

INTERN MANUAL

DIVISION OF CLINICAL EDUCATION
CLASS OF 2025



Table of Contents

PURPOSE OF THE MANUAL	4
PERSONNEL STRUCTURE FOR THE DIVISION OF CLINICAL EDUCATION.....	4
THE CLINIC MANAGEMENT TEAM (CMT)	4
CMT OPEN DOOR	6
CLINIC PERSONNEL	6
CLINICAL FACULTY	6
PATIENT MANAGEMENT TEAMS (PMT)	7
ADMINISTRATION STAFF	8
INTERNS COMMITTEE.....	9
DUTY INTERN.....	9
YEAR IV CLINICAL EDUCATION PROGRAM	10
REQUIREMENTS FOR CE 4405	10
Clinic Hours.....	12
NUTRITION CASE PRESENTATION.....	13
COLLABORATIVE ACTIVITY WITH OTHER HEALTH CARE AND.....	13
SOCIAL CARE PROVIDERS.....	13
PROBLEM CASE.....	13
BUSINESS VIDEOS	14
REHABILITATION ROUNDS.....	14
MVA ROUNDS.....	14
OUTREACHES.....	14
CLINICAL COMPETENCY ASSESSMENTS.....	15
EVIDENCE-BASED PRACTICE LEARNING OBJECTIVES.....	16
CASE REPORTS.....	17
CORE CLINICAL CURRICULUM	19
COMMUNITY BASED CLINICAL EDUCATION PROGRAM (CBCEP)	20
PROFESSIONAL BEHAVIOURS	21
PATIENTS' RIGHTS AND RESPONSIBILITIES.....	22
Patient Rights & Responsibilities.....	23
Your Rights	23
Your Responsibilities.....	23
PRIVACY.....	24

<i>Privacy Code - Canadian Memorial Chiropractic College – Teaching Clinics</i>	24
<i>Use of Personal Information</i>	24
<i>Staff Members Use of Personal Information</i>	24
<i>PROHIBITION AGAINST A SEXUAL RELATIONSHIP WITH A PATIENT</i>	25
<i>PROHIBITION AGAINST THE TREATMENT OF AN IMMEDIATE FAMILY MEMBER</i>	25
PATIENT CARE INFORMATION AND PROTOCOLS	26
NEW PATIENTS	26
<i>NEW PATIENTS – BOOKING AN INITIAL VISIT</i>	26
<i>Initial Presentation</i>	26
<i>Case Complexity</i>	28
<i>REPORT OF FINDINGS</i>	32
<i>CONSENT TO TREATMENT AND INFORMED CONSENT</i>	33
<i>CASE PRESENTATIONS</i>	35
SUBSEQUENT TREATMENT PROCEDURES	35
<i>SUBSEQUENT TREATMENT PROCESS</i>	35
<i>RE-EVALUATION PROCEDURES</i>	36
<i>NEW COMPLAINT PROCEDURES</i>	37
COMMUNICATION ABOUT A PATIENT	37
DIAGNOSTIC IMAGING BOOKING PROTOCOL	38
ORTHOTICS	39
TECHNIQUE & ALTERNATIVE CHIROPRACTIC TREATMENT PROTOCOL	40
THIRD PARTY PAYERS	41
WORKPLACE SAFETY AND INSURANCE BOARD (WSIB) - PERSONAL INJURY - WORK-RELATED CASES	41
<i>WSIB PROGRAMS OF CARE</i>	42
<i>MOTOR VEHICLE ACCIDENTS (MVA) / MOTOR VEHICLE COLLISIONS (MVC) - PERSONAL INJURY DUE TO AUTO COLLISIONS</i>	42
<i>MVA/MVC BILLING</i>	43
PRACTICE MANAGEMENT INFORMATION	44
DEVELOPMENT OF AN INTERN PRACTICE	44
FEE REDUCTIONS	44
PROFESSIONAL COURTESY VISITS	45
EXTRA CHARGES FOR PATIENT-RELATED SUPPLIES	46
SELLING OF PRODUCTS IN CLINIC	47
COMMUNICATION WITH PATIENTS	47
SOCIAL MEDIA GUIDANCE FOR CMCC INTERNS	48
LETTERS TO PHYSICIANS OR OTHER HEALTH/SOCIAL SERVICE PROVIDERS	50
DISCHARGING A PATIENT	51

GENERAL INFORMATION	51
CLINIC CLOSURES	51
<i>Outside of Clinic Hours</i>	<i>51</i>
<i>During Clinic Hours</i>	<i>52</i>
EQUIPMENT MAINTENANCE	52
<i>Equipment-specific Instructions</i>	<i>52</i>
<i>Tables</i>	<i>52</i>
<i>Modalities</i>	<i>53</i>
<i>Thumpers/Vibromax</i>	<i>53</i>
INTERN ATTENDANCE MANAGEMENT	54
INTERN ATTIRE	54
USE OF CELL PHONES, COMPUTERS, AND DIGITAL DEVICES	55
FOOD IN CLINIC	55
BREACHES OF CONDUCT	55
CONFIDENTIAL HEALTH INFORMATION PROCEDURES	56
RELEASE OF PATIENT HEALTH INFORMATION PROCEDURE	57
REQUESTS FROM CMCC CLINIC PATIENTS	57
REQUESTS FROM OTHER PARTIES	57
REQUESTED DETAILED NARRATIVE REPORTS	58
OSCAR ELECTRONIC HEALTH RECORD	58
CLINIC LABORATORY SAFETY	58
RADIOLOGY LABORATORY SAFETY	59
EMERGENCY PROCEDURES	60
CMCC CLINICS	60
<i>Campus Clinic</i>	<i>62</i>
<i>CMCC's Clinic at the Bowmanville Health Centre</i>	<i>63</i>
<i>Bronte Harbour Chiropractic Clinic</i>	<i>64</i>
<i>CMCC's Clinic at the Rexdale Community Health Centre (Hub location)</i>	<i>65</i>
<i>CMCC's Clinic at St. John's Rehab at Sunnybrook Health Sciences Centre</i>	<i>66</i>
<i>CMCC's Clinic at St. Michael's Hospital</i>	<i>67</i>
<i>CMCC's Clinic at Reka Centre</i>	<i>68</i>
<i>CMCC's Clinic at South Riverdale Community Health Centre</i>	<i>68</i>

PURPOSE OF THE MANUAL

This manual is intended to inform interns about their role within the Division of Clinical Education and is meant as a reference for day-to-day operations. The content will be updated on an as-needed basis as new information comes forth, and as protocols and procedures are revised.

The Intern Manual is a companion document to other reference documents at CMCC.

PERSONNEL STRUCTURE FOR THE DIVISION OF CLINICAL EDUCATION

THE CLINIC MANAGEMENT TEAM (CMT)

The Division of Clinical Education is managed by the Clinic Management Team (CMT). The CMT is responsible for the clinical education curriculum (including CE courses in Years I, II, and III), staffing, and quality assurance for all aspects of patient care and clinical education, as well as the operation and administration of all CMCC intern clinics. As of May 2023, the CMT includes:

Dean, Clinics

Anthony Tibbles

Email: atibbles@cmcc.ca

The Dean, Clinics leads the Division as head of the CMT, and is responsible for all aspects of patient care and clinical education. He guides the continuing development of the Year IV curriculum and promotes integration of clinical education in Years I to III. He also monitors learning outcomes for the Year IV program, including clinical competency assessment to assure adherence to accreditation standards.

Directors, Clinical Education and Patient Care

Craig Jacobs, Edward Crowther

Email: cjacobs@cmcc.ca

Email: tcrowther@cmcc.ca

The Directors, Clinical Education and Patient Care share responsibility for directing both the delivery and monitoring of quality patient care through oversight of faculty and curriculum for the Year IV program. They each manage between 10 to 15 clinicians. Typically, one Director is responsible for clinicians and clinic operations in

the CMCC clinics on Monday/Wednesday/Friday; the other Director manages clinicians and clinic operations on Tuesday/Thursday/ Saturday.

Director, Clinic Operations and Initiatives

David Aronson

Email: daronson@cmcc.ca

The Director, Clinic Operations and Initiatives manages the administrative operation of the Division of Clinical Education including quality assurance for student Year IV academic requirements and assisting with the development of education processes. The Director develops Divisional business plans and participates in the development of new clinical opportunities and strategic management plans as a member of the Clinic Management Team. The position typically provides the first point of contact for student enquiry and oversees all financial transactions and safeguards within the Division.

Administrative Assistant to the CMT

Rashti Kaiser

Email: rkaiser@cmcc.ca

The Administrative Assistant provides administrative support to the CMT, clinical faculty, and interns. The position is responsible for coordinating and organizing information related to a student's divisional administrative file, including the pre-clinical observership program and CANVAS support.

Business Intelligence Analyst

Dave Bhattacharya

Email: dbhattacharya@cmcc.ca

The Business Intelligence Analyst provides critical insights for data obtained through collection processes through the Division. The position provides assistance in forecasting results for clinical site planning and academic program development. It also assists in the extraction and interpretation of research data, and acts as backup support for various business processes within the Division.

Coordinator of Clinical Experiences

Khadija Jafar

Email: kjafar@cmcc.ca

The Coordinator of Clinical Experiences provides coordination of initiatives related to Clinical Education and Patient Care. As part of the Clinic Management Team, the position plays a key role in the expansion of CMCC's capacity to provide experiential learning opportunities for our learners. The position also has prime responsibility for the Externship program.

Strategic Projects Advisor
Philip Decina
Email: pdecina@cmcc.ca

The Strategic Projects Advisor, supports the work of CMCC clinics by advancing initiatives such as clinic expansion, furthering the experience of students.

CMT OPEN DOOR

The CMT Directors will post open door times on the CE4405 Course site. Open door time is for quick drop-in discussions. For anything that will take more than a few minutes, please book an appointment.

If you require an appointment (for discussions regarding issues that cannot be quickly addressed), please schedule a meeting through Rashti Kaiser (in person or by email) with a brief description about the meeting and how long you will need. Meetings may be virtual or in-person.

Dr. Anthony Tibbles is available by appointment. All clinic issues should be dealt with initially by the appropriate Director and escalated to the Dean at the advice of a Director. Please contact the Administrative Assistant to the CMT should you require an appointment.

CLINIC PERSONNEL

CLINICAL FACULTY

The clinical faculty at CMCC are leaders in chiropractic practice within their communities and areas of specialty. They have been selected for their contribution to the profession, demonstrated excellence in teaching and learning, and patient care management. CMCC has two types of clinical faculty, “primary” clinical, and “resource” clinical faculty.

Primary clinical faculty provide leadership to a Patient Management Team (PMT) including both responsibility for patient care and intern education. Patient care involves the supervision of interns as they evaluate, diagnose, and manage patient care. Clinicians facilitate the development of interns as reflective practitioners and provide instruction on patient assessment, treatment, and ethical practice building. As part of their mentorship responsibilities, clinical faculty are also expected to assist

interns in developing useful marketing strategies which will generate regular flow of new patients. Furthermore, instruction and provision of excellent, patient-centred, evidence-based care to existing patients will help to ensure high patient satisfaction, as well as establish a patient who will be inclined to refer their friends and family to receive the same high-quality care that they themselves receive.

Clinical faculty are also responsible for assigning relevant and case-dependent learning objectives, preferably in the form of an answerable clinical question, and delivering periodic rounds presentations in a variety of formats. Primary clinical faculty regularly evaluate interns on clinical competencies and educational requirements, counsel interns with respect to clinical practice when needed, and ensure interns comply with clinical protocols and procedures.

It is important to note that the role of the clinician differs from that of a teacher in the didactic part of the chiropractic program. There is a shift away from instructor-centred teaching to a learner-centred approach. It is the clinician's role to assist students in becoming self-directed and lifelong learners through showing them how to acquire clinical skills and knowledge. The clinicians' emphasis is to create an environment in which the interns provide Evidence Based (EB) techniques and strategies, and where interns can learn to solve questions, or learning gaps for themselves. In such an environment, clinicians are facilitators of learning, rather than didactic teachers using a "PowerPoint Presentation" as one example. Although a large part of the clinician's role is to facilitate the practice of EBM, a significant amount of their teaching occurs "at the bedside" and is contingent on what clinical scenarios or conditions present on any given day. Clinicians may undertake the occasional didactic presentation to enhance their interns' learning, often based on the clinician's particular area of expertise. However, it should not be a regular expectation of the intern that their clinician undertakes this more didactic form of teaching.

Resource clinical faculty have all of the responsibilities associated with full time clinical faculty positions. They are assigned by the CMT to work with PMTs at any CMCC clinic to cover for primary clinical faculty who are away due to illness, vacation, or other leave. Resource clinicians also assist primary clinicians in the administration of patient care and teaching responsibilities.

PATIENT MANAGEMENT TEAMS (PMT)

CMCC clinics are organized into Patient Management Teams, each led by a primary clinical faculty member. Each PMT includes 5 – 9 interns. A PMT operates in much the same manner as an associate group practice; each intern is a member of a team that shares the care of a group of patients. The Year IV experience has been

designed to mimic a realistic field practice situation, including developing a practice through effective and ethical marketing practices.

Patient care is the responsibility of the primary clinical faculty member with whom the patients enter into a therapeutic relationship. Although many patients are referred directly to interns, the clinical faculty is responsible for overseeing all aspects of their care including evaluation, diagnosis, and management. At all times, interns deliver chiropractic care under the licensure of the responsible clinician; this is a tremendous privilege and one that must be treated with the utmost respect.

As members of a team, interns will also have many opportunities to participate in shared learning, both from their team-mates and their clinician. Case presentation and discussion of learning objectives take place in a group format during administration time. These opportunities will assist in providing exposure to cases that the interns might not otherwise experience solely from their own practice.

Interns are subject to the same laws, regulations, and conduct expected of registered practitioners. They must also adhere to the academic and institutional policies established by CMCC. Interns may only act under the “direction and/or supervision” of clinical faculty members.

ADMINISTRATION STAFF

The clinic administrative staff are responsible for the management of patient flow through the clinics, the billing and collection of patient accounts, and the security of patient documentation. There are full-time receptionists at the Campus, Reka, and St. Michael's Hospital clinics; at the Bronte and Bowmanville clinics, the receptionist role is undertaken by one of the posted interns. The receptionist is the PMT's front desk assistant, helping with many of the important business components of practice. They work shoulder to shoulder with the PMTs in order to make them operate in the same manner as an associate practice.

As with all chiropractic clinics, support staff within the CMCC clinics play an important role in ensuring the clinics are efficient and effective. Interns must show them respect, including learning their names and treating them as equals. They will be solid proponents for the role of the intern at CMCC and, when in practice, support staff will help develop and maintain the chiropractor's livelihood.

As of May 2023, clinic receptionists are:

Lisa Truong
Senior Campus Clinic Receptionist ltruong@cmcc.ca, ext 113

Connie Chan

Campus Clinic Receptionist cchan@cmcc.ca ext 115

Nick Gregor

Campus Clinic Receptionist (part-time) ngregor@cmcc.ca, ext 114

Josie Boroujerdi

Campus Clinic Receptionist (part time), JBoroujerdi@cmcc.ca ext 114

GeGe Ali

Rekai Clinic Receptionist gali@cmcc.ca 416-324-4166

INTERNS COMMITTEE

The Interns Committee is comprised of the Year IV Class Representatives. Its primary function is to act as a communication liaison between the CMT and the class. It is responsible for meeting with the CMT on a regular basis to:

- Bring to the CMT issues or concerns raised by interns
- Facilitate the production of business cards
- Assist the CMT with the lottery for each rotation

Please note that concerns specifically regarding clinical faculty should be directed to the appropriate Director, or to the Dean rather than being channeled through the Interns Committee.

DUTY INTERN

At select clinics, and based on need, a clinician may assign a duty intern for the day, or part of the day. The role of a duty intern is to learn and perform various administrative or support tasks related to chiropractic practice. As a health professional who will hire staff, learning these roles will support understanding as an employer in the future.

The tasks of a duty intern in any PMT are at the discretion of the primary clinician. Typically, a duty intern should:

- Answer the telephone
- Report on any damaged equipment
- Keep the PMT area stocked with necessary supplies
- Treat any unscheduled patients

YEAR IV CLINICAL EDUCATION PROGRAM

The Year IV education program provides interns with the opportunity to apply the knowledge, skills and attitudes developed in the pre-clinical years to patient care, done within a safe and supportive environment. In Year IV, interns are required to complete the following courses:

- CE 4405 Chiropractic Clinical Practice: Internship
- CE 4407 Clinic Laboratory Clerkship
- CE 4408 Radiology Laboratory Clerkship
- CE 4409 X-Ray Report Writing
- DI 4401 Advanced Imaging

Details for each of the preceding courses can be found on the Canvas website, accessed at kiro.cmcc.ca

REQUIREMENTS FOR CE 4405

As described in the CEE4405 Course Syllabus

NUMBER OF NEW PATIENTS	MINIMUM 28 Note: Each intern must see a minimum of 8 new patients in the second rotation.
NUMBER OF EDUCATIONAL MERIT CASES	Maximum 10 (BASED ON MINIMUM REQUIREMENTS)
NUMBER OF SUBSEQUENT TREATMENTS	MINIMUM 280 Note: Each intern must administer a minimum of 80 subsequent treatments in the second rotation.

NUMBER OF CLINIC HOURS	<p>MINIMUM 1000 HOURS THROUGH PATIENT MANAGEMENT TEAM WORK</p> <p>Clerkship hours not included Board examinations not included. Outreach hours included only if not being counted as the required outreaches.</p>
NUMBER OF SMT/ SPINAL MOBILIZATION VISITS	MINIMUM 185
WSIB HEALTH PROFESSIONAL'S REPORT	<p>1 REQUIRED</p> <p>Mock form may be completed if no WSIB patient</p>
NUTRITION CASE PRESENTATION	1 REQUIRED
COLLABORATIVE ACTIVITY WITH OTHER HEALTH CARE AND SOCIAL CARE PROVIDERS	5 REQUIRED
PROBLEM CASE	2 REQUIRED
BUSINESS PRESENTATIONS	OBSERVE 6 OF THE RECORDED SESSIONS
OUTREACH PARTICIPATION	MINIMUM 1 OUTREACH (EITHER INFORMATIONAL OR TREATMENT)
CLINICAL COMPETENCY ASSESSMENTS	<p>5 sets are required over the year; three in Rotation 1 and two in Rotation 2.</p> <p>Each completed set is work 11% of the total grade in the course.</p>
EVIDENCE-BASED PRACTICE (EBP) LEARNING OBJECTIVE	<p>28 are required over the course of the year. One in Rotation 1 and one in Rotation 2 will be graded using the EBP rubric. These two EBP LOs account for 10% of the total grade in the course.</p>

Note: No more than 20% of the clinical requirements will be student treatments.

Clinic Hours

The requirements in CE 4405 include:

- (1) 1000 contact clinic hours and
- (2) 365 hours of directed independent learning (DIL) hours as per the course syllabus.

All PMTs are in clinic for a minimum of 22 hours per week of contact clinic hours including administrative time. If interns are in clinic for the 22 hours per week, they will achieve greater than 1000 clinic hours over the course of the year. Methods for attaining these hours are:

- Hours spent in direct patient care (whether in-person, or virtually), working on patient files, case write-ups, Learning Objectives during regular clinic shifts
- Hours spent in curated online learning materials completed outside of a regular clinic shift
- Any additional outreach beyond the requisite one needed as part of the completion of CE4405 (e.g., participating as a class leader for the seniors' exercise class program)
- Attending/participating in other clinicians' rounds/presentations (in order to do this, interns must have prior permission from the clinician whose rounds they are planning to attend)
- Time spent assisting receptionists at front desk of campus clinic, or at the CMCC Campus or Reikai Clinics (capped at a maximum of 50 hours)
- Time spent practicing technique (with Dr. Greg Ruhr, or designate) – this must be scheduled with Dr. Ruhr and supervised at all times (capped at a maximum of 50 hours)
- Time spent in Simulation Lab practicing technique, or other procedures (with Dr. Grand Choi, or designate) – this must be scheduled with Dr. Choi and supervised at all times when available (capped at a maximum of 50 hours)
- Participating as Simulated Patients for Year I-III HPDs and OSCEs
- Time spent in a hybrid externship (i.e., working on off days from CMCC placement in the practice of an externship chiropractor, or as part of the CMCC chiropractic faculty program)

The 365 DIL hours are associated with interns working on their own. These hours

are accumulated when interns work on case write ups and researching/completing LOs.

Hours in other clerkships and courses do not count towards the completion requirements for the CE 4405 course.

NUTRITION CASE PRESENTATION

The objective of this exercise is for each intern to create a nutrition plan for a patient. In this exercise, interns apply knowledge from their nutrition course, along with newly acquired knowledge, in application to a real patient. The plan should be designed to take the patient's individual circumstances and goals into account to build a realistic, evidence-based nutritional intervention. This process begins with a nutritional assessment of the patient. Several free tools are available on the web for this purpose. This information is reviewed and used to develop the plan. The plan may be aimed at a specific health condition, or nutrition in general depending upon the needs of the patient. Once created and reviewed with their clinician, the nutritional plan can be delivered directly to the patient and included in the Plan of Management in the health record. If the Intern does not have a patient who requires such a plan, then a real case can be used to develop a plan for this exercise, without being implemented for a patient. This is a completion assignment. No mark is assigned. It is completed once the clinician is satisfied that the objective of the requirement has been met.

COLLABORATIVE ACTIVITY WITH OTHER HEALTH CARE AND SOCIAL CARE PROVIDERS

Students are required to show evidence of engagement in multidisciplinary, collaborative care activities during their internships. This is defined as communication and collaboration of care, enhancing access, and removing barriers to care between health professionals and health organizations, health advocacy in support of patients and communities, and guiding patients through complex health systems. Evidence of such activities can include written communication between other health professionals, supporting patients transitioning through complex systems such as auto insurance, workers compensation, or social service agencies, and advocacy for an individual or groups within a community.

PROBLEM CASE

Interns are encouraged to review the case complexity reference chart contained in their workbook when identifying a suitable complex case. In general, a complex case

is a case that resides in a 3 A, B, C, or D or 4 A, B, C, or D categories of the Case Complexity Determination. Typically, this includes a patient with multiple chronic, recurrent conditions with psychosocial/occupational factors requiring a comprehensive physical examination of multiple body systems with minimal to moderate improvement over time.

To complete the Problem Case report and arrive at a deeper appreciation of the challenges and opportunities for learning from such situations, interns complete a reflection of their experience in the care of the patient. Using a Gibb's model of reflective practice, interns should explore a particular experience related to a Complex Case. This should include the following six steps: description of the experience, an exploration of the thoughts and feelings about the experience; an evaluation of the experience, both good and bad; an analysis to make sense of the situation; a conclusion about what you learned, and action plan moving forward.

BUSINESS VIDEOS

There are eight recorded presentations on the CE 4405 course site from chiropractors and business leaders who discuss their experiences in developing their businesses. Interns are required to watch five of the recordings. Many interns in the past have chosen to watch them all because the information is incredibly valuable. Interns have until the end of the year to complete this requirement.

REHABILITATION ROUNDS

It is mandatory to attend the Rehab Rounds in the Core Clinical Curriculum either in-person or by reviewing the Panopto video.

MVA ROUNDS

Please see full description of MVA Rounds on page 42. It is mandatory to attend the MVA Rounds in the Core Clinical Curriculum either in-person or by reviewing the Panopto video.

OUTREACHES

Outreaches are an important mechanism by which CMCC clinics integrate into the community and interns learn to interact with and engage members of the public. Outreaches can be information or treatment based, and each intern must complete at least one outreach (either treatment or informational) for graduation requirements.

Treatment Outreaches

Treatment outreaches are opportunities to serve our local communities by providing treatment and referrals at local events while working under the supervision of a clinician. Clinical faculty must be present at all treatment outreaches, The Coordinator of Clinical Experiences will post these opportunities including dates, times, and locations when there are openings available.

The process for participating in an outreach is as follows:

- The Coordinator of Clinical Experiences will email clinical faculty regarding an outreach opportunity and interested faculty will respond.
- Once the clinician has been selected, Coordinator of Clinical Experiences will reach out to interns to participate in the outreach. All interns will be given an equal chance to participate.
- The Coordinator of Clinical Experiences will review any potential outreaches to ensure the outreach meets accreditation standards and will then organize the event.

Informational Outreaches

Informational outreaches are organized by interns by working with patients or community members to provide education on relevant topics. These can be done in-person, live over a video conferencing platform, or as recorded presentations for social media. All material used and dates of presentations must be submitted to and approved by the Coordinator of Clinical Experiences. If PowerPoint is used, it must be on a CMCC PowerPoint template. Ideas for informational Outreaches are:

- Short video presentations for the Clinics Facebook Page
- Presentation to a running group or other local athletic groups
- Leading a Seniors Exercise Class
- Ergonomic Assessments for patients, CMCC staff, or student (must be supervised by a clinician)
- Blog posts for Clinic social media page

All presentations for informational outreaches must be forwarded to Coordinator of Clinical Experiences for review by the CMT a minimum of two weeks prior to the outreach. Outreaches submitted retroactively without obtaining approval from the will not be considered.

CLINICAL COMPETENCY ASSESSMENTS

A clinician is responsible for evaluating intern performance by conducting a standard

set of competency assessments on their interns over a two-month interval, 5 times per year. Each set of standard competency assessments consists of the following:

- File audit
- Conducting a case history
- History directed physical examination
- Report of findings
- Therapeutic care
- Case presentation
- Two assessments of professional conduct

During every competency assessment, the clinician must be physically present in order to directly observe the intern's performance. The competency assessment essentially represents a snapshot in time regarding the progression of the intern's clinical skill. Whenever possible, immediate constructive feedback will be provided to the intern as part of the overall learning process.

EVIDENCE-BASED PRACTICE LEARNING OBJECTIVES

Evidence-based Practice Learning Objectives (EBP LOs) are established to help interns identify gaps in their knowledge and understanding of different patient presentations. In order for a case to count towards credit, one learning objective per new patient credit must be completed. Interns are to identify gaps in their knowledge through self-reflection and the clinician is to guide them to appropriate learning objectives to help them address the gap.

In order for a learning objective to be complete, it should follow the 5 A's Process of evidence-based practice. Interns must use the learning objective form which follows the 5A process when submitting their learning objective for each case. This form is found on the CE4405 Course site. One learning objective must be submitted per New Patient case.

ASK: Interns must articulate the relevant clinical question in the PICO format. Use variations of the PICO format when appropriate (PICOT, PO, PECO-Exposure). Remember, clinical questions should be relevant to central tasks of clinical work i.e., etiology/epidemiology, clinical findings, clinical presentation, diagnostic tests, diagnosis, prognosis, intervention, and prevention. Clinicians should assist the intern in the formulation of the question if they are in need of guidance. Once the clinician approves of the question, the intern continues with the remainder of the exercise.

ACQUIRE: Interns must detail their search strategy. Clinicians should provide feedback on the strategy and provide guidance on how to improve the search in the

future. Interns should be utilizing appropriate search terms (keywords and MESH terms) in their searches and searching appropriate sources for pre-appraised and primary evidence relevant to their clinical question.

Interns then list the citation selected together with a brief explanation of the reason for the selected article. This should include the level of evidence to determine if indeed the appropriate type of study has been selected for the clinical question.

APPRAISE: Interns choose one of the identified papers from the scientific literature with the highest level of evidence for the clinical question to appraise. Interns should utilize the appropriate appraisal tool for the literature selected to evaluate evidence for its integrity, reliability, and applicability. Interns are encouraged to use one of any number of critical appraisal tools including those from SIGN, AGREE, and CEBM. Interns may find those available through JBI Global particularly helpful for their broad range of critical appraisal tools and easy to use user guides.

The appraisal worksheet should be attached to the learning objective assignment. Clinicians should provide feedback on the appraisal worksheet and the determination on the quality of the research found.

APPLY: The intern writes a reflective piece on the clinical relevance of the information found and how it has filled in their learning gap. Also, the intern considers the applicability of the research found to the case tying the literature reviewed to key aspects of the case. This step should include an acknowledgement of patient values and circumstances and recognition of potential patient knowledge gaps in determining the optimal care for the particular patient. Should the literature found not be applicable, the intern can still write a piece regarding the type of case in which this new knowledge would be applied.

EVALUATE: The intern then describes any individual level barriers that they have identified in this exercise regarding evidence-based practice skills or knowledge translation and identify strategies to overcome these. The clinician can then use that as discussion for further learning needs/coaching in EBP skills for the intern or PMT as a whole.

CASE REPORTS

The information provided here are a guide for clinicians and interns to use for writing Case Reports. Clinicians may have different expectations for this process and may require varying levels of detail. The purpose of Case Reports is to enhance interns' professional communication skills, so they are prepared to write professional correspondence when they enter practice. Therefore, Case Reports are typically one

to two pages in length. Examples of acceptable Case Reports have been provided as attachments to this document.

Case Reports can be structured as a case write-up or a letter to another health care profession (however the format is similar for both). Here is the structure for you to follow:

1. **A case write-up** should include the following:

- a header indicating which case write-up you are writing up (e.g., patient file number, initials, age – there should no other specific patient identifiers if students are working outside of the patient health record.
- a paragraph outlining the patient's pertinent history, including the chief complaint and any relevant secondary complaint (if applicable); personal past medical/health history; lifestyle, diet, etc. and Family Medical history. This paragraph will also include information on salient/pertinent examination findings including vitals, ht., wt. (if available), ranges of motion, palpatory examination, neurological examination, and orthopaedic stress tests. Within the same paragraph (or a separate paragraph), provide differential diagnosis(es), and a commitment to a most likely diagnosis(es)/clinical impression. This should also include a statement on whether any diagnostic imaging procedures are warranted. If so, why? If not, why not?
- a paragraph on the proposed Plan of Management (POM) / Treatment Plan including frequency and duration of care; nature of the treatment – including passive and active interventions; specific dosing pertaining to each treatment intervention and modality chosen or recommended; any orthoses or products recommended (if applicable); any other specific recommendations for the patient (e.g. ergonomic, postural advice, things to avoid, nutritional supplementation, etc.). This paragraph should include the specific goals of treatment and outcome measures that will be used to monitor progress. Also include an alternative POM. This could be other interventions they might be able to offer within the clinic, or co-management or referral outside of our discipline. In the same paragraph (or a separate paragraph) include prognosis, both short-term and long-term (if applicable), with supporting rationale that justifies the decision regarding the prognosis. This should include any positive and negative prognostic factors that may affect the prognosis.

2. If written as a formal letter to the patient's physician or other health care professional, then aim the letter to be one page in length. This can be in the form of "Thank you for referring..." or simply informing the physician about what their

impression is and what treatment they are proposing to administer to a mutual patient, or that they are referring the patient to them for a specific reason/opinion.

The letter should be formal and should include the following:

- Date
- Address
- the letter should open with a proper “salutation” to the recipient, (i.e., “Dear Dr. ...)
- an indication of who the letter is about (e.g., Re: <<Patient Initials>>, D.O.B. day/month/year)
- a paragraph on the pertinent points of the history/chief complaint and examination findings
- a paragraph on the Diagnosis/clinical impression, and whether any diagnostic imaging procedures may be warranted, Plan Of Management, including goals of treatment and Outcome Measures used to monitor/measure progress. This paragraph should also include the Prognosis and the rationale as to why they believe the prognosis to be such
- formal ending to the letter, including signature

Paragraphs should **NOT** have headings; rather it should read like a professional letter.

Case presentations should be done within two weeks of the initial visit.

CORE CLINICAL CURRICLUM

Committee: Dr. Lara deGraauw, Dr. Bryan Porter, Dr. Ted Crowther, Dr. Craig Jacobs, Dr. Anthony Tibbles

The Core Clinical Curriculum is a learning resource which provides a standardised approach to covering topics relevant to clinical practice beyond the traditional clinical setting. The Core Clinical Curriculum is a method of knowledge translation, where current best evidence is provided to interns and the application of the current best evidence into their clinical settings is strongly encouraged. Further, the Core Clinical Curriculum provides various opportunities for interns to achieve CMCC Graduate Competencies and CCEB Entry-to-Practice Competencies.

Different clinical topics will be covered each week. The content will typically be

delivered as a web module and should take interns approximately 40-60 minutes to complete. Additional resources (e.g., articles, links to videos) may be provided for interns to review on their own. Time spent completing content in the Core Clinical Curriculum can count towards clinic hours.

Some weeks will include an assessment for interns to complete; completion of these assessments will make up 10% of an intern's final grade in CE 4405. Examples of assessments include quizzes, self-reflection, or tasks requiring application of the content. All content delivered through the Core Clinical Curriculum may be testable material on clinical written exams or OSCEs.

COMMUNITY BASED CLINICAL EDUCATION PROGRAM (CBCEP)

CMCC has developed the Community Based Clinical Education Program (CBCEP, or commonly referred to as the Externship Program) whereby interns work with field practitioners for a portion of their internship in order to receive hands-on experience in a private practice environment. There are two types of externship placements. The first option is a full-time placement (22 hours per week), whereby interns would be removed from their CMCC Patient Management Team and work exclusively in a qualified field practitioners' clinic. The second option is a hybrid model, in which interns attend a full-time CMCC placement and complete an externship on their off days. All interns and field practitioners who participate in the program must meet specific selection criteria and be approved by the Clinic Management Team.

The complete components of information regarding the CBCEP are posted on the CE4405 KIRO website under Resources.

PROFESSIONAL BEHAVIOURS

As interns, professionals, and representatives of CMCC, certain behaviours are expected. These same behaviours are expected of all health professionals. It is important that interns learn them well during their internship; these behaviours will help enhance their reputations in the community and facilitate their paths to successful practice. These behaviours will also assist interns in complying with various regulations set by the regulatory board in the provinces or countries in which they choose to practice.

In Ontario, interns must be familiar with, and observe all policies, procedures, guidelines, and recommendations as published below:

- Regulated Health Professions Act (RHPA)_
<https://www.ontario.ca/laws/statute/91r18>
- Changes to the RHPA
<https://www.cco.on.ca/2018/05/18/special-bulletin-changes-to-the-regulated-health-professions-act-1991-rhpa/>
- Chiropractic Act <https://www.ontario.ca/laws/statute/91c21>
- College of Chiropractors of Ontario (CCO) Standards of Practice
<https://www.cco.on.ca/members-of-cco/standard-of-practice/>
- Clinical Practice Guidelines <https://www.chiropractic.ca/guidelines-best-practice/practitioners/guidelines/>
- Personal Health Information Protection Act (PHIPA)_
<https://www.ontario.ca/laws/statute/04p03?search=phipa>
- Accessibility for Ontarians with Disabilities Act (AODA)_
<https://www.ontario.ca/laws/statute/05a11>

During outbreaks of infection disease, advice is provided to all at CMCC through:

- CMCC's Infection Prevention and Control webpage
<https://www.cmcc.ca/covid19updates>

There are many factors that govern the conduct of a chiropractor as a regulated health care practitioner in the Province of Ontario. An intern is placed in the position of being able to provide care while relying on the supervision, direction, advice, and support of a licensed clinician. No question or concern should be of such minimal

importance as to not be raised by an intern with a clinical faculty member.

It should also be noted that interns in a CMCC clinic are covered by the institution's professional liability coverage. This protection relates only to services provided by the intern under the direction or supervision of a clinical faculty member. Any failure to abide by that principle may well deny the student any coverage for incidents involving patient care. This is a serious matter which not only affects the intern but also impacts on the patient, the clinical faculty member, CMCC, and the profession.

Finally, caution should be taken to keep in mind that the actions of an intern reflect upon CMCC as an educational institution and the reputation and license of a CMCC Clinical faculty member. There is a “big picture” that involves the practice of chiropractic relating to legislative requirements, standards, policies, rules, and regulations as it does for all health care professionals. Until an intern has become licensed and has directly assumed the responsibilities which are incumbent upon a practitioner their privileges are granted by CMCC and are to be used in accordance with its requirements and policies. It is not left to the intern to decide which of the rules and regulations are appropriate or should be discarded for any reason whatsoever.

While the information set out above may seem overwhelming, it should be remembered that when receiving a license, a health care practitioner is considered to be fully informed of all of the rules, regulations, policies, standards, and legislation that govern their professional practice. The practitioner is deemed to be fully informed of the “big picture” and is expected to abide by same.

Being an intern provides the individual with the resources to hone their skills and to rely on the clinical faculty member for the benefits of their knowledge, skill, and experience. Interns who have questions or concerns regarding professional behaviour policies should initially speak with their primary clinician. Should there still be questions, the intern should speak with the Dean, Clinics, Directors of Clinical Education and Patient Care, or the Registrar for clarification.

PATIENTS' RIGHTS AND RESPONSIBILITIES

The basic rights of human beings for personal dignity and respect are of great importance. It is the responsibility of each intern and clinician to ensure that these rights are protected for patients. In addition, CMCC has the right to expect reasonable and responsible behaviour from patients. The following information is displayed on a plaque in each of the CMCC clinics, and is a representation of the CCO regulations, standards of practice, policies, and guidelines (www.cco.on.ca) specifically, Partnership of Care (Patient's Charter of Rights and Responsibilities)

Patient Rights & Responsibilities

The Division of Clinical Education is committed to excellence by providing chiropractic clinical education, with the purpose of developing a primary contact health care professional through exemplary patient care, community service, fostering of research and leadership in innovative educational methods.

Your Rights

In order to achieve these goals, we make the following pledge to you – the patient.

- To be treated in a considerate and respectful manner regarding your privacy and your right to confidentiality
- To receive relevant information and education concerning your diagnosis, treatment and prognosis in a manner which is understandable to you
- To make decisions about your plan of chiropractic health care prior to and at any time during the course of treatment
- To expect that members of your chiropractic health care team will communicate with one another to ensure continuity of care
- To know who is treating you at all times and who is the chiropractic clinical supervisor in charge of your treatment
- To express your concerns and receive a response to your questions

Your Responsibilities

Your rights carry with them certain responsibilities. We ask you to respect the following:

- To provide relevant information to the members of your chiropractic health care team to help them in the process of caring for you
- To follow the chiropractic treatment plan created for you to the best of your ability
- To accept responsibility for the decisions you make about your treatment
- To be courteous and respectful to other patients, staff, and members of the chiropractic health care team
- To recognize that the chiropractic health care team will only provide chiropractic treatment that is ethically appropriate
- To understand the role of teaching and research and co-operate with health care professionals in that regard
- To respect the clinic's property and comply with the regulations and policies
- To be responsible for all fees incurred at our clinics

PRIVACY

CMCC is strongly committed and mandated by law to protect the privacy of its patients and their health records.

All material that is printed from OSCAR or any Electronic Health Record, including invoices and reports, contains information that is potentially private or confidential. It must be managed accordingly. Once printed and used for the express reason it was printed or copied, all of this paper must be placed in the confidential shred bin or in a confidential shredder. **Please do not use this paper for any other reason, such as scrap for notes.**

A Privacy Code (see below) is distributed to each new patient as part of the new patient paperwork package and delineates how CMCC collects and uses patient information. Patients are requested to sign the form to indicate they have understood how the clinics will use personal information.

Privacy Code - Canadian Memorial Chiropractic College – Teaching Clinics

Privacy of personal information is important to the Canadian Memorial Chiropractic College. We are committed to the collection, use and disclosure of this information in a responsible way. We will also try to be open and transparent as to how we handle personal information.

Use of Personal Information

Personal information is information about an identifiable individual. Generally, the information we collect is limited to your name, home contact information, gender, and age. As part of your patient file, we retain your health history; health measurements and examination results; health conditions, assessment results and diagnoses; the health services provided to you or received by you; your prognosis and other opinions formed; compliance with treatment; and the reasons for your discharge and discharge recommendations. We also maintain records for payment and billing purposes. Only necessary information is collected about you. We only share your information with your consent; the use, retention and destruction of your personal information complies with existing legislation and privacy protection protocols. Privacy protocols comply with privacy legislation, standards of our regulatory body, the College of Chiropractors of Ontario, and the law.

Staff Members Use of Personal Information

Staff members who come into contact with your personal information are aware of the sensitive nature of the information you have disclosed to us. They are all trained

in the appropriate uses and protection of your information. These individuals include the clinic records personnel that control access to your patient file, the clinical faculty members and interns that provide you with chiropractic services, the clinic administration and, when necessary, authorized individuals who may inspect our records as part of the regulatory activities in the public interest

PROHIBITION AGAINST A SEXUAL RELATIONSHIP WITH A PATIENT

As per the Ontario Regulated Health Professions Act (1991) and CCO Standard of Practice S-014:

Sexualizing a professional relationship is against the law. In Ontario, the Regulated Health Professions Act (RHPA) prohibits sexual involvement of health care professionals with patients. The RHPA defines sexual abuse as sexual intercourse or other forms of physical sexual relations, touching of a sexual nature, or behaviour or remarks of a sexual nature between a member and a patient.

Because of the broad definition of sexual abuse outlined in the RHPA, it is unacceptable for a member to have a sexual relationship with a current patient. Even the most casual dating relationship may lead to forms of affectionate behaviour that would fall under this definition and could leave the member open to a possible complaint to CCO.

The CCO strictly enforces this standard.

PROHIBITION AGAINST THE TREATMENT OF AN IMMEDIATE FAMILY MEMBER

CMCC has created a practice against the treatment of immediate family members. In this situation, “immediate” is defined as spouse or partner, children, siblings, or parents. In addition to prohibiting the treatment of family members, CMCC has a restriction upon the number of student or extended family treatments an intern can use as credit for fulfilling quantitative requirements (20% of minimum quantitative requirements, i.e., a maximum of 5 new student/family visits, 50 student/family subsequent treatments). No more than twenty (20) percent of the minimum required adjustments and/or manipulations and other appropriate services may be administered to, or performed on, students in the program, the intern’s extended family, and/or other students’ families.

PATIENT CARE INFORMATION AND PROTOCOLS

NEW PATIENTS

NEW PATIENTS – BOOKING AN INITIAL VISIT

All patients who are booking a new patient consultation should first contact their clinic of choice. New patients will be entered into the clinic schedule. At the Campus, Rekai and St. Michael's Hospital clinics, the clinic receptionist on duty will book an initial appointment with the appropriate PMT. All appointments must appear on the PMT's daily appointment schedule to ensure that a treatment room is reserved.

Initial Presentation

At all CMCC clinics, new patients are provided with a series of forms to complete which include:

The New Patient Form which collects demographic and billing information.

A Health Status Survey which provides the clinical intern and clinical faculty with an overview of the patient's general health (both physical and psychosocial).

A Privacy Code document that informs the patient of the manner in which their information will be used.

At the Campus Clinic, and CMCC's Clinics at St. Michael's Hospital and the Rekai Centre, this paperwork is given to the receptionist for input into the EHR. The receptionist also accepts receipt of payment. At other external clinics, the patient's intake forms are provided directly to the clinical faculty and intern. All forms are reviewed and verified by the clinical faculty member and intern prior to beginning the clinical interaction.

The intern will greet the new patient and escort the patient to the pre-booked consultation room. The clinician will open the case by explaining to the patient the nature of our educational clinic, level of supervision, fee schedule, and team approach. The clinical faculty will then begin the interview and continue until satisfied that the intern can take over. At this time, the clinician may also provide the intern with specific instructions pertaining to the history taking process or ensuing clinical evaluation.

Under no circumstance should the history be started prior to the primary clinician discussing the intake forms and the case with the assigned intern. The Division of Clinical Education defines an expectation of history taking and physical examination

that reflects CMCC's model of care: Chiropractic is a primary contact health care profession emphasizing differential diagnosis, patient centered care and research, with expert knowledge in spinal and musculoskeletal health. (CMCC's Model of Care, 2009)

CMCCs' expectations of history taking are consistent with the Standards of CCE(C), Metacompetency Outcomes of the CCE(US), and in compliance with legislative and regulatory requirements in the Province of Ontario. A patient's comprehensive case history will include all elements relevant to the patient's presenting complaint. The items to be considered include patient demographic data, history of the present condition, family history, past health history, current health status, psychosocial history, and a review of systems as they relate to the chief complaint. The purpose of the history taking exercise is to identify any cautions (red and yellow flags) and to determine the differential diagnoses in order to direct a history focused physical examination.

After the history is taken, the intern must consult with the clinical faculty. A discussion of differential diagnoses and the planning of an appropriate, history focused, physical examination takes place prior to the intern beginning the physical examination. After this discussion with the clinician, the intern must explain the nature of the physical examination to the patient and obtain verbal consent to perform the examination in accordance with Standard S-013, Consent of the College of Chiropractors of Ontario.

The CCO standard contains the following language: "This discussion should be about the material risks, benefits, and side-effects of the recommended examination, care, or plan of care, including potential risks that may be of a special or unusual nature. A member shall make a notation of the discussion in the patient health record." Explain to your patient that you will be undertaking an examination process, which will help the provider further understand the patients' complaint/injury. This explanation should advise the patient that some of the tests might be uncomfortable and that, if they have any concerns or wish to stop the process, to ensure they advise you or the clinician. This includes the proviso that the intern will properly monitor the patient to ensure their comfort and willingness to continue with the examination. This should then be entered at the end of the History section of the Intake Form. All interns should document the conversation and indicate that informed verbal consent was obtained prior to proceeding with the physical examination. All interns must use the following wording in the appropriate location in the health record after having the above conversation and the patient has verbally consented to continue with the examination:

"Discussed the purpose of the examination, potential risks, benefits, side-effects, and obtained verbal informed consent to physical examination."

“Patient questions:” – please enter any patient questions here, as well as any answers provided to the patient. Please enter “none” if the patient did not have any questions.

The intern and/or clinician should now “save and sign” in OSCAR once the above information has been entered.

A patient’s comprehensive physical examination includes all elements relevant to the patient’s presenting complaint. The examination is focused on ruling out differential diagnoses identified from the history, arriving at a clinical diagnosis.

This approach to physical examination is performed rather than rote evaluations as it is seen as a higher order evaluation. The physical examination employs selected procedures, instruments, and equipment in order to perform a history- focused physical examination resulting in a refined list of differential diagnoses and the inclusion/exclusion of potential cautions. This process should also determine the need for imaging, additional testing and/or referral. Each physical examination will consist of the following items as a minimum:

- collection of vital signs
- observation and posture
- range of motion
- palpation (soft tissue, joint)
- orthopaedic evaluation
- neurologic evaluation
- determination for specialized testing or imaging (if appropriate)

Upon completion of the physical examination, the intern will again return to the clinician for discussion of a working diagnosis. A discussion of appropriate treatment will also take place at this point.

If radiographs are required, the intern will complete the forms and have them signed by their clinical faculty. The intern will make an appointment for the patient with the diagnostic Imaging department. If other examinations or consultations are required, the intern will compose a referral letter that must be approved by the clinical faculty. The clinician’s role through this entire process is to facilitate rational critical thinking, and to assist the intern to use evidence-based principles in determining a most likely diagnosis and evidence-based plan of management.

Case Complexity

Graduate chiropractors must be able to perform clinical reasoning and integration of clinical data in a competent manner for all patients, no matter how challenging.

CMCC has developed a tool for use in the program which assists in defining and

standardizing the evaluation of case complexity: the Case Complexity Determination Matrix:

Case Complexity Determination

	A	B	C	D	
	Presenting Problem	Examination	Diagnosis	Management/ Prognosis	Determination
Minimal 1	One self- limited or minor problem; No psychosocial/ occupational flags	Focused examination: involves only one joint/area	Single diagnosis; No lab procedures	Complaint resolves within initial plan of management	Not complex
Low 2	Single condition; Stable condition, e.g., bursitis; Acute uncomplicated illness or injury, e.g., simple sprain; Delayed contact with health provider; No psychosocial/ occupational flags	Focused examination: involves only one joint/area but may include examination of adjacent structures	Single diagnosis; No lab procedures	Complaint demonstrates substantial improvement within initial plan of management	
Moderate 3	Multiple conditions; Recurrent conditions; One or more chronic illnesses with mild exacerbation or progression, Undiagnosed new problem with uncertain prognosis;	Intermediate examination: involves more than one area or body system	Multiple diagnoses; Lab procedures: imaging, bloodwork; Multisystem DDX; Determination of	Moderate improvement during initial plan of management; reconsideration of differential diagnoses;	Complex

	Acute illness with systemic symptoms; Acute complicated injury, e.g., whiplash injury, or sport injury; Psychosocial or occupational factors; issue identified through systems review		biomechanical problem; Multiple conditions	
High 4	Multiple conditions; Recurrent conditions; One or more chronic illnesses with moderate or severe exacerbation, progression or side effect of treatment; Acute or chronic illness or injury that may pose a significant risk to health; An abrupt change in neurologic status; Psychosocial or occupational risk factors; issues identified through systems review	Comprehensive examination: involves multiple body systems or multiple body areas undergoing a detailed evaluation	Multiple Diagnoses; Lab procedures; Imaging; electro-physiologic, blood, urine; DDX multisystem Determination of biomechanical problem; Multiple conditions	Minimal Improvement on outcome measures; reconsideration of differential diagnoses;

The matrix allows for a case managed in the clinic to be designated as complex, based on the attributes of the presenting problem, examination, diagnosis, prognosis, or management against a span of low complexity to high complexity for each attribute. Cases may reach a high level of complexity initially if the history or examination findings contain certain factors such as multiple conditions, psychosocial risk factors, laboratory investigations or diagnostic imaging. In other cases, complexity may initially be low, but increase over time if response to care causes a reassessment of diagnosis, prognosis, etc. The matrix describes the conditions under which complexity is reached.

The Interns' Workbook contains log pages to keep track of the complex cases. As cases are qualified as complex, the supervising clinician will sign off on the case, (using the matrix determination in the Intake form in OSCAR) and the intern will enter the code into the complexity column in the Workbook. For example, if a case has multiple conditions and was evaluated for them all, and then did not respond significantly at re-eval, it could be coded A3B3C3D4. If the case was a simple ankle sprain but had imaging, it might be A1B1C3D1 if it had a good outcome. Both of these examples would be rated as complex.

REPORT OF FINDINGS

The Report of Findings allows the intern to clearly describe chiropractic care and treatment to the patient. Interns are required to complete the Report of Findings Form, and the clinician must review and sign the report of findings prior to obtaining informed consent from patients. This demonstrates to the patient that the supervising clinician has approved/verified any information that has been discussed with them by the intern. Patients must be given the opportunity to ask any questions they may have. Once consent has been obtained, the patient and a witness (usually the intern) both sign the consent form on the back of the Report of Findings form. It is imperative that the supervising clinician review the report of findings with the patient to confirm that the patient understands the plan of management, including the interventions, risks, expected benefits, and alternative interventions that may be available to them, as well as to answer any of the patients' questions or concerns. Treatment cannot begin until this form has been completed and signed.

A complete and effective delivery of the Report of Findings incorporates all

of the following:

- Use of the patient's name, preferably not their first name unless given permission.
- Review of the condition, symptoms, and provocative exam findings.
- Review of X-rays and/or laboratory results and/or any additional studies required.
- Explanation of the pathomechanics in understandable language.
- Brief description of chiropractic and spinal manipulative therapy and correlation with findings.
- Discussion of the plan of management and the expected goals and benefits.
- Discussion of the risks (both major and minor) involved with the plan of management and other therapy options.
- Discussion of prognosis (including positive and negative prognostic factors).
- Demonstration of what the patient can do personally (compliance and any active care recommendations, and how these may affect the goals and outcomes).

No treatment may commence until the report of findings has been delivered to the patient, there has been opportunity for the patient to ask questions, and a written informed consent has been signed.

CMCC utilizes the method of completing a Report of Findings on the reverse side of the Informed Consent form to allow the patients of CMCC's clinics to know and understand all aspects of their care including the diagnosis, plan of management, goals of treatment, risks and benefits of care, alternatives to our care and prognosis. Each of these aspects of care enable a patient to make an informed decision regarding treatment, and their signature acknowledges that they have been informed.

CONSENT TO TREATMENT AND INFORMED CONSENT

Patients have the right to consent in an informed manner to any treatment. The patient should have an understanding of the benefits, risks, and alternatives to any therapy being discussed or proposed. It is dangerous, unwarranted, and improper for an intern, clinician, or any professional to assume that an individual who attends at the Clinic has consented to being

treated by the practitioner and/or intern. It is of the utmost importance to ensure that proper informed consent of the patient has been obtained.

Informed Consent deals with permission related to the actual treatment of the patient. Obtaining consent to touch and examination does not negate the necessity of a practitioner obtaining informed written consent to treatment.

An individual who has consented to a specific act may not later argue that the providing of such care was assault or battery. To obtain proper CMCC informed consent the following conditions must apply:

The individual must be of legal age to give consent. In the province of Ontario that is 18 years of age.

The individual must be capable of giving consent - not under the influence of drugs or alcohol, nor mentally or physically incapable of understanding the nature of the consent.

The individual must be informed of the nature of the consent (i.e., what is the patient consenting to - treatment, examination, etc.) and the likely results or inherent risks together with alternative treatments which may be appropriate. No intern or clinician shall have a patient execute a consent form prior to obtaining the relevant information required to create and deliver a proper informed consent. Informed consent must not be obtained by duress, fraud, misrepresentation, deceit, or trickery.

The informed consent should relate to all activities undertaken by the intern or clinical faculty member. Providing a physical examination does not entitle a practitioner to undertake treatment. A patient may be attending the clinic to obtain a professional opinion without seeking out or obtaining treatment.

Any change in treatment, diagnosis or material risk requires/necessitates a new informed consent.

The standards of practice adopted by the College of Chiropractors of Ontario (CCO) deal specifically with the obligations of a practitioner as they relate to the matter of informed consent. Obtaining of written consent from a patient is a mandatory requirement for each and every intern and their supervising clinician. **Each and every new plan of management undertaken for the patient requires a new informed consent.** This matter, in addition to being a standard of practice established by the CCO, is also governed by CMCC procedures and the Canadian Chiropractic Protective Association.

Informed consent is not a defense against negligence but may be a defense against assault or battery.

CASE PRESENTATIONS

The intern must review all new patient files with their clinician to render an agreement on patient care, grant permission to treat (if necessary), and to discuss educational goals. These issues are performed as case presentations during clinic time, or during administrative time for shared learning.

At the time of case presentation to the primary (or resource) clinician, the intern must have completed a new patient write-up in the form of a narrative letter. As a narrative letter it should not be broken down into sections with headings. Through the intern's presentation of the case to the clinical faculty member, clinical learning objectives are formed for each case through intern reflection and discussion with the clinician.

Case presentations must be completed within two weeks of the initial visit. The Learning Objective for the case should be completed within two weeks of the case discussion with the Primary Clinician.

Additionally, please see the detailed reference of Case Reports on page 18.

SUBSEQUENT TREATMENT PROCEDURES

SUBSEQUENT TREATMENT PROCESS

On subsequent treatments, the intern greets their patient in the waiting room and accompanies them to the previously scheduled treatment room. If the case has been signed off, then treatment begins with a subjective and objective assessment. If, at this point, there are features of the case that raise a concern, or a change of diagnosis, or a complication, the intern must consult the clinician. Otherwise, treatment is provided.

If the case has not yet been signed off, or if the treatment plan has expired, a permission to treat (PTT) signature is required from the clinician before any treatment is performed.

The health record for a subsequent visit is recorded in the SOAP format. The subjective (S) element of this record is the patient's comments regarding their health status. Objective (O) entries include findings from the physical evaluation performed on the day of record. Assessment (A) refers to the current diagnosis or diagnoses. The plan (P) describes the specific

interventions that were provided to the patient on that visit. The treatment must be recorded in sufficient detail that another intern or clinical faculty member could provide the same treatment during a future visit, if necessary. Ensure that each SOAP note has the proper intern's name displayed below the SOAP entry. The clinician will verify the SOAP note after conversing with the patient. SOAP notes should also be completed after relevant discussions with the patient, such as phone conversations, or voice messages left by the patient. Missed appointments must be recorded in the SOAP record as these may play an important role in the management of the patient's case.

At completion of the PMT shift, the clinician must go through the schedule of appointments and ensure that all treatments are verified and all new intake forms have been scanned into the electronic health record.

RE-EVALUATION PROCEDURES

In OSCAR, the re-evaluation process is completed on the CMCC Intake form. This should be completed on the same complaint as for the initial evaluation, so that relevant information is displayed side-by-side. A re-evaluation is required on an existing patient when the most recent plan of management has expired in terms of frequency or duration. A re-evaluation is not a full assessment, but rather, is a directed history and examination focusing on the ongoing complaint. The history should address diagnosis and differential diagnoses. Relevant questions should be asked about differential diagnoses, especially if progress has been less than expected. The physical examination should address the positive findings from the previous examination, including ruling out differential diagnoses. The plan of management described in the re-evaluation should be appropriate for the progress that the patient has achieved to date. Goals and outcome measures should be described for the treatment period outlined in the re-evaluation. The re-evaluation form must be reviewed and approved by the clinician prior to the intern proceeding to treatment.

After a prolonged interruption in care, (maximum six to eight weeks) a re-evaluation and new informed consent must be completed prior to any resumption of treatment of a patient. Disability indices or any other outcome measurements must be completed at the time of evaluation or as directed in the plan of management.

NEW COMPLAINT PROCEDURES

A New Complaint evaluation is completed when an existing patient presents with a complaint that has not previously been assessed and diagnosed. The evaluation process is completed on a new OSCAR CMCC Intake form. The same process as for a new patient intake is followed. The clinician will ensure that a history is performed on the new complaint. The history is not expected to be as wide ranging as in the initial new patient process, however the line of questioning should address the new complaint as well as any wider health issues that may be of concern (for example, a second area of joint pain may be an indication of a rheumatological condition). After the history is taken, the intern must consult with the clinical faculty. A discussion of differential diagnoses and the planning of an appropriate, history focused, physical examination takes place prior to the intern beginning the physical examination. After this discussion with the clinician, the intern must explain the nature of the physical examination to the patient and obtain verbal consent to perform the examination. This should then be documented in the patient file.

The examination should focus on the new complaint but should be wide enough to include broader differential diagnoses. Upon completion of the physical examination, the intern will again return to the clinician for discussion of a working diagnosis. A discussion of appropriate treatment will also take place at this point. If radiographs are required, the intern will complete the forms and have them signed by their clinical faculty. The intern will make an appointment for the patient with the radiology department. If other examinations or consultations are required, the intern will compose a referral letter that must be approved by the clinical faculty.

The clinician's role through this entire process is to facilitate rational critical thinking, and to assist the intern to use evidence-based principles in determining a most likely diagnosis and evidence-based plan of management. **A new Report of Findings/Informed Consent must be completed because the nature of the new complaint, the diagnosis and the new treatment plan will have different risks, benefits, goals, and prognoses.**

COMMUNICATION ABOUT A PATIENT

Any communication regarding patient care between clinicians, clinicians, and interns and between interns, shall be performed within the EHR. In OSCAR, this may be done using a clinical note within the SOAP note or OSCAR messaging. Communication may also be completed by fax. Any regular email communication about a patient must not contain any personal identifiers, including attachments.

Notify is an appointment notification system in our version of OSCAR. This allows our receptionists as well as clinicians and interns at clinics without receptionists to send appointment notifications and reminders to patients through OSCAR. Notify sends an appointment notification via email when the appointment is made and a reminder email 2-4 days prior to appointment. In addition, it has a mass email feature which allows us to communicate with our patients via email in situations such as clinic closures. Please see the Notify Training Manual on the CE 4405 KIRO site for more details.

Communicate is a feature in our version of OSCAR that allows for secure electronic communication with patients via a secure portal. Patients are provided a pin which allows them to access information or communication placed on the portal. Currently, this feature is only available for clinicians to use. Please discuss with your clinician should you need to provide secure electronic communication to a patient. All clinicians are trained in the use of Communicate.

DIAGNOSTIC IMAGING BOOKING PROTOCOL

The steps below must be taken to book a radiograph for a patient. The clinicians must:

- Review the case with the intern
- Determine whether diagnostic imaging is appropriate based on the patient evaluation and consideration of differential diagnoses
- Verify and/or sign any necessary paperwork for the radiographs to be obtained
- Answer any questions regarding the radiographic procedure, and/or associated costs, that the patient may have, should the patient's questions not have been satisfactorily answered by the intern

The intern must:

- Discuss the case with the primary clinical faculty
- Discuss the radiographic procedures and costs with the patient
- Schedule a time in the radiographic scheduling book, and include the patient's name, intern name and the body part to be radiographed (e.g., cervical spine)
- Fill out the required paperwork:
- Consultation Form (X002) – includes detailed history and is signed by the intern and the clinical faculty
- Pregnancy Release Form (X003) – on the back of X002 for females, signed by the patient and the clinical faculty if necessary
- Labels to affix to the radiograph are done in the x-ray department
- Treatment Slip

The required paperwork should be taken to the Radiology Department. If previous films were taken at CMCC, the intern should obtain the previous radiographs (for comparison) before bringing the patient to the department.

The clinician should review the previous radiographs with the intern.

The intern will bring the patient to the change room and instruct them to change into a gown, which is found in the radiology change room. All patients must wear a gown, unless they are having an extremity radiographed. If the patient is female, she should be reminded to remove her bra.

The patient will be left in the change room until the radiology room is prepared. An intern or a radiological technologist will bring the patient from the change room to the radiology room.

The intern should inform the technologist whether to let the patient go after the radiographs are taken, or whether the intern will return to pick up their patient.

ORTHOTICS

Orthotics are a health care intervention. Provision of orthotics requires a detailed evaluation, leading to the decision to recommend orthotics as well as a specific report of findings with consent. This must all be included in the patient record.

The need for orthotic devices will be determined by the primary clinical faculty and attending intern in consultation with the patient.

The patient will be billed for a subsequent treatment for an orthotics consultation. If the consultation occurs during a regular chiropractic visit, no additional fee will be required. The patient must also be fully informed of the services available and the associated costs of the orthotic devices.

Casting Forms and computerized gait scan analysis for orthotics are available to clinical faculty and interns at the Campus Clinic both behind Clinic Reception and in the Rehabilitation room. Casting forms are also available at the external clinics. Castings are shipped to the manufacturers in the supplied packaging by the Campus Clinic receptionists.

All patients are required to pay a deposit when ordering orthotics before the castings are shipped. The balance is due upon the fitting and dispensing of the orthotics, at which time further instruction regarding the appropriate wearing of the orthotics will ensue.

CMCC fees for orthotics are available from Clinic Reception. A fee is charged at the time of orthotic prescription – an initial fee if the patient is only being prescribed orthotics, and a subsequent fee if the patient is currently being seen in any of our clinics.

When orthotics are picked up a visit fee is charged ONLY IF the patient also receives chiropractic treatment on the same visit. Regardless of whether treatment is provided, a SOAP note must be generated when the orthotics are dispensed.

Orthotic prescription on dispensing shall be performed in accordance with the CCO Standard of Practice for Orthotics (Standard of Practice S-012).

TECHNIQUE & ALTERNATIVE CHIROPRACTIC TREATMENT PROTOCOL

The primary mode of treatment for patient care will be diversified technique, as taught in the pre-clinical program. It is appreciated that on occasion patients either fail to respond to the diversified technique or present with a condition that may benefit from a non-diversified technique. In these situations, the clinical faculty may consider an alternative therapeutic approach.

Following an appropriate examination, the patient may be identified as a

candidate for an alternative therapeutic technique. It is necessary to use the following protocol when implementing non-diversified treatments into a patient's plan of management:

- Prior to developing a plan of management, a clinical faculty who has formal training in the alternative chiropractic treatment method must agree to supervise the care of that patient. In the case that the clinical faculty approached is not the intern's primary clinical faculty, the primary clinical faculty must agree and transfer care to the clinical faculty who will be providing the alternative chiropractic treatment.
- A re-evaluation with a new plan of management must be formulated by the attending intern that outlines diagnosis, frequency, and duration of treatment, nature of treatment to be provided, prognosis, and outcome measures to be used. This is to be approved by the alternate clinical faculty. Any non-diversified technique to be used in the management of the patient in question must be supervised by the alternate clinical faculty who has the formal training in the non-diversified technique.

THIRD PARTY PAYERS

WORKPLACE SAFETY AND INSURANCE BOARD (WSIB) - PERSONAL INJURY - WORK-RELATED CASES

The WSIB is the insurer responsible for providing health care compensation for Ontario workers injured in workplace accidents. Similar agencies exist in other Canadian provinces and most other jurisdictions. Chiropractic is one of the health professions recognized by the agency. Full details of the procedures may be found, along with several resources at the WSIB website.

Under the supervision of the primary clinician, interns are responsible for completing the appropriate intake forms for one WSIB case during the clinic year in order to reach competency in processing claims for injured workers. The work- up may be on a mock case if the opportunity to process a real claim does not present itself. Such cases shall be presented to clinicians and the clinician will complete the sign-off for this requirement.

WSIB patients are processed in the same way as any other CMCC patient and all CMCC forms are to be completed. If the patient states that an injury is related to their work and if the intern believes that the cause of the injury

is due to workplace factors, a Health Professional's Report (Form 8) should be initiated.

However, Form 8 is completed only if the injured worker's diagnosis is not compatible with any of the WSIB's Programs of Care. The Health Professional's Report is completed once the intern and clinical faculty have decided on a diagnosis and plan of management. Should the working diagnosis be compatible with one of the WSIB's Programs of Care, then the respective Program of Care forms should be completed (and billed for) instead of Form 8.

Form 8 initiates the chiropractor's health care process and an adjudicated claim will result in payment for 12 weeks of treatment. The completed form is presented to a clinical faculty, who, upon review and feedback, will authorize this requirement in the Intern's Workbook. The form is then processed through the CMCC billing office. WSIB claims should be noted in the electronic health record in the Ongoing Concerns box.

The WSIB website ([wsib.on.ca](http://www.wsib.on.ca)) contains important information about the policies and procedures practicing chiropractors will use when dealing with the WSIB <http://www.wsib.on.ca/>

WSIB PROGRAMS OF CARE

The WSIB has developed Programs of Care for several common workplace injuries. Programs of Care are evidence-based health care delivery plans that include interventions shown to be effective for workers diagnosed with specific injuries. Chiropractors can utilize these programs for musculoskeletal injury and mild traumatic brain injury. These delivery models are used for either new injuries or reoccurrences. Programs of Care are developed in collaboration with health professionals, worker, and employer representatives, and the WSIB. <http://www.wsib.on.ca/>

MOTOR VEHICLE ACCIDENTS (MVA) / MOTOR VEHICLE COLLISIONS (MVC) - PERSONAL INJURY DUE TO AUTO COLLISIONS

Unless a patient specifically indicates that they do not want to file a claim with their auto insurer regarding their personal injury, the claim must be processed as a motor vehicle claim.

When a patient has been involved in a motor vehicle collision (MVC) and

sustained a personal injury, the patient is processed in the same way as any other CMCC patient and all CMCC forms are to be completed. However, if the patient indicates that their injuries were a result of the motor vehicle collision, and if the patient has not already done so, they should be instructed to contact their auto insurance carrier and report their personal injury. They will subsequently be assigned a claim number and forwarded a package of information which they will be required to complete; some independently, and some with the assistance of the attending chiropractor/clinician and intern.

The package of information which the patient's insurance carrier will forward to them is called the Application for Accident Benefits. This package of information can also be found on the website of the Financial Services Regulation Authority (FSRA). All clinicians should be familiar with this package of information, and when necessary, should assist the patient in completing their portion of the application.

Within the Application for Accident Benefits, there are several important forms (OCF Forms) which the clinician and attending intern are required to complete and submit on behalf of the patient in order for any patient's treatment expenses to be covered by their auto insurance carrier. These forms include: OCF-3 (Disability Certificate), OCF-23 (Minor Injury Guideline Treatment Protocol), OCF-24 (Minor Injury Guideline Discharge Summary), OCF-18 (Treatment Plan – if the patient's injuries fall outside of the Minor Injury Guideline), OCF-21 (Auto Insurance Standard Invoice-AISI). Again, please refer to the FSCO website for a full description and explanation of these forms, as well as instruction guides and manuals which are provided in order to help complete these forms.

If a patient's injuries fall within the Minor Injury Guideline (MIG), then, the clinician and attending intern are required to complete the OCF-3 and the OCF-23.

However, should there be compelling evidence that the patient's injuries fall outside of the MIG, or if it is likely that the patient's injuries will not resolve within the funds allocated to the MIG, the clinician and the attending intern should complete the OCF-18, along with an estimation of cost for the treatment to be provided.

MVA/MVC BILLING

All billings for patient treatment and completion of forms must be done by

completing the OCF-21, the Auto Insurance Standard Invoice (AIS). The clinician and intern, together (for the edification of the intern) complete this form and submit it to the administrative staff at the Campus clinic in charge of billing for auto insurance claims. This billing will then be done electronically via the HCAI system. Although the billing is submitted by the administrative staff at the Campus clinic, clinicians are expected to have a working knowledge of the HCAI system. <http://home.hcaiinfo.ca/index.php>

PRACTICE MANAGEMENT INFORMATION

DEVELOPMENT OF AN INTERN PRACTICE

Developing a practice is an essential skill for a health professional and must be done in an ethical and professional manner. Chiropractic interns are responsible for developing practices within the patient management team in which they are placed. There are two components to this practice; patients who are referred to interns by clinical faculty and already have an established relationship with CMCC, and those who are referred to interns through the intern's network of contacts.

Providing excellent patient care to existing patients and communicating with their other health care providers is a good way to attract new patients.

Marketing is used by chiropractors to help build practices. Interns must market themselves in an ethical manner in accordance with the CCO's advertising guidelines (<https://www.cco.on.ca/members-of-cco/guidlines/>). CMCC business cards should be provided to patients or perspective patients on an individual basis. These cards are given to patients so that they may contact interns regarding care. Business cards or other advertising materials must not be used to solicit patients in a public forum (e.g.: pinned up on bulletin boards in apartment buildings or places of business). Primary clinical faculty members will counsel interns on effective ways to market their practices.

FEE REDUCTIONS

It is recognized that there are occasions when patients are unable to afford

the payment requirements established by the Clinic. When this occurs, the patients may be entitled to receive chiropractic services at a reduced rate. Fee reductions are provided for a limited time only and the duration should be indicated by the primary clinical faculty.

The primary clinical faculty members will evaluate fee reduction requests subject to the guidelines and procedures listed below.

Reasons for a fee reduction must be thoroughly reviewed and documented. Considerations should include:

- family status
- employment status
- anticipated length of treatment

If there is a valid need to provide a patient with a fee reduction and the reasons have been appropriately documented, interns must review the need with their primary clinician. The clinical faculty member must meet with the patient to discuss the recommendation. After the discussion, the clinician will approve the fee reduction on a Fee Reduction Form which should also include the review date.

There are no fee reductions for initial visits, radiographic imaging, or shockwave therapy.

The original approved paper copy of the Fee Reduction Form should be given to a clinic receptionist who will scan the form into OSCAR and make the appropriate alert in the patient's file.

The primary clinical faculty has the authority to sign the standard fee reduction. If a patient is requesting a further fee reduction, a member of the Clinic Management Team will meet with the intern to discuss the case. The intern should be prepared to defend the rationale for a fee reduction; this too is a learning opportunity and one that will be valuable in private practice.

Note: The intern must exercise caution when discussing fees with patients. No intern may promise a fee reduction to any patient. Fee reductions must be time- limited. FEE REDUCTIONS WILL NOT BE RETROACTIVE

PROFESSIONAL COURTESY VISITS

All, CMCC Clinics will charge a fee for professional courtesy visits provided to students of Regulated Health Programs. This will be a modest fee of \$5.00 for subsequent visits and \$15.00 for the initial visits.

Students from other regulated health professions are required to provide valid student identification at reception on the first visit.

CMCC will offer complimentary treatment to CMCC graduates for a period of one year. If patients are CMCC members, fees will continue to be waived.

Professional courtesy is extended to students of the following professions:

- Audiologists and Speech-Language Pathologists
- Chiropodists and Podiatrists
- Chiropractors
- Dental Hygienists
- Dental Surgeons
- Dental Technologists
- Denturists
- Dieticians
- Homeopaths
- Kinesiologists
- Massage Therapists
- Medical Laboratory Technologists
- Medical Radiation Technologists
- Midwives
- Naturopaths
- Nurses
- Occupational Therapists
- Opticians
- Optometrists
- Pharmacists
- Physicians and Surgeons
- Psychologists
- Physiotherapists
- Respiratory Therapists
- Traditional Chinese Medicine Practitioners

EXTRA CHARGES FOR PATIENT-RELATED SUPPLIES

Extra charges over and above the subsequent treatment fee may be levied to the patient in certain situations. These include the following but are not limited to:

- The purchase of Theraband to be used as part of a self-directed exercise program for the patient.
- The purchase of athletic trainer's tape, Kinesio/Rock tape, which is intended to be used as part of the patient's treatment intervention.
- IFC Pads can be purchased from all CMCC clinics. These IFC pads are to be used on the patient who purchased them only. There is to be no sharing between patients for any reason.

The patients are to be given the IFC pads they have purchased and are responsible for bringing them with them to their visits.

If a patient cannot afford to purchase IFC pads, red or black sets of rubber electrodes are to be used as these can be cleaned and sterilized.

If the patient arrives without the IFC pads previously purchased or has lost them, they will need to either purchase a new package or use the black or red rubber electrodes. Except in extreme circumstances, CMCC will not store, replace, or purchase these items for patients.

SELLING OF PRODUCTS IN CLINIC

If a patient requests to purchase therapeutic products and other assistive devices (e.g., braces, creams, gels, ice packs, elastic tubing/Theraband, pillows, supplements) they should be referred to the Supply Center and Bookstore during normal business hours. However, should the need arise to purchase therapeutic products after business hours of the Supply Center and Bookstore or at external CMCC clinics, this can be done by emailing the Administrative Assistant to the CMT.

COMMUNICATION WITH PATIENTS

CMCC recognizes that on occasion it will be necessary to communicate with a patient at times other than a scheduled patient care appointment. All communication between a patient and an intern or clinician should be facilitated via a CMCC telephone rather than personal cell phone.

Any conversation with a patient must be recorded in the patient file documentation. Remember, CMCC's patients are the patients of the Primary Clinicians and they must be included in correspondence and updated regarding patient communication.

Privacy must be ensured during communication with patients.

Patients should not be given private cell phone numbers, email addresses or social networking sites of an intern for any purpose, but in particular for discussing care or making future appointments.

All telephone messages received should be returned during the intern's normal clinic hours. Voicemail messages must respect patient privacy of health information. Personal health information must not be left in a message to a patient.

The Primary Clinician/Signing clinician must approve all written communication sent from CMCC's clinics.

Social Media Guidance for CMCC Interns

Prepared by Mara Bartolucci, AVP Institutional Advancement and Communications

The following guidelines provide general direction on the professional and responsible use of social media for CMCC Year IV students during their practice experience at CMCC teaching clinics. These guidelines apply to the use of social media but should also be taken into consideration in any communications during practical education experiences.

The use of electronic communication, including the use of social media is now fully integrated into our daily lives, both personal and professional. Students at CMCC, whether in Year I or Year IV are reminded that they are embarking on a career to become a trusted health care professional. Interactions with the public and reputation begins before the conferment of a DC degree. The principles of professionalism apply to chiropractic students and interns both in person and in any form of communication including online and social media interaction.

Therefore, in order to avoid any problems or misunderstandings, the following are a few guidelines to provide helpful and practical advice for you when interacting on the internet or social media fora as an identifiable student or intern of CMCC.

Social media: can be any web-based forum where users interact online to share and consume information. The most common sites include FaceBook, Twitter, Instagram, LinkedIn, Google+, blogs, Youtube, etc.

Year IV interns are permitted to post their status as a CMCC chiropractic

intern on social media provided they are identifying themselves clearly with their first and last name and that as a chiropractic intern, they are operating under the supervision of a licensed chiropractor and will be personally responsible for any and all posts and information published.

As CMCC clinics operate in the province of Ontario, any online communication must comply with the current CCO Social Media standard (Guideline G-012) and Advertising standard (G-016) and not offer any advice or information reserved for a licensed DC. A Chiropractic intern is a DC in training, who is unlicensed and is operating under the supervision of a licensed chiropractor in Ontario.

All postings are permanent and form a virtual profile that cannot be deleted or removed from 'the internet' including social media sites. Digital media has a very long memory and anything you post can be 'remembered'.

Professionalism and Privacy:

Always ensure that your profile is professional and in line with the code of conduct for CMCC students and for the chiropractic profession. Please use common sense and respect your audience, your peers, and your school in all communications.

Once you identify yourself as a CMCC intern, any association with you and CMCC, the faculty, your colleagues, etc. will be made. Do not conduct yourself online in any way that might jeopardize the reputation of your supervising licensed clinician, your classmates, other CMCC students and CMCC as an accredited and well-regarded teaching institution.

Interns may not communicate on social media with a patient nor should any photos of patients, names, personal information, etc., ever be shared. This would be in contravention with the provincial and national privacy and personal health information policies (PHIPA).

As an intern, you do not represent CMCC, nor can you be considered a spokesperson for CMCC. The only official spokesperson for CMCC to the media and public is the President. Any opinions or postings made by you only represent yourself and not the school or profession. To ensure that this is clear to any member of the public, consider a disclaimer such as:

Name, Chiropractic intern

The opinions expressed here are my own and do not in any way represent the position, opinions, or strategies of the Canadian Memorial Chiropractic College.

Know when NOT to share:

Additionally, any internal communications to students by staff, faculty, etc., of CMCC and intended only for that audience cannot be shared or made available to the greater public by you via your social media channels and profile. For example, a memo to all students from the President should never be shared outside of the intended audience (students of CMCC).

Please act responsibly with the information you are entrusted with as a student and future chiropractor. Respect your audience. If you choose to be in a virtual world please behave professionally and accordingly. We all appreciate respect. Think about consequences. Please ensure that your Facebook, Linked-in, Instagram, or any other external facing profile and related content is consistent with how you wish to present yourself to clients and colleagues.

If in doubt, please contact a member of the Clinic Management Team before you hit the send button.

Letters to Physicians or other Health/Social Service Providers

To facilitate inter-professional communication, CMCC requires, at the discretion of the clinician, a clinical note or letter be sent to all family physicians, other health professionals, or social service agencies, provided that the patient has consented to a release of information. Consent to release of personal and health information must be contemporaneous to the correspondence.

- Each patient will be requested to sign an authorization to release health information to their family physician and this must be scanned into the EHR.
- For those patients who have signed the authorization, after a plan of management has been established for each new patient, a clinical note will be written, in narrative format, to the patient's family physician and a copy scanned into the EHR.
- Any new complaint will have a similar clinical note forwarded to the family physician. A new authorization form needs to be signed and uploaded.
- When appropriate, follow-up correspondence should be forwarded to

the physician.

DISCHARGING A PATIENT

At the conclusion of care due to resolution of complaint, the patient may be discharged. This often involves leaving the patient with a self-directed plan of management including exercises and lifestyle changes. When a patient is discharged, appropriate notes are to be made in the health record including a SOAP note and an update recorded in the “ongoing concerns” box on the OSCAR encounter screen indicating discharge.

At other times patients may decide to discontinue care before the end of a course of treatment. In this case, the file should also be updated with information regarding any communication the intern has had regarding the discontinuation of care.

Patients may be discharged from care for other reasons. This may include issues such as noncompliance, or inappropriate behavior. If a patient is discharged for any of the aforementioned reasons, the clinician must provide the patient being discharged with a list of other practitioners within the local area that the patient may see if they so choose. Furthermore, the clinician must document in the patient record, the reasons for the discharge of the patient. Patients who are discharged from care for non-health related reasons should also have a note placed in the “ongoing concerns” regarding the nature of the patient discharge.

GENERAL INFORMATION

CLINIC CLOSURES

The closure of CMCC Clinics fall under the scope of the [Temporary Closure of CMCC](#) policy found on the Institutional Policy section on the CMCC website.

Clinic procedures are as follows:

Outside of Clinic Hours

Closure of CMCC’s clinics will be sent as an announcement from the CE4405 Canvas site.

How to find out more:

- Check your CMCC email.
- Visit CMCC's website at <http://www.cmcc.ca> where announcements will be posted on the home page.
- Visit the CMCC twitter feed @CMCCnews, or the CMCC Facebook page. To receive breaking news on any weather-related conditions affecting CMCC, please follow us on Twitter or like the CMCC Facebook page!

Interns, faculty, and staff will attempt to contact all patients by telephone to cancel and arrange alternate appointments.

Notices will be placed on clinic entrances.

No patient care will be permitted.

The closure of the Campus Clinic will be consistent with the closure of CMCC as a whole.

During Clinic Hours

Once a closure has been determined by the President, at the Campus Clinic, a clinic receptionist, or a member of the CMT will announce the closing through the CE4405 Canvas site. If external clinics are also to be closed, a member of the CMT will contact the clinicians at the external clinics and it is expected that the same procedures will be followed at the respective external clinic.

- All patient care must be concluded within 30 minutes of this notification
- A notice indicating the closure will be posted at the clinic entrance
- Interns and reception staff will attempt to contact all patients scheduled for the remainder of the day to cancel and arrange alternate appointments.
- No unsupervised patient care is permitted

EQUIPMENT MAINTENANCE

Equipment-specific Instructions

In order to improve the longevity of the equipment and modalities found in the CMCC clinics, the following procedures should be followed:

Tables

The entire table is wiped down after each patient visit with disinfectant wipes

The last person using the treatment room is responsible for tidying the room.

Any defect in tables should be raised to the clinician who will put this on the Teams site for table and equipment repair.

Modalities

Disinfect all areas of modalities that have come in contact with patient skin with disinfectant wipes.

Tidy modality and clean surfaces with disinfectant wipes.

Clean glasses used for laser treatment after each use with disinfectant wipes. When using gel electrodes, these may be multiuse but are dedicated to one.

patient. Patients are provided with their own electrodes at a reasonable cost. The patient is to be given their electrodes to bring to each visit. If a patient forgets their electrodes, they may purchase disposable electrodes at a reasonable fee.

When using sponges for electrodes, these are to be washed with soap and water, and then microwaved for two minutes after each use. This will kill 99% of infectious agents.

When using other electrodes, they are to be detached from the unit and wiped with disinfectant wipes or placed in a Dettol bath prior to further use. When they are to be used again on another patient, they are removed from the Dettol bath, placed in the soap/water tub, and rinsed before applying to another patient.

All drains at the back of the Interferential Current unit must be emptied on a daily basis.

Any defect in modalities should be raised to the clinician who will put this on the Teams site for table and equipment repair.

Thumpers/Vibromax

Surfaces that come in contact with the patient must be wiped after every patient and at the end of each day with disinfectant wipes

Other clinical equipment:

- Stethoscope
- Hand held weights
- Ice packs
- Reflex hammers
- Instrument Assisted Soft Tissue tools

All other equipment applied to a patient during assessment or treatment should be cleaned with Virox wipes between uses.

Ice packs should be applied wrapped in towel or paper towel and not applied directly to skin. They are to be cleaned with Virox wipes after each use.

Only CMCC modalities may be used in the CMCC Clinics.

INTERN ATTENDANCE MANAGEMENT

The Year IV Internship is a twelve (12) month program. All interns are required to be present for the entire 12-month period, with the exception of approved time away from Clinic. CMCC requires all interns to complete a minimum of 1,000 hours related to clinical activities, exclusive of labs.

CMCC recognizes the fact that interns will require time away from the program due to illness, vacation, or unforeseen events. Absences of 3 days or less are to be approved by the Primary Clinician and noted in the Intern's Workbook but do not require a formal Leave of Absence request form. Absences of greater than 3 clinic day's duration must be requested in advance whenever possible and supported by a Leave of Absence request form available on KIRO, under CE4405, Resources. This Form is to be signed by the Primary Clinician and forwarded for final approval to one of the Directors, Clinical Education and Patient Care.

INTERN ATTIRE

All CMCC interns should dress in a manner which reflects positively on the Division, CMCC and their profession. Clothing worn to work should reflect professional status, be clean, provide for mechanical safety of intern and patients, allow for full performance of all duties, and provide easy identification of the intern.

The dress code for all interns and observers is as follows:

- A CMCC photo identification badge is to be worn at all times.

- Scrubs are the mandatory attire for CMCC interns for the Class of 2025
- Long hair should be tied back during patient treatment. Jewelry must be discreet. Visible piercings must be of a conservative nature. Interns at the external clinics may have a more relaxed dress code due to the standards set by our host institutions at the external clinics. Regardless, no jeans or shorts are permitted.

All interns should appear neat and professional. Any intern who does not abide by the dress code or appears not to be professionally dressed will be sent home to change. This dress code applies to any of the areas considered to be under the jurisdiction of the Division of Clinical Education including, but not limited to, the Radiology department, Blood Lab, and the Interns Writing Room. Interns will not be permitted to work in clinic unless they are in clinic attire.

USE OF CELL PHONES, COMPUTERS, AND DIGITAL DEVICES

The use of personal cellphones should be restricted during work hours. If a need arises to make a personal call for an urgent matter, please ensure you are covered in clinic by another intern and take the call off the clinic floor. As mentioned in orientation, do NOT provide patients with your personal cell phone numbers.

FOOD IN CLINIC

Bringing food into a clinical space can be unhygienic. Furthermore, patients, other students, faculty, or staff may be very sensitive to certain food odors and scents. As such, please restrict bringing food into clinic as much as possible. Drinks are permitted in the administration meeting rooms. At the Campus clinic, food must be consumed either in the cafeteria or behind closed doors in clinic.

BREACHES OF CONDUCT

A clinic infraction occurs when an intern violates any of the Institutional or Academic policies or departmental procedures and may result in a penalty.

Clinical faculty will forward a clinic infraction report to the Dean, Clinics. Resolution may be facilitated at the level of clinical faculty, Director of Clinical Education and Patient Care, or Dean, Clinics.

If the clinic infraction, as determined by the Dean, Clinics, impacts or is covered by and Institutional or Academic policy, then the procedure outlined in those policies will be carried out.

All infractions of a serious nature will be referred to Student Services for disciplinary action in accordance with the Discipline Process as described in the Academic Policies and Procedures.

CONFIDENTIAL HEALTH INFORMATION PROCEDURES

Details of PIPEDA can be found at:

http://www.priv.gc.ca/leg_c/r_o_p_e.asp

Details of PHIPPA can be found at: [http://www.e-](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm)

[laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm)

Training on Privacy and Confidentiality is provided through on-line modules. Clinicians and interns must ensure that patient confidentiality is protected at all times. Patient confidentiality or privacy is compromised if information allowing identification of the patient is removed from the clinic. This information may be removed from the clinic environment only if de-identified in order to assist interns with writing up cases or developing professional correspondence.

Photocopies or printouts of patient documentation may be made to facilitate case write-ups using the following procedure:

- Interns may print/photocopy any patient documentation contained in the health record.
- Printing/photocopying must be done within the clinic environment only.
- All patient identifying data must be masked on the paper document leaving the CMCC clinic environment, i.e., name, file number, address, phone number, etc.
- The document to be leaving CMCC will be presented to the clinician for review. This clinician will affix their signature and date on each page of the photocopy or printout if it meets the criteria above.
- The clinician will annotate the file to identify the date, their initials, and the number of documents that have been copied or printed (e.g., July 31/2020, 4 copies).
- The intern will present the returned documents to the clinician at case

presentation. The clinician will indicate in the file that the documents were returned by an annotation in the file indicating the number of documents returned. The documents will then be shredded.

RELEASE OF PATIENT HEALTH INFORMATION PROCEDURE

CMCC carefully regulates the patient health information and records requested and released to the patient, lawyers, other healthcare practitioners and third-party payers. Subject to statutory requirements, a patient must sign the consent form before records, reports, file reviews, diagnoses, plans of management, prognoses etc. are released. Any and all information regarding a patient obligates the acquisition of the patient's (or patient's guardian's) consent before the information can be released. Instances may occur where information, interpretation, or opinion regarding a case (not necessarily a CMCC patient) has been sought. Regardless of whether or not the request is formal or informal, proper protocol must be followed by all faculty, clinical or otherwise.

There are two different routes by which this protocol may be followed: requests from CMCC clinic patients and requests from other parties.

REQUESTS FROM CMCC CLINIC PATIENTS

A request for information regarding a patient health record or the interpretation of this information must be accompanied by the signature of the patient (or guardian) authorizing the release of this information. The request for the information and the signed consent form should be scanned into the patient file and a campus clinic receptionist should be notified via OSCAR message of the request. No clinician or intern should process such requests; the campus clinic reception team is responsible for the processing of all file copy requests.

REQUESTS FROM OTHER PARTIES

Any request for information from sources such as law firms or insurance companies regarding a patient, review of records, interpretation of findings or diagnostic imaging, etc. must be formalized. In every case, the request must be submitted in writing and accompanied by a duly signed consent

form. The request for the information and the signed consent form should be given to any receptionist. This will then be scanned into the patient file. No clinician or intern should process such requests, the campus clinic reception team is responsible for the processing of all file copy requests.

REQUESTED DETAILED NARRATIVE REPORTS

Any requested detailed reports from outside sources, or whether requested by a patient themselves, must be brought to the attention of the Senior Campus Clinic Receptionist, accompanied by a signed “Consent to Release Information Form” from the patient to whom the request pertains. The fees for the requested reports will be billed based on an hourly rate, and according to the clinician’s credentials and level of expertise as described in the Ontario Chiropractic Association’s Recommended Fee Schedule.

OSCAR ELECTRONIC HEALTH RECORD

The main EHR used by CMCC is OSCAR (Open-Source Clinical Application Resource). This program has specific protocols and directions found in the Standard Operating Procedures (SOP) document located in the Resources section of the KIRO site for CE4405.

This procedural manual provides details on the use of OSCAR. All interns are required to be familiar with the SOP. Accurate health record keeping protocols must be followed to ensure adherence to Standards of Practice. Appropriate placement of data is described in the SOP. Scanning and uploading of relevant documents is also an important step in health records retention. Embedded in the SOP are detailed instructions on the scanning process and allocation of documents to the appropriate patient file.

There are additional training manuals for the use of Notify and Communicate which are patient communication tools in OSCAR.

CLINIC LABORATORY SAFETY

The Clinic Laboratory contains a wide range of hazardous materials, many capable of producing serious injury or life-threatening disease. To work safely in this environment, interns must be aware of the hazards, the basic safety precautions associated with these hazards, and learn to apply the basic rules of common sense required for everyday safety. No food or beverages are permitted in the laboratory.

Hand contact represents the number one method of infection transmission. Interns obtaining blood and urine samples must observe the proper precautions since such contact can provide an unlimited vehicle for the transmission of infection. It is essential to wear gloves when dealing with specimens in the Clinic laboratory and to wash hands before and after working with specimens.

Personal protective equipment such as laboratory coats and gloves are provided to interns for their personal safety and minimize the risk of communicable disease. This equipment never leaves the laboratory.

When following venipuncture procedures, special precautions must be taken. Tourniquets, gauze, alcohol pads, needles, and bandages must be deposited in the waste containers labelled for this use. Specimens and laboratory counters are to be cleaned of any blood contamination, and soiled material must be placed into plastic bags for autoclaving.

The primary biologic hazard associated with phlebotomy is exposure to blood-borne pathogens transmitted by blood-to-blood contact. Transmission may occur by accidentally puncturing oneself with a contaminated needle or lancet or by passive contact through open skin lesions or mucous membranes of the eyes, nose, or mouth.

It is impossible to always know whether or not a patient's blood contains a blood-borne pathogen; therefore, universal precautions should prevail. All patients should be assumed to be infectious.

RADIOLOGY LABORATORY SAFETY

CMCC is compliant with the Healing Arts Radiation Protection Act (HARP).

For detailed information please go to:

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h02_e.htm#Top

Interns are acting as agents of a CMCC employee when they are involved in taking patient radiographs, therefore the CMCC employee institutional policy regarding x-ray safety is applicable to the intern under this situation.

When taking radiographs of women who might be pregnant, Safety Code 20A. Section 9.2 Guidelines for radiography of pregnant women must be applied:

http://www.hc-sc.gc.ca/ewh-semt/pubs/radiation/safety-code_20-securite/index-eng.php#a9.2

Policy:

Refer to the Xray Safety Policy on CMCC's Policy Page:
<https://www.cmcc.ca/about-cmcc/documents/public-policies/XRay-Safety.pdf>

EMERGENCY PROCEDURES

All Regulated Health Professionals at CMCC are First Aiders and are trained in First Aid, CPR and AED (Automated External Defibrillator).

The first faculty member on the scene will assume responsibility for the situation. They will determine the required course of action. All instructions given by the faculty member must be followed immediately by all other faculty members, interns, and staff. Any first aid procedures, including CPR, will be administered when instructed by the faculty member on the scene.

The faculty member will determine whether 911 should be called and will direct the call to be made by the nearest person with a phone. In the event that an ambulance is summoned, or if the patient is taken to hospital, the Dean of Clinics and CMT must be notified immediately, regardless of the hour.

If the emergency involves a clinic patient, the declaration of an emergency establishes a special status. Regardless of whether the patient is a new or regular patient, the faculty member must perform an emergency examination and complete all clinical notes and incident reports. Any follow-up contact with the patient must also be noted by the attending clinical faculty. Treatment by the intern may resume only after authorization by the attending faculty member.

First Aid box, AED and Oxygen are located near the entrance to the Clinic Management Team offices. First Aid boxes are also located on the clinic floor. A list of First Aid Boxes/AED/Oxygen are posted on the Safety Bulletin Board. (Located at the bottom of the center staircase in the basement).

CMCC CLINICS

In addition to the Campus Clinic, CMCC has a variety of external clinics at which care is provided to diverse patient populations. External clinics offer

interns choice in their clinical experiences, treating patients from diverse populations, often with complex health issues. There are currently seven external primary placement clinics.

All CMCC clinics have state-of-the-art chiropractic equipment including tables, modalities such as laser, IFC, and others. Most clinics also have Shockwave units.

In addition, all clinics are supplied with the equipment (such as resistance bands, wobble boards and weights) required to perform basic rehabilitative exercises with patients.

Learning to deal with all aspects of the patient encounter is important for interns and helps them understand other features of their careers in chiropractic. Many interns at the external clinics experience administrative roles including patient scheduling, collecting payment, and answering the telephone.

Providing interns a choice of several practice locations with different patient populations allows them to explore different areas of interest. These opportunities create deeper engagement for the interns and enhance patient care.

Campus Clinic



Address: 6100 Leslie Street
Toronto, ON

Phone: 416 482 2546

Treatment days: Monday through Saturday

The Campus Clinic is CMCC's largest patient care facility. The clinic is divided into three sections, or pods, with one PMT assigned to a pod at any given time. Each pod has an administration office and five treatment rooms. Multiple computers are housed in each pod area allowing access to databases for clinical searches, rehabilitation exercise prescription, case write-ups, and general word processing. Every pod area has its own set of modalities which can be moved into treatment rooms as required. Treatment rooms have height adjustable chiropractic tables and anatomical charts. Each treatment room is also equipped with a computer to access OSCAR, CMCC's Electronic Health Record (EHR). Traction and flexion-distraction tables are also available in some treatment rooms.

Other features of this clinic include:

- Diagnostic imaging suites
- Rehabilitation room
- Shockwave equipment
- Intern writing room
- The Complementary and Alternative Medicine (CAM) clinic, an area reserved for other health professionals, such as acupuncture and massage therapy, who practice at CMCC.

CMCC's Clinic at the Bowmanville Health Centre



Address: 222 King Street East
Bowmanville, ON
Phone: 905 429 2622
Treatment days: Monday through Saturday

The Bowmanville clinic site is comprised of four treatment rooms as well as a small rehabilitation area.

The clinic is located within a multidisciplinary building; other tenants include family doctors, medical specialists, midwives, dentists, optometrists, and physiotherapists. Also included in the Centre are lab and radiology services, as well as a pharmacy. The Centre has an emphasis on evidence-based practice.

As well, the location supports placement of learners of several other health disciplines, such as pharmacy students from the University of Waterloo, and medical students from Queen's University. The Centre values interprofessional collaboration, evidence informed practice, and mentorship of future health care professionals.

Bronte Harbour Chiropractic Clinic



Address: 2290 Lakeshore Ave. East
Oakville, ON
Phone: 905 825 2011
Treatment days: Monday through Saturday

The CMCC Bronte Harbour Chiropractic Clinic was the first CMCC clinic to operate outside of Toronto. The clinic is located in the community of Bronte in southwest Oakville. As the clinic is in close proximity to many seniors' residences, the convenience to walk over to receive treatment is very much appreciated by senior patients. Many senior patients are avid bowlers and golfers, some of whom credit this level of activity to receiving the benefits of chiropractic care. Treatment for many is provided with the goal of increasing participation in activities of daily living.

Bronte Harbour Chiropractic Clinic has good working relationships with local physicians due in part to the practice of communicating with them regarding the care provided to their patients.

CMCC's Clinic at the Rexdale Community Health Centre (Hub location)



Address: 21 Panorama Court
Etobicoke, ON M9V 4E3
Phone: 416 748 - 4680
Treatment days: Monday, Wednesday, and Friday

The Rexdale Community Health Centre (CHC) offers services in three separate locations in North Etobicoke. Patient care is provided at the Hub site on Panorama Court. Opportunities for frequent outreaches exist at the other two locations. CMCC's clinic operates within the same building, which is shared with medical physicians, a physiotherapist, and a nurse practitioner. The Rexdale CHC also provides various other services and programs to local residents of the community, many of which are new immigrants.

The catchment area for the Rexdale CHC is multicultural and diverse. The area is one of growth for new residents. The CHC is a busy hub for these individuals who attend for both health issues and concerns, as well as social service assistance.

CMCC's Clinic at St. John's Rehab at Sunnybrook Health Sciences Centre



Address: 285 Cummer Ave.
Toronto, ON
Phone: 416 224 6942
Treatment days: Monday, Wednesday, and Friday

The CMCC clinic at St. John's Rehab at Sunnybrook Hospital provides treatment to patients and staff of the hospital as well as members of the surrounding community.

St. John's Rehab is a specialized rehabilitation centre for complex orthopaedic, amputee, burn, and organ transplant/joint replacement patients, among others. It is the first fully accredited hospital to offer chiropractic services in North Toronto and York Region.

CMCC's Clinic at St. Michael's Hospital



Address: 80 Bond St.
Toronto, ON
Phone: 416 864 3004
Treatment days: Monday through Saturday

The Department of Family and Community Medicine at St. Michael's Hospital is a large academic family practice providing primary health care services to people living in the inner city (including vulnerable populations) as well as those working close by the hospital in the Bay Street corporate area. The model of health care is that of team-based collaborative patient- and family-centered care which is evidence-based.

The Clinic at 80 Bond is home to health providers from nine different health professions: medicine, nursing, nurse practitioner, chiropractic, social work, psychology, occupational therapy, dentistry, and dietetics. This health team works interactively on an ongoing basis to provide optimal patient care. No patient will be refused care based on their inability to pay. Interns at this clinic see many complex cases and have the opportunity to attend interprofessional events.

CMCC's Clinic at Rekai Centre

Address: 160 Wellesley St E
Toronto, ON
Phone: 416 324 4166
Treatment days: Monday through Saturday

CMCC has a new external clinic located within the Rekai Centre, Wellesley Central Place. The clinic serves patients in the Downtown East Toronto neighbourhoods. This clinic partners with many community organizations including the Toronto PWA. The clinic moved from Sherbourne Health to Rekai in March 2024.

CMCC's Clinic at South Riverdale Community Health Centre



Address: 955 Queen St. East
Toronto, ON
Phone: 416 778 6883
Treatment days: Monday through Saturday

South Riverdale Community Health Centre (SRCHC) offers primary health and health promotion services to a diverse community in east Toronto. The target populations for the centre include those individuals within its defined service area who are experiencing difficulties accessing conventional medical, social and community services. South Riverdale provides services to all the diverse people in the community, reflecting different ages, income levels, ethnicities, identities, health insurance and housing status. Many patients are new immigrants, particularly from

the Chinese community.