses are typically self-paced. (iv) Correspondence education is not distance education. 34CFR 602.3 (11/1/2010)

Distance and correspondence courses are those in which all or the vast majority (typically 75% or more) of the instruction and interaction occurs via electronic communication, correspondence, or equivalent mechanisms, with the faculty and students physically separated from each other.

LIABILITY RESPONSIBILITY

The College and its associated entities assume no special or expanded legal liability for injuries sustained or accidents incurred by students in off-campus clinical programs. Students who choose to participate in off-campus programs are presumed to be aware of any special risks or dangers inherent in or associated with a particular practice environment. While en-route to or from an off-campus site, students are exposed to the same risks as if they were en-route to or from a class on campus. In such cases, students assume the risk of any accident or injury.

RETENTION OF RECORDS

Doctors who notify the program director that they no longer wish to participate in the program will have their application marked as inactive, and it will be destroyed after one year of inactivity.

All reports, students' documents, and related records will be destroyed one year after the student's graduation from Palmer College. The doctor should retain all patient related records, in which the student was involved, for the time period as required by state law.

STATE AUTHORIZATIONS FOR OUT-OF-STATE PRECEPTORSHIPS/FIELD TRAINING AND OTHER OPERATIONS

Federal and state regulations require that all institutions of higher education comply with existing state laws regarding operational presence and distance learning. These regulations are continuously evolving, and Palmer College of Chiropractic makes every effort to maintain compliance. As a condition of authorization in specific states, Palmer College of Chiropractic is required to post consumer contact information for respective state authorizing agencies. This information can be accessed via the link provided: [State Disclosure Document](#) or at the following web address:
<http://www.palmer.edu/Accreditation/>

INSTITUTIONAL POLICIES

Palmer College of Chiropractic's Board of Trustees requires the College's Executive Administration to develop, institute and enforce institutional policies and processes to govern the operations of the College. The College's Institutional Policies apply to the entire unit of Palmer College of Chiropractic, including operations on campuses in Davenport, Iowa; San Jose, Calif.; and Port Orange, Fla.

Institutional policies apply to participants in the DoD/VA Student Rotation Program including Adjunct Clinical Faculty and students. Palmer College of Chiropractic institutional policies may be reviewed at the following web address:

<http://www.palmer.edu/HandbookPolicies/>



Appendix 1

PALMER COLLEGE OF CHIROPRACTIC – DCP CORE CLINICAL COMPETENCIES

History Taking

Obtains a health history in a timely manner with appropriate breadth, depth of inquiry and methodology to elicit a list of differentials and appropriate exams.

History taking involves an interview process focused on a patient's presenting complaint(s) and includes a review of past health, social, occupational and family histories for the purpose of directing clinical decision-making. A proper history uncovers etiologic factors which guide the course of examinations, support the diagnosis, and provide insight into patient management issues. Doctors of Chiropractic must be skilled interviewers, able to recognize verbal and non-verbal clues and investigate patient responses to a depth that elicits complete and accurate information. The doctor must have sufficient knowledge of the basic and clinical sciences to recognize and synthesize relevant information in developing a meaningful list of differential diagnoses, and to determine examination procedures that will either confirm or eliminate a listed differential.

1. Timeliness

- Is prepared for the patient encounter and conducts a proper history in a timely, concise, and organized manner.
- Obtains the majority of relevant health information before seeking clinician intervention.

2. Depth and Breadth of Inquiry and Methodology

- Accurately completes all required history forms.
- Elicits sufficient information on all major elements of the history (e.g. OPQRST) as applicable for EACH complaint.
- Clarifies or otherwise follows-up on vague and/or incomplete responses.

3. List of Differentials

- Upon completion of the history, compiles a written list of 2-3 plausible differentials for the chief complaint, listing in order from most to least likely.

4. Exam Selection

- Compiles a brief list of regional exams and specific tests that would be effective in confirming or eliminating a listed differential.

Physical Examination

For non-NMS exams, determines the significance of physical findings and the need for follow-up through a skillful, organized physical examination demonstrating appropriate knowledge and application of diagnostic tests, confirmatory test and diagnostic tools.

The physical examination is a systematic evaluation of the eye, ear, nose, throat, cardiovascular, respiratory, gastrointestinal, and genitourinary systems that utilizes specific procedures to assist the clinician in defining the clinical diagnosis. The Doctor of Chiropractic must skillfully select, apply and interpret clinically useful elements of the physical examination to reveal the underlying condition(s) responsible for the patient's presentation, provide insight into successful management approaches, and alert to the need for referral.

1. Knowledge and Application of Tests and Tools

- Performs selected tests/procedures ordered by the clinician using appropriate equipment and methodology to generate accurate test results.
- Correlates findings to the underlying structures being evaluated.

2. Depth and Breadth of Exam

- Examines all significant presenting complaints to the extent necessary to determine whether diagnosis, follow-up, referral and/or management/co-management are indicated.
- Verbally informs the clinician when ordered exams and procedures are insufficient to generate a conclusion and additional exams and/or procedures are indicated.

3. Skill and Organization

- Completes the examination in accordance with clinic policies, procedures and protocols.
- Completes the physical examination in a timely manner, obtaining the majority of relevant health information before seeking clinician intervention.

4. Significance of Findings

- Accurately interprets exam findings.
- Discriminates between relevant findings (positive and significant negatives) and those that do not contribute to a patient's diagnosis.

5. Need for Follow-Up

- Recognizes when exam findings are equivocal and recommends follow-up actions that might generate a more accurate clinical picture.

NMS Examination

For NMS exams, determines the significance of findings and the need for follow-up through skillful, organized regional and spinal examinations demonstrating appropriate knowledge and application of tests, procedures and diagnostic tools.

The neuromusculoskeletal (NMS) examination is a systematic evaluation of the nervous, muscular and skeletal systems that utilizes specific testing techniques and procedures to help define the clinical diagnosis. The Doctor of Chiropractic must skillfully select, apply and interpret clinically useful elements of the NMS examination to reveal the underlying condition(s) responsible for the patient's presentation and provide insight into successful management approaches.

1. Knowledge and Application of Tests and Tools

- Performs selected tests/procedures ordered by the clinician using appropriate equipment and methodology to generate accurate test results.
- Correlates findings to the underlying structures being evaluated.

2. Depth and Breadth of Exam

- Examines all significant presenting complaints to the extent necessary to determine whether diagnosis, follow-up, referral and/or management/co-management are indicated.
- Verbally informs the clinician when ordered exams and procedures are insufficient to generate a conclusion and additional exams and/or procedures are indicated.

3. Skillful and Organized

- Completes the examination in accordance with clinic policies, procedures and protocols.
- Completes the NMS examination in a timely manner, obtaining the majority of relevant health information before seeking clinician intervention.

4. Significance of Findings

- Accurately interprets exam findings.
- Discriminates between relevant findings (positive and significant negatives) and those that do not contribute to a patient's diagnosis.

5. Need for Follow-Up

- Recognizes when exam findings are equivocal and recommends follow-up actions that might generate a more accurate clinical picture.

Psychosocial Assessment

Recognizes biopsychosocial issues and their impact on patients' presentation, evaluation and management, and uses best available evidence in applying screening tools when appropriate.

Biopsychosocial factors are biological, psychological and societal factors in patients' lives that may influence their health, explain the nature of their complaint, and/or obscure the information gathered during their evaluation and treatment. Doctors of Chiropractic must recognize the interrelationships among these factors and the impact they may have on a patient's presentation and response to care, and apply certain screening tools to assess such issues.

1. Recognizes Biopsychosocial Issues

- Identifies and records information obtained during the patient encounter that may indicate psychosocial involvement.
- Identifies issues of a biopsychosocial nature that legally require doctors to report patient information to appropriate authorities.

2. Impact of Biopsychosocial Issues

- Modifies a prognosis and/or care plan to address the impact of biopsychosocial issues on a patient's ability to accurately report symptoms and comply with, or respond to, the care plan.
- Demonstrates professionalism, understanding and tact during discussions regarding sensitive psychosocial and/or health behavior issues.
- When applicable, recommends referral for management or co-management, and/or provides patients with information on appropriate services, agencies and programs available to assist them.

3. Evidence-Based Screening Tools

- Utilizes or recommends appropriate screening tools to assess biopsychosocial involvement.

Diagnostic Studies

Performs and/or orders and interprets diagnostic studies of sufficient quality recognizing clinical need, cost-benefit ratio, and the need for follow-up.

Diagnostic studies, inclusive of imaging, clinical laboratory, and specialized testing procedures, are to obtain objective clinical data for patient evaluation and management. The Doctor of Chiropractic must be knowledgeable and skilled in the application of diagnostic studies in determining clinical need, ordering and/or performing studies, interpreting and correlating findings with the clinical presentation, and providing appropriate follow-up and management.

1. Recognizes the clinical need for diagnostic studies (imaging, laboratory).

- Recognizes the need for, and limitations of, diagnostic studies.
- Recommends diagnostic studies consistent with a clinical diagnosis and appropriate consideration of benefits and risks.

2. Orders and/or performs diagnostic studies.

- Orders a diagnostic study by accurately completing appropriate requisition form(s).
- Performs a diagnostic study exhibiting appropriate use of equipment with attention to patient comfort and safety.
- Provides necessary instructions to the patient for the successful performance of a diagnostic study.
- Identifies substandard diagnostic studies and makes appropriate corrective changes in technical factors.

3. Interprets diagnostic studies.

- Differentiates normal from abnormal diagnostic findings.
- Provides an accurate and complete written report of clinically significant findings with appropriate diagnostic impression(s) and differential diagnoses.
- Constructs legible reports appropriate for professional communication, accurately recording clinically significant data.
- Appropriately applies information from diagnostic studies and clinical presentation to patient management.

4. Follow-up.

- Recognizes the need for and recommends additional studies when indicated with appropriate consideration of benefits and risks.
- Recognizes the need for and recommends appropriate specialty referrals, including concurrent and emergent care, when indicated.
- Recognizes relative and absolute contraindications to chiropractic management.
- Explains and documents the appropriate initial management, next step(s) in evaluation, and/or referral of a patient based on diagnostic studies.
- Formulates an explanation of relevant data from the diagnostic study appropriate for delivery to a patient during a report of findings.

Diagnosis

Synthesizes and correlates data from history, exam, diagnostic tests and knowledge of pathogenesis in generating a prioritized problem list and diagnosis(es) with appropriate ICD coding.

A diagnosis is used to provide a complete, concise description of the condition(s) resulting in, or contributing to, the patient's presentation. The diagnosis should be supported by all available information gathered from the history, examination and diagnostic studies. Doctors of chiropractic must synthesize available subjective and objective data and use their knowledge of pathogenesis to formulate diagnoses, create a prioritized patient problem list, and select congruent ICD codes.

1. Pathophysiologic knowledge

- Demonstrates knowledge of pathogenesis by explaining the link between the diagnosis and a patient's presenting sign and symptom(s).
- Explains pathogenesis to patients in understandable language (layperson's terms).

2. Synthesis of data

- Creates a list (*verbal or written*) of relevant (*positive or significant negative*) subjective and objective findings supporting the diagnosis.
- Uses available data to defend the choice of diagnosis over other reasonable differentials.

3. Diagnosis

- Formulates a diagnosis using descriptive language (*e.g., acute/chronic, traumatic/non-traumatic, etc.*) that accurately portrays a patient's presentation and is supported by available evidence.
- Provides a diagnosis for each diagnosable complaint/condition evaluated; when a single condition has multiple contributing factors the diagnoses are placed in order of highest to lowest clinical significance. (*e.g., a patient with neck and arm pain and headaches all from the same 'condition' has multiple diagnoses related to the presentation listed - "Acute traumatic cervical facet syndrome with referral to the upper extremity and associated tension headaches and cervical segmental dysfunction complicated by cervical hypolordosis."*)

4. Prioritized problem list

- Creates a written problem list accounting for all presenting complaints/conditions in prioritized order based on severity/complexity.

5. ICD coding

- Selects ICD codes congruent with a patient's diagnosis(es).
- Orders ICD codes in diagnostic order.

Case Management

Uses best available evidence to formulate a care plan appropriate to the diagnosis inclusive of therapeutic goals in consideration of biopsychosocial factors, natural history, and alternatives to care.

Case Management involves the development, implementation and documentation of a patient care plan for the purpose of resolving, ameliorating or otherwise positively impacting a patient's health and well-being. It may also include case follow-up, referral, and/or collaborative care. The Doctor of Chiropractic must develop management plans that are consistent with the diagnosis, reasonably achievable, and, when appropriate, adapted to meet a patient's perceived and changing needs.

1. Use of Evidence

- Develops a care plan that is suitable to the diagnosis and the patient's clinical presentation and is consistent with best practices.

2. Individualized Care Plan

- Modifies a care plan to suit the individual needs of the patient.
- Considers the risk-benefit of the care plan against expected therapeutic results.
- Develops reasonable solutions to issues that may lead to patient non-compliance.

3. Therapeutic Goals

- Develops reasonable therapeutic goals consistent with the needs of the patient, taking into account biopsychosocial factors, natural history, and alternatives to care.
- Promotes patient health and well-being with respect to long term goals.

4. Alternatives to Care

- Recognizes the benefits of other health care approaches and natural history in meeting a patient's goals and incorporates these into the care plan as either patient care options or a referral recommendation.

Case Follow-Up

Reviews and re-evaluates the patient to update and/or modify the records and care plan as new clinical information becomes available, and makes appropriate management decisions.

Case Follow-Up involves the performance of periodic re-evaluations for the purpose of resolving, ameliorating or otherwise positively impacting a patient's health and well-being. The Doctor of Chiropractic must appropriately assess patient progress through follow-up evaluations, recommend additional investigation when necessary, and modify and document the management plan accordingly.

1. Re-evaluation

- Identifies when re-evaluation or additional investigation or information is needed.
- Documents the need for, and results from, additional information, testing or re-evaluation.
- Interprets new information in light of the patient's diagnosis and adds and/or modifies diagnoses when necessary.

2. Update and/or Modify Care Plan

- Incorporates new information into the care plan, appropriately modifying active and passive care strategies, prognosis and recommendations.

3. Update Management Decisions

- Identifies the need for referral, and/or collaborative care based on new information obtained.

Adjustment

Based upon clinical indications, accurately assesses the need for and performs or modifies a chiropractic adjustment with appropriate positioning, vector, contact and delivery, and performs a post-adjustment evaluation all while maintaining professional boundaries.

An adjustment is the core clinical intervention utilized by Doctors of Chiropractic in the treatment of subluxation(s) with the intent of improving neurobiomechanical function associated with the joints of the body, potentially resulting in symptom reduction/elimination and/or improved quality of life. The Doctor of Chiropractic must be proficient in assessing the need for, and delivery of, adjustments.

1. Examination for Subluxation

- Accurately performs procedures for subluxation detection (e.g., inspection, palpation [static and/or motion], instrumentation, radiographic analysis, leg length analysis) to determine the existence and level(s) of subluxation.

2. Delivery of Adjustment (positioning, vector, contact, and delivery)

- Positions the patient correctly based upon the subluxation listing, level, and intended treatment method.
- Utilizes equipment (e.g., drop tables, specialty technique equipment) appropriately to facilitate an adjustment.
- Delivers an adjustment within the patient's comfort and with sufficient force and specificity to intentionally impact joint neurobiomechanical function.
- Based on the patient's needs and/or risks, makes necessary modifications to the delivery of an adjustment to minimize risk of adverse reactions.

3. Post-Adjustment Evaluation

- Reexamines the patient after an adjustment to determine changes in associated signs (e.g., joint motion/function, muscle tone, instrumentation findings, leg length) and symptoms (e.g., pain, paresthesia).

4. Professionalism

- Maintains appropriate professional boundaries with patients including: physical, verbal, non-verbal and emotional.
- Complies with the ethical and legal dimensions of providing patient care.

Active and Passive Care

Integrates active and non-adjusting passive care into the patient care plan recognizing indications and contra-indications of interventions and demonstrating a progression of care from passive to active all while maintaining professional boundaries.

Musculoskeletal rehabilitative strategies are important adjuncts to chiropractic care. Doctors of Chiropractic must be adept in the use of active and passive therapeutics and skilled in approaches used to engage patients more actively in their care.

1. Indications/Contraindications of Interventions

- Applies knowledge of the indications and contraindications for various non-adjusting active and passive therapeutic approaches.

2. Therapeutic Application

- Selects and properly applies non-adjusting passive therapeutic modalities.
- Selects and properly applies active therapeutic approaches.

3. Progression of Care

- When the initial care is passive, transitions the care from passive to active approaches as indicated by the patient's progress.

4. Professionalism

- Maintains appropriate professional boundaries with patients including: physical, verbal, non-verbal and emotional.
- Complies with the ethical and legal dimensions of providing patient care.

Record Keeping

Maintains records that are clear, accurate, organized and grammatically correct to reflect the clinical encounter, that adhere to risk management and coding guidelines, and are in compliance with medico-legal standards.

Record keeping includes the tasks of accurately recording, adequately maintaining and securing, and appropriately reporting information regarding a patient's evaluation, diagnosis, clinical care and associated interactions. The Doctor of Chiropractic must concisely and accurately document the pertinent aspects of each patient encounter, sufficient to substantiate the diagnosis, care plan and recommendations.

1. Record and Correspondence Quality.

- Fills out forms and paperwork accurately and completely and places them in the patient file in the appropriate order.
- Notes patient conversations, recommendations, and/or other relevant information that is not accounted for on clinic forms or paperwork.
- Generates timely patient records, narrative reports and correspondences that are accurate, concise, legible, and grammatically correct with proper terminology and abbreviations.

2. Risk Management

- Follows established risk management procedures when compiling records and completing forms and clinic paperwork. (e.g. Does not modify past entries or skip lines; Uses full date (mo/day/yr); Crosses out bad information with a single line and dates and initials deletions, etc.)
- Keeps records free from inflammatory, prejudicial and/or degrading entries concerning the patient and/or other healthcare providers.

3. Coding

- Selects ICD and CPT codes consistent with the levels and types of services provided.

4. Compliance

- Complies with HIPAA and other requirements for record privacy, maintenance, storage and security.

Wellness

Promotes wellness by identifying risk factors/behaviors and incorporates best available evidence in counseling patients regarding health and wellness indicators.

Wellness involves a dimension of health beyond the absence of disease or infirmity, including social, emotional and spiritual aspects of health. Doctors of Chiropractic promote health improvement, wellness and disease prevention through appropriate care and education.

1. Identifies Risk Factors/Behaviors

- Applies knowledge of the leading health indicators found in Healthy People 2020 in relation to the patient's needs.
- Identifies risk factors and behaviors in a diverse population that are contrary to health and/or wellness.

2. Wellness Counseling

- Communicates concerns regarding patient's health status, behaviors and lifestyle in a professional and encouraging manner.
- Provides evidence-based resources (educational, community-based, etc.) and instruction sufficient to direct a patient to pursue change.

3. Active Lifestyle Counseling

- Utilizes best available evidence to educate patients on exercise and the benefits of an active lifestyle
- Incorporates exercise recommendations into the management plan

Patient Education

Educates patients through a report of findings, a care plan that emphasizes the role of chiropractic in an inter-professional healthcare model, informed consent, and the patient's responsibilities.

Patient education involves helping patients become better informed about their health status, chiropractic procedures, and health management options. Doctors of Chiropractic explain the role of chiropractic in an inter-professional healthcare model, a report of findings, a strategic care plan and a discussion of the patient's responsibilities in that plan. A patient's informed consent to care is always obtained prior to treatment.

1. Report of Findings

- Provides the patient with an evidence-based report of findings (ROF) including answers to the standard questions: What is wrong? Can you fix it? If so, how? What will I experience during my treatment? How long will it take? How much will it cost? (*Refer questions on cost to the front office staff.*)
- Solicits and answers patient questions and/or concerns with reasoned responses.

2. Inter-Professional Healthcare Model

- Provides an explanation of the chiropractic care model and its relationship to achieving the patient's health related goals.
- Explains the role of the chiropractor and other health care providers in a collaborative model of care.

3. Informed Consent

- Obtains the patient's informed consent prior to treatment using a form that is signed and dated by the patient, intern and clinician. (*Informed consent includes a discussion of the diagnosis, nature and purpose of proposed management, risks and benefits of proposed management, alternative management procedures and risks and benefits of not receiving or undergoing a treatment or procedure.*)
- Explains new procedures or changes in the care plan to the patient and obtains their consent prior to proceeding.

4. Patient's Responsibilities

- Discusses the patient's role and responsibilities in the care plan toward achieving his/her health goals.

Nutrition

Provides guidance and counseling while incorporating best available evidence on issues of dietary habits, nutrition and general health behavior and its impact on overall health restoration and wellness.

Proper nutrition and dietary habits play an important role in the restoration and maintenance of one's health. Doctors of Chiropractic identify potential dietary issues, recognize the impact these may have on health, and counsel patients on appropriate measures to take to reach their health-related goals.

1. Identify Dietary Habits

- Obtains accurate information relative to the patient's dietary habits.

2. Recognize Impact of Nutritional Habits on Health

- Demonstrates a basic understanding of the pathophysiology created by poor dietary habits and the subsequent impact on patient presentation and response to treatment.

3. Dietary Counsel

- Utilizes best available evidence to recommend dietary habits and/or nutritional approaches to restore, maintain or improve the patient's health.