



# Community-Based Clinical Education

Doctor of Chiropractic Program Student Manual

## **UNIVERSITY OF WESTERN STATES MISSION**

*To advance the science and art of integrated health care  
through excellence in education and patient care.*

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8000 NE Tillamook St. | Portland, Oregon 97213 | [www.uws.edu](http://www.uws.edu)

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## Background

Community-based clinical education (CBCE) is a distributed model of teaching and learning where students gain real-world, diverse, and rigorous clinical experiences. With a distributed network, students can engage in clinical immersions in many different health systems and geographic regions.

CBCE is an umbrella term, encompassing community-based internships (CBI), preceptorships, clerkships (e.g., within the Veteran’s Administration or VA), and all other forms of practice-based learning available to qualified senior chiropractic interns.

The Doctor of Chiropractic Program (DCP) at University of Western States (UWS) is a twelve (12) academic quarter program. Starting in quarter 10, qualified senior chiropractic interns can begin their community-based placement. Community-based immersions are a progression of the pre-clinical and early clinical education at UWS occurring in quarters 1-9. During these initial nine (9) quarters, students become competent in all aspects of contemporary chiropractic practice to allow for a successful CBCE experience. Limited community-based observations are available to students in quarters 1-9, adding context to their core studies. During quarters 10-12, students enter community placements for a combination of internships, preceptorships, or clerkships. Students enrolled in the Master of Science in Sports Medicine program concurrently obtain their required practicum hours in quarters 10 and 11.

| UWS Doctor of Chiropractic Program |    |    |    |                               |     |           |    |    |     |     |     |
|------------------------------------|----|----|----|-------------------------------|-----|-----------|----|----|-----|-----|-----|
| Q1                                 | Q2 | Q3 | Q4 | Q5                            | Q6  | Q7        | Q8 | Q9 | Q10 | Q11 | Q12 |
| Community-Based Learning           |    |    |    |                               |     |           |    |    |     |     |     |
|                                    |    |    |    |                               |     |           |    |    |     |     |     |
|                                    |    |    |    | CBCE                          |     |           |    |    |     |     |     |
|                                    |    |    |    | CBI                           | CBI | Preceptor |    |    |     |     |     |
|                                    |    |    |    | Clerkships<br>(e.g., VA, DOD) |     |           |    |    |     |     |     |
|                                    |    |    |    | Sports Medicine<br>Practicum  |     |           |    |    |     |     |     |

## Overview

CBCE is available to all offsite-eligible students in Q10-12. It includes all forms of practice-based learning such as community-based internships (CBI), preceptorships, clerkships (e.g., within the Veteran’s Administration or VA), and others.

A current portfolio of eligible sites can be found [here](#). Students are welcome to offer additional sites for review and approval.

CBCE offers students the opportunity to travel for their clinical placements. Some jurisdictional restrictions apply. For example, Florida, Hawaii, Louisiana, Massachusetts, New Jersey, New York, and Rhode Island do not allow community-based learning (CBI and preceptorship) due to “observation only/ no adjusting” policies.

Students must have a minimum of 25-hours clinical immersion weekly in CI III and IV, and 27-hours weekly in CI V.

Absolutely no compensation or remuneration is allowed within the UWS CBCE program. Furthermore, interns may not be employed in any capacity within the CBCE office or clinic system during their CBCE experience. No fees will be charged, or wages offered to either the community-based clinical educator or the intern (other than UWS tuition) or exchanged between the community-based clinical educator and supervising doctor and intern.

If the intern receives remuneration, violating the requirement above, that intern then becomes the employee of the CBCE clinic and is no longer participating in the program. The intern may no longer legally perform the expanded scope of services approved for the UWS CBCE program and is practicing chiropractic without a license. The university's malpractice insurance will not cover the intern when they are in the employ of an outside individual, and hours accumulated by the intern will not be applied to the course requirement.

Chiropractic students dually enrolled in the Master of Science in Sports Medicine program can gain practicum hours in addition to their CBCE placement. In fact, many CBCE sites are dual sports medicine practicum sites, so students are oftentimes able to gain valued sports medicine experience in addition to their routine chiropractic clinical education.

Students can gain their required practicum hours while on internship, preceptorship, or VA clerkship. Students can also attend a different community clinic than their CBCE clinic, provided the clinic is approved by the sports medicine program. Approval criteria and the application can be found [here](#).

A student must be working directly under an appropriately credentialed sports medicine provider, and they are responsible for their supervision and instruction. This is typically a DC with a sports background (any related MS, CCSP, DACBSP, RCCCS, FICS, etc.), MD, DO, and sometimes Physical Therapists. Athletic Trainers (US) and Athletic Therapists (Canada) also work. Each of the providers a student wants to work under must be approved and complete a site agreement for the student(s) in question. All this is subject to jurisdictional laws that govern student experiential learning.

Review more CBCE FAQs [here](#). If you don't see your questions addressed, email [cbce@uws.edu](mailto:cbce@uws.edu) to have them added.

## Clinical Design of CBCE

The UWS CBCE program is designed to offer students real-world, diverse, and rigorous clinical experiences. Diversity of experiences is reflected in the geographic region, patient demographics, and health-system exposure. Since chiropractic physicians have an immersive role within the healthcare system, this broad exposure ensures that UWS graduates can thrive in any practice setting.

Therefore, the following domains of experiences are available within the CBCE program:

- Private practice: This includes traditional independent practitioners, and integrative private offices (e.g., sports medicine, functional medicine).
- Multi-site clinics: These are clinic systems that increase access to chiropractic care by balancing patient care services and business operations. Example affiliates in this space include [HealthSource](#).

- Integrated: This includes private hospital-based practices, active-duty military affiliations, the Veterans Affairs (VA), and community health centers (e.g., Federally Qualified Health Centers (FQHCs)).

Information about UWS-VA affiliations can be found [here](#), and the VA clerkship handbook [here](#).

In addition to the VA, UWS is affiliated with the following integrated health systems, allowing student rotations:

- [Madigan Army Medical Center](#), where student interns can care for active-duty personnel.
  - Students must be a U.S. Citizen.
  - Onboarding can take up to 4 months to complete.
- [Medical College of Wisconsin](#), which offers 3 to 9-month internships and preceptorships (i.e., for Q10-12 students), and has [post-graduate opportunities](#).
- [Marimn Health](#) a tribal-Federally Qualified Health Center.
  - This rotation is restricted to 3-months
  - Students must pass a drug screen prior to rotating.
- [Southcentral Foundation](#), an Alaska Native nonprofit 501c (3) health care system, which provides health care and related services to Alaska Native and American Indian people.
  - Students must have a valid social security number (SSN).

## Definitions

**Community-Based Clinical Educator:** A supervising clinician with an active DC license in good standing who is committed to clinical education and mentorship. Community-Based Clinical Educators are volunteer Affiliate Faculty of UWS and are also referred to as “clinicians” within this document. Community-Based Clinical Educators are commonly referred to as “Preceptors.”

**Senior Chiropractic Intern:** A student enrolled in the UWS DCP who is in good standing, has successfully completed their first 9 academic quarters, and is eligible (based on internal criteria) for an offsite placement. In most jurisdictions, senior chiropractic interns can perform customary duties performed by practicing chiropractors while on CBCE under supervision. Senior chiropractic interns are also referred to as “student” within this document. The term “senior chiropractic intern” signifies student engagement in supervised clinical patient experiences and conveys no legal status or rights. Interns may not represent or refer to themselves as “doctor” in any manner. During clinical internship, interns are provided with guided opportunities and supervised experiences in the care of patients. In CBCE, under the direction of affiliate faculty, and with ongoing support from UWS full-time faculty and staff, interns apply, integrate, and refine their knowledge, skills, and behaviors to become confident, competent, and caring chiropractic physicians.

**Supervision:** Clinicians are present and available on the clinic premises during all intern-patient interactions.

**Direct Supervision:** Clinician supervision while continually present in the treatment room when an intern administers any manipulation or mobilization. (This definition may vary depending on jurisdictional regulations).

**Postgraduate Preceptorship Program:** A postgraduate program, limited to UWS graduates, which provides education in the practice of chiropractic and allows the unlicensed, graduate DC to establish and manage a patient base under the supervision and license of the postgraduate preceptor doctor. Washington State has a postgraduate preceptorship program that allows you to work with an approved DC for up to a year, unpaid. This postgraduate preceptorship program allows you to gain experience while you wait for licensure.

The post-graduate preceptorship experience is an off-campus educational experience for qualified graduates of University of Western States who are unable to obtain a license to practice chiropractic soon after their graduation. It allows an opportunity for the graduate to gain experience with a DC in their private practice setting while awaiting licensure. Graduates participating in the post-graduate preceptorship program are matriculated in the University of Western States Graduate Professional Development department and therefore are considered students at the University of Western States.

University fees are applied per quarter, based on the campus academic calendar with the first term payment of \$250 due upon submission of an application. Each subsequent quarter will cost \$250 with payment due on the first day of the quarter. Fees **do not include** payment for required malpractice insurance coverage. The applicant must secure and provide proof of insurance through a company of their choice.

Postgraduate preceptorship is currently available in Washington State. For more detailed information about Postgraduate preceptorship, please email [cbce@uws.edu](mailto:cbce@uws.edu).

**State Board/Provincial Board:** The regulatory body for the practice of chiropractic in the state/province/country in which CBCE occurs. The regulatory boards establish criteria regarding the nature of community-based clinical learning.

**Treatment:** Treatment is defined as any patient interaction involving assessment or management of the patient's condition, including history, exam, radiography, adjustment/manipulation, physical therapy, and active care.

**Preceptorship vs Temporary Intern Permit:** Some states refer to their preceptorships as temporary placements. Depending on the state, interns may be required to fill out an application and apply for a temporary permit to practice with their chosen DC.

## Requirements

### Offsite Eligibility to Participate in CBCE

Students must be designated offsite eligible to undergo a CBCE experience. Offsite eligibility is determined in quarter 9, so students may start their CBCE rotation in quarter 10.

The following criteria are needed for offsite eligibility:

- Successful completion of Clinical Internship I and II
- Attained minimum average score of 2.7 for each clinical assessment instrument to date
- Satisfactory performance on offsite adjusting skills assessment (ASA)
- Satisfactory performance on Clinical Skills Assessment
- Successfully complete all courses through 9th quarter
- Successful completion of at least 2 clinical justification plans (CJPs)
- Successful completion of at least 2 patient reports

- Successful completion of 3 active care/rehabilitation assessments

Additionally, students must attend one (1) NCMIC risk management seminar either before or during their CBCE experience. This is a graduation requirement, and this seminar can be attended virtually.

### **Matching within CBCE**

Matching students to a CBCE site is a dynamic and collaborative process. In general, students are made aware of the CBCE program early in their education (e.g., quarters 1- 7), and are engaged in discussions with CBCE administration in an ongoing fashion. It is expected students will have an idea of their desired practice setting, clinical strengths, and opportunities as they enter the matching process.

Students are also made aware of the CBCE portfolio, so they can begin to review sites and consider ones that might be a good fit.

Students are asked to provide CBCE administration a Top 5 list of sites by the end of Quarter 8. During Q9, interviews (in person or virtual) are arranged, and the final match is a joint decision between the CBCE site, CBCE administration, and the student.

Students must meet the appropriate internal competencies to start their CBCE placement.

The matching process is imperfect, and the final decision is ultimately up to the student, CBCE site, and UWS administration.

### **Relocation for CBCE**

It is expected students relocating to a CBCE site between quarters 9 and 10 will use the allotted break for their relocation. Students relocating between quarters 10 and 11 or quarters 11 and 12 are expected to use their allotted 10% absence time. Should additional absences be needed later in the quarter, if these absences exceed the 10% threshold, then an individual plan can be designed with Clinical Internship and CBCE administration. UWS administration reserves the right to approve or deny additional absences for relocation.

### **Intern Responsibilities on CBCE**

1. Only provide chiropractic services under the supervision (direct or general, depending upon jurisdictional policies) of the UWS (University of Western States) approved Affiliate Faculty.
2. Only provide those services in which the intern was trained within the Doctor of Chiropractic Program at UWS and is competent to perform.
3. Strictly adhere to the UWS CBCE (Community Based Clinical Education) program as herein written and authorized.
4. Not represent themselves as a Doctor of Chiropractic and will wear their UWS issued clinic IDs while engaging in all CBCE activities.
5. Become familiar and comply with the applicable federal/state laws and regulations pertaining to chiropractic in the state where the CBCE experience occurs.

6. Not participate in media (any form of written, oral, or visual) advertising for financial gain for the intern or CBCE supervising doctor. The intern may provide lay educational presentations or participate in health fair events only with the CBCE supervising doctor present.
7. Not engaging in personal promotion or advertising, as advertising by an intern is considered unprofessional conduct.
8. Not participate in the treatment of a Medicare patient.

### **Procedure Verification while on CBCE**

Please use the patient care log to record procedures. This patient care log is emailed by CBCE administration to students on a rotation.

All patient care must be recorded on the care log and submitted with the time log via email to their campus clinician by the end of day Monday the following week.

While keeping a patient care log is mandatory, it is not mandatory to enter patient care into eMedley but is encouraged if you want to practice in a state that requires a certain number of spinal manipulations, such as California.

Delay in entering patient care activity and/or submitting weekly timesheets may result in postponement or termination of CBCE experience.

### **Patient Consent for Student Involvement**

Please include a statement like what follows in patient care notes:

"Student intern (insert name) assisted with patient encounter. Patient verbally consented to student involvement. I personally verified the history, physical examination, and made an independent clinical assessment and designed the patient care plan."

While student interns are permitted to document a SOAP note and perform E/M level tasks, you must verify these elements of care to be compliant with care and billing practices.

### **Billing and Collecting for Clinical Services**

Regarding billing for services where student interns were involved, standard billing and coding practices apply, and they should not be enhanced or reduced due to the involvement of a student intern. Affiliate Community-Based Clinical Educators are responsible for verifying the depth of student involvement with contracted private insurance plans. It is expected the provided services are medically necessary, and clinicians will verify all aspects of the evaluation and management (E/M) services, proof the clinical documentation, be always present in the office, delegate appropriate therapies, and ultimately assume responsibility for the care of the patient.

If students receive any form of remuneration, they will be considered practicing without a license, and these comments do not apply.

If you are contracted with other health plans, please confirm with them their individual policies on senior intern involvement.

## **Medicare Policies on Student Involvement**

Student interns are not allowed to treat Medicare patients in any capacity. This includes Medicare managed care plans (i.e., Medicare Advantage). Treatment is defined as performing any procedures (e.g., current procedural terminology, or CPT, codes) on patients.

Regarding student intern involvement in the evaluation and management process, please refer to [this guidance](#) from the Centers for Medicare and Medicaid Services (CMS).

## **Remediation while Undergoing CBCE**

Community-Based Clinical Education is a positive experience where students apply their early education to the care of patients in real-world settings. To ensure learning, students are assessed during their CBCE experience. If a student scores below an average of 2.7/4.0 on their assessment scores in CI III (quarter 10), or below 3.0/4.0 in CI IV and V (quarters 11 and 12) then various remediation activities will be initiated.

The DCP facilitates remediation through the Clinical Skills Enhancement Center (CSEC). CSEC provides enrichment experiences tailored to the intern to improve clinical skills and allow for continued academic and clinical success. Remediation is delivered by clinical educators, faculty, and/or teaching assistants.

Community-based educators are affiliate faculty of UWS and have completed education on clinical education best practices and calibration on assessment rubrics. Before a CBCE doctor generates a CSEC referral, the intern is provided detailed feedback (written and/or verbal) detailing any areas needing remediation. This is conducted by their community-based educator, with support as needed from the dean's office and/or CBCE administration.

UWS uses the following tiered approach to student remediation while on CBCE, consistent with the on-campus remediation model outlined in the CSEC Manual:

1. CSEC ([ClinicalSkills@uws.edu](mailto:ClinicalSkills@uws.edu)) receives a referral from the CBCE doctor (i.e., community-based educator), which outlines areas of improvement.
2. In collaboration with the community-based educator and CBCE administration, the CSEC director creates an individualized learning plan to include synchronous or asynchronous options, depending on the skills requiring remediation.
3. The community-based educator reassesses the intern following the completion of their remediation plan.
4. An intern may be required to return to campus for further remediation following an unsuccessful reassessment but is eligible to return to their previously assigned site following a successful evaluation completed on campus.

## **Approved Educational Events while on CBCE**

Students can use the Approved Educational Events form to gain clinic hour credit, in accordance with the general Clinical Internship policy.

## Private Practice Rotation (PPR) while on CBCE

Students can engage in 5 Private Practice Rotations (PPR) per quarter for clinic credit (25 hours maximum). This is in accordance with the general Clinical Internship policy.


Students must provide their CBCE and campus clinicians with a minimum of 3 business days' notice they will be away. Students then complete the form and have the clinician they shadow sign. Completed forms are to be sent to [cliniccredits@uws.edu](mailto:cliniccredits@uws.edu).

## Marketing Policy for CBCE

Learning appropriate patient care cycle and other business operations is an important part of practice-based learning, ensuring the student has the necessary competency to excel in practice.

Students within CBCE can engage in marketing activities with their assigned site provided the following criteria are met:


- Marketing activities are educational in nature, where the student learns the theory behind the marketing design and is aware of all aspects of the marketing strategy.
- Marketing activities comprise no more than 2 hours per week.
- Marketing activities are voluntary, and the student can decline to participate. However, should the student want to participate, they can gain clinic credit for their participation.

Additionally, the following branding guidelines from the  Clinical Internship Manual must be followed:

*"Promotional Materials: UWS marketing, communications, and clinic leadership create and manage all printed and electronic promotional materials in alignment with university branding guidelines. Only UWS business cards created for interns' clinical supervisors are authorized for use by interns to promote communication with current and prospective patients. Interns may not create or use their own business cards or marketing material. Interns may request labels with their individual names from the CWH office manager to place on the backs of the supervising clinicians' business cards to identify the intern specifically."*

## Attendance

### Student Absence while on CBCE

Each intern is allowed 10% absenteeism, which includes sick time, and is required to use the Clinic Absence Form found in Canvas, giving as much advance notice as possible. See the  Clinical Internship Manual for more information.

Students are not required to use absence time for inclement weather or if their supervising doctor is absent. In these instances, students are required to notify CBCE or Clinical Internship administration of this absence. Individual learning opportunities will be provided by Clinical Internship or CBCE administration to supplement the missed clinic hours. However, should the student elect not to complete these activities, or should these not be completed by the end of the quarter, then this missed time will count towards the allowed 10% absenteeism.

## Clinician Absence on CBCE

Planned absences for community-based educators should be communicated early with CBCE administration so individual accommodations can be made. In the event of an unplanned absence (i.e., sick day) the following options can be utilized by the student to ensure continued clinical learning:

- Re-assignment to another approved clinical educator in the same system (jurisdictional restrictions apply).
- Student absence, within the 10% policy.
- Individual learning plan established by Clinical Internship and CBCE administration
- Return to campus clinic (if applicable).

It is the student's responsibility to communicate these absences to CBCE administration promptly.

## Attendance Verification on CBCE

Please use the weekly timesheet to record weekly hours. This timesheet is emailed by CBCE administration to students on a rotation.

- The intern must submit a Weekly Timesheet.
- Both the intern and CBCE doctor must sign the timesheet attesting that all information contained within is true and accurate.
- The intern should submit both documents via email to their campus clinician by the end of day Monday the following week.
- The intern is required to input their time log into eMedley for approval of hours by their campus clinician.

Approved Education Event (AEE) and Private Practice Rotation (PPR) hours can supplement CBCE hours upon approval from the CBCE doctor before the event. **Students must attend a scheduled clinic shift in week 1 before they can use the AEE or PPR hours.** These hours must be indicated and approved on the appropriate AEE or PPR form. Once completed, forms must be entered into eMedley and emailed to [cliniccredits@uws.edu](mailto:cliniccredits@uws.edu) for approval.

Hours not accurately or appropriately accounted for will not be credited toward CBCE hours. Original signatures from both the CBCE doctor and the intern are required. Copies and forgeries constitute a UWS student conduct violation and will not be accepted, and disciplinary action will occur.

eMedley requirements: It is the responsibility of the intern to keep track of their eMedley requirements and the intern is responsible for ensuring the correctness and completeness of all unfinished requirements. While on CBCE, interns may need to complete remaining lab cases and radiology cases. If any extra cases outside of what is published need to be completed, the intern is responsible for reaching out to appropriate Clinical Internship administration for assistance. Please see the Clinical Internship manual for a breakdown of all CI requirements.

## Holiday closure

Approved absences are granted for all UWS approved holidays, even if the CBCE site does not observe that holiday.

## **Inclement weather closure**

For closure due to inclement weather in the greater Portland area, on-campus clinicians will schedule a meeting with their interns during the regularly scheduled clinic shift. This meeting will occur synchronously and may include clinician directed activities for the full shift or clinicians may assign activities to work through independently or within small groups. Activities may include working through case histories, clinical reasoning leading to differential diagnoses for varying levels of case complexities, reviewing clinical skillsets, and other similar activities.

If UWS is closed due to inclement weather, but a student is undergoing a CBCE rotation in a different geographic region where there is no inclement weather, then the student must attend their assigned shift. Similarly, if the region the student is undergoing a CBCE rotation is outside of the greater Portland area and has inclement weather, the student is to notify CBCE administration so an individual learning plan can be made. Students should prioritize their safety when considering travel, and students are not penalized for missed shifts due to weather if they communicate with CBCE administration. Fraudulent practices (e.g., reporting inclement weather when there was none) are considered a student conduct violation.

## **Complaints**

### **Procedure for Student Interns to Report a Complaint while on CBCE**

Should a student have any concerns or complaints about their CBCE experience, they are encouraged to contact CBCE administration as soon as possible. They can email the AVP, Community-Based Clinical Education directly at [pbattaglia@uws.edu](mailto:pbattaglia@uws.edu), by phone at 636-222-4392, or send a general email to [cbce@uws.edu](mailto:cbce@uws.edu).

Additionally, students are provided with formal survey and informal email check-in opportunities throughout the quarter to uplift concerns.

### **Procedure for Clinicians to Report a Student or Program Complaint in CBCE**

Should a CBCE clinician have any concerns or complaints about their CBCE experience, they are encouraged to contact CBCE administration as soon as possible. They can email the AVP, Community-Based Clinical Education directly at [pbattaglia@uws.edu](mailto:pbattaglia@uws.edu), by phone at 636-222-4392, or send a general email to [cbce@uws.edu](mailto:cbce@uws.edu).

Additionally, clinicians are provided with formal survey and informal email check-in opportunities throughout the quarter to uplift concerns.

### **Student Intern Removal from CBCE**

Student interns are expected to conduct themselves in accordance with [Policy 9001 Student Conduct](#) and all other university policies while on a CBCE rotation. Students may be removed from the CBCE program and required to return to campus, and face other disciplinary action, if they are in violation of the student conduct code. In addition to the prohibited behaviors specified in the student conduct code, students may be removed from the CBCE program for any of the following reasons:

- Providing clinical services (including history taking, examining, treating, advising, ordering diagnostic services, consulting with other health care professionals on behalf of a patient, etc.) without appropriate authorization and oversight by a supervising clinician. Note, this constitutes practice without a license and is grounds for disciplinary action by the university and criminal/civil action by the respective authority this occurred.
- Provide treatment required by contract or regulation by a licensed and/or registered provider (e.g., Medicare services).
- Intentionally submitting fraudulent weekly time logs or patient care logs.
- Substantiated behavioral complaints issued by their supervising doctor or patients that resulted in harm to self, patients, staff, the supervising doctor, or supervising doctor's practice.

Students will be notified in writing by CBCE administration of their removal including the grounds on which they were removed.

Students **are responsible** for any costs associated with relocation or other costs incurred by the removal.

### **Clinical Educator Dismissal**

Previously approved community-based clinical educators may be dismissed from the program immediately for failing to adhere to the terms specified in the participation agreement, including but not limited to:

- Harassment or discrimination of any kind.
- Engaging in remuneration with the student.
- Engaging in inappropriate relationships with the student.
- Lying on their application. For example, failing to disclose any history of jurisdictional board or legal action.
- Creation of an unsafe learning environment as determined by CBCE administration.
- Fraudulent billing practices.

CBCE administration will attempt to find alternate placements for students in a nearby region. Students will be responsible for any relocation expenses associated with changing CBCE site.

## **Specific State and Provincial Checklists**

### **Washington State**

Washington Department of Health (WA DOH) grants a Chiropractic Preceptorship Senior Year Student or Postgraduate Trainee credential to senior chiropractic interns who wish to be fully involved in patient care during their clinical immersion.

This credential allows the student to perform all patient care duties, including detailed examinations and adjusting.

To obtain this credential, the intern, doctor and UWS each apply with the WA DOH. CBCE administration will take the lead on starting and coordinating this process with all parties. Senior interns and doctors should wait for CBCE administration to advise on each step of the process to avoid delays.

Once the WA DOH receives all three parts of the application, they mail the intern a jurisprudence exam. The exam is in scantron format and must be mailed back to the WA DOH upon completion.

Final approval and issuing the Chiropractic Preceptorship Senior Year Student or Postgraduate Trainee credential is granted after the application is processed and the exam is passed.

The process of final approval takes 8 weeks (about 2 months) or more. WA DOH sends their final approval the day of the "preceptor start date" designated on the application, or shortly after.

Senior chiropractic interns are limited to performing auxiliary clinical duties (defined below) until they receive the Chiropractic Preceptorship Senior Year Student or Postgraduate Trainee credential.

Note: "[WAC 246-808-535\(5\)](#) - (5) Auxiliary staff, regular senior students, and clinical postgraduate trainees may perform the following auxiliary services: Preliminary patient history, height, weight, temperature, blood pressure, pulse rate, gross postural observation, active spinal range of motion utilizing a generally accepted measuring device, and oversight of patients during approved therapeutic procedures, rehabilitation exercises or use of therapeutic or rehabilitation equipment as incident to chiropractic services."

## **Alberta, Canada**

The College of Chiropractors of Alberta (CCOA) allows for 6 months of community-based learning (e.g. preceptorship).

Students may have multiple experiences (e.g., multiple preceptors) during this 6-month window.

The CCOA must approve the senior intern and doctor for this experience.

CBCE administration will coordinate all aspects of this application for efficient processing.

The general process CBCE administration uses are:

- Confirm the doctor(s) and dates of the immersion.
- Email sent to student and doctor with instructions for paperwork to be completed.
- Student, doctor, and UWS complete forms for CCOA.
- Once all forms are collected by the Administrative Coordinator, they are emailed to CCOA.

The CCOA usually notifies on approval or denial within 1-month, although processing times vary. More information can be found here: [Preceptorship Program \(thecco.ca\)](#)

## **California**

California Board of Chiropractic Examiners requires documentation of 250 spinal manipulations and 25 urinary analyses which can be achieved while enrolled in the UWS DC program. If the intern is planning on obtaining their license in California, they need to be documenting the requirements mentioned above in addition to other requirements listed on the Board of Chiropractic Examiners of California [website](#).

## Graduation Check-Out

At the end of Q12, each intern must follow the process below to check out of the UWS Clinical Internship Program. Until check out is complete, the intern must remain actively engaged in the clinical internship experience (CBCE, PPR, Connected Whole Health campus), submitting timesheets demonstrating activity and hours. Activity continues through week 11 of the quarter and beyond to week 13 if requirements remain incomplete.

1. Complete all clinical hours, make-up hours, and graduation requirements (including the lab and radiology virtual cases).
2. CBCE doctors will complete an intern evaluation sent to the campus clinician for review of the Global Assessment.
3. Upon completion of hours and requirements please notify [cliniccredits@uws.edu](mailto:cliniccredits@uws.edu) of your request for checkout. Clinical Internship administration will verify hours and requirements.
4. Complete and return requested questionnaires or forms.
5. Connected Whole Health Office Manager will be notified of your completion and will make sure there are no outstanding clinic charges. These charges will need to be paid prior to checkout.

Once all evaluations have been completed and received, and graduation requirements met the administrative coordinator of clinical internship will send the exit survey for the intern to complete. A screenshot of the completed survey must be emailed to [cliniccredits@uws.edu](mailto:cliniccredits@uws.edu) as the final step in the clinic checkout process. The Administrative Coordinator of Clinical Internship will send a final 'congratulations' to the intern letting them know they have completed all requirements. The registrar will be notified and begin to process transcripts and diplomas as early as the end of week 11.

It is important to note at the conclusion of the clinic checkout process, interns are no longer enrolled in the clinical internship, are not covered under UWS malpractice insurance, and are no longer eligible to engage in any patient care activities of any kind as a member of UWS.

## Standard Operating Procedures and Helpful Links

- [Procedures for community-based clinical educator approval, onboarding, and student assignment](#) - SOP
- [Clinical Internship Manual](#) -MANUAL
- [Site Agreement](#) - FORM
- [Weekly Time Log](#) - FORM
- [Patient Care Log](#) – FORM
- [eMedley instructions](#)
- [Patient quality of care concerns](#) - FORM
- [Patient consent for student involvement \(required in Alberta\)](#) - FORM

## Assessments While on CBCE

Real-world clinical immersions are invaluable in preparing students for clinical practice. In addition to being immersed in a clinical system, learning is facilitated within CBCE through the strategic use of student assessments.

To provide effective feedback during routine clinical shifts, community-based educators are provided with onboarding materials and continuous resources on best practices in clinical education. For example, they are provided with a subscription to [www.teachingphysician.org](http://www.teachingphysician.org) where they can self-direct their development as a clinical educator.

Formal assessments are conducted in weeks 4, 8, and 12 of the academic quarter. View the [CBCE assessment schedule](#) here.

Students must attain at least 2.7/4.0 for each assessment while on CBCE in Q10 (Clinical internship III) and 3.0/4.0 in Q11 and Q12 (Clinical internship IV and V, respectively). Students who fall below these criteria are engaged in the remediation pathway specified previously.

To ensure faithful assessments, community-based clinical educators are trained and calibrated in the following ways:

- Asynchronous learning opportunities on best practices in clinical education
- Synchronous calibration exercises

### Support for UWS Students While on Remote Assignments

Having the opportunity to travel for CBCE is important so students can gain diverse real-world experiences. Additionally, the opportunity to return home to finish their education can provide a student with emotional support and reduce their education costs. However, some students may travel for a remote placement and not have a local support network. Student wellness is paramount to UWS faculty, staff, and administration. Therefore, CBCE uses a layered approach to ensure student wellness while on a remote assignment:

- Rigorous offsite eligibility and Q1-9 preparation, including planning for CBCE.
- Intentional matching prior to leaving for a remote assignment.
- Thoughtful discussion with students about benefits, risks, and alternatives to a remote assignment.
- Asynchronous and scheduled check-ins with assigned on-campus clinician.
- Encouragement to join State associations, where applicable.
- CBCE surveys and unscheduled check-ins to uplift concerns or affirm satisfaction.
- [WellConnect Student Assistance Program](#)

Contingencies are also made prior to a student leaving for a remote assignment to ensure a plan is in place should the student request a change in placement.

### Quality Improvement Processes for CBCE

UWS is a learning community, committed to sharing knowledge and continuous improvement. Improvement opportunities are identified during the assessment and survey processes, and CBCE and Clinical Internship administration share resources with students and Affiliate Faculty to address identified knowledge gaps. Where applicable, upstream improvements to the curriculum can be made based on student and Affiliate Faculty feedback during their CBCE experience.

### Study Abroad

Qualified Doctor of Chiropractic senior interns may choose to experience community-based clinical education outside of the United States as a Study Abroad. Currently, affiliates are established in Canada.

International students who are at UWS on an F-1 visa status and desire a CBCE experience outside of the US should email [DSO@uws.edu](mailto:DSO@uws.edu) or visit the Office of Student Success to go over their plans to intern outside of the US.

- *Please note: UWS is not authorized to be a border commuter school due to its location and distance from either the US/Canadian border or the US/Mexican border. Therefore F-1 students cannot live in Canada and cross into the US regularly to work at a US clinic site by the border.*

Domestic students and students authorized to work in the US and desire a community-based clinical education experience outside of the United States should email [DSO@uws.edu](mailto:DSO@uws.edu) directly to discuss options and be in contact with clinic administration regarding jurisdictional restrictions and other issues related to internship/licensure requirements.

## **International Students on CBCE**

### ***Off-site community-based learning in the U.S.***

For international interns studying in the US on an F-1 visa status, participating in an off-site CBCE experience in the US requires them to be authorized for Curricular Practical Training (CPT) with their supervising employer on the I-20.

IMPORTANT: The intern cannot work at the CBCE site until they have their I-20 authorized and updated.

- The intern will need to contact [dso@uws.edu](mailto:dso@uws.edu) or visit the Office of Student Success once their CBCE placement has been approved by the Clinical Internship administration to get their CPT authorization and get a new I-20 showing the authorization.
- If the intern's time at a site is extended past the original CPT authorization, they will need to update their CPT authorization with a DSO
- International student interns starting at a new site will need a new CPT authorization and I-20, even though they were previously authorized for CPT at a prior site.

*Note: If an intern is interested in staying in the U.S. to work after graduation, including if they complete a Postgraduate preceptorship, they need to contact the International Student Advisor in the Office of Student Success by the end of Q11/start of Q12 to apply for Optional Practical Training (OPT) which allows them to work in the U.S. up to one year after graduation.*

Questions? Email [DSO@uws.edu](mailto:DSO@uws.edu) or come by the Office of Student Success.

### ***Community-based learning outside of the U.S.***

For international interns studying on an F-1 visa status and participating in CBCE outside of the U.S., they will need to contact the Office of Student Success at [DSO@uws.edu](mailto:DSO@uws.edu) regarding their plans. They will be listed as **Studying or doing research abroad** on their I-20. They will still enter the US on their F-1 visa during this time.

- International students can only get listed as **Studying or doing research abroad** for clinic internship courses in Q10-12 which require the student to be present at a site to complete their coursework.

- ***UWS is not authorized to be a border commuter school due*** to its location and distance from either the US/Canadian border or the US/Mexican border. Therefore F-1 students cannot live in Canada and cross into the US regularly to work at a U.S. clinic site by the border.
- Domestic students and students interested in completing clinic requirements in a foreign country will need to work with CBCE administration and the PDSO regarding their ability to work/study in the other country.

Note: If an intern is interested in returning to the US to work after graduation, they need to contact the PDSO in the Office of Student Success immediately to plan and schedule applying for Optional Practical Training (OPT).

Questions? Email [DSO@uws.edu](mailto:DSO@uws.edu) or come by the Office of Student Success.