



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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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. **In the University of Western States (UWS) Doctor of Chiropractic program (DCP), students are required to complete a CBCE experience before graduation.**

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.

Overview

CBCE is available to all offsite-eligible students in the DCP. 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.

CBCE offers students the opportunity to travel for their clinical placements. Some jurisdictional restrictions apply as select regions do not allow students to participate in patient care activities.

Students in the DCP may obtain all the required hours for their clinical internship III-V courses within CBCE.

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 preceptor 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.

Review more CBCE FAQs [here](#). If you don't see your questions addressed, email 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 be prepared for 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](#).
- Medically 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)).
- Sports and rehabilitation focused settings.

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 and is eligible for an offsite placement. In most jurisdictions, senior chiropractic interns can perform all 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.

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 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.

For more detailed information about Postgraduate preceptorship, please email 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. As an exception, UWS manages local community clinics, where student interns can undergo limited service-learning opportunities in quarters 8 and 9, under the supervision of UWS employed clinical staff.

The following criteria are needed for offsite eligibility:

- Successful completion of Clinical Internship I and II
- Satisfactory performance on offsite adjusting skills assessment (ASA)
- Satisfactory performance on Clinical Skills Assessment
- Successfully complete all courses through 9th quarter

Matching within CBCE

Matching students to a CBCE site is a 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 introduced to the CBCE portfolio to help them explore available sites and identify potential placement opportunities that align with their interests and goals. During the matching process, students are expected to engage with prospective sites through activities such as virtual interviews, site visits, and other site-specific interactions.

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.

Procedure Verification while on CBCE

It is required to submit timesheets weekly in Exxat. In addition, patient care logs, also submitted in Exxat, are required to record procedures.

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 from the Centers for Medicare and Medicaid Services (CMS): [MLN006764 - Evaluation and Management Services](#)

- p.27-9 "Teaching Physician Service"

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 expected benchmarks, 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) 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.

Attendance

Student Absence while on CBCE

Each intern is allowed 10% absenteeism, which includes sick time.

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

Weekly timesheets are submitted by student interns in Exxat, ensuring appropriate electronic audit trails for supervisor approvals. Students should select the "CBCE" tag when submitting their electronic timesheets.

In addition, for compliance purposes, at the start of each academic term, students are required to submit their first shift for approval.

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 or send a general email to 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 or send a general email to 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.

Graduation Check-Out

At the conclusion of CI V, each intern must complete the checkout process established by the Clinical Internship Department. Until all checkout requirements have been fulfilled, interns are expected to remain actively engaged in their clinical internship experience.

Forms

- [Patient quality of care concerns](#)
- [Patient consent for student involvement](#)

Assessments While on CBCE

Experiential learning is 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 where they can self-direct their development as a clinical educator. Additionally, they are given access to modules designed by UWS: [Clinical Educator Academy](#)

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 UWS personnel.
- [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

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 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 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 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 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 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 or come by the Office of Student Success.