



Preceptor-Supervised Activities

The preceptor must always be present on site and available at all times when the student is providing chiropractic services. Additionally, there are many activities that the preceptor must **DIRECTLY** supervise. Students must receive a supervision plan before providing services.

Obtaining consent for student performed services:

The preceptor is required to obtain informed consent from the patient prior to the student providing health services. That includes the following activities:

- Inform the patient that they may withdraw that consent at any time.
- Inform the patient of the preceptor-student relationship.
- Inform the patient of the preceptors and students' roles.
- Discuss the potential risks and limitations of student-performed services with the patient.
- Inform the patient that the preceptor is always onsite and available while the student is providing services.
- Ensure that a record of the discussion and the patient's consent are made in the patient health record.

Direct supervision

Direct supervision occurs when the preceptor is present, in the treatment room, observing the actions of the student with the patient or when consulting with the student on diagnosis or treatment plan regarding the patient's care.

Direct supervision is required for the following activities:

Restricted activities

- Spinal manipulation/adjustment
- Reduction of a joint dislocation
- Selection of appropriate ionizing radiation
- Applying ionizing radiation
- Selection of appropriate non-ionizing radiation
- Any other restricted activity as outlined in Standard of Practice 4.9 section 6.

Formulation of a diagnosis

- The preceptor may not assign the interpretations of assessments to the student.
- The student may formulate a diagnosis; however, the diagnosis must be confirmed by the preceptor before communication to the patient.

Development of a treatment plan

- The treatment plan must be confirmed by the preceptor before communication to the patient.

Changes to the treatment plan

- Changes to the treatment plan must be confirmed by the preceptor before communication to the patient.



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- Discharge plans when the patient has completed care or has reached maximum improvement with care must be confirmed by the preceptor before communication to the patient.

Obtaining informed consent to treatment

- The preceptor must directly supervise the student while obtaining written consent for the student to provide treatment (professional services).
- Written consent to treatment requires the patient's signature on the informed consent to treatment document, acknowledging when the student will be providing supervised treatment.

Parameters for therapeutic modalities

- The preceptor must assign the parameters for therapeutic modalities.

Indirect supervision

Indirect supervision occurs when the preceptor is onsite and available but does not have to be directly supervising the student at the time-of-service delivery.

Preceptor's discretion in assigning activities:

Preceptors may supervise the following activities with oversight ranging from direct supervision to indirect supervision. This assignment is based on:

- the preceptor's risk assessment of the activity,
- the student's assessed competency, and
- the specific task.

Students may perform these activities at the level of supervision assigned in the supervision plan:

After the preceptor has obtained informed consent from the patient (see section X below) authorizing the student to provide supervised services, the student may:

- Perform informed consent for assigned activities.
- Perform informed consent before physically touching the patient.
- Document the patient's consent in the patient health record for assigned activities.

Obtain information for patient intake

- Completion of general intake forms and documents

Administer and interpret outcome measure assessments

- Administer outcome measures and interprets the assessment

Elicit specific case history

- Elicit a patient history specific to the presenting complaint.
- Elicit a survey of symptoms.
- Add any other relevant health history.

Perform an examination

- Perform specific examinations based on the present complaint, such as:



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- Basic assessments such as vital signs, range of motions, etc.
- Neurological exams*
- Orthopedic exams*
- Physical Exams*

* Subjectively-assessed examination findings must be confirmed by the preceptor prior to a diagnosis or a diagnostic imaging recommendation.

Communicate a diagnosis and treatment plan

- The preceptor must confirm the diagnosis before the student communicates the diagnosis.
- The preceptor must confirm the treatment plan, or changes to the treatment plan, before the student communicates the treatment plan (original or revised) to the patient.
- The preceptor must confirm the discharge plans before the student communicates them to the patient.

Communicate and provide health education to the patient

- The student may provide health education related to:
 - The patient's diagnosis or health condition. *
 - Lifestyle education, such as exercise, nutrition and sleep hygiene. *

*The messages communicated must be confirmed by the preceptor.

Perform unrestricted activities such as:

- Ultrasound therapy *
- Laser therapy *
- Electrotherapy *
- Soft tissue therapy *
- Stretching *
- Exercise prescription, instruction, performance and monitoring. *

*The parameters for the modality must be determined by the preceptor.

Activities not considered in assignable activities

There are other activities that a student may perform that do not fall into the categories of assignable activities. The preceptor and student should discuss and navigate these activities together to come to an agreement on the preceptor and student performance expectations.

All student expectations must be provided to the student in writing, and those expectations must be discussed and agreed to by the student and preceptor.

These activities include but are not limited to:

- Performing administrative and operational tasks, such as infection prevention/control, answering phones, scheduling patients and completing financial transactions and

Professional communication tasks, such as communication within the interdisciplinary team within the clinic, communication with health professionals outside the clinic, and advertising, marketing or promotional activities.