



Preceptorship Program

Supervision Guidelines for Preceptors and Students



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Purpose

The Standards of Practice establish supervision requirements for chiropractors who supervise students. The supervising preceptor and the supervised student must meet the standards of practice when they participate in the preceptorship program.

The supervision guidelines provide regulated chiropractors who take on the responsibility of being a preceptor the knowledge to support the skills, attitudes and judgement of supervision. The supervision guidelines inform expectations for the public, students and chiropractic programs.

The principal objective of the standards of practice and these guidelines is to ensure public protection and public expectations are met when chiropractic students are participating in preceptor-supervised community-based clinical care.

The principal objective of a preceptor is to model and support the students' formative learning on being a regulated health professional while imparting knowledge and skills of patient safety and professional ethics founded on the professions Standards of Practice and Code of Ethics. Other objectives include imparting understanding of the regulatory requirements in Alberta to students and ensuring an enriching experience.

Acknowledgment

The College of Chiropractors of Alberta (CCOA) acknowledges the College of Physiotherapists of Alberta supervision guide has served as an excellent resource for both structure and content in the CCOA supervision guidelines.



Part 1: Principles, Requirements, and Methods

Part 1 of these guidelines begins with a general discussion of the rationale for supervision and a review of the general principles and requirements of supervision, before discussing supervision methods.

What is supervision?

Supervision is defined by the Oxford dictionary as “the work or activity involved in being in charge of somebody/something and making sure that everything is done correctly, safely, etc.” Supervision can vary in terms of what it includes and may involve elements of direction, guidance, observation, collaborative working, the exchange of ideas and co-ordination of activities as appropriate to the context of chiropractic practice and the student in question.

The preceptor must model ethical conduct with a focus on patient safety based on the professions Standards of Practice and Code of Ethics. The preceptor must ensure the student is provided an understanding of the privilege of being a regulated profession including the scope of practice for Alberta chiropractors. The preceptor must demonstrate to and require from the student the ethical conduct of a regulated chiropractor.

A crucial feature of the preceptor-student relationship is that the preceptor has an explicit requirement to evaluate the competence and performance of the student to ensure that patients receive safe, competent and ethical chiropractic care.

Who requires supervision?

On an individual level, and within the context of the preceptor program, the student requires supervision. At a system level, CCOA supervises the preceptorship program and the relationship between the preceptor and the student.

Why supervise?

The opportunity for regulated chiropractors to supervise and for chiropractic students to participate in community based clinical care is a privilege that is supported by the CCOA through the preceptorship program.

Effective supervision enables students to continue to develop their individual competence and skills, receive feedback on their performance of those skills and provide safe, quality chiropractic care, as part of their learning journey. It also allows the student to learn about what it means to be a regulated health professional, and the regulatory requirement of chiropractors in Alberta.



Managing the Preceptor-Student Relationship

The supervising regulated chiropractor is 100% responsible for the student and any care they provide. The student is 100% responsible for complying with their supervision plan.

The requirement to evaluate and be responsible for the competence and performance of a student alters the nature of the relationship between preceptor and student as compared to that of colleagues or mentor and mentee.

The preceptor holds a special position of trust; they may be the first professional chiropractor that the student learns from in a clinical setting. The preceptor has a duty to “start the student off right” – meaning that the preceptor must be of high character and use evidence-based practice.

Preceptors should be thoughtful about their relationships with the student, ensuring that relationships with students do not impair the preceptor’s objectivity or professional judgment, or prevent the preceptor from placing the patient’s interests first and foremost when fulfilling their preceptory duties.

Similarly, if the preceptor is asked to supervise an individual that they have a pre-existing close personal relationship with the preceptor should carefully consider whether they are able to fulfill the requirements of supervision fairly, objectively and impartially. When an alternate preceptor is available, the College of Chiropractors of Alberta strongly recommends that individuals refrain from supervising those with whom they have a pre-existing close personal relationship.

Supervision is not mentorship

Supervision and mentorship are not the same, and it is important to distinguish between them.

Mentorship is a relationship that supports both personal and professional growth and often continues for an extended period. Mentors can be external or internal to the work environment, engage in reciprocal learning, share knowledge, and provide feedback to, but do not typically provide formal evaluation of the mentee. Mentorship relationships are important and support ongoing professional development; however, these informal relationships do not provide the oversight necessary to address the public safety and quality of care considerations which supervision offers.

Supervision is not delegation

Supervision and delegation are not the same.

Delegation means to grant another party the authority and powers to perform parts of one’s job. With delegation, the responsibility for the performance of a task is transferred to another party; however, in these relationships, the individual delegating the task may not always provide ongoing oversight or supervision of the other party’s performance of the task.

In Alberta, chiropractors do not delegate professional services to another party. The framework provided in the Standards of Practice contains no provision for the delegation of the chiropractor’s



authority or professional services. Throughout the Standards of Practice, “supervision” is the language used, reflecting the ongoing responsibilities of the supervising chiropractor regarding the activity assigned, its performance and the appropriate supervision of the activity performed by the student.

Indirect does not mean independent

It is critical that the preceptor and student understand that the student does not provide chiropractic services independently.

The nature of the supervision relationship means that the preceptor is always responsible and accountable for providing oversight of the student’s activities and performance. The extent of that supervision or oversight must follow CCOA rules and be appropriate for the student’s skills and competencies and may look different among students. Appropriate supervision ranges from direct in-person supervision at all times, up to and including infrequent monitoring. However, even in instances where little oversight is required because of the skills and competencies of the student, there remains a requirement to provide some form of appropriate supervision until the student-preceptor relationship comes to an end or the supervision responsibility is transferred to another preceptor. For some activities, direct supervision is ALWAYS required, regardless of the skill level of the student.

Who is responsible?

Responsibilities regarding patient care and the student’s services to patients rests entirely with the preceptor and in every case. The preceptor has a great deal of responsibility, including to:

- Ensure that all activity is in the public interest, and that the public is receiving safe, competent and ethical chiropractic care.
- Abide by all legislation, including applicable enactments and regulations, bylaws, standards of practice, codes of ethics, directives, college guidelines, and administrative policies.
- Provide initial and ongoing assessment of the students’ competency.
- Develop, amend and communicate the students’ supervision plan.
- Provide direct supervision to students providing restricted activities per Standard of Practice 4.9.
- Ensure appropriate informed consent is obtained when students are providing chiropractic services.
- Ensure the student is obtaining and documenting ongoing consent while treatment is being provided.
- Ensure the student is respecting patient-chiropractor boundaries and is engaging in professional communication.
- Fulfil all contractual obligations to the student’s chiropractic education program.

The student is responsible:

- To know the limits of their personal skills.



- For following the student-preceptor agreement.
- For not deviating from the tasks assigned by the supervisor.
- For following all CCOA rules.
- For evaluating the preceptor at the end of the contract.

If a student deviates from the tasks assigned by their preceptor, the student is accountable for their actions. However, in every case the preceptor has a duty of care to the patient and responsibility to CCOA and the public. This means the preceptor is accountable for the acts and omissions of students. The limits of what can and cannot be assigned to a student and the specific details of responsibilities relevant to different student groups are determined by the role of the student, the purpose of supervision, and the parameters established by the Standards of Practice.

General principles of supervision

Some requirements of supervision are specific to the individual being supervised; however, other principles and requirements hold true regardless of the student in question. The following principles and expectations must be applied to all preceptor- student relationships.

Both preceptor and student

- Ensure that all activity is in the public interest, and that the public is receiving safe, competent and ethical chiropractic care.
- Ensure that the performance requirements identified in the CCOA Code of Ethics and Standards of Practice are adhered to when providing chiropractic services.
- Communicate openly, honestly, and regularly with each other and patients, and in accordance with CCOA standards and rules
- Respect professional boundaries with each other and patients.

Preceptors

- Determine the student's supervision plan and the level of supervision in accordance with the CCOA Standards of Practice.
- Accept overall accountability for student competence assessment, the supervision plan, ongoing monitoring and evaluation.
- Only assign, monitor, and evaluate activities that are within the preceptor's own personal scope of practice and competence.
- Develop a supervision plan with patient care needs and the student's skills and abilities in mind.
- Discuss the supervision plan with the student before assigning patient care activities.
- Intervene if there are patient safety concerns or risk of harm arising from the student's care and communicate with appropriate authorities as necessary.
- Retain responsibility and accountability for providing appropriate supervision.



- Decline the responsibility of preceptorship if unable to meet the requirements set out in these guidelines.
- Ensure the employer understands the regulated chiropractor's professional obligations regarding supervision.
- **Always** directly supervise activities that require direct supervision. **Never** indirectly supervise these activities, regardless of student skills.

Students

- Accept accountability to fully apply the supervision plan, including the assigned activities.
- Identify when an assignment exceeds their individual skills and competencies.
- Take appropriate action when situations arise which render an assignment inappropriate, for example:
 - The assignment exceeds their skills and competencies, or
 - A patient's clinical status changes necessitating the preceptor's re-evaluation, or
 - A change in the treatment plan.
- Accept responsibility to learn from the preceptor, including asking questions and seeking guidance?
- **Never** perform activities that require direct supervision without the preceptor directly supervising, regardless of skill level of the student.

What does supervision entail?

The preceptor is expected to:

- Assess the knowledge, skills and competencies of the student before assigning any task.
 - This assessment includes an awareness of the student's reflection of their own knowledge, skills and competencies.
- Not assign tasks to the student that are inconsistent with the preceptor's own skills and competencies, and the competencies and skills of the student. All tasks assigned to student must be those for which the preceptor has the level of competence required to supervise another performing that task. The preceptor is responsible for reflecting on their competence level and making this determination. Explain the roles of both the preceptors and student in the provision of chiropractic services.
- Ensure the student is trained in and performing ongoing consent during treatment.
- Confirm that the patient consents, in writing, to care provided by the student.
 - Note that a patient cannot consent to care provided by the student that is in violation of these guidelines.



- Monitor the care provided by the student to ensure that safe, competent and ethical chiropractic care is provided, using supervision strategies appropriate to the patient, practice context, and student's competence.
- **Always** directly supervise activities that require direct supervision, regardless of skill level of the student.
- Reassess the patient's status intermittently to assess the appropriateness of ongoing service delivery by the student, and that the tasks assigned to the student are appropriate for the patient's clinical status and progress.

Regulated chiropractors must understand that within a supervision relationship, the regulated chiropractor has clear, ongoing responsibilities to both the student and the patient. Below, we consider each of these requirements in greater detail.

Assessment

All preceptor-student relationships must begin with a period of direct supervision to enable the preceptor to assess technical and non-technical competencies, performance, and behavior of the student in the clinical setting.

During the direct assessment phase, the preceptor must be physically present and able to directly observe/assess competence, provide input into the student's performance, and intervene if a safety or ethical concern arises.

Through this period of direct supervision, the preceptor will determine if the student is able to perform some patient care assignments with indirect supervision.

While the student may perform some aspects of patient care under indirect supervision when appropriate, **students must always be directly supervised in-person when performing restricted activities and those that require direct supervision as outlined in these guidelines**

Developing a supervision plan

At this point, the preceptor formulates a plan for how they will fulfill their supervision obligations. CCOA recommends that preceptors create a written plan outlining:

- The supervision methods that will be employed with each identified task or patient population.
- The frequency of monitoring of student performance and anticipated dates of review and updating of the supervision plan.
- The mechanisms that will be used for ongoing re- assessment of the student's performance and patient care assignments.
 - This includes how and when feedback will be shared on discussions between the student and preceptor about their respective preferences.
- Any limits the preceptor has imposed on the student's practice, based on the student's current performance.



- Clear statements that the activities requiring direct supervision will always be done with direct supervision and may be disallowed completely at the preceptor's discretion.
- Any specific concerns or issues identified by the preceptor that the student needs to address and resources available to the student to further their development of knowledge, skills and competencies to address areas of concern.
- Review and discussion regarding CCOA Code of Ethic, Standards of Practice and Directive.
- The student and preceptor should establish at the onset how issues will be addressed if they arise, for example:
 - Regular opportunities for feedback from the preceptor to the student and for the student to ask questions and offer feedback to the supervisor.
 - If preceptor or student identify challenges with the supervision plan, or there are issues, the student and preceptor should address them in a timely manner before things continue and more problems arise, as unresolved issues could impact patient care.

The purpose of this plan is to facilitate and formalize the processes that will be used to meet preceptor's responsibilities on an ongoing basis. The preceptor must discuss the supervision plan with the student. Preceptors are also encouraged to create a supervision log to track their completion of supervision activities identified in the supervision plan, such as periods of direct student observation, case discussions, ethics reviews and chart audits.

Assignment

It is the responsibility of the preceptor to ensure that all activity is in the public interest, and that the public is receiving safe, competent and ethical chiropractic care. When assigning tasks to students, the sole consideration must be the interests of the patient. The preceptor must identify the activities to be assigned. When doing so, they must not assign and supervise activities which they themselves are not competent to perform to a level that they can competently supervise and direct another individual providing that service.

Within the clinical environment, it is realistic that a student may have skills and competencies that differ from those of their preceptor. If a student were to perform a task or activity that the preceptor was not competent in, the preceptor would not be able to evaluate the appropriateness of the task, nor assure the quality and safety of the services provided. For this reason, the preceptor may not assign those activities to a student.

The tasks and activities assigned, and the method used to monitor the performance of that assignment should become part of the supervision plan. This documentation, which pertains to the student, is in addition to the documentation which must be included in the patient health record regarding the treatment plan established by the chiropractor and the tasks assigned to other members of the health-care team.

The assignment and supervision plan should include parameters and protocols to direct students' actions regarding when guidance or patient re-assessment from the preceptor is required. These



parameters and protocols may include both critical events that would necessitate a re-evaluation and anticipated milestones that may require a revision to the care plan.

Consent

Patients must be made aware of the role and skills of individuals involved in the provision of their care. This information must be provided to patients in a clear, transparent and honest manner. This is imminently important when working with students.

The patient must be aware of and consent to the involvement of students in the provision of their care. And the respective roles and responsibilities of different providers involved in the provision of chiropractic services must be explained to the patient.

- The patient must be informed that at any time they can withdraw their consent to receive services from the supervised student.
- How is the quality of their care assured through effective supervision by the regulated chiropractor?
- Who can they speak to if they have a concern or complaint, (up to and including contacting the College of Chiropractors of Alberta)?
- What are the implications of declining chiropractic services provided by a student, and what other options are available to the patient if they choose to do so?

Monitoring

The requirement to provide continuous supervision continues after the period of student assessment and mandatory direct supervision for all activities comes to an end. Mandatory direct supervision for those activities requiring direct supervision continues at all times.

Students require ongoing monitoring of their performance to ensure that safe, quality chiropractic services are provided and that those services meet the patient's needs. Monitoring enables the preceptor to comply with the expectations articulated in the Supervision Guidelines.

Ongoing monitoring may include both direct (required for restricted activities and those outlined in this document) and indirect forms of supervision, employing different supervision strategies, as indicated by the practice context, patient needs, and skills and competencies of the student.

The preceptor and student should discuss monitoring and consider the needs identified by the student when setting the monitoring plan. The student is responsible to raise concerns if they have issues with the monitoring plan.

The preceptor bears complete accountability for the appropriateness of the supervision provided, and as such they alone have the authority and responsibility to impose ongoing supervision requirements. The preceptor should be prepared to discuss with the student how they determined the appropriate supervision approach for a given student, patient population and treatment technique.



Reassessment

Reassessment refers both to the necessity of reviewing the student's performance and the need for an alternate approach to supervision, as well as to the imperative to reassess the patient and the outcomes of care to assure that the chiropractic services provided are addressing the patient's needs.

The preceptor must not assign a patient's care to a student, with the patient never to be seen again by the preceptor. The frequency of patient reassessment by the preceptor must reflect the anticipated trajectory of patient progress or change. The plan can be revised by the preceptor if the patient is not progressing or experiencing their desired outcomes.

Similarly, the frequency of reassessment of the student's skills and the supervision plan must take into account:

- The skills and training of the student
- The initial supervision plan
- The tasks assigned to the student, such as restricted activities and legislative regulatory considerations
- The context of practice

Taking a risk-based approach to supervision and assignment

There are a range of risks encountered in chiropractic service provision. These range from common, minor risks to rare but foreseeable and serious risks. The nature, severity, and potential consequences of both common and rare but foreseeable risks encountered in each practice setting must inform the approach a preceptor takes when assigning chiropractic services to students.

Aspects of chiropractic practice which may affect the risks encountered by preceptors and students include:

- Practice setting and patient population/presentation
- Proximity to peers and other practitioners
- Student's ability to show insight or reflect on their skills and abilities

Other factors that also affect the risk of assigning tasks to a student include:

- Qualifications of the preceptor and student
- Skills, knowledge, and competence of both parties
- The preceptor's years of practice and clinical experience with the designated population or in a specific practice setting
- Requirements of student's chiropractic education program

The identified risks relevant in a specific practice setting and in relation to a preceptor/student must be used to inform:



- Level and method of supervision
- The need for a formal written supervision plan
- Frequency of monitoring of patient response to assigned care and of the student's performance
- Parameters for progression of the supervision plan
- The minimum required experience of the preceptor assigned the task of providing supervision

As a general principle, if the supervised practice is assessed as higher risk, the supervision will be more direct, and the monitoring will be more frequent and extensive. Direct supervision must always be performed for those activities that require it, regardless of skill level of the student.

Many chiropractors may already, intuitively employ a risk-based approach to their supervision and assignment of chiropractic services. CCOA encourages an intentional approach to identifying and mitigating practice risks to make both risks and mitigation strategies apparent to all parties involved, and to facilitate a consistent approach to risk management in supervision and assignment of chiropractic services across sectors and settings.

How to provide supervision and meet college requirements

Levels of supervision

Levels of supervision exist along a continuum and can be described by the level of access to and oversight by the preceptor available to the student. It is anticipated that students will travel back and forth along this continuum as they gain experience, refine their skills, and encounter patients with unfamiliar conditions or those with increasingly complex care needs. Direct supervision is always mandatory for those activities requiring direct supervision as outline in this document.

Levels of supervision can be described as:

Supervision methods

Direct

Direct supervision means that the preceptor is present in-person, and is directly observing/assessing competence, providing input into the student's performance and intervening if a safety or ethical concern arises. Direct supervision means that the chiropractor is not simply "on-site" but that they are in the treatment room and actively engaged in the process of supervision.

As already discussed, all preceptor-student relationships begin with a period of direct supervision for all activities performed by the student. Following the assessment period, the preceptor may continue to employ direct supervision techniques for certain interventions or patient care groups. The need for ongoing direct supervision is determined by the student's competence, the preceptor's confidence in their performance of assigned activities, the nature of the activities assigned, and patient factors. Direct



supervision is always mandatory for those activities requiring direct supervision as outline in this document.

Indirect

When a student has demonstrated a reasonable level of competence in a particular practice context and with a specific patient population, the preceptor may opt to monitor their practice indirectly, only if the activity is not on the list of those that always require direct supervision. There is a range of supervision methods available to assess and monitor performance of students on an ongoing basis; however, not all methods will be appropriate for all students or practice settings. The preceptor must take a risk-based approach, consider patient factors, as well as preceptor and student preferences to determine which strategies are appropriate.

Students are always required to have direct supervision when performing restricted activities and those outlined in this guideline.

Chart-stimulated recall

Chart-stimulated recall assesses the clinical reasoning and judgment applied to a real-life situation and helps to determine the student's thought process. In preparation for the discussion, the preceptor advises the student that they plan to review a patient chart, provide feedback about the contents of the chart, and then discuss the case with the student.

Following review of the patient record, the preceptor asks the student standardized questions related to patient care assessment, diagnosis, treatment and decision making.

Chart-stimulated recall is an assessment tool that helps the preceptor and student identify knowledge, skill, judgment and attitude performance and consider them in the preceptor-student assessment and supervision plan.

Student discussions

Ongoing dialogue should be part of all supervision plans. Discussions should occur regularly (e.g., weekly review) to discuss patient cases, monitor clinical reasoning and patient care, and to inform the need for formal evaluation. This form of supervision is also important for addressing student questions when faced with unfamiliar situations or unexpected outcomes.

It is important that the preceptor engage in discussion with students about ethics, the privilege of being a regulated health professional, and requirements for evidence-based and patient-centred practice in Alberta. Activities to support this can include reviewing an ethical principle, standard or directive and discussing the importance of these requirements to patient-centred care. Another example is to review prior ethical decision-making articles on the CCOA website and discussing together. Important rules for the preceptor to highlight include professional communication, ongoing consent and professional boundaries.

Discussions can be held in person, using audio or videoconferencing.



Self-reflection

The preceptor must also teach the student about the importance of self-reflective practice and model this for the student. Setting aside time to facilitate self-reflection and self-assessment is important. Accurate self-evaluation is a skill that is very important to learn early in one's career and fosters life-long critical analysis of one's own abilities. Preceptors are responsible to model an openness and willingness to reflect on and evaluate one's own skills and performance to identify areas for improvement and take steps to improve practice.

Ethics conversations and reviews

Preceptors have a responsibility to model ethical conduct and to conduct ongoing ethics conversations with their supervised students. Engagement in reflective discussions regarding ethical conduct must be enacted with the same level of engagement as technical skill development. Commitment to ethical practice refines the decision-making of the practitioner and is an essential tool in patient safety.

It is important that the preceptor engage in discussion with students about ethics, the privilege of being a regulated health professional, and requirements for evidence-based and patient-centred practice. Ethical reviews are an important and essential tool for the preceptor to highlight professional performance, communication, ongoing consent and professional boundaries.

Activities for Ethics reviews can include:

- Identify and discuss specific Codes of Ethics, Standards of Practice, Directives and other relevant legislation.
- Identify ethical dilemmas that arise during care and discuss the dilemma using an ethical framework until there is a clear resolution.

Discussions can be held in person, using audio or videoconferencing.

Chart-stimulated recall

Chart stimulated recall provides preceptors with information about the completeness, quality and appropriateness of care provided by a student. A chart audit can also be used to determine if the student is adhering to the College of Chiropractors of Alberta's Record Keeping Guide. Finally, chart audits can be employed to monitor patient progress and identify when a change to the plan of care is required, as in the case where care is being delivered by an unregulated support worker.

Discussions can be held in person, using audio or videoconferencing.

Patient/colleague discussions

Multi-source feedback helps to evaluate professionalism and non-technical competencies. Gathering input from patients or from other members of the multidisciplinary team helps to assess the student's communication and collaboration skills. This type of feedback should be used to inform discussions with the student and may also help to identify concerns regarding technical skills that the preceptor should monitor or reassess in greater detail.

Discussions can be held in person, using audio or videoconferencing.



Part 2: Expectations for Supervising Students

Part 2 of these guidelines informs supervision considerations related to CCOA Standards of Practice, Code of Ethics and chiropractic students.

Purpose of supervision

Clinical placements are an integral part of the student experience and enable consolidation of skills and integration of theoretical knowledge into clinical practice. The purpose of supervision in this context is to assure the public interest is met and that patients receive safe, quality chiropractic services when treated by students, while simultaneously enabling students to practice, evaluate and refine their clinical skills.

What's unique about supervision of students?

Clinical placements are a period of rapid skill and ethical development for the student. The supervising chiropractor is also a teacher whose role is to aide in the student's skill attainment and the development of professional ethics. Preceptors have a responsibility to instill interest and commitment in students regarding ethics, regulatory requirements and the primacy of the public interest, patient centred care and evidence-based practice.

However, there is a need to balance student learning and the development of autonomy with the provision of sufficient oversight to ensure patient safety. Preceptors must be aware that skill and ethics attainment and consolidation is not always uniform over time nor between students of the same level, and that although a student nearing the end of their program would typically be performing at close to an entry to practice level, that is not always the case.

Supervision requirements specific to students

The preceptor must:

- Ensure that all activity is in the public interest, and that the public is receiving safe, competent and ethical chiropractic care.
- Ensure all services provided are evidence-based.
- Ensure the student is following ethical standards required in Alberta.
- Be aware of the chiropractic program's curriculum plan and expectations of students at different points in the program.
- Be aware of the Federation of Canadian Chiropractic Entry-to-Practice Competency Profile for Chiropractors in Canada
- Address concerns regarding student performance with the student, chiropractic program and the CCOA in a timely manner.



- Be aware and knowledgeable in jurisprudence and ethics requirements, Standards of Practice, Codes of Ethics, etc.

The student must:

- Adhere to the requirements of the sponsoring chiropractic program.
- Maintain professional conduct consistent with the expectation of a regulated chiropractor in Alberta. This is demonstrated with adherence to:
 - The Code of Ethics, Standards of Practice, Bylaws, and Practice Directives of the College of Chiropractors of Alberta when providing chiropractic services.
 - The Health Professions Act, Health Professions Act Restricted Activity Regulations and the Chiropractors Profession Regulations.
 - To the Health Information Act and Health Information Act Regulations
 - The Occupational Health and Safety Act, and Occupational Health and Safety Code

Who is responsible?

When considering this question, it is imperative to remember that chiropractic students are **not** regulated health professionals. Therefore, the supervising chiropractor is completely responsible for the chiropractic services provided by the student and for ensuring that the Standards of Practice are met.

The preceptor is responsible for:

- the care assigned,
- the appropriateness of that assignment,
- the effective provision of chiropractic services, and
- to ensure appropriate monitoring of the student's performance of that assignment.

The student is responsible for:

- ensuring they are competent to perform the care assigned,
- identify and raise questions of concerns on the appropriateness of an assignment.
- Challenges they encounter in providing supervised chiropractic services, and
- to self-reflect on their performance in providing assigned care.

Preceptor-student communication plan

It is essential that the student and preceptor establish effective communication habits. The preceptor and student must be aware of the power-imbalance in the relationship. Discussing this imbalance and checking in on how to openly communicate with each other is essential for a successful preceptor-student relationship.



The preceptor must be aware of their communication strengths and weaknesses and work to address those. That includes:

- self-reflecting on how they are communicating, and the impact of their communications on the student,
- self-regulating to ensure an even and composed emotional state,
- planning regular times to review student performance and provide feedback,
- identify communication strategies for the student to start and maintain dialogue,
- supporting student disclosures of performance or learning challenges.

The student must be aware of their communication strengths and weaknesses and work to address those. That includes:

- self-reflecting on how they are communicating, and the impact of their communications on the preceptor.
- self-regulating to ensure an even and composed emotional state.
- self-reflecting on their performance, including being prepared to raise concerns, ask for feedback or discuss development opportunities.
- identifying communication strategies for the preceptor to start and maintain dialogue.

Student performance self-assessment

Self-reflection is an essential component of being a regulated health professional. Formal self-assessment often starts in university through reflective learning. Students have an opportunity to continue to develop this skill throughout their life.

Self-reflection is the process of introspectively examining one's thoughts, feelings, biases, ethics, knowledge, judgements (decisions), attitudes (values), behaviour (conduct), relationships and personal health status.

Self-reflection requires that the student (chiropractor) takes adequate time to introspectively consider their role and performance. It also requires that the student (chiropractor) recall positive and challenging situations/experiences.

- Positive situations may occur when things go well in performing assigned tasks, and self-reflection can help build confidence and help promote repeating the positive situation.
- Challenging situations may occur when things do not go well, or even go wrong, and self-reflection will help us identify what we could have done differently and avoid repeating the challenging situation.

Practicing self-reflection will help to ensure awareness of your impact on patients and establish a foundation for professional growth and development. Self-reflection can lead to greater self-awareness, personal and professional growth, and improved decision-making.



Self-assessment

Students should be aware of the roles, duties and assignments that the preceptor is considering. It is important for the student to be aware if whether they have the appropriate knowledge, skills, judgments (decision) and attitudes (values) to successfully perform the assignments.

Student self-assessment will help the student prepare for discussing the preceptors' assessment and the supervision plan.

The student has a shared responsibility to identify and discuss:

- Performance strengths,
- Performance gaps,
- Positive and negative situations from the preceptor-student interactions,
- Positive and negative situations from the student-patient interactions and
- Competency gaps, including the competence components that are associated with them, such as:
 - Knowledge gaps,
 - Skill gaps,
 - Judgement (decision) gaps and
 - Attitude (value) gaps.

The student has a right and responsibility to say no to assignments that they are not competent to perform.

Preceptor assessment of student performance

All preceptor-student relationships must begin with a period of direct supervision to enable the preceptor to assess technical and non-technical competencies, performance, and behavior of the student in the clinical setting.

During the direct assessment phase, the preceptor must be physically present and able to directly observe/assess competence, provide input into the student's performance, and intervene if a safety concern arises.

Through this period of direct supervision, the preceptor will determine if the student is able to perform some patient care assignments with indirect supervision.

While the student may perform some aspects of patient care under indirect supervision when appropriate, **students must always be directly supervised when performing restricted activities.**

Preceptor considerations

When assessing a student's performance, the preceptor must demonstrate discretion in determining if the student:



1. Must develop knowledge, skills and decision-making more before they move from direct to indirect supervision.
2. May perform/practice on patients with direct supervision.
3. May perform/practice on patients with indirect supervision.

When the preceptor is assessing the student the primary consideration is the safety of the patient.

The preceptor must intervene when the assessment would or could put the patient at a risk of harm.

The student must be responsive to direction from the preceptor.

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

Direct assessment

Direct assessment means that the preceptor is present and directly observing/assessing competence. Direct Assessment provides input into the student's performance and intervene if a safety concern arises. Direct supervision means that the chiropractor is not simply "on-site" but that they are in the treatment room and actively engaged in the process of supervision when the student is performing any activity.

As already discussed, all preceptor-student relationships begin with a period of direct supervision. Following the assessment period, the preceptor may continue to employ direct supervision techniques for certain activities or patient care groups.

The need for ongoing direct assessment is determined by the students' competence, the preceptor's confidence in their performance of assigned activities, the nature of the activities assigned, and patient factors.



Indirect assessment

When a student has demonstrated a reasonable level of competence in a particular practice context and with a specific patient population, the preceptor may opt to assess their practice indirectly. There is a range of supervision methods available to assess and monitor performance of students on an ongoing basis; however, not all methods will be appropriate for all students or practice settings. The preceptor must take a risk-based approach, consider patient factors, as well as preceptor and student preferences to determine which strategies are appropriate.

Students are always required to have direct supervision when performing restricted activities and any other activity outlined in the *Activities Authorized for Supervision* section, including for assessment.

Chart-simulate recall, chart audits, student discussions and multisource feedback are all tools of indirect assessment.

Chart-stimulated recall

Chart-stimulated recall assesses the clinical reasoning and judgment applied to a real-life situation and helps to determine the student's thought process. In preparation for the discussion, the preceptor advises the student that they plan to review a patient chart, provide feedback about the contents of the chart, and then discuss the case with the student.

Following review of the patient record, the preceptor asks the student standardized questions related to patient care assessment, diagnosis, treatment and decision making.

See Appendix 3 for a Chart-simulated recall tool.

Student discussions

Ongoing dialogue should be part of all supervision plans. Discussions should occur regularly (e.g., weekly review) to discuss patient cases, monitor clinical reasoning and patient care, and to inform the need for formal evaluation. This form of supervision is also important for addressing student questions when faced with unfamiliar situations or unexpected outcomes.

Discussions can be held in person, using audio or videoconferencing.

Ethics conversations

Ethical conversations are an important and essential tool for the preceptor to highlight professional performance, communication, ongoing consent and professional boundaries.

Activities for Ethics reviews can include:

- Reviewing an ethical principle(s) from the CCOA Code of Ethics, CCOA Standards of Practice or CCOA Directives and discussing the importance of these requirements to patient-centred care.
- Review prior ethical decision-making articles on the CCOA website and discussing together.
- Review the “Duty to Report” requirements published in the *Managing challenging situations* section of the CCOA website.



- Identify ethical dilemmas that arise during care and discuss the dilemma using an ethical framework until there is a clear resolution.

Patient/colleague discussions

Multi-source feedback helps to evaluate professionalism and non-technical competencies. Gathering input from patients or from other members of the multidisciplinary team helps to assess the student's communication and collaboration skills. This type of feedback should be used to inform discussions with the student and may also help to identify concerns regarding technical skills that the preceptor should monitor or reassess in greater detail.

Assessment reporting

The preceptor must complete and report their assessments to the student before providing or amending a supervision plan. Using one of more of the assessment methods of direct assessment or indirect assessment, including chart-simulated recall, chart audits, student discussions, patient/colleague discussion, the preceptor must provide a report to the student.

The report will provide the student the preceptors assessment and is the foundation for the supervision plan. Reviewing the assessment with the student and providing an opportunity for the student to ask questions and inform their understanding is an essential part of assessment reporting.

Both the preceptor and student should sign to acknowledge the assessment report and retain copies for their records.

See Appendix 4: Preceptor Student Assessment for a sample assessment template.

The CCOA has prepared and will provide a fill PDF of this assessment for use during the preceptorship.

At the end of the preceptor agreement, the CCOA will ask for a copy of the assessment reports and the supervision plans that were provided during the preceptorship.

Supervision plan

The preceptor must prepare and as appropriate amend the supervision plan as described in these guidelines.

Once the preceptor has produced the supervision plan, they must review the assessment and the supervision plan with the student. The plan must provide the necessary direction on authorized activities for the students.

Part of presenting the supervision plan is allowing for the student to discuss the plan and ask questions to ensure that they have a complete understanding to the supervision plan.

Both the preceptor and student should sign to acknowledge the supervision plan and retain copies for their records. For the preceptor and the student this is the evidence of the activities that they student is



authorized to perform. In the event of patient harm, a formal complaint or negligence claim, the supervision plan will be essential to produce.

See Appendix 4: Preceptor Supervision Plan for a sample assessment template.

The CCOA has prepared and will provide a fillable PDF of this supervision plan for use during the preceptorship.

At the end of the preceptor agreement, the CCOA will ask for a copy of the assessment reports and the supervision plans that were provided during the preceptorship.

Authorized supervision activities

The preceptor is present on site and available at all times the student is providing chiropractic services. These activities are identified the *Health Professions Act*, and the CCOA Standards of Practice.

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:

- That the patient 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 with the patient potential risks and limitations of student performed services.
- That the preceptor is always onsite and available while the student is providing services.
- The preceptor must ensure that a record of the discussion and the patients' consent is 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 a decision-making 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 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.
- Discharge planning

Obtaining informed consent to treatment

- Obtaining consent for the student to provide professional services
- Written consent to treatment
 - Requires the patients' signature on the Informed Consent to document treatment 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:

Preceptor's 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:

Perform informed consent

After the preceptor has obtained informed consent from the patient 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 entry

- Completion of general intake forms and documents

Administer and interpret outcome measure assessments

- Administers outcome measures and interprets the assessment

Elicit specific case history

- Elicit a patient history specific to the presenting complaint
- Elicit a survey of symptoms
- Other relevant health history

Perform an examination

- Perform specific examinations based on the present complaint, such as:
 - 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 recommending diagnostic imaging.

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, or changes to the treatment plan.
- The preceptor must confirm the discharge plans before the student communicates them.

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 are an important part of the student's development that does 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 expectations must be discussed and agreed to.

These activities include but are not limited to these important topics:

- Performing administrative tasks, such as:
 - Operational activities, such as
 - Answering the phone,
 - Scheduling patients and/or
 - Completing financial transactions.
 - Infection Prevention and Control
- Professional communication tasks, such as:
 - Communication within the interdisciplinary team within the office,
 - Communication with health professionals outside the office and
 - Advertising, marketing and promotional activities.

This authorizes supervision activities section is available in Appendix 1 – Preceptor supervised activities

Questions for preceptors before beginning a preceptorship

Each time you consider being a preceptor, chiropractors should reflect on the following questions and seek additional information and resources as necessary.

- Am I competent to provide supervision?
- Am I competent in the tasks I am assigning to my student?
- Am I the best person for the role?
- What's my plan for providing supervision to my student?
- Do I have the capacity, resources and supports to provide effective supervision?

Questions for students before beginning a preceptorship

- Do I understand the supervision plan and the parameters my preceptor has placed around my practice?
- Do I understand what I can do with indirect supervision?
- Do I understand when direct supervision is required?



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- Do I understand the activities I cannot perform and why?
 - Do I know what to do if something unexpected happens and the parameters for when I need to seek assistance from my preceptor?



Part III: Frequently Asked Questions

When does the preceptor need to be on-site when providing supervision?

The purpose of supervision is to ensure the delivery of safe, competent and ethical chiropractic care. Preceptors must be on site any time a student is performing an activity.

Students are always required to have direct in-person supervision when performing restricted activities and any other activity as specified in these guidelines.

Can a supervising chiropractor bill for treatment provided by a student?

When appropriate supervision is provided and the requirements of this Supervision Guidelines, Standard of Practice 2.0 Financial Accountability, Standard of Practice 4.2, and Standard of Practice 4.9 are met, the chiropractor may bill care provided by a student as chiropractic services under the preceptor's name and registration/practice permit number. Only a regulated chiropractor can bill for chiropractic services. Students cannot bill for services.

It is important to remember that payers have their own policies related to what they will or will not pay for under extended health benefits.

Can students' complete documentation for services they provide under supervision?

Yes, students can complete documentation, but the preceptor is responsible for the integrity of the patient record and must meet the standards of practice and obligations of the *Health Information Act*.

The portion of the clinical records created by the student must identify the student as the author including the chiropractic services received and the details of those services. The best individual to document the services provided is the individual who delivered the services.

The supervising chiropractor also needs to provide ongoing monitoring to ensure that the student's documentation adheres to the College of Chiropractors of Alberta's record keeping standards.

Any documentation created by the student must be reviewed and endorsed by the preceptor.

Are preceptors required to co-sign patient records of the individuals they supervise?

Yes, the preceptor must sign off on the charts completed by the student, as the student is not a regulated health professional. The chiropractor is responsible for the patient's health records when the patient's treatment plan includes care provided by an unregulated health care provider such as a student.

When a chiropractor signs a patient health record, it signifies that the patient health record is accurate, comprehensive and represents all services provided by the chiropractor or the student.



If the student contributed to patient care or record keeping, they must also sign off on that patient's chart.

Which restricted activities can be assigned to students?

The preceptor must be competent and authorized to perform the assigned restricted activity before being able to supervise the student on said activity. The preceptor must also be present and provide direct supervision of the restricted activity task performed by the student. The student must have had curriculum instruction and clinical placement experience for the said restricted activity, via their chiropractic education. The student must also be under the preceptor's direct supervision while performing restricted activities. Students cannot perform the restricted activities of needling or setting or resetting of a simple fracture under any circumstances.

All regulatory requirements must be met by both the student and the preceptor when performing restricted activities.

How many students am I allowed to supervise at one time?

CCOA does not specify the number of students a chiropractor can supervise at one time. However, it is the preceptor's responsibility to provide supervision that meets CCOA's requirements as stated in this Supervision Guidelines, the Standards of Practice, Codes of Ethics, Practice Directives and Bylaws. It is unlikely that a preceptor can supervise more than one or two students at a time.

If chiropractors are pressured to supervise more individuals than they are able, it is important that they remember that CCOA's regulations must take priority over the demands of employers.

What about consent? Who needs to obtain consent for a student to see a patient?

A student may be assigned the task of obtaining patient consent as this is an important skill for the student to master as part of their competency. It is the preceptor's responsibility to ensure that informed consent has been obtained. Written consent to treatment must include the patient's, the preceptor's and student's signatures.

It is also required that the preceptor ensure the student is obtaining ongoing consent from patients during treatment.

What are my responsibilities when supervision duties are shared?

When two or more chiropractors share supervision responsibilities, it is ideal that they communicate and collaborate in developing and refining the supervision plan with the student. A clear understanding of the working relationships and responsibilities, understood by all parties, will not only provide clear direction for the student but will support effective supervision.

In the case of students in the preceptorship program, the student must have formal, signed agreements with both preceptors, their chiropractor program and approval from CCOA



What aspects of supervision should be documented in the patient record?

In addition to having a supervision, certain aspects of the supervised practice should be documented on the patient record. For example, when a patient provides consent to be treated by a student, the consent should be documented. In addition, when a chiropractor assigns tasks to a support worker or student, the tasks and parameters of treatment must be documented in the patient record.

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

- That the patient 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 with the patient potential risks and limitations of student performed services.
- That the preceptor is always onsite and available while the student is providing services.
- The preceptor must ensure that a record of the discussion and the patient's consent is made in the patient health record.