



Australian  
**Chiropractic  
College**

**WORK INTEGRATED LEARNING  
(WIL)/CLINICAL PRACTICUM FRAMEWORK**

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## PURPOSE AND SCOPE

The purpose of the WIL Clinical Practicum Framework is to outline the College's Model for WIL/Clinical Practicum components of its Bachelor of Chiropractic Program, including its underpinning rationale, its design, and its relationship to regulatory and professional accreditation requirements.

It is to be read in conjunction with the College's *WIL/Clinical Practicum Policy* and the related *WIL/Clinical Practicum Procedure*, which provide further detail on the manner in which the College ensures adherence to relevant Higher Education Standards (HESF 2021), and legislative requirements and standards in the ESOS National Code (2017).

## WIL/CLINICAL PRACTICUM STRUCTURE

### 1. Overview and Guiding Principles

The following regulatory requirements are relevant to this Framework:

- TEQSA [Guidance Note: Work-integrated Learning \(4 May 2022\)](#)
- Higher Education Standards Framework (Threshold Standards) 2021, Domain 5.4.

Traditionally, chiropractic education has commenced WIL in the mid to latter stages of a degree program, leading up to and during the designated Clinical Phase of the program. The Clinical Phase normally takes place in the later years of the overall chiropractic program.

ACC WIL has been designed along a longitudinally scaffolded and graduated structure to provide WIL from the third (3<sup>rd</sup>) semester of a ten (10) semester program. Inclusive of the Diploma of Health Science (Pre-requisite Year), students are engaged in the Student Care Hub as clients of their senior peers of the program, to initiate their situated learning/community of practice experiences.

ACC delivers the Diploma of Health Science (1 year, 2 semesters) and Bachelor of Chiropractic (4 year, 8 semester) programs as a comprehensive 5 year (10 semester) integrated study pathway for students. WIL commences with Experiential, Social and Situated Learning opportunities during the first and third semester where students engage as clients in the ACC Student Hub and in the pre-clinical technique and skills acquisition components from the third semester through to the tenth semester. From the eighth through to the tenth semester students engage in the clinical phase within the ACC Chiropractic Centre and spoke centers with ACC partners.

From the third through to the sixth semester, students have attendance requirements and assessments related to their experience at private practices of AHPRA registered chiropractors engaged by the ACC through Placements Agreements, for the purpose of observation and interview-inquiry. The assessment tasks relate to specific learning outcomes within the units focusing on WIL (i.e. Technique and Skills Acquisition and Professional Practice units). These earlier pre-clinical exposures are designed to foster student motivation and provide relevance to the early program theoretical content and later clinical application and development of professional identity, in addition to providing clinical and professional exposures and experiences across a varied schema. Furthermore, these exposures provide opportunity for students to have early and ongoing experiences via Situated Learning with their communities of practice (CoP), thereby emphasizing the social nature of learning and identity formation (Creuss et al., 2018).

The Guiding Principles underpinning this design and reflective of regulatory priorities are summarised below:

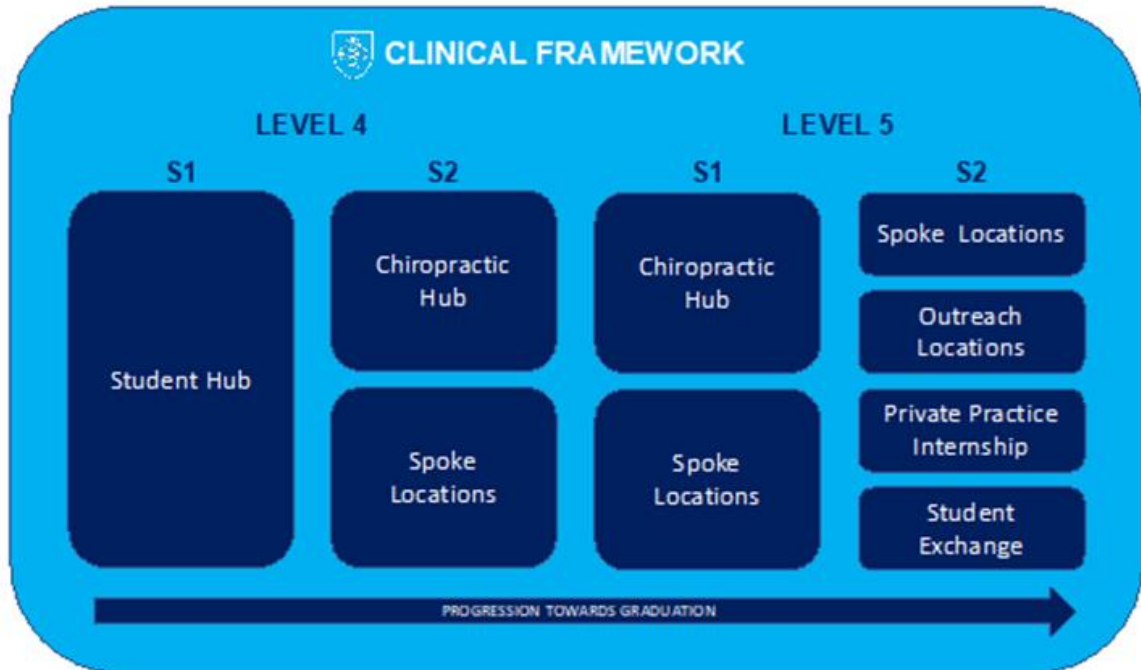
- WIL forms part of a coherent program of study including through sound constructive alignment between expected learning outcomes of a course of study and methods of assessment and the teaching and learning content of WIL
- WIL is delivered through adequate facilities and infrastructure to support each student's success, including supporting diversity and equity considerations.
- The College has taken effective steps to monitor and support the wellbeing and safety of students engaged in WIL and has clear student grievance processes capable of resolving issues students may have with the WIL aspects of their course of study, as well as managing critical incidents should they eventuate.
- The College has in place and implements policies and procedures for WIL including quality assuring the student experience and external supervision.
- WIL is well-conceived in design and rationale, educationally sound and its implementation is quality assured and monitored by the College. This is supported by authoritative educational research and ongoing WIL-related scholarship by staff involved in planning and delivering WIL units.
- WIL that forms part of requirements for professional accreditation is fit for that purpose and is clearly and accurately described in representations made by the provider or its agents.

In addition to the above guiding principles of WIL inherent in relevant regulatory frameworks, the ACC *WIL/Clinical Practicum Policy* provides further detail on key principles applied by the College to the design, conduct and evaluation of WIL.

## 2. The Year 4/5 WIL/Clinical Practicum component

The College Clinical Practicum Component is represented in Figure 1. and Table 1. below with an accompanying explanation.

Figure 1. Clinical Component



**Table 1. Curriculum Alignment of Elements of Clinical Components**

Level/Semester	Unit	WIL
4/1	Chiropractic Practice 1/Introduction Chiropractic Practice	Clinical Placement Junior Care Hub (Introductory) & ACC Chiropractic Hub (Observations)
4/2	Chiropractic Practice 2	Clinical Placement ACC Chiropractic Hub, Community Care Spoke
5/1	Chiropractic Practice 3	Clinical Placements ACC Chiropractic Hub, Community Care Spoke
5/2	Chiropractic Practice 4	Clinical Placements ACC Chiropractic Hub, Community Care Spoke, Private Practice Internship, Clinical Outreach, Clinical Exchange

Level 4 & 5 clinical placements are graduated through a range of diverse clinical sites, as follows:

- Australian Chiropractic College Chiropractic Hub (ACCCH) (Institution-based clinic)
- Community Care Spokes (CCS)- local, regional, indigenous
- Clinical Outreach (CO)- Sports clinics & events, clinic abroad
- Clinic exchange (CEX) programs with other chiropractic institutions
- Private practice Internship clinics (PPI)

The importance of this is twofold: to serve a diversity of people and communities and needs, and to produce Graduate Ready Practitioners through a range of challenging and diverse clinical placements that provide real world experiences. The aim is to offer a variety of clinical placements and clinical supervisors and mentors to guide and develop students towards graduate preparedness.

The College is committed to working closely with industry partners to provide a variety of clinical experience opportunities that will enable its students to further develop and achieve the learning outcomes associated with each of the clinical units.

### **3. Scaffolding**

The Junior/Student Care Hub (Introductory Clinic) setting is often perceived as both a less challenging and less threatening environment, attributed to the low-complexity and more-familiar patient case mix seen within a highly supervised environment (Haworth, 2021). However, there is merit in allowing students to develop their clinical skills by consulting with the uncomplicated patient (Haworth et al., 2019) in the earlier stages of their clinical program, providing that this is not all they see in the final stage of their learning. Furthermore, with student peers as patients, this provides experiential, social and situated learning, and many ‘teachable moments’ from which both the student intern and the student patient can learn (Haworth, 2021).

The next two levels of scaffolded learning occur when students transition into the Hub and Spoke clinical settings. This occurs from Level 4 Semester 2 to Level 5 Semester 2. Students experience their clinical learning through the ACC Chiropractic Outpatient Hub and then onto the Community Care Spoke clinical sites (Level 5 Semesters 1 & 2). At the Hub clinic, students engage in patient care services under the direct supervision of clinical educators. Students are assigned to a pod, whereby their pod leader will serve as their clinical mentor.

In addition to their Hub clinical placement, each student is assigned on a rotational basis to a Spoke clinical setting. These Spoke Community Care settings tend to be quite intensive and well-attended by clients.

In the final semester (Level 5 Semester 2), students have the opportunity for a Private Practice Internship (PPI) with a registered practitioner in their clinical practice. These clinical practitioners are engaged through Placement Agreements annually. Students are provided with the opportunity to engage in direct patient care of patients of the clinical practice. The Placement Agreements offer flexibility in that the practitioner can determine hours per week for the clinical placement. Students will have the opportunity for either full time or part-time placement in this setting. If the agreed arrangement is part-time, then the student will also be offered a placement in the Hub and Spoke settings, Outreach, Clinical Student Exchange, or another PPI.

**The Experiential Synopsis of Level 4, semester 1 is presented in Table 2. below.**

**Table 2.**

Introductory clinic— Junior/Student Care Hub	
Location	On campus
Patient case mix	Complimentary care to students and employees of the institution Least complex More familiar patient demographic
Supervision and mentorship	One Clinical Educator to a student pod for all of the semester Ratio of one CE to multiple students and senior peer mentors for students.

**The Experiential Synopsis of Level 4, semester 2 to Level 5 semester 2 is presented in Table 3 below.**

**Table 3.**

Hub and Spoke Care settings and Private Practice Internship	
Locations	ACC Chiropractic Hub, Community Care Spokes, Mentoring junior students in Student Hub, Clinical Outreach, Private Practice
Patient case mix	Outpatient care to members of the public Fee paying, low fee or complementary care More complex Less familiar and varied patient demographic
Supervision and mentorship	One Clinical Educator to a student pod for all of semester in ACC Chiropractic Care Hub ACC Student Clinical Mentor allocated to students on Spoke rotations and Private Practice Internship Multiple educators to multiple students Ratio of one CE to multiple students in Hub and Spoke Settings, ratio of one or multiple CEs to one or two students in Private Practice Internship

**Appendix One** provides detail concerning the *Constructive Alignment of Clinical Practicum Components*.

**Appendix Two** provides a *Summary of Student Experience Requirements for Each Clinical Practice Unit*

## **BENEFITS OF THE ACC WIL/CLINICAL PRACTICUM MODEL**

The College is confident that this clinical framework offers students opportunities to experience different clinical settings that provide a variety of patient care that is commensurate with their skills and competencies. Commencing with a more familiar and less complex patient case mix of peers and near-peers as patients in the Introductory/Junior Student Care Hub, students will learn their skills and competencies in a supportive environment. As they progress to the varied clinical placement settings of Outpatient Hubs and Spokes, Outreach and Private Practice Internship placements, students will encounter more complicated patient cohorts, as expected in the latter stages of the clinical program (end of Semester 2 Level 4, Level 5 Semesters 1 & 2). It has been shown that Spoke community placements tend to provide students with a more varied and complex patient case mix requiring a biopsychosocial approach to care, which provides, thereby, an authentic experience with access to a greater number of patient encounters (Haworth, 2021). Chiropractic researchers and educators have studied patient case mix across their various clinical placement types and have found that the case mix of such community-based teaching clinics, combined with their institution-based clinics, has provided students with appropriate learning opportunities to achieve competencies necessary for practice (Lishchyna & Mior, 2012; Haworth, 2021) as well as providing them with patients encounters that reflect the diversity of professional practice contexts (Kopansky-Giles et al., 2007; Puhl et al., 2017).

The Community Outreach opportunities are expected to provide “intensive clinical placements” whereby students have the benefit of a concentrated or condensed experience over a short time period. These opportunities are regarded as facilitative of the development of student’s skills and confidence through immersion and due to repetition of their clinical interactions with authentic patients (Amorin-Woods et al., 2019; Boysen et al., 2016; Todd et al., 2017), in addition to a more diverse case mix (Amorin-Woods et al., 2019).

Students will be required to pass qualitative assessments (both formative and summative) and to meet program requirements for the volume and variety of patient interactions per semester, cumulatively contributing to their eligibility to graduate. The clinical experience afforded assessments and patient case-mix will be tabulated and monitored for each student each semester by their clinical mentor. Two types of mentoring will be offered to students:

- *Formalised mentoring* with students assigned to a clinical mentor. Clinical mentors review students’ formative and summative assessments, and clinical progression and provide feedback across several domains.
- *Near-peer mentoring* to enhance social and situated learning between senior students and junior students during the Level 4 Semester 1 Introductory clinic, between senior students at Level 5. There will be a benefit to both mentor and mentee’s clinical and professional development.
- *Private Practice Internship Mentoring* will provide another aspect of mentoring, whereby students further engage in their situated, social and experiential learning in the authentic clinical setting of private practice. This is a customary practice within other disciplines such as Medicine and Physiotherapy, whereby students learn about their Communities of Practice through legitimate peripheral participation. While the professional associations, such as the ACA have encouraged the practice of professional mentorship for new graduates, the College regards this as a valuable aspect within its undergraduate program.

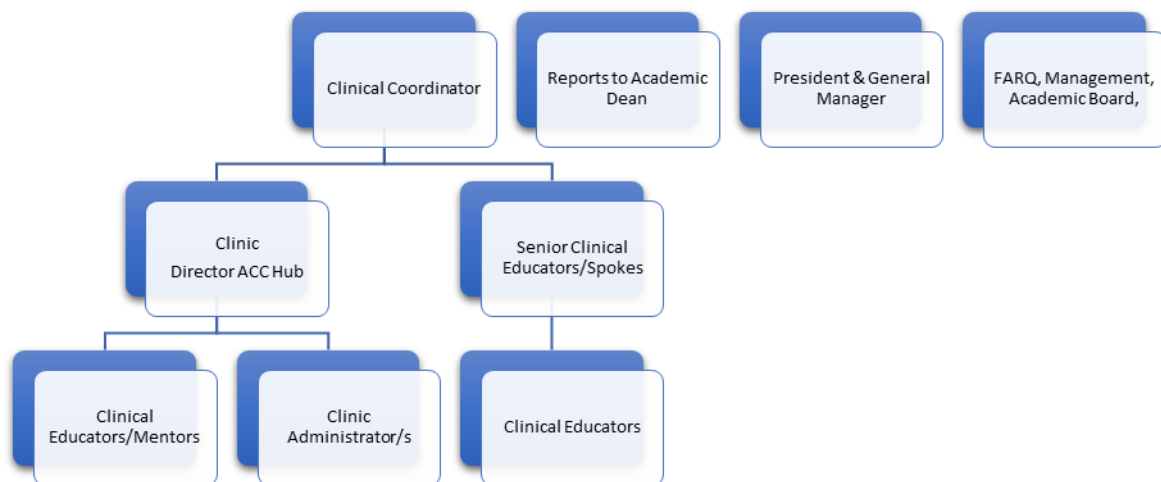


## CLINICAL EXPERIENCE GOVERNANCE STRUCTURE

The governance structure for clinical experience is presented in Figure 2. below:

ACC WIL and Clinical engagements require a formalised arrangement through one of the following: an employment contract, Placement Agreement, Memorandum of Understanding or formalised correspondence between the practitioner and the relevant WIL Coordinator (Coordinator for Levels 2 &3 or Clinical Coordinator- Levels 4 & 5). No other employee or representative of the College, other than the relevant Coordinator, has the authority to enter into such an arrangement.

**Figure 2. Clinical experience governance structure**



## IMPLEMENTATION and MONITORING

The implementation of this Policy is the responsibility of the Clinical Coordinator.

The monitoring of this Policy is the responsibility of the Academic Board.

## REVIEW

The *Work-integrated Learning (WIL)/Clinical Practicum Framework* is reviewed every three years.

It is a policy of the ACC that any Policy or Procedure may be reviewed earlier as indicated by internal or external factors (including but not limited to such factors as changes in the guidelines of regulatory authorities, accreditation/registration requirements of the profession, or relevant legislation at state or federal level) as determined the Board of Directors and/or Academic Board.

## RELATED DOCUMENTS

- ACC Strategic Plan 2024-2029
- ACC Handbook 2023
- ACC Student & Clinical Educator Clinic Manuals
- ACC Teaching & Learning Plan 2022-2024
- Clinic related Policies & Procedures (appendix of Clinic Manuals).

## VERSION CONTROL

<b>Document:</b> G007 Work Integrated Learning (WIL)/Clinical Practicum Framework		
<b>Responsible Officer:</b> Academic Dean		
<b>Endorsed by:</b> Course Development Committee		
<b>Initially Approved by:</b> Academic Board		<b>Date:</b> 6 July 2022
<b>Approved:</b> Academic Board		<b>Date:</b> 19 July 2023
<b>HESF</b>	1.4 Learning Outcomes and Assessment 2.2 Diversity and Equity 5.4 Delivery with Other Parties	1.4.2a 1.4.2b 2.2.1 2.2.2 5.4
<b>Version:</b> V1	<b>Replaces version:</b> V1.0	<b>Next Review:</b> July 2025
<b>Nature of change</b>	July 2022 <ul style="list-style-type: none"> <li>• Original document</li> </ul> July 2023 <ul style="list-style-type: none"> <li>• Update document to standard format</li> <li>• Update to reflect the latest TEQSA Guidance Note: Work-integrated Learning May 2022</li> <li>• Include Implementation and Monitoring responsibilities</li> <li>• Include review schedule</li> <li>• Include HESF in the Version Control Table.</li> </ul>	

## APPENDIX ONE - Constructive Alignment of Clinical Practicum Components

Unit Details	Supervision/Mentoring	Assessment	Learning Outcomes	CCEA Competencies
<p><b>Level 4 Semester 1 Chiropractic Practice 1 (3CPRA1)</b></p> <p><b>Unit Pre-requisites:</b> All Level 3 semester 2 units; targeted- 2ASAD3, 1CTCH, 2ASAD4.</p> <p>Unit Co-requisites: First aid course, 3ASAD5</p> <p>12 credit points</p>	<p>Chiropractic Practice 1: 'Junior Care Hub' (JCH)</p> <p>Level 3, integration into the clinical learning space commences the WIL program as a scaffolded program with gradual introductions to clinical facilities and engagements, from a less challenging and more structured environment with close supervision.</p> <p>Introductory Clinical Placement is a component of the Chiropractic Practice 1. This is aimed at supporting their professional and clinical development as a Chiropractic student, engaged in a clinical placement with near peer patients, highly guided supervision and highly structured clinical encounters to develop their clinical and professional skills for their next phase of clinical placement</p> <p>Highly structured and guided supervision is provided by Clinical Educators and Near Peer Students in the Junior Care Hub.</p>	<p>Students must now have WWCC, Police Checks, First Aid CPR, Student Undertaking agreement.</p> <p>CLINIC ENTRANCE EXAM at end of semester OSCE (hurdle)</p> <ul style="list-style-type: none"> <li>•Eportfolio for Critical Self Reflection with prompts.</li> </ul> <p>Compose written case management narratives/ Case Report Written referral letters, -</p> <ul style="list-style-type: none"> <li>•Clinical Workbook Requirements: formative assessments conducted in the clinical setting by Clinical Educators</li> <li>•Clinical placement hours and patient interactions.</li> <li>•Orientation to Clinical forms and clinical setting</li> <li>•Demonstrate and engage in effective and professional communication, whilst engaging in history taking and development of differential and working diagnosis as it pertains to the first patient clinical encounter</li> <li>•Conducting a comprehensive physical and neuromusculoskeletal examination of patient 1</li> <li>•Completion of NMS and PE of patient 1, and developing appropriate working diagnosis for possible management</li> </ul>	<p>AQF 7</p> <p>LO1: Demonstrate safe, ethical, and effective patient assessment and chiropractic management procedures. (GC 1,3,5)</p> <p>LO2: Determine reasonable differential diagnoses and a rational working hypothesis (GC 1,3,5)</p> <p>LO3: Integrate current literature and best practice with patient assessment and management. (GC 1,3,5)</p> <p>LO4: Express ethical chiropractic principles in patient interactions. (GC 1, 3, 4, 5)</p> <p>LO5: Demonstrate effective communication skills using verbal and non-verbal methods, reflecting ethical,</p>	<p>5.4 Complies with legal and ethical requirements</p> <p>1.2 Applies a patient-centred Approach to practice.</p> <p>1.3 Applies an evidence-based approach to practice</p> <p>1.4 Demonstrates professional integrity</p> <p>1.5 Demonstrates capacity for self-reflection</p> <p>2.1 Communicates effectively with patients and others</p> <p>2.2 Collaborates effectively with patients and others</p> <p>2.3 Implements health promotion and disease prevention strategies</p> <p>2.4 Manages information to meet legal obligations and</p>

		<p>(including referral, self-management, or sole management)</p> <ul style="list-style-type: none"> <li>•Completion of all tasks related to 1<sup>st</sup> patient engagement. Review chiropractic management skills and demonstrate chiropractic therapeutic technique in clinical setting if patient selects.</li> <li>•All of the above is then conducted and completed on a second patient.</li> <li>•Mandatory Observation in outpatient clinic of near peer students (2024 onwards).</li> <li>•Patient Based Learning tutorials and simulations</li> <li>•Students and Clinical Educator Learning Plans and Outcome for the semester</li> <li>•ACC Chiropractic Care Hub Procedures Quiz</li> <li>•Clinic Entrance Exam (competency assessment for outpatient clinic rights) at end of semester OSCE</li> </ul> <p>*Clinic hours and patient requirements see Appendix 2.</p> <p>There are patient-based clinical requirements and Skills Critique/Competency based assessment Requirements. Chiropractic Duty Requirements (2024 onwards) First Aid Course Chiropractic Centre Procedures Quiz The procedures quiz must be</p>	<p>professional behaviour and cultural sensitivity in all interactions. (GC 1,3,4,5) LO6: Implement Chiropractic Centre procedures and maintain all records required to operate a Chiropractic practice (GC 1,3,4,5)</p>	<p>professional standards</p> <p>2.5 Supervises administrative and other staff</p> <p>3.1. Obtains and records a history 3.2. Performs a clinical examination 3.3 Obtains the results of clinical, laboratory and other diagnostic procedures necessary to inform care 3.4 Recognises determinants of health 3.5 Critically analyses information available to generate a clinical impression</p> <p>4.1 Identifies possible care and management options 4.2 Discusses care and management options 4.3 Formulates a care and management plan 5.1 Obtains and records</p>
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		passed (hurdle requirement). Held on Monday 2 <sup>nd</sup> March (week 6). CCEE Chiropractic Centre Entrance Exam (study week). Refer to CCEE Guidelines for further details.		patient-informed consent regarding care 5.2 Implements interventions safely and effectively 5.3 Monitors and evaluates progress of care and health outcomes 5.4 Adapts plans based on monitoring and evaluation
<p><b>Level 4 Semester 2</b></p> <p><b>Chiropractic Practice 2 (3CPRA2)</b></p> <p><b>Unit Pre-requisites:</b> 3CPRA1, 3ASAD5.</p> <p><b>Unit Co-requisites:</b> None. Must maintain WWCC, First Aid/CPR, Police Check and Student Undertaking</p> <p>24 credit points</p>	<p>Chiropractic Practice 2: Students commence treatment of patients under close supervision in the outpatient ACC Chiropractic Care Hub &amp; commence Spoke rotations. Students focus on practicing critical consultation skills of case history taking, patient rapport, examination and clinical reasoning and patient care. Students are assigned a Clinical Mentor, who is also a clinical educator at ACC. Students engage in weekly mentorship meetings and tutorials dependent upon student needs and case based simulations. The clinical model is a student-driven, person-centred model with an evidence informed practice</p>	<ul style="list-style-type: none"> <li>•Students are required to engage in the examination and treatment of patients in the Student Teaching ACC Chiropractic Care Hub.</li> <li>•Patient Based Learning tutorials and simulations</li> <li>•Students and Clinical Educator Learning Plans and Outcome for the semester</li> <li>•Clinic Workbook Requirements and formative assessments conducted in the clinical setting by Clinical Educators on students' interactions with patients.</li> <li>•Clinical placement hours and patient interaction requirements.</li> <li>•Written exam and practical examination, self-assessment and peer audits of clinical records.</li> </ul>	<p>AQF 7</p> <p>LO1: Determine reasonable differential diagnoses and clinical impression from client's clinical information and assessment (GC 1, 3, 5).</p> <p>LO2: Apply safe, ethical, and effective patient assessment and chiropractic management procedures (GC 1, 3, 5).</p> <p>LO3: Apply an evidence based approach in the planning, application</p>	<p>5.4 Complies with legal and ethical requirements</p> <p>1.2 Applies a patient-centred Approach to practice.</p> <p>1.3 Applies an evidence-based approach to practice</p> <p>1.4 Demonstrates professional integrity</p> <p>1.5 Demonstrates capacity for self-reflection</p> <p>2.1 Communicates effectively with patients and others</p>

	<p>approach to clinical assessment and management.</p>	<p>•Reflective assignment based on prompts in an electronic portfolio, Case Report.</p> <p>Students are expected to</p> <ol style="list-style-type: none"> <li>1. Elicit a patient and condition-specific clinical history.</li> <li>2. Present and interpret patient physical examinations.</li> <li>3. Exhibit an understanding of common clinic examinations and procedures that may be used in diagnosis and management of common conditions.</li> <li>4. Analyse and clinically reason the patient’s presenting complaint and management.</li> <li>5. Commentate on the principles of chiropractic management, including a range of chiropractic techniques and treatment; and students will be assigned a Clinical Mentor, who is also a clinical supervisor at ACC.</li> </ol> <p>CLINIC EXAM: Viva Voce, Clinical Skills practical exam  There are specific Clinic Patient Requirements, Skills Critique/Competency Assessment Requirements  Chiropractic Duty Requirements (table below)- “Clinic Portfolio</p>	<p>and evaluation of client care that incorporates shared decision making (GC 1, 3, 5).</p> <p>LO4: Demonstrate effective communication skills using verbal and non-verbal methods, reflecting collaborative, professional behaviour and cultural sensitivity in all interactions for person centred care (GC 1, 3, 4, 5).</p> <p>LO5: Implement chiropractic care in an ethically and legally responsible manner and in accordance with ACC policies and procedures (GC 1, 2, 3, 5).</p> <p>LO6: Demonstrate and apply modalities and active care rehabilitative management for neuromusculoskeletal clinical conditions (GC 1, 3, 5).</p>	<p>2.2 Collaborates effectively with patients and others</p> <p>2.3 Implements health promotion and disease prevention strategies</p> <p>2.4 Manages information to meet legal obligations and professional standards</p> <p>3.1. Obtains and records a history</p> <p>3.2. Performs a clinical examination</p> <p>3.3 Obtains the results of clinical, laboratory and other diagnostic procedures necessary to inform care</p> <p>3.4 Recognises determinants of health</p> <p>3.5 Critically analyses information</p> <p>available to generate a clinical impression</p> <p>4.1 Identifies possible care and management options</p>
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		<p>Quantitative Requirements &amp; Formative Assessments”  Rehabilitation practical assessment (x2)  *Clinic hours and patient requirements see Appendix 2.</p>		<p>4.2 Discusses care and management options  4.3 Formulates a care and management plan  5.1 Obtains and records patient-informed consent regarding care  5.2 Implements interventions safely and effectively  5.3 Monitors and evaluates progress of care and health outcomes  5.4 Adapts plans based on monitoring and evaluation</p>
<p><b>Level 5 Semester 1</b>   <b>Chiropractic Practice 3 (4CPRA3)</b>  Patient with more context &amp; complexity   <b>Unit pre-requisites:</b>  3CPRA2.   <b>Unit co-requisites:</b>  4CMAN2.</p>	<p>Chiropractic Practice 3: ACC Chiropractic Care Hub, Spokes-Community Clinical settings &amp; clinical outreach.  Students continue assessing and managing patients under supervision but are expected to be able to consider broader elements of the patient. For example greater consideration of psychosocial factors and broader health system. The patient is now situated in their local and broader health</p>	<p>The clinical model is a student-driven, person-centred model with an evidence-informed practice approach to clinical assessment and management. Students are expected to</p> <ol style="list-style-type: none"> <li>1. Adapt person-centred communication skills to meet the needs of diverse patient populations;</li> <li>2. Plan and execute patient management strategies in the student-led, Hub and Spoke clinics;</li> </ol>	<p>AQF 8   LO1: Determine reasonable differential diagnoses and clinical impression from client’s clinical information and assessment (GC 1,3,5)   LO2: Apply safe, ethical, and effective patient assessment</p>	<p>5.4 Complies with legal and ethical requirements  1.2 Applies a patient-centred Approach to practice.  1.3 Applies an evidence-based approach to practice  1.4 Demonstrates professional integrity  1.5 Demonstrates capacity</p>

<p>Must maintain WWCC, First Aid/CPR, Police Check and Student Undertaking</p> <p>24 credit points</p>	<p>environment, such as community clinic settings &amp; clinical outreach. Students are able to undertake placements in diverse environments and apply principles and practices of known clinical environments. At the end of this semester, students have greater awareness of patient diversity and are able to appreciate the patient in broader context. The patient has a likelihood of increased complexity in the outpatient clinic and the community clinic settings with members of the public able to attend. The clinical encounters expected to be further approaching industry standards. Reducing level of student supervision expected and increasing student autonomy.</p> <p>Students are assigned a Clinical Mentor, who is also a clinical educator at ACC Students engage in weekly mentorship meetings.</p>	<p>3. Reconstruct the diagnosis and prognosis in response to changes in patient presentation; and</p> <p>4. Quantify patient outcomes.</p> <p>Appraise their own person-centred communication skills and that of their peers; Exemplify evidence-informed person management strategies in the student-led, hub and spoke clinics; Argue a patient-centred management plan and prognosis that sets short, medium and long term goals and takes into account all aspects of the patient's profile including lifestyle factors; Evaluate patient outcomes using a range of outcome measures; and Commentate on the skills to manage the student-led, patient centred, evidence informed on-campus clinic and external clinics.</p> <ul style="list-style-type: none"> <li>•Students are required to engage in the examination and treatment of patients in the ACC Outpatient Clinical settings (Hub and Spoke)</li> <li>• Patient Based Learning tutorials and simulations</li> <li>•Students and Clinical Educator Learning Plans and Outcomes for the semester</li> <li>•Clinic Workbook Requirements and formative assessments conducted in the clinical setting by Clinical Educators on students' interactions with patients.</li> </ul>	<p>and chiropractic management procedures (GC 1,3,5)</p> <p>LO3: Apply an evidence based approach in the planning, application and evaluation of client care that incorporates shared decision making (GC 1,3,5)</p> <p>LO4: Demonstrate effective communication skills using verbal and non-verbal methods, reflecting collaborative, professional behaviour and cultural sensitivity in all interactions for person-centred care (GC 1,3,4,5)</p> <p>LO5: Implement chiropractic care in an ethically and legally responsible manner and in accordance with ACC policies and procedures (GC 1,2,3,5)</p>	<p>for self-reflection</p> <p>2.1 Communicates effectively with patients and others</p> <p>2.2 Collaborates effectively with patients and others</p> <p>2.3 Implements health promotion and disease prevention strategies</p> <p>2.4 Manages information to meet legal obligations and professional standards</p> <p>2.5 Supervises administrative and other staff</p> <p>3.1. Obtains and records a history</p> <p>3.2. Performs a clinical examination</p> <p>3.3 Obtains the results of clinical, laboratory and other diagnostic procedures necessary to inform care</p> <p>3.4 Recognises determinants of health</p>
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		<ul style="list-style-type: none"> <li>•Clinical placement hours and patient interaction requirements.</li> <li>• Self-assessment and peer audits of clinical records.</li> <li>•Reflective assignment based on prompts in electronic portfolio, Case Report</li> <li>•Clinic Proficiency Assessment: written/practical examination and clinical competency</li> <li>•E-portfolio Reflective assignment based on prompts in electronic portfolio.</li> <li>• Pharmacology written assessments (x3)</li> </ul> <p>There are specific Clinic Patient Requirements, Skills Critique/Competency Assessment Requirements Chiropractic Duty Requirements (table below)- “Clinic Portfolio Quantitative Requirements &amp; Formative Assessments” *Clinic hours and patient requirements see Appendix 2.</p>	<p>LO6: Define the fundamental concept of pharmacology, terminology, classification and drug nomenclature. (GC 1,3,5)</p> <p>LO7: Describe and outline the principles of pharmacokinetics and pharmacodynamics and clinical applications of different drug classes in the treatment of diverse conditions such as cardiovascular diseases, inflammation, infections, hormonal dysregulation, gastrointestinal systems, neuropsychiatric disorders, and cancers, while considering their effectiveness across various population groups. (GC 1,3,5)</p>	<p>3.5 Critically analyses information available to generate a clinical impression</p> <p>4.1 Identifies possible care and management options</p> <p>4.2 Discusses care and management options</p> <p>4.3 Formulates a care and management plan</p> <p>5.1 Obtains and records patient-informed consent regarding care</p> <p>5.2 Implements interventions safely and effectively</p> <p>5.3 Monitors and evaluates progress of care and health outcomes</p> <p>5.4 Adapts plans based on monitoring and evaluation</p>
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			LO8: Identify some mechanisms of drug interactions (GC 1,3,5)	
<p><b>Level 5 Semester 2</b></p> <p><b>Prepared for practice/Graduate/work hardened Chiropractic Practice 4 (4CPRA4)</b></p> <p><b>Unit pre-requisites:</b> 4CPRA3</p> <p><b>Unit co-requisites:</b> None. Must maintain WWCC, First Aid/CPR, Police Check and Student Undertaking</p> <p>36 credit points</p>	<p>Clinical Placement Type: Hub &amp; Spoke, PPI, Clinic Abroad, Clinic Outreach, Rural and regional placements.</p> <p>Students are able to manage moderate patient cases independently but still require support for complex cases.</p> <p>Students are able to defend management plans for patients and incorporate a broad range of elements in their conceptualization and management of patient also through utilization of an evidence informed approach.</p> <p>Students are supervised and guided by clinical educators and practitioners engaged by the ACC.</p> <p>Students are able to undertake placements in a highly diverse and varied environments and apply principles and practices of broader and less familiar clinical environments.</p> <p>At the end of this semester students have greater awareness of patient diversity</p>	<p>The clinical model is a student-driven, patient-centred model with an evidence informed practice approach to clinical assessment and management.</p> <p>Students are expected to</p> <ul style="list-style-type: none"> <li>•Evaluate their own person-centred communication skills and that of their peers;</li> <li>•Critically reflect on their patient management strategies;</li> <li>•Defend person-centred, evidence informed management plans that take into account all aspects of the patient’s problem and lifestyle;</li> <li>•Implement primary patient care responsibilities;</li> <li>•Critique on the skills to manage the person centred, student-led, Hub and Spoke clinics; and Community Care Spoke, Private Practice Internship, Clinical Outreach, Clinical Exchange</li> <li>•Scope the requirements to establish themselves as a professional in the Australian health system</li> <li>•Exhibit professional behaviours in all clinical settings</li> <li>•Demonstrate effective communication skills in the clinical environment with an understanding of diverse patient populations</li> </ul>	<p>AQF 8</p> <p>LO1: Determine reasonable differential diagnoses and clinical impression from client’s clinical information and assessment (GC 1,3,5)</p> <p>LO2: Apply safe, ethical, and effective patient assessment and chiropractic management procedures (GC 1,3,5)</p> <p>LO3: Apply an evidence based approach in the planning, application and evaluation of client care that incorporates shared decision making (GC 1,3,5)</p> <p>LO4: Demonstrate effective communication skills using verbal and non-verbal methods,</p>	<p>5.4 Complies with legal and ethical requirements</p> <p>1.2 Applies a patient-centred Approach to practice.</p> <p>1.3 Applies an evidence-based approach to practice</p> <p>1.4 Demonstrates professional integrity</p> <p>1.5 Demonstrates capacity for self-reflection</p> <p>2.1 Communicates effectively with patients and others</p> <p>2.2 Collaborates effectively with patients and others</p> <p>2.3 Implements health promotion and disease prevention strategies</p> <p>2.4 Manages information to meet legal obligations and professional standards</p>

	<p>and are able to appreciate the patient in the broader context. The patient has a likelihood of increased complexity in the outpatient clinic, the community clinic settings, private practice, rural and regional clinical settings and Clinic Aboard short-term clinical placements with members of the public able to attend. The clinical encounters are expected to be at industry standards. Reduction in level of student supervision and increased student autonomy. The patient has a likelihood of increased complexity in these varied Service Learning environments. The clinical encounters are expected to be further approaching industry standards. Reduce the level of student supervision expected and increase student autonomy towards graduate preparedness.</p> <p>Students are assigned a Clinical Mentor, who is also a clinical educator at ACC Students engage in monthly mentorship meetings</p>	<p>Submission and attainment of Quantitative requirements accumulated across 4 Clinical Practice Units (3CPRA1-4CPRA4)- HOURS/CLINIC BOOK/ TREATMENTS/ INTERACTION WITH OBSERVERS</p> <p>ASSESSMENTS</p> <p>External placement Internship</p> <p>Mentoring junior interns e-Portfolio on meeting Graduate Capabilities graduate requirements with evidence (this has been throughout the 3CPRA1-4 units, but final portfolio submission).</p> <p>Clinical Proficiency/Clinic Exit exam OSCE and written</p> <ul style="list-style-type: none"> <li>•Clinic Workbook Requirements and formative assessments conducted in the clinical setting by Clinical Educators on students' interactions with patients.</li> <li>•Clinical placement hours and patient interaction requirements.</li> <li>• Self-assessment and peer audits of clinical records.</li> <li>•Clinic Proficiency Assessment: written/practical examination and clinical competency</li> </ul> <p>There are specific Clinic Patient Requirements, Skills</p>	<p>reflecting collaborative, professional behaviour and cultural sensitivity in all interactions for person-centred care (GC 1,3,4,5)</p> <p>LO5: Implement chiropractic care in an ethically and legally responsible manner and in accordance with ACC policies and procedures (GC 1,2,3,5)</p>	<p>2.5 Supervises administrative and other staff</p> <p>3.1. Obtains and records a history</p> <p>3.2. Performs a clinical examination</p> <p>3.3 Obtains the results of clinical, laboratory and other diagnostic procedures necessary to inform care</p> <p>3.4 Recognises determinants of health</p> <p>3.5 Critically analyses information available to generate a clinical impression</p> <p>4.1 Identifies possible care and management options</p> <p>4.2 Discusses care and management options</p> <p>4.3 Formulates a care and management plan</p> <p>5.1 Obtains and records patient-informed consent regarding care</p>
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		<p>Critique/Competency Assessment Requirements</p> <p>Chiropractic Duty Requirements (table below)- “Clinic Portfolio Quantitative Requirements &amp; Formative Assessments”</p> <p>*Clinic hours and patient requirements see Appendix 2.</p> <ul style="list-style-type: none"> <li>•Students are required to engage in the examination and treatment of patients across all SLEs.</li> <li>•Mentoring junior interns</li> <li>•Patient Based Learning tutorials and simulations</li> <li>•Students and Clinical Educator Learning Plans and Outcome for the semester</li> <li>•Clinic Workbook Requirements and formative assessments conducted in the clinical setting by Clinical Educators on students’ interactions with patients.</li> <li>•Clinical placement hours and patient interaction requirements.</li> <li>•e-Portfolio graduate requirements with evidence and reflections from their clinical program, Case Report</li> <li>•Clinic exit exam VIVA VOCE and written.</li> <li>•Clinical file audit and handover.</li> <li>•Complete and submit Case Mix data by the last week of 4CPRA4.</li> <li>•An appointment with the Clinical Coordinator is required for final approval of clinical quantitative and</li> </ul>		<p>5.2 Implements interventions safely and effectively</p> <p>5.3 Monitors and evaluates progress of care and health outcomes</p> <p>5.4 Adapts plans based on monitoring and evaluation</p>
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		<p>qualitative requirements. This will occur in week 14 or 15 of 4CPRA4. There are specific Clinic Patient Requirements, Skills Critique Requirements Chiropractic Duty Requirements (table below)  *Clinic hours and patient requirements see Appendix 2.</p>		
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## APPENDIX TWO - Summary of Student Experience Requirements for Each Clinical Practice Unit

Unit	Quantitative Requirements	Competency Assessment Requirements	Chiropractic Duty Requirements	Clinic Assessments	
<b>Introduction to Chiropractic Practice 1 Level 4 Sem 1</b>	<p>Clinic Portfolio Quantitative Requirements:</p> <ul style="list-style-type: none"> <li>• 2 new clients/NP (buddy from level 1 &amp;/or 2)</li> <li>• Clients must have completed NP exam, ROF case narrative and EBP task sheet to count as a new patient.</li> <li>• 2 completed and approved case approvals</li> <li>• 2 EBP Task Sheets</li> </ul>	<p>Critique Requirements:</p> <ul style="list-style-type: none"> <li>• 1 competent history</li> <li>• 1 competent report of findings/informed consent</li> <li>• 1 competent – MSK &amp; Neurological (Cervical)</li> <li>• 1 competent Integrated examination – MSK &amp; Neurological (Thoracic)</li> <li>• 1 competent Integrated examination – MSK &amp; Neurological (Lumbopelvic)</li> <li>• 1 competent Vitals Examination</li> <li>• 2 competent Radiography positioning skills (Cervical, Thoracic &amp; Lumbopelvic region) Competence on each spinal region performance (simulation)</li> <li>• 3 competent radiographic interpretation reports written. One (1) per region of C,T,L.</li> <li>• 1 competent Client Case Presentation/Client Narrative</li> </ul>	<ul style="list-style-type: none"> <li>• Intern on Duty: cleaning and equipment (refer to roster)</li> <li>• Complete and submit case mix data at end 3CPRA1</li> <li>• 1 successful random file audit</li> </ul>	<p>Chiropractic Centre Procedures Quiz CCEE (Clinic entrance exam)</p>	<b>12 credit points</b>

<p><b>Chiropractic Practice 2 (3CPRA2)</b> Level 4 Sem 2</p>	<p><b>Clinic Portfolio Quantitative Requirements</b> which demonstrates the continued completion of</p> <ol style="list-style-type: none"> <li>1. Clinical placement hours,</li> <li>2. Professional development hours,</li> <li>3. Client and clinic quota interactions towards the overall requirements via the clinic portfolio.</li> </ol> <p>Over the entirety of the clinical units, this includes the following</p> <ul style="list-style-type: none"> <li>· New Client/Re-examinations: 45</li> <li>· Comprehensive Assessment: 5 (included in the 45 New Client)</li> <li>· Treatment Visits: 275</li> <li>· Radiological Series Interpretations: 40</li> <li>· Radiographic Performance: 20</li> <li>· Hours: 90% attendance</li> </ul> <p>Interns must complete a new client exam/re-examination, ROF, case narrative and EBP task sheet to count as a new client credit.</p> <p>While new client/re-examinations and treatment visits must be</p>	<p><b>Clinic Portfolio Formative Assessments</b></p> <p>The clinic portfolio itemizes numerous intern tasks, and formative critique assessments on various competencies demonstrated in the ACC SLEs. These formative assessments are conducted by Clinical Educators. Included are other professional development tasks which are requirements in this unit.</p> <ul style="list-style-type: none"> <li>· Attendance and participation at all rostered clinic shifts</li> <li>· Satisfactory completion of week 5/6 &amp; week 11/12 student-mentor review and submission by due date</li> <li>· Individual Learning Outcomes Plan &amp; Review Formative assessments</li> <li>· 1 competent History</li> <li>· 1 competent ROF</li> <li>· 1 competent Abdominal exam</li> <li>· 1 competent detailed neurological exam</li> <li>· 1 competent respiratory exam</li> <li>· 1 competent Lymph node exam</li> <li>· 1 competent cardiovascular &amp; peripheral vascular exam</li> <li>· 1 competent ear exam</li> <li>· 1 competent eye exam</li> <li>· 1 competent MSK Integrated examination Neurological (Cervical)</li> <li>· 1 competent MSK Integrated examination Neurological (Thoracic)</li> <li>· 1 competent MSK Integrated examination Neurological (Lumbar)</li> </ul>	<ul style="list-style-type: none"> <li>• Complete and submit Case Mix data at end of 3CPRA2</li> <li>• 1 successful random <b>file audits</b></li> <li>• ACC Chiropractic Centre reception duties (on rotation)</li> </ul>	<p>Clinical Proficiency Assessment 50%</p> <p>Mini CEXs (x2) 20%</p> <p>E-portfolio 10%</p> <p>Rehabilitation Practical Assessment (x2) 20%</p>	<p><b>24 credit points</b></p>
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	<p>met in the overall clinical program, there are minimum requirements for performance in radiological interpretation and radiographic performance. 3CPRA2:</p> <ul style="list-style-type: none"> <li>· 10 radiology reports written with 4 assessed for competency.</li> <li>· 8 Radiographic Performance with 3 assessed for competency.</li> </ul>	<ul style="list-style-type: none"> <li>· 3 competent regions Radiographic positioning (C, T, LP)</li> <li>· 4 competent radiographic interpretation reports written. One (1) per region of C,T,LP &amp; extremity.</li> <li>· 3 competent Radiographic Performance</li> <li>· 2 Competent Client Case Presentation/Client Narrative- to Clinical Educator</li> <li>· 5 Competent Observed client treatment (return visit) · 2 hours of Interprofessional Engagement Development Activity (Referral letter, observations, clinical conference, seminars).</li> <li>· 10 hours professional development (This may include professional development seminars, external observations of chiropractor, participation in approved external activities). Must all be completed by the end of week 13 of 3CPRA2</li> </ul>			
<p><b>Chiropractic Practice 3 (4CPRA3)</b> Level 5 Sem 1</p>	<p><b>Clinic Portfolio Quantitative Requirements</b> which demonstrate the continued completion of</p> <p>Clinical placement hours,</p> <p>Professional development hours,</p>	<p><b>Clinic Portfolio Formative Assessments</b></p> <p>The clinic portfolio itemizes numerous intern tasks, formative critique assessments on various competencies demonstrated in the ACC SLEs. These formative assessments are conducted by Clinical Educators. Included are other professional development tasks which are requirements in this unit.</p>	<ul style="list-style-type: none"> <li>•Intern Duty/Clinic Reception: pre-shift huddle, cleaning and equipment (refer to roster)</li> <li>•Complete and submit case mix data at end of 4CPRA3</li> <li>•1 successful random file audit</li> </ul>	<p>Clinical Proficiency Assessment 40%</p> <p>Mini CEXs (x2) 20%</p> <p>E-portfolio 10%</p> <p>Pharmacology written assessments (x3) 30%</p>	<p><b>24 credit points</b></p>



	<p>Client and clinic quota interactions towards the overall requirements via the clinic portfolio. Over the entirety of the clinical units, this includes the following</p> <p>New Client/Re-examinations: 45</p> <p>Comprehensive Assessment: 5 (included in the 45 New Client)</p> <p>Treatment Visits: 275</p> <p>Radiological Series Interpretations: 40</p> <p>Radiographic Performance: 20</p> <p>Hours: 90% attendance</p> <p>Interns must complete a new client exam/re-examination, ROF, case narrative and EBP task sheet to count as a new client credit.</p>	<p>Attendance and participation at all rostered clinic shifts</p> <p>Satisfactory completion of week 5/6 &amp; week 11/12 student-mentor review and submission by due date</p> <p>Individual Learning Outcomes Plan &amp; Review</p> <p>Formative assessments</p> <p>2 competent New Client assessments</p> <p>2 competent ROF/IC</p> <p>2 competent Return Client assessments</p> <p>1 competent MSK Integrated examination Neurological (Cervical)</p> <p>1 competent MSK Integrated examination Neurological (Thoracic)</p> <p>1 competent MSK Integrated examination Neurological (Lumbar)</p> <p>1 competent Integrated MSK &amp; Neuro (Upper Limb/Extremity)</p> <p>1 competent Integrated MSK &amp; Neuro (Lower Limb/Extremity)</p>			
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	<p>While new client/re-examinations and treatment visits must be met in the overall clinical program, there are minimum requirements for performance in radiological interpretation and radiographic performance.</p> <p>4CPRA3:</p> <p>12 radiology reports written with 4 assessed for competency.</p> <p>8 Radiographic Performance with 5 assessed for competency.</p>	<p>1 competent Client Case Presentation/Client Narrative- to Clinical Educator</p> <p>5 competent regions Radiographic positioning (at least 1 per spinal region- C, T, LP)</p> <p>12 radiographic interpretation reports written. Four assessed, one (1) per region of C,T,LP &amp; extremity. At least three (3) per region of C,T,L, extremity.</p> <p>2 hours of Interprofessional Engagement Development Activity (Referral letter, observations, clinical conference, seminars).</p> <p>10 hours professional development (This may include professional development seminars, external observations of chiropractor, participation in approved external activities).</p> <p>Must all be completed by the end of week 13 of 4CPRA3</p>			
Chiropractic Practice 4 (4CPRA4) Level 5 Sem 2	<b>Clinic Portfolio Quantitative Requirements</b> which demonstrate the continued completion of	<b>Clinic Portfolio Formative Assessments</b>	<ul style="list-style-type: none"> <li>• Complete and submit Case Mix data by the last week of 4CPRA4.</li> <li>An appointment with the Clinical Coordinator is</li> </ul>	<ul style="list-style-type: none"> <li>• Clinical Proficiency Assessment (hurdle) 50%</li> <li>• 2 Mini CEXs 20%</li> </ul>	<b>36 credit points</b>

	<p>Clinical placement hours,</p> <p>Professional development hours,</p> <p>Client and clinic quota interactions towards the overall requirements via the clinic portfolio. Over the entirety of the clinical units, this includes the following</p> <p>New Client/Re-examinations: 45</p> <p>Comprehensive Assessment: 5 (included in the 45 New Client)</p> <p>Treatment Visits: 275</p> <p>Radiological Series Interpretations: 40</p> <p>Radiographic Performance: 20</p> <p>Hours: 90% attendance</p> <p>Interns must complete a new client exam/re-</p>	<p>The clinic portfolio itemizes numerous intern tasks, formative critique assessments on various competencies demonstrated in the ACC SLEs. These formative assessments are conducted by Clinical Educators. Included are other professional development tasks which are requirements in this unit.</p> <p>Attendance and participation at all rostered clinic shifts</p> <p>Satisfactory completion of week 5/6 &amp; week 11/12 student-mentor review and submission by due date</p> <p>Individual Learning Outcomes Plan &amp; Review</p> <p>Formative assessments</p> <p>2 competent ROF/IC</p> <p>2 competent New client assessment</p> <p>4 competent Return client assessment</p> <p>1 competent integrated examination - MSK &amp; Neurological (Thoracic)</p> <p>1 competent Integrated examination – MSK &amp; Neurological (Lumbopelvic)</p> <p>1 competent Integrated examination – MSK &amp; Neurological (Cervical)</p>	<p>required for final approval of clinical quantitative and qualitative requirements. This will occur in week 14 or 15 of 4CPRA4. <b>This is the final sign off with an exit interview.</b></p>	<ul style="list-style-type: none"> <li>• E-portfolio 30%</li> <li>• Clinic Portfolio Formative Assessments (pass/fail)</li> </ul>	
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	<p>examination, ROF, case narrative and EBP task sheet to count as a new client credit.</p> <p>While new client/re-examinations and treatment visits must be met in the overall clinical program, there are minimum requirements for performance in radiological interpretation and radiographic performance.</p> <p>4CPRA4:</p> <p>10 radiology reports written with 4 assessed for competency.</p> <p>8 Radiographic Performance with 3 assessed for competency.</p>	<p>1 competent Client Case Presentation/Client Narrative</p> <p>1 competent Abdominal examination</p> <p>1 competent detailed neurological examination</p> <p>1 competent respiratory examination</p> <p>1 competent Lymph node examination</p> <p>1 competent cardiovascular &amp; peripheral vascular examination</p> <p>1 competent ear examination</p> <p>1 competent eye examination</p> <p>5 regions Radiographic positioning (at least 1 per spinal region)</p> <p>15 competent radiographic interpretation reports written (Four 4 assessed, 1 per region). At least three (3) per region of C,T,L, extremity.</p> <p>2 hours of Interprofessional Engagement Development Activity (Referral letter, observations, clinical conference, seminars).</p> <p>10 hours professional development (This may include professional</p>			
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		<p>development seminars, external observations of chiropractor, participation in approved external activities).</p> <p>Must all be completed by the end of week 13 of 4CPRA4</p>			
<b>Totals</b>	<p><b>New Patients: 45</b>  <b>Case Approvals: 45</b>  <b>Patient Visits: 275</b>  <b>Rad positioning/radiography spinal series: competency assessments</b>  <b>Radiology reports: competency assessments</b></p>				