Integrated Clinical Practice
Chiropractic Residency Program

Aurora Health Care

Academic Affiliation with Southern California of Health Sciences

Program Manual
Academic Year 2023-2024

Updated 9/27/2023
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Mission Statement

The mission of the integrated clinical practice residency program is to provide advanced clinical training and educational experiences to enhance the knowledge, skills, and behaviors of chiropractic clinicians. This training focuses on patient-centered, evidence-based diagnosis and management of musculoskeletal and neuromuscular cases and clinical practice in an academic healthcare clinic and affiliated clinics and facilities. Graduates of this program will be exceptionally well prepared to practice in fully integrated healthcare systems or to pursue careers in clinical education.

Program Overview

The program provides the resident with clinical experience as a portal of entry provider in an integrated delivery health care system, including the full scope of diagnosis and treatment of patients with non-operative musculoskeletal and neuromuscular problems. The curriculum is organized into three main categories:

1. Patient care: The resident gains experience in managing complex conditions under the mentorship of faculty chiropractic doctors. Patient cases include inflammatory arthritis, radiculopathy, peripheral neuropathy, chronic pain syndrome, neuromuscular degenerative pathology, deformity, and complicated medical and psychosocial comorbidity. Approximately 60% of the overall residency time is allotted to patient care.

2. Interprofessional education: The resident rotates through other services to gain exposure to a wider variety of cases, learn about the roles and approaches of other disciplines and foster interdisciplinary teamwork and collaboration. Learning objectives focus on providing residents a better understanding of clinical practice in various specialties and facilitating future communication and collaboration in team care settings. Approximately 20% of the overall residency time is spent in clinical rotations across the following locations and/or services (subject to change):
   a. Primary care / Family practice, Internal Medicine, Pediatrics
   b. Physical Medicine and Rehabilitation
   c. Interventional Pain
   d. Non-interventional Pain
   e. Physiatry
   f. Orthopedic Spine
   g. General Orthopedics
   h. Neurosurgery
   i. Radiology
   j. Physical Therapy / Occupational Therapy
   k. Integrative Medicine
   l. Acupuncture

3. Scholarship: The resident attends ongoing scholarly presentations, obtains and appraises literature relevant to clinical care, presents critically appraised topics and/or case reports and assists or participates in ongoing faculty research projects. Approximately 20% of the overall residency time consists of scholarly activities. Specific activities include:
   a. Scholarly activities initiated by residents and prepared for submission to ACCRAC or ACE conferences.
b. Residents present prepared case studies, QI projects, or oral presentations at professional conferences as accepted and internally in department and interdisciplinary meetings/panels.

c. Residents prepare submittable research-focused articles for peer-reviewed journals.

d. Residents submit submittable research papers/scholarly activities to reputable peer reviewed journals.

e. Residents complete CITI training.

f. Participate in collaborative VA journal club presentations and meetings.

g. Residents complete recommended reading list with completion of learning modules.

Programmatic Values and Objectives:

Program Accreditation: Obtain accreditation from a recognized accrediting body (Council on Chiropractic Education (CCE) to assure the residency program meets established standards of quality and effectiveness consistent with the precedent established by the VA Integrated Clinical Practice Chiropractic Residency program.

Curriculum Development: Develop and refine a comprehensive curriculum that encompasses advanced clinical skills, evidence-based practice, specialized techniques, research/scholarly program methodology, and interprofessional collaboration.

Clinical Competence: Ensure that residents demonstrate advancement of clinical competence by successfully completing designated clinical rotations, assessments, and evaluations.

Scholarly Activity: Encourage residents to engage in scholarly activities such as quality improvement projects, literature review, case study presentation, peer reviewed journal publication and presenting at professional conferences to contribute to the advancement of chiropractic knowledge.

Interdisciplinary Collaboration: Promote collaborative relationships between residents and healthcare professionals from other disciplines, fostering an interdisciplinary approach to patient care.

Quality Improvement: Implement quality improvement initiatives within the residency program, such as regular evaluations of educational effectiveness, resident feedback mechanisms, and continuous program enhancements.

Professional Development: Facilitate the professional growth of residents by providing opportunities for continuing education, mentorship, leadership development, and networking within the chiropractic and graduate medical education community.

Patient Outcomes: Monitor and assess the impact of the residency program on patient outcomes, including measures such as pain reduction, functional improvement, patient satisfaction, and adherence to evidence-based guidelines.

Alumni Success: Track the professional achievements of program graduates, including employment within integrated health care systems, board certifications, academic appointments, research contributions, and leadership roles within the chiropractic profession.

Program Evaluation: Conduct periodic evaluations of the residency program to identify areas for improvement, refine program goals, and ensure ongoing alignment with the evolving needs of the chiropractic profession.

Program Outcomes:

A. Program Accreditation:
   a. Obtain accreditation from Council on Chiropractic Education by June 30th, 2024.
b. Maintain accreditation status with Council on Chiropractic Education through regular compliance reviews and updates.

**B. Curriculum Development:**
- a. Develop a comprehensive curriculum structure that standardizes advanced clinical skill modules by 10/1/2023 with flexibility to add or delete modules as informed by best practice.
- b. Implement Aurora GME evidence-based educational research lecture series and workshops for faculty and resident attendance within the curriculum by 7/1/2023.
- c. Incorporate specialized technique/ procedure training sessions into the curriculum by 7/1/2023.
- d. Integrate at least 300 hours of supervised clinical practice within the curriculum by 10/1/2023.
- e. Resident documentation of case-based learning activities to enhance clinical reasoning skills within Med hub by 8/1/2023.
- f. Resident must participate in 1650 patient encounters by end of residency.

**C. Clinical Competence:**
- a. Achieve a grade rating of 4/5 or above on resident independent clinical evaluations by 10/1/2023 to support independent competency achievement.
- c. Successfully complete advanced clinical skills modules by 10/1/2023.
- d. Complete recommended reading list with successful completion of learning module testing by 10/1/2023.
- e. Successfully document patient information in the EHR (EPIC) as demonstrated by chart reviews.
- f. Complete Chart Stimulated Recalls as referenced in evaluation timeline by 6/30/2024.

**D. Scholarly Activity:**
- a. Have scholarly activities initiated by residents by 8/1/2023.
- b. Scholarly activities prepared for submission to ACC-RAC by 9/1/2023.
- c. Present resident prepared case studies, QI projects, or oral presentations at professional conferences or seminars by 4/1/2024.
- d. Prepare submittable research-focused articles written by residents for peer-reviewed journals by 6/30/2024.
- e. Submit submittable research papers/scholarly activities, authored by residents, to reputable peer reviewed journals by 6/30/2024.

**E. Interdisciplinary Collaboration:**
- a. Successfully complete 8 designated clinical rotations with a minimum team member rating of 4/5 by 3/1/2024.
- b. Establish referral relationships with 10 healthcare professionals from different disciplines by 3/1/2024.
- c. Residents documenting at least 10 interprofessional case discussions or team-based patient care simulations within Medhub per rotation.
- d. Participate in 2 interdisciplinary rounds or case conferences annually to promote knowledge sharing and collaborative decision-making.

**F. Quality Improvement:**
- a. Implement weekly chiropractic faculty meetings inclusive of Program Director, Program Coordinator and Supervising Clinicians from 6/1/2023 through 8/1/2023.
- b. Implement resident feedback mechanisms and evaluate resident satisfaction levels annually.
- c. Conduct 2 program evaluations per year to identify areas for improvement and implement resulting changes.
d. Residents participate in QI project through GME resident council to learn QI project process.
e. Implement 3 Clinical Competency Committee meetings annually.

G. Professional Development:
   a. Offer $1000 for professional training/education opportunities to residents throughout the residency program.
   b. Offer residents optional leadership development learning modules and programs through Aurora employment.
   c. Facilitate [number] opportunities for residents to present grand rounds or lectures to fellow residents and faculty through Aurora Residency Council and Aurora Scientific Day.
   d. Offer ethics resources through GME to advance residents ethical awareness and provide ethics counselling.

H. Patient Outcomes:
   a. Track percent improvement in patient pain scores as measured by numerical pain scale throughout the residency program via EPIC Smart phrase data collection.
   b. Track percent improvement in PROM scores as measured throughout the residency program via EPIC Smart phrase data collection.
   c. Achieve a patient satisfaction rate of 4/5 or higher based on patient satisfaction surveys delivered confidentially through use of QR code and stored in Medhub.

I. Alumni Success:
   a. Track number and percentage of program graduates who successfully achieve employment with chiropractic programs within integrated delivery health care systems within 1 year after completing the residency program.
   b. Track number and percentage of program graduates who remain employed within integrated delivery health care systems for 3, 5, and 10 years after completing the residency program.
   c. Monitor number of program graduates who obtain board certifications within 10 years after completing the residency program.
   d. Track number of program graduates who secure academic appointments or research positions within 10 years after completing the residency program.
   e. Track number and percentage of program graduates who implement successful chiropractic programs within integrated delivery health care systems within 10 years after completing the residency program.
   f. Monitor number or program graduates who contribute to chiropractic research through publications or funded research grants within 10 years after completing the residency program.

J. Program Evaluation:
   a. Conduct a comprehensive program evaluation survey with all residents at the end of each residency cycle.
   b. Implement at least 50% of program improvements based on resident feedback within the Residency year.
   c. Conduct an annual evaluation of resident satisfaction with the residency program, with a target satisfaction rating of 4/5 or higher.
   d. Achieve a resident retention rate of 50% or higher per year throughout the entire residency program for Aurora workforce development.
**Curricular Competencies**

Consistent with Council on Chiropractic Education (CCE) residency standards, the residency ensures competency in seven main areas, listed below along with select representative learning objectives.

1. **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
   - a. Demonstrate caring and respectful behaviors (verbal and non-verbal) with patients and families.
   - b. Elicit information using effective questioning and listening skills.
   - c. Perform comprehensive patient evaluations including history, review of medical records, physical examination, psychosocial assessment, and functional assessment.
   - d. Integrate and apply knowledge to diagnose and manage complex patient conditions.
   - e. Formulate a patient-centered, evidence-based treatment plan, including interdisciplinary management strategies as appropriate.
   - f. Demonstrate the ability to evaluate a patient’s decision-making capacity.
   - g. Integrate facts and data to make clinical decisions.
   - h. Assess patient outcomes and change treatment plans as indicated.
   - i. Identify barriers for return to work, incorporating vocational assessments.
   - j. Consult with other specialty providers as indicated.
   - k. Counsel patients, families and caregivers about the potential risks, benefits, and alternatives to the plan of care.

2. **Medical knowledge** about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
   - a. Generate a differential diagnosis for musculoskeletal and/or neuromuscular problems.
   - b. Integrate and apply knowledge to manage complex patient presentations.
   - c. Demonstrate knowledge of the relevant basic science of the pathophysiology of musculoskeletal and neuromuscular conditions.
   - d. Incorporate the relevant clinical science in establishing treatment plans.
   - e. Identify barriers to successful outcomes.
   - f. Understand biopsychosocial principles in the management of complex patients.
   - g. Demonstrate knowledge of special emphasis populations such as geriatrics, occupational medicine, personal injury, and athletic injury.
   - h. Develop rehabilitation plans to include complex musculoskeletal trauma.
   - i. Differentiate pain types and generators and describe treatment approach to each.
   - j. Understand medications commonly used to treat specific pain patterns (*i.e.*, acute, chronic, neuropathic, phantom limb etc.), their common side effects and possible adverse reactions.
   - k. Know the signs of narcotic abuse.
   - l. Demonstrate knowledge of musculoskeletal and neuromuscular examination principles.
   - m. Understand appropriate prescription of therapeutic modalities and orthoses.
   - n. Recognize possible effects of physical and psychological impairment on activities of daily living, work capacity and social functioning.
3. **Practice-based learning** and improvement that involves appraisal, assimilation and improvement of scientific evidence and investigation in patient care.
   a. Evaluate one’s knowledge and incorporate feedback from others.
   b. Modify self-directed learning appropriately.
   c. Use information technology to access and manage patient information.
   d. Use information technology and other resources to support one’s own education.
   e. Contribute to discussions of patient care with other health care professionals.
   f. Attend and participate in teaching conferences and rounds.

4. **Interpersonal and communication skills** that result in effective information exchange and collaboration with patients, their families, and other health professionals.
   a. Establish trust and maintain rapport with patients and families.
   b. Complete chart notes in a timely manner
   c. Present material clearly and accurately to patients
   d. Synthesize information and present clearly to colleagues.
   e. Utilize effective listening skills.
   f. Communicate and interact with staff/team in respectful, responsive manner.
   g. Promote teamwork.

5. **Professionalism**, manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations.
   a. Exemplify respect and compassion toward patients.
   b. Exemplify altruism and responsiveness to patient needs that supersedes self-interest.
   c. Demonstrate reliability, punctuality, integrity, and honesty.
   d. Accept responsibility for own actions and decisions.
   e. Apply sound ethical principles in practice, including patient confidentiality, informed consent, provision or withholding of care, and interactions with insurance or disability agencies.
   f. Consider effects of personal, social, and cultural factors in patient management
   g. Demonstrate sensitivity and responsiveness to age, culture, disability, and gender of patients.

6. **Systems-based practice** as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
   a. Collaborate with and maintain appropriate professional attitudes and behaviors toward other medical professionals and allied health personnel.
   b. Coordinate patient care within the given healthcare system.
   c. Use diagnostic and therapeutic procedures judiciously.
   d. Evaluate risks, benefits, limitations, and costs of patient care.
   e. Advocate for patients in dealing with system complexities.
   f. Advocate for quality patient care
   g. Work effectively with other services, health care agencies, and case managers.
   h. Participate in identifying opportunities for system quality improvement.

7. **Evidence-based practice**
   a. Demonstrate competence in the application of knowledge of accepted standards in chiropractic practice.
b. Become familiar with clinical assessment and decision-making models including Clinical Reasoning in Spine Care

c. Appraise and assimilate evidence from scientific studies to enhance patient care.

Location
Training for the residency takes place at designated locations within the Advocate Aurora Health System.

The didactic training will be coordinated through SCU and largely completed through virtual or online forms.

Core Faculty
The resident is mentored by core faculty who are versed in integrated practice and who share expertise in patient care, academics, and research to provide a robust educational experience.

PROGRAM DIRECTOR:
Eric Kirk, D.C., DACO earned his bachelor’s degree and Doctor of Chiropractic degree from Palmer University and Palmer College of Chiropractic in 1994. He furthered his education in advanced rehabilitation protocols and earned his Diplomate in Orthopedics through the Academy of Chiropractic Orthopedists. He has held many leadership positions including Clinical Director of Chiropractic – Advocate Aurora Health Care, Orthopedic Service Line Physician Leadership Council – Aurora Health Care, Lead for Chiropractic Network Development – Advocate Aurora Health Care, Committee Lead for Chiropractic Credentialing – Advocate Aurora Health Care, Committee Member for Quality Assurance - Aurora Health Care, Board of Director and Committee Member of Wisconsin Chiropractic Association. He has taught Advanced Rehabilitation Protocols of the Upper and Lower Extremity and has developed, organized and delivered successful programs on low back injury prevention. He developed, organized and manages a data collection tool for outcome measures related to chiropractic services within a large integrated health care system EHR. Measurables include changes in pain scores, delta pain changes, changes in PROM percentages, number of treatments, length of care, and cost of care.

DIDACTIC CONTENT AFFILIATION:
Robb Russell, D.C. earned a bachelor’s degree from San Diego State University in 1978 and a Doctor of Chiropractic degree from Los Angeles College of Chiropractic, in 1982. He has held several leadership positions including Chairman of the Chiropractic Section of Pacific Hospital of Long Beach (1990- 91) and various posts with the California Chiropractic Association, serving on the Board of Directors and Executive Committee. He has been an Exam Commissioner and Expert Witness for the California Board of Chiropractic Examiners. He was an Examiner for the National Board of Chiropractic Examiners for almost 15 years. He has published articles in chiropractic journals and made presentations before chiropractic and medical conferences. In 2012, after 30 years in practice, he made a transition to an academic and administrative position at SCU. He serves as Assistant Vice President of SCU Health and Clinical Chief of Staff. He is
also a faculty advisor and attending chiropractor for the chiropractic residency program the Veterans Administration Greater Los Angeles Healthcare System (VAGLAHS).

**SUPERVISING CLINICIANS:**

**Michael McQueen, D.C.**

Mike McQueen, DC earned his bachelor’s degree in molecular biology from the University of Wisconsin in 2008 and Doctor of Chiropractic in 2012. He continued his education by completing the sports rehab residency at Palmer College of Chiropractic. He started his private practice in 2015 and looked to treat his patients with an integrative mindset. In 2019, he joined Advocate Aurora Health Care and continues to serve the residents of Southeastern Wisconsin to this day. He has been trained in Active Release Technique, Instrument Assisted Soft Tissue Manipulation, McKenzie Method, Dynamic Neuromuscular Education, FAKTR, and FMS.

**Vicki Bowe-Fisher**

Victoria Bowe-Fisher, DC earned both her Bachelor of Science in Human Biology and Doctor of Chiropractic degrees, from Northwestern University of Health Sciences in 1989. She worked as a float DC with Aurora for 4 years prior to accepting a full-time position in Germantown, enabling her to continue providing care to her patients and further her ability to provide multi-disciplinary care to her community. Dr Bowe-Fisher holds certificates in sports nutrition, diagnostic imaging and is IBCN (International Academy of Chiropractic Neurology) board eligible. She sees a variety of patients ranging from pediatric to geriatric. She works closely with non-interventional pain management, where a team approach is utilized for the treatment of chronic pain patients, with goals of reducing use of opioids/narcotics. She focuses on helping the patient find and focus on what they CAN do, as opposed to what they cannot.

**Duty Hours**

The residency is a **one-year** program. The program is full-time (with 40 hours/week minimum). Daily schedules fluctuate depending on teaching, clinic and rotation duties. The resident’s time is allocated in 2-week periods of 80 hours each approximately as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours per 2-week period</th>
<th>% time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical care at other venues that may develop</td>
<td>48</td>
<td>60%</td>
</tr>
<tr>
<td>Rotations in other services / locations</td>
<td>24</td>
<td>30%</td>
</tr>
<tr>
<td>Scholarly activities (self or assigned)</td>
<td>8</td>
<td>10%</td>
</tr>
</tbody>
</table>

The resident does not have call responsibility outside of duty-hours; however, some additional weekly time will be needed for scholarly or other training activities.

**Compensation and Benefits**

**Compensation**

The resident stipend is for the 2022-2023 fiscal-year is **$53,560**. This stipend is not contingent upon resident productivity. Residents are paid on a **two-week salary period**. Residents are compensated for travel (airfare, mileage and meals) for residency-related training and rotations.

**Health insurance**
Residents are entitled to participate in AAH sponsored health insurance plan of their choosing. Any plan premiums will be deducted from the resident's paycheck.

**Malpractice**
The resident is protected from personal liability while providing professional services on behalf of AAH though AAH's professional liability policy.

**Paid Time Off (PTO)**
Full-time residents are eligible for 28 days (224 hours) PTO each academic year (July 1-June 30). These days are available for vacation, holiday and/or sick time. Residents/fellows are allowed to carry over a maximum of 40 hours to the following academic year. Any PTO remaining will not be paid out to the resident/fellow upon completion of the training program, nor in the event the resident/fellow is terminated. Six (6) of these PTO days may be used for the national holidays that AAH recognizes (that is, New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day) or for alternative holidays requested by the resident. PTO is subject to specific program requirements and with the approval of the program director, with recognition to specialty specific requirements.

PTO does not include program approved educational time to attend or present at conferences, jury duty, or bereavement time. Residents are encouraged to utilize their PTO each contract year, in support of health and wellness. Generally, PTO will not be carried over to the next contract year. Generally, PTO will be paid out at the end of employment or upon termination from Advocate Health Care and Aurora Health Care.

**Well-Being Time Off**
Each resident and fellow are also provided ½ day (4 hours) off each quarter for well-being. This is intended for residents and fellows to use for appointments or time to address their health and wellness. Like regular PTO, Well-Being Time Off must be coordinated with the Program Director or designee in advance of the time off request. Unused Well-Being Time Off is not paid out at the end of employment or carried over to the next academic year.

**Moonlighting Policy**
A. Moonlighting is allowed with preapproval. Residents must complete and submit a “Request for Moonlighting Privileges” form (see addendum) and assure that it has received final approval by Core Faculty before engaging in specified moonlighting activities.

B. Permission to moonlight may be granted but resident performance and duty hours will be monitored quarterly, and moonlighting privileges may be renewed or withdrawn.

C. Moonlighting activities, if such is granted, will not:
   1. Interfere with the residents’ ability to achieve the goals and objectives of the educational program.
   2. Result in a conflict with the Program’s or Institution’s interests.
   3. Adversely affect the interests, objectives, or policies of the Program or Institution.

D. Residents who apply for moonlighting privileges must meet the following criteria:
   1. The resident must be in good standing in the program, as evidenced by: a) No marginal or low satisfactory evaluations; b) No commentary in an evaluation stating or implying a concern for inadequate knowledge base,
poor ethical conduct, work habits, patient care, etc.; c) No incomplete notes or dictation from any rotation; d) No issues of unexcused tardiness or absences; e) No delinquencies, delayed, or incomplete research assignments, if applicable.

2. Moonlighting activities must take place only on non-call rotations or vacation time.

3. The total moonlighting hours must not exceed 40 hours a month or 8 hours on a weekend.

4. The total on-duty hours (combining official SCU and / or AAH duties and moonlighting) must not exceed 60 hours per week. Priority for hours on duty is residency training first, with moonlighting only if hours are available.

E. Any resident who engages in moonlighting activities without prior written permission may be placed on probation. The resident understands the legal implications of moonlighting practice on malpractice coverage while performing regular residency duties. The resident understands that his/her malpractice coverage for residency training does not cover moonlighting activities. In addition, if the moonlighting activity was not pre-approved by the program and institution, malpractice coverage for activities during residency training may not be covered. The resident understands moonlighting requires separate malpractice insurance.

Resident Appointments

Selection
Resident selection is through a competitive process considering factors such as academic background, relevant experience, personal statement, letters of recommendation and video and/or in-person interviews. A call for applications is issued at the discretion of the Core Faculty. Applications are only accepted during an open call period. Decisions are made by a selection committee consisting of the Core AAH faculty.

Eligibility requirements

- Applicants must hold or be scheduled to receive a DC degree from a CCE-accredited or comparable program prior to the start of the residency program.
- Applicants must be eligible for, or hold a current, full, active, and unrestricted license in Wisconsin or other state(s) of the AAH residency.
- Applicants must have documentation of at least three months of direct patient care activity within the prior six months. Clinical rotations during chiropractic or other programs will suffice for recent graduates. Observer experiences and non-clinical graduate work do not meet this requirement.
- Applicants must submit three reference letters from chiropractic doctors, medical physicians and/or other licensed healthcare practitioners who have personal knowledge of the applicant’s clinical and personal abilities.
- Applicants must meet all US employment requirements.
- Applicants must be willing to meet all Advocate Health employment requirements.
- Applicants must have sufficient written and spoken English language skills as to make patient care safe and effective.

Additional eligibility requirements, including acceptable grade point averages, are specified in the call for applications.
Clinic Policies

Resident supervision

All clinical care provided by the resident is under the supervision of staff attending DCs. At the discretion of the attending, the resident is to perform some or all of the encounter tasks such as case review, history and examination, establishing a management plan and delivering treatment. The resident completes a note in the electronic medical record and the attending adds his/her own documentation consistent with the appropriate level of supervision.

Attendings follow a graduated responsibility approach to supervision. The resident is gradually granted more autonomy during the course of the residency as the resident demonstrates competence and the Core Faculty and/or attending staff doctors become more familiar with and confident in the resident's clinical and case management skills. There are five levels of resident supervision graphically described on the following page:

<table>
<thead>
<tr>
<th>Resident Supervision Levels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
</tbody>
</table>
| 3 | Weeks 14-30 | Typically, residents have demonstrated acceptable competence in all straightforward and some complex cases, while competence in some rarer areas may still be emerging and/or unassessed.  
**Resident responsibility**  
- Residents can implement plans for cases in which they have demonstrated acceptable competence.  
  - **Attending:** Room, area, or available  
- All aspects of case management for instances in which competence has not yet been demonstrated are discussed with attending before a plan is implemented.  
  - **Attending:** Room, area, or available |

| 4 | Weeks 26-52 | With the approval of the attending practitioner, residents are permitted to function with minimal supervision and independently management patient care. Such cases may be co-signed by the staff attending.  
**Resident responsibility**  
Residents deliver full patient management and bill for services under their licensure. |

**Infection control**
All health care workers in direct patient contact areas must:
- Use an alcohol-based hand rub or antimicrobial soap and water to routinely decontaminate hands before and after having direct contact with patients.
- Wear gloves when contact with blood or other potentially infectious materials, mucous membranes and non-intact skin could occur. Remove gloves after caring for patient. Do not wear the same pair gloves for the care of more than one patient and do not wash gloves between uses with different patients.
- Use an alcohol-based hand rub or antimicrobial soap and water to decontaminate hands before and after removing gloves.
- Wash hand with non-antimicrobial or antimicrobial soap and water whenever hands are visibly soiled or contaminated with body fluids, before eating and after using the restroom.
- Not wear artificial fingernails or extenders. Natural nail tips will be kept less than 1/4 inch in length. Nail polish, if worn, must be in good repair with no cracks or chips.

Personal protective equipment is provided by AAH. Gloves are worn for anticipated contact with blood, pus, feces, urine or oral secretions. Employees with dermatitis, cuts, open areas, etc., should wear gloves when there is risk of drainage. Alternative gloves are available to employees who are allergic to the gloves normally used.

Routine cleaning and disinfection of environmental surfaces (especially frequently touched surfaces) is required. Diagnostic and therapeutic equipment that comes in contact with a patient must be properly disinfected or disposed of in a safe manner.

**Facility safety**
- Accidents/Injuries: If you are injured, immediately notify your attending practitioner.
- Electrical safety: Inspect all electrically powered equipment before use. Do not use equipment with frayed cords or broken plugs. Report defective equipment to your supervisor.
• Equipment safety: Know how to use equipment properly and inspect for defects prior to use. Remove any defective/inoperative equipment from use and report it to your supervisor.

• Fire: Upon discovering or suspecting a fire in the area: 1) Rescue anyone in danger from the fire, 2) Activate the nearest fire alarm pull station and have someone call the fire department 3) Confine fire spread by closing all doors, and 4) Extinguish if the fire is small and you are properly trained.

• Hazardous materials: Become familiar with the hazards associated with the chemicals you use before you use them. Ensure all containers are properly labeled with the name of the product, manufacturer’s name and address, and appropriate hazard warnings. Know the location of your chemical inventory and safety data sheets (SDS).

Professional Conduct
Residents are expected to conduct themselves as professionals. Residents are expected to behave consistent with ethical standards placing the benefit of the patient above all other considerations. Residents should understand and act congruently with the American Chiropractic Association or comparable Code of Ethics. Additionally, every resident is responsible for conforming to all AAH regulations concerning conduct and behavior as described in the relevant AAH policies/modules.

Residents are expected to be punctual whether for clinic, classroom, or rotations. It is the resident’s responsibility before each shift to prepare a room/equipment and review necessary records so as to be prepared to start the first scheduled patient. It is the resident’s responsibility to arrive as early as necessary to accomplish this.

Evaluation
The resident is evaluated via formative and summative processes. Residents will submit time logs every two weeks to the residency director, who will monitor and provide administrative oversight. Assessment input is obtained from multiple stakeholders including chiropractic attendings, program director, other service attendings, support staff, patients, and the resident’s own self-assessment. Assessment instruments and schedule are summarized in the tables below.

<table>
<thead>
<tr>
<th>Assessment Instrument</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluation of live clinical performance</td>
<td>A questionnaire evaluating aspects of clinical care using general descriptors (superior/satisfactory/unsatisfactory) and a numerical 1-9 scale.</td>
</tr>
<tr>
<td>Chart-stimulated recall</td>
<td>A standardized oral assessment on clinical case management that covers reasons behind the work-up, diagnosis, interpretation, and/or treatment plan.</td>
</tr>
<tr>
<td>Chart review, faculty</td>
<td>Medical records are pulled, reviewed and rated according to a specific protocol and coding form. Interpretation of this exercise is complicated by the fact that the final patient record has already been checked and possibly corrected by an attending.</td>
</tr>
<tr>
<td>Description</td>
<td>Details</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Chart review, peer</td>
<td>Each residency director sends 3 de-identified files to the chiropractic program director each quarter. These are assigned in sequential fashion to off-site residents, with reviews returned to the program director, who then sends reviews to each residency director.</td>
</tr>
<tr>
<td>Other service attending’s perception of resident</td>
<td>5 item numeric scale rating resident’s conduct, professionalism, performance.</td>
</tr>
<tr>
<td>Staff perception of resident</td>
<td>5 item numeric scale rating resident’s conduct, professionalism, performance.</td>
</tr>
<tr>
<td>Patient perception of resident</td>
<td>These assessments allow patients to evaluate their satisfaction with care, their impression of resident competency, etc.</td>
</tr>
<tr>
<td>Resident self-assessment</td>
<td>Five-item Likert scales assessing overall competencies, and open-ended questions to identify learning goals and professional development targets.</td>
</tr>
<tr>
<td>Case log</td>
<td>Daily Documentation of the types and numbers of cases seen by the resident, either in delivering care or observation.</td>
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<tr>
<td>Portfolio</td>
<td>A collection of documents, slide presentations, abstracts or other materials prepared by the resident that gives evidence of learning and achievement. This includes a log of scholarly activities (date of activity, location, type of activity, whether the resident presented or attended) and general comments and reflections by the resident. The portfolio is reviewed by the attending.</td>
</tr>
<tr>
<td>Milestones assessment</td>
<td>Performance scales and open-ended comments assessing competence in domains of patient care, medical knowledge, practice-based learning, interpersonal and communication skills, professionalism, system-based learning, and evidence-based practice.</td>
</tr>
<tr>
<td>Resident assessment of rotation</td>
<td>Six-item Likert scales and open-ended questions assessing educational experiences in clinical rotations.</td>
</tr>
<tr>
<td>Resident assessment of faculty</td>
<td>Six-item Likert scales and open-ended questions assessing resident perception of faculty performance.</td>
</tr>
<tr>
<td>Resident assessment of program</td>
<td>Six-item Likert scales and open-ended questions assessing resident perception of overall program.</td>
</tr>
</tbody>
</table>
## Table of competencies/objectives measured by given assessment instruments

<table>
<thead>
<tr>
<th>Competency</th>
<th>Program Learning Objective</th>
<th>Assessment Instrument</th>
<th>Evaluation of Live Clinical Performance</th>
<th>Chart Stimulated Recall (Faculty/Peer)</th>
<th>Chart Review (Faculty/Peer)</th>
<th>Other service perception of resident</th>
<th>Staff perception of resident</th>
<th>Patient perception of resident</th>
<th>Resident self-assessment</th>
<th>Resident Case Log</th>
<th>Resident Portfolio</th>
<th>Milestones Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care</strong></td>
<td>Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their family.</td>
<td>X</td>
<td>X</td>
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<td></td>
<td>Gather essential and accurate information about their patients.</td>
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<td></td>
<td>Make informed decisions about diagnostic and therapeutic intervention based on patient information and preferences, up-to-date scientific evidence and clinical judgment.</td>
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<td></td>
<td>Develop and carry out patient management plans.</td>
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<td></td>
<td>Counsel and educate patients and their families.</td>
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<td></td>
<td>Use information technology to support patient care decisions and patient education.</td>
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<td></td>
<td>Perform competently all clinical treatment procedures considered essential for their area of practice.</td>
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<td></td>
<td>Provide health care services aimed at preventing health problems or maintaining health.</td>
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<td></td>
<td>Work with health care professionals, including those from other disciplines to provide patient-focused care.</td>
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<tr>
<td><strong>Clinical Knowledge</strong></td>
<td>Demonstrate an investigatory and analytic thinking approach to clinical situations.</td>
<td>X</td>
<td>X</td>
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<td></td>
<td>Know and apply the basic and clinically supportive sciences which are appropriate to their discipline</td>
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<tr>
<td><strong>Practice-Based Learning and Improvement</strong></td>
<td>Analyze practice experience and perform practice-based improvement activities using a systematic methodology.</td>
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<td></td>
<td>Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems.</td>
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<td>Obtain and use information about their own population of patients and the larger population from which their patients are drawn.</td>
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<td>Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.</td>
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<td>Use information technology to manage information, access on-line medical information, and support their own education.</td>
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<td></td>
<td>Facilitate the learning of students and other health care professionals.</td>
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<td>Milestones Assessment</td>
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<tr>
<td>Interpersonal and Communication</td>
<td>Create and sustain a therapeutic ethically sound relationship with patients.</td>
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<tr>
<td>Skills</td>
<td>Use effective listening skills and elicit and provide information using effective nonverbal,</td>
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<td></td>
<td>explanatory, questioning, and writing skills.</td>
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<td></td>
<td>Work effectively with others as a member or leader of a health care team or other professional group.</td>
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<tr>
<td>Professionalism</td>
<td>Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.</td>
<td>X X X X X X X X X X X</td>
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<td></td>
<td>Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.</td>
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<td></td>
<td>Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.</td>
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<tr>
<td>Collaborative Practice</td>
<td>Understand how their patient care and other professional practices affect other health care professionals, and the health care organization, and the larger society, and how these elements of the system affect their own practice.</td>
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<td></td>
<td>Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.</td>
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<td>Practice cost-effective health care and resource allocation that does not compromise quality of care.</td>
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<td></td>
<td>Advocate for quality patient care and assist patients in dealing with system complexities.</td>
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<td>Know how to partner with health care managers and health care providers to assess, coordinate, and improve health care, and know how these activities can affect system performance.</td>
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<tr>
<td>Evidence-informed Chiropractic</td>
<td>Provide chiropractic clinical management with reference to best practices and recognized clinical guidelines.</td>
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<td>Advanced or Focused Practice</td>
<td>Integrate findings from current professional peer-reviewed literature into musculoskeletal management as appropriate.</td>
<td>X X X X X X X X X X</td>
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<td></td>
<td>Contribute to VHA Chiropractic Journal Club including case and peer-reviewed journal article presentation.</td>
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## Assessment Instrument Frequency and Scheduling – First Year

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<td>Evaluation of live clinical performance</td>
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<td>Chart-stimulated recall</td>
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<td>Chart review, faculty</td>
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<td>Other attending’s perception of resident</td>
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*Indicates instruments completed by the resident.

## Requirements for Residency Completion

To successfully complete the residency program and receive a residency certificate, the resident will:

- Follow all program policies and procedures as described in this document.
- Attend and complete all clinic sessions with expected competence.
- Attend and complete all interdisciplinary rotations in a professional collaborative manner.
- Achieve satisfactory performance evaluations.
- Appropriately maintain a patient schedule documenting clinical encounters.
- Appropriately maintain the *Resident Portfolio* documenting learning activities including:
  - Presentation of at least two formal critically appraised topics and/or case reports at various settings including in-person or online meetings, Journal Club sessions, or other relevant venues.
  - Presentation of at least two in-service presentations to staff and trainees at other clinical services or to AAH and/or SCU audiences.
  - Attendance at a minimum of 2 Grand Rounds/research/scholarly presentations/VA journal club presentations.
  - Attendance and/or participation in a minimum of one clinical/scholarly presentation.
  - Documentation of Procedure training and novel clinical learning experiences.
- Attend and document all other assigned activities, including external rotations, didactic, and scholarly activities.
- Complete all assigned evaluations of the residency program and faculty.
Corrective Action, Grievances and Due Process
The Chiropractic Residency Program will follow the Graduate Medical Education Policy on Corrective Action, Grievances and Due Process. The program will follow this policy to ensure a consistent process for corrective action for residents at Advocate Aurora Health. When a resident receives notice of termination or non-renewal of the Resident Agreement by the Program Director, they have the right to appeal such action.

To initiate the appeal process, the resident shall notify the Designated Institutional Official. The notice shall be in writing and must be delivered to the Designated Institutional Official within five business days of the resident’s/fellow’s notification of termination or non-renewal by the Program Director. Such notification must include the reasons for the requested formal appeal. Failure to notify the Designated Institutional Official within the prescribed time frame will result in the resident/fellow being ineligible for the appeal process.

Special Review
The Graduate Medical Education Committee had developed a Special Review Process to ensure effective oversight of Graduate Medical Education programs by the Sponsoring Institution. This policy will establish criteria for performance and address the process to be utilized when a residency program undergoes a Special Review.

The designated institutional official appoints ad hoc members to the Special Review Committee. The Special Review Committee is led by a program director from a program outside of the program under special review. The GME Office supports each review team. A Special Review Committee is appointed for each program that is underperforming.
Acknowledgement

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I acknowledge that I have received and read the Aurora Chiropractic Residency Program Manual.

I have had an opportunity to discuss the contents with the Residency Director / Director of Training and have any questions answered.

As a trainee of Aurora Health Care, I understand that I am responsible for complying with the rules and regulations as set forth in this handbook and other trainings.

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