



UNIVERSITY OF BRIDGEPORT
RESIDENCY IN
NEUROMUSCULOSKELTAL
MEDICINE

Residency Handbook

October 2018

Overview

Chiropractic graduates (“Resident(s)”) who apply and are conditionally accepted into the University of Bridgeport’s three-year, post-doctoral Neuromusculoskeletal Medicine Resident Training Program (“Program”) must be credentialed by the Federally Qualified Health Center (FQHC) where the Resident will serve as a member of the medical staff. Additionally, FQHCs generally require re-credentialing of Residents on an annual basis through a peer review process coordinated by the Program Director, Resident Training Program.

In the event a conditionally accepted Resident is not credentialed by the FQHC, he or she will not be eligible to participate in the Program. If a Resident is not re-credentialed, his or her participation in the Program will be terminated.

Following credentialing, Residents are accepted into the Program and perform between 30 and 40 hours of clinical services per week. In addition, Residents are regularly engaged in a wide range of academic and scholarly activities. Residents perform an important role in the clinical training of other Residents and chiropractic students and assist in both University of Bridgeport School of Chiropractic (UBSC) classrooms and laboratories. Before the conclusion of the three-year, full-time residency, Residents are expected to publish in a peer-reviewed journal.

In order to pursue board certification as a chiropractic orthopedist, Residents are required to complete a minimum of 300 hours of advanced, clinical science training in neuromusculoskeletal medicine during their three-year residency. This training is available both on site and on line, and Residents must pass a number of tests. The Resident’s class performance is audited by Chiropractic Development International staff and the Program Director, Resident Training Program. The Resident must successfully complete each class with a minimum score of 80%. The 250-hours of online education and 50 hours (minimum) of onsite didactic education must be completed in order to qualify to take the board examination offered by the Academy of Chiropractic Orthopedists.

Residents are required to provide monthly reports regarding their hours worked at the FQHC facilities and other data pertaining to their practice. The reports must be submitted to the Health Sciences Postgraduate Education Department within 2 days following the end of each month.

Any Resident who fails to comply with Program requirements may be dismissed and/or referred to a retention and promotion committee for review of deficiencies and possible remediation. Failure to comply with Program requirements may result in termination or preclude advancement in the Program.

In addition to the specific areas covered in this Residency in Neuromusculoskeletal Medicine Handbook, Residents shall comply with the policies of the FQHC where s/he is assigned to work and, to the extent applicable and not in conflict with the foregoing, the University of Bridgeport Employee Policy Handbook, and are responsible for reviewing same. In the event of any conflict, the Residency in Neuromusculoskeletal Medicine Handbook will be controlling.

Goals

Residents will demonstrate advanced competence in patient-centered, evidence-based differential diagnosis, evaluation and management of complex musculoskeletal, neuromuscular and neuromusculoskeletal conditions.

Residents will develop the skills and clinical competence to practice in a primary care environment as well as other interdisciplinary health care environments.

Graduates will obtain diplomate status from the American Board of Chiropractic Orthopedics

Upon completion of diplomate status, Residents will pursue advanced chiropractic specialty positions, including neuromusculoskeletal medicine and/or pain management clinician, fellowships, academic positions, and other leadership positions within healthcare schools/colleges and coordinated care organizations, such as FQHCs, community health centers, specialty clinics and hospitals.

Core Competencies

1. *Clinical Service*: Residents must be able to provide patient care services that are compassionate, appropriate and effective for the evaluation and/or management of health problems and the promotion of health.
2. *Advanced or Focused Healthcare Knowledge*: Residents must demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and the application of this knowledge to patient problems.
3. *Practice-Based Learning and Improvement*: Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.
4. *Inter-personal and Communication Skills*: Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patient's families, and professional associates.
5. *Professionalism*: Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. *Collaborative Practice*: Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.
7. *Evidence-informed Advanced or Focused Chiropractic Practice*: Residents must demonstrate competency in the application of knowledge of accepted standards in chiropractic clinical practice appropriate to their specialty training. The Resident should remain dedicated to life-long learning in evidence-based chiropractic practice.

CLINICAL SERVICE

Residents must be able to provide care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health. Residents are expected to:

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their family.
2. Gather essential and accurate information about their patients.
3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence and clinical judgment.
4. Develop and carry out patient management plans appropriate to their area of specialty.
5. Counsel and educate patients, their families and/or other health care providers.
6. Use information technology to support patient care decisions and patient education.
7. Competently perform and interpret all clinical evaluation/management procedures considered essential for their area of specialty practice.
8. Provide consultation or services aimed at minimizing health risks, preventing health problems or improving health.
9. Work with other health care professionals, including those from other disciplines to provide patient focused care.

ADVANCED OR FOCUSED HEALTH CARE KNOWLEDGE

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Residents are expected to:

1. Demonstrate an investigatory and analytic thinking approach to clinical situations;
2. Apply the basic and clinically supportive sciences knowledge that are appropriate to their discipline.

PRACTICE-BASED LEARNING AND IMPROVEMENT

Residents must be able to investigate, evaluate and improve their patient care practices through critical appraisal and assimilation of scientific evidence. Residents are expected to:

1. Analyze practice experience and perform practice-based improvement activities using systematic methodologies;
2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
3. Obtain and use information about their own population of patients and the larger population from which their patients are drawn;
4. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness;

5. Use information technology to manage information, access on-line medical information, and support their own education; and
6. Facilitate the learning of other Residents and health care professionals.

INTERPERSONAL AND COMMUNICATION SKILLS

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients' families, and professional associates.

Residents are expected to:

1. Create and sustain ethically sound relationships with patients;
2. Apply communication skills effectively, including nonverbal, explanatory, inquiry, and written expressions; and
3. Work effectively with others as a member or leader of a health care team or other professional group.

PROFESSIONALISM

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to demonstrate:

1. Respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development;
2. A commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices; and
3. Sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

COLLABORATIVE PRACTICE

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

Residents are expected to:

1. Recognize how their patient care and other professional practices affect other health care professionals, and the health care organization, and the larger society, and how these elements of the system affect their own practice;
2. Differentiate types of medical practice and delivery systems, including methods of controlling health care costs and allocating resources;
3. Practice cost-effective health care and resource allocation that does not compromise quality of care;
4. Advocate for quality patient care and assist patients in dealing with system complexities; and
5. Partner with health care managers and health care providers to assess, coordinate, and improve health care, with awareness of how these activities can affect system performance.

EVIDENCE-BASED, ADVANCED OR FOCUSED CHIROPRACTIC PRACTICE

Residents must demonstrate competency in the application of knowledge of accepted standards in chiropractic clinical practice appropriate to their specialty training. A Resident should remain dedicated to life-long learning in evidence-based chiropractic practice. Residents are expected to:

1. Demonstrate skill at seeking and acquiring scientific literature relevant to patient problems;
2. Evaluate the quality and applicability of various types of scientific evidence;
3. Integrate scientific evidence into clinical situations; and
4. Apply best practices into patient evaluation and care.

Clinical and Academic Schedule

Clinical Duty Hours

Residents will engage in patient care consisting of face to face clinical care and integrated peer case review (grand rounds). The minimum number of hours per week will vary depending on service site* and year of training. ‡

- First year Residents are expected to perform a minimum of 30 hours per week in patient care related activity.
- Second year Residents are expected to perform a minimum of 35 hours per week in patient care related activity.
- Third year Residents are expected to perform a minimum of 40 hours per week in patient care related activity.

* Residents may be required to provide clinical services at more than one location. Every attempt will be made to limit personal travel, however, assigned location(s) and work schedule will be solely dependent on the needs of the Program.

‡ The Resident does not have call responsibility outside of duty hours. Occasionally, the Resident will be assigned clinical duties which require more time than the minimum schedule.

Academic Service Hours

Residents are expected to be actively engaged in the academic process. Residents must participate in classroom and laboratory instruction at the University of Bridgeport School of Chiropractic, or other designated institutions, under the supervision of a qualified lead instructor, 8 to 10 hours per week during the regular, posted academic year, not to exceed 360 hours per year.

Continuing Professional Education

Residents are required to pursue board certification as a chiropractic orthopedist. The Resident must complete a minimum of 300 hours of advanced, clinical science training in neuromusculoskeletal medicine by the end of their second year. This program is offered with both onsite and online education. In order to complete the minimum of 250 hours online education program, the Resident must complete and pass numerous tests throughout the different classes. The class performances are audited by Chiropractic Development International employees and the Director, Resident Training Program. The

Resident must pass each class with a score of 80%. Once completed, the Resident is qualified to take the board examination offered by the Academy of Chiropractic Orthopedists. The examination consists of 2 parts, given at different times throughout the year. The Resident must schedule both parts of the examination to be taken during their third year of training.

Residents are required to complete the necessary professional continuing education hours to maintain state licensure.

Residents must complete all additional continuing education required by the FQHC(s) as part of their ongoing safety, infection control and human resources policies. Failure to do so may result in a loss of credentials and removal from the residency Program.

Scholarly Work

As part of the Program, Residents are expected to contribute to the body of knowledge in basic and applied clinical science within the framework of neuromusculoskeletal medicine and to have an original, scientific paper published in a peer reviewed journal (or the equivalent) by the completion of the third year. Failure to make adequate progress towards achieving this requirement may be grounds for removal from the Program.

Outside Employment Prohibited

During the three-year Program, Residents may not engage in any employment outside of the Residency Program.

Compensation and Benefits

Compensation and Benefits will be set forth in Resident Employment Agreements and pertinent University Policies.

Holidays

Clinical service hours will follow the holiday closing schedule of the assigned FQHC. Academic instruction hours will follow the holiday observance closing schedule of the University of Bridgeport.

Malpractice Insurance

Residents are covered with regard to services provided within the scope of their employment by the University's professional liability policy, subject to applicable exclusions and policy limits. More detailed information is available from the Director, Residency Training Program.

Resident Appointments

The selection of Residents is a competitive process which takes into account academic achievement, experience, professional recommendations and a personal interview, as well as credentialing by the FQHC. The application process is open to all qualified individuals and adheres to the University of Bridgeport Affirmative Action / Equal Employment Opportunity Policy.

Eligibility requirements

- Applicants must hold or be scheduled to receive a DC degree from a CCE-accredited school prior to the start of the residency program.
- Applicants must be eligible for, or hold a current, full, active, and unrestricted chiropractic license in the State, Territory or Commonwealth of the US, or in the District of Columbia to which they are scheduled to serve their residency.
- Applicants must have documentation of at least 3 months of direct patient care activity within the last year. Clinical rotations during chiropractic school will suffice for recent graduates. Observer experiences and non-clinical graduate work do not meet this requirement.
- Applicants must submit 3 reference letters from US chiropractic and/or medical physicians who have personal knowledge of their clinical and personal abilities.
- Applicants must have sufficient written and spoken English language skills as to make patient care safe and effective.
- Applicants must have sufficient spoken Spanish language skills as to make patient care safe and effective or be willing to learn the use of Spanish translation services and learn Spanish language skills.

Evaluation

The Resident is evaluated via a formative and summative processes. Residents will submit time logs at the end of each calendar month to the Program Director, Resident Training Program, who is responsible for supervision of Residents and oversight of the Program. The Resident's performance is assessed by multiple stakeholders, including chiropractic attendings, program director, other service attendings, support staff, patients, and the Resident's own self-assessment. The current clinical performance assessment instrument is attached (Appendix A).

Professional Conduct

Residents are expected to conduct themselves in a professional manner at all times, consistent with high ethical standards. Residents should understand and conform their conduct to the ACA Code of Ethics. Additionally, every Resident is responsible for complying with applicable federal and state laws and regulations, including those pertaining to Medicaid and Medicare and anti-kickback restrictions, as well as with FQHC and University of Bridgeport policies at all times. Consistent with the foregoing, the patient's treatment needs must always be paramount.

Residents will dress professionally, commensurate with the attire of staff chiropractors. Official ID badges are required and must be worn at all times when on station. Any display of potentially controversial opinions or partisan political advertisements on clothing or carried items is prohibited while on duty.

Residents should not eat or drink in exam rooms or in front of patients. During working hours, Residents will be mentally and physically capable of executing job functions, with no appearance to the contrary. This implies freedom from over-fatigue, illness or intoxicants such as alcohol.

All patients, staff members, and guests shall be treated with dignity and courtesy. Patients should generally be referred to as "Mr. ____" or "Ms. ____", or by the title "Sir" or "Ma'am", when appropriate. However, you may wish to discuss particular cases with your supervisors.

Chiropractic clinic faculty, and other FQHC doctors, should be addressed as "Dr. ____" when in the clinic or around patients or in other encounters on station.

FQHC and HIPAA regulations will be strictly adhered to, especially in matters of confidentiality of information, non-exploitation of patients and avoiding conflicts of interests. This means that great care must be taken when discussing patient information.

Residents are expected to be punctual and arrive with sufficient time to review the necessary records so as to be prepared to start your first scheduled patient. It is the Resident's responsibility to arrive as early as necessary to accomplish this. Residents are expected to remain on duty for the entire scheduled shift, regardless of patient schedule.

Dismissal from the Program

A Resident may be dismissed from the Program based upon (i) failure to attain or loss of credentials at FQHC or other clinical location; (ii) failure to adhere to FQHC or University policies; (iii) failure to fulfil the Program's academic or service requirements; (iv) termination by FQHC of clinical assignment; (v) performance deficiencies, failure to make satisfactory educational progress, misconduct or other behavior detrimental to the Program.

A Resident may be dismissed from the Program during the year upon written notice of termination of his or her employment agreement based upon grounds stated therein. The Resident will be notified of the reasons for the proposed termination and afforded the opportunity to meet with the Director, Resident Training Program and present any matter(s) in the Resident's defense.

The University of Bridgeport reserves the right in its sole discretion not to continue a Resident in the Program for any of the reasons stated in the first paragraph, above. If a Resident wishes to seek reconsideration of the University's decision in this regard, he or she may request a meeting with the Director, Resident Training Program and present any matter(s) in support of reconsideration.

Acknowledgement: *We would like to thank the VA Connecticut Healthcare System Chiropractic Residency Program and Anthony Lisi, DC for allowing the University to replicate in part material from its program Handbook.*

Appendix A

UBSC META COMPETENCY EVALUATION FORM

Resident's Name: _____

Evaluator's Name: _____

Rotation Year: _____

Dates of Evaluation: _____

1. Assessment and Diagnosis

A. Interpersonal/Communication

Superior

Satisfactory

Unsatisfactory

General Skills:

9 8 7 6 5 4 3 2 1

- Introduces self and greets patient. Explains purpose of encounter. Is personable and comfortable.
- Demonstrates effective listening/communication skills. (paraphrases, makes eye contact, body language, shows empathy, uses open ended/direct questions)

<input type="checkbox"/>									
<input type="checkbox"/>									

- Is awkward when introducing self/purpose of encounter
- Unskilled in listening/communication skills. Makes little to no eye contact. Makes inappropriate comments, is judgmental.

B. History and ROS:

- Demonstrates ability to obtain complete account of CC by asking appropriate questions. Summarizes information.
- Conducts a ROS, obtains PMH, surgical history, medications, supplements. Correlates findings to CC.
- Obtains a family history, social history

<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

- Has no understanding of how to obtain an accurate and complete history in a logical format. Scattered.
- Fails to complete the ROS, surgical history, medications and supplements. Does not prioritize findings from ROS and CC
- Obtains very limited data. Cannot explain the need for obtaining data.

C. Knowledge

- Can formulate a working diagnosis, identifies anatomical causes of pain and systems involved
- Identifies mechanical vs. non-mechanical cause of pain, able to explain pathophysiology. Identifies red/yellow flags.
- Begins to develop a problem list for ALL problems

<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									

- Demonstrates little to no ability to formulate working/tentative diagnosis
- Unable to differentiate. Cannot explain pathophysiology. Unaware of risks.
- Unable to document health problems to the highest level.

- Identifies the direction to conduct a physical exam to rule in/out differentials, red/yellow flags.
- Identifies need to obtain outside records.

<input type="checkbox"/>								
<input type="checkbox"/>								
Superior			Satisfactory			Unsatisfactory		
9	8	7	6	5	4	3	2	1

- Cannot clearly identify/demonstrate how to proceed with physical exam.
- Cannot clearly explain rationale/need for outside records.

D. Performance

- Skilled at conducting a case appropriate PE based on findings of CC and ROS.
- Incorporates into the physical exam the skills of, inspection, palpation (osseous/soft tissue), percussion, auscultation, active/passive ROM, orthopedic/neurologic testing, muscle testing/lengthening, joint play.
- Excellent at interpreting findings of the exam. Updates diagnosis. Can identify need for additional testing.

<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
Superior			Satisfactory			Unsatisfactory		
9	8	7	6	5	4	3	2	1

- Unskilled, disorganized. Cannot prioritize PE.
- Weak skills performing exam. Includes procedures that are not pertinent to exam. Over tests.
- Unable to develop a case diagnosis based on clinical history and exam.

2. Management Plan

A. Establishes the Diagnosis

- Develops an appropriate diagnosis/es based upon findings of the history, ROS, PE, diagnostic tests.
- Based on findings/diagnosis determines if conservative care is appropriate or referral required.

<input type="checkbox"/>								
<input type="checkbox"/>								

- Has limited ability to analyze data/findings to develop a case appropriate diagnosis
- Unable to determine if conservative care is appropriate. Cannot identify red/yellow flags.

B. Treatment Plan

- Determines if additional diagnostic tests needed.
- Can identify the type of active/passive care, additional modalities of care.

<input type="checkbox"/>								
<input type="checkbox"/>								

- Uncertain as to type or if additional testing needed. No rationale.
- Inappropriate application of active/passive care, additional modalities

**C. Deliverance of
Care/Management Plan**

- | | |
|---|---|
| <ul style="list-style-type: none"> • Application by intern of appropriate/approved evidenced based care <input type="checkbox"/> <input type="checkbox"/> • Applies appropriate, highly skilled HVLA graded manipulation/adjustment <input type="checkbox"/> <input type="checkbox"/> • Identifies/applies as needed mobilization/traction/distraction/PT/IAD/Rehab/Soft, Tissue/Nutrition/Exercise/Orthotics <input type="checkbox"/> <input type="checkbox"/> • Outstanding use of evidence-based medicine Appropriate use of information technology <input type="checkbox"/> <input type="checkbox"/> • Plan includes measureable goals/prognosis, identifies any health risks, and includes education to address risks. <input type="checkbox"/> <input type="checkbox"/> • Care is documented with appropriate notes in file, uses SOAP. <input type="checkbox"/> <input type="checkbox"/> | <ul style="list-style-type: none"> • Lacks evidence of care or inappropriate interpretation of evidence • Fails to apply appropriate manipulation/adjustment • Cannot identify/explain need for additional type of care • Unable to identify and incorporate appropriate evidence in treatment/management plan. Not able to perform a logical PICO/CATS search. • Unable to determine prognosis, cannot establish goals or identify potential health risks. • Frequently reminded to appropriately document findings. |
|---|---|

Overall Clinical Competence:

Superior (Outstanding clinical skills and competence)

Unsatisfactory (Very poor clinical skills and competence)

Comments:

Signature

Date