



CCNM Externship Program, 2019-2020 INFORMATION PACKAGE

CONTENTS:

Introduction.....	Page 2
Externship Placement Options.....	Page 2
Externship Host Criteria, Responsibilities.....	Page 3
Student Intern Responsibilities.....	Page 4
Clinic Course Requirements	Page 4
Supervision of Student Intern	
Table A: Required Indirect Supervision	Page 5
Table B: Required Direct Supervision	Page 5
Application and Approval Process	Page 6
Application Deadlines	Page 6
Appendix A: Insurance Coverage, Fees	Page 7
Appendix B: Recommendation on Informed Consent	Page 8
Appendix C: CCNM Primary Intern Competencies Evaluation Form	Page 9
Appendix D: Clinic Attendance Record	Page 10
Appendix E: Monthly Open Work Order (MOWO) Form	Page 11

Introduction

CCNM 4th yr interns receive the majority of their clinical training at CCNM's teaching clinics, the Robert Schad Naturopathic Clinic (RSNC), Community Healthcare Center clinics, the Brampton Naturopathic Teaching Clinic (BNTC) and through preceptoring opportunities in professional clinics. To further broaden the range of clinical experience opportunities available to 4th year student interns, CCNM allows intern the option of applying to an off-site **externship** at a practitioner's clinical practice.

The Externship Program provides student interns a unique opportunity for training and mentorship with an experienced ND at a professional clinic. The expectation is that interns treat patients as they would at the RSNC; i.e. the intern is given a high degree of autonomy, but remains under the close supervision of the professional ND. Externship is a privilege for which all clinical interns may apply. Acceptance of an externship proposal may be based on factors such as, the applicant's clinical standing, the appropriateness of the clinical opportunity, the amount of independence, mentorship and oversight the intern would receive, the number of interns applying for externship for any one period. The decision to grant or deny an externship proposal is that of the Associate Dean, Clinical Education.

- Externship differs from **preceptorship**, which is a mandatory program conducted as part of the clinical education curriculum at CCNM. Preceptorship refers to students' *learning primarily by observation* in the practice of a qualified health care provider.

Please note: Externship placements cannot occur in the USA due to insurance restrictions.

Externship Options:

CCNM offers the following options for externship:

A month-long option, which requires a placement of 24 hours/week minimum in a private naturopathic practice.

1. *November month-long Externship*
2. *February month-long Externship*
3. *August month-long Externship* (only for students in CLE412 or CLE450 during that period)

A one day per week option, which requires a placement of a minimum 6 hours per day (or a minimum of 24 hours per month) for 4 months, in a local naturopathic practice.

1. September - December Weekly Externship
2. January - April Weekly Externship
3. May - August Weekly Externship
 - Please note that the May-August weekly option is only available to students who will be in CLE412 or CLE450 at the time of the externship.

Benefits to hosting a CCNM student for Externship:

Hosting a student at your clinic is not only a unique experience for the intern, it can be extremely rewarding for the practitioner. Some of the benefits for hosts:

- Opportunity to mentor, teach & impart your clinical experience to future Naturopathic Doctors.
- Pre-screening and training of potential associates for future hiring
- Exposure to the latest approaches to patient management being taught at CCNM
- Assistance in your clinic for a solid block of time.
- Provides C.E. credits for NDs registered in the province of Ontario (for practitioners registered in other jurisdictions, please refer to your provincial or territorial regulatory organization's Quality Assurance program).

Host Criteria

The following criteria will be used to assess eligibility for participation in the Externship Program:

- The host ND must be a graduate of an accredited CNME institution and currently licensed and in good standing in their jurisdiction of practice (or registered in another jurisdiction, if their region does not have regulatory legislation in place).
- The host ND has been in practice for a minimum of three years and sees a minimum of 25 patients per week (or a minimum of 5 patients per practice day).
- The host ND has professional liability insurance.
- The externship host site is an insured facility.
- **The intern can be given a high degree of autonomy during the placement, while still being appropriately supervised as outlined below in Tables A and B.**

Responsibilities & Standards for the Externship Placement

THE EXTERNSHIP HOST WILL:

- Ensure a safe working environment for the student and provide proof of appropriate facility insurance if asked.
- Ensure that a licensed/registered ND is on the premises at all times while the student is working and/or training on site.
- Ensure that at a minimum the student will be supervised indirectly for procedures listed in Table A below and directly for procedures listed in Table B below.
- Co-sign all patient charts, thereby accepting legal liability for cases seen by the student intern.
- Ensure that the CCNM Primary Intern Competencies Evaluation (PICE) form is completed and submitted to the Office of Clinical Education (oce@ccnm.edu) by the dates listed in the information package.
 - *This form will be sent to you as part of an information package upon approval of this application.*
 - *For month-long externships, one PICE form is to be submitted by the completion of the placement.*
 - *For term-long externships, two PICE forms are to be submitted: one at the mid-term and one upon completion of the placement.*
- Ensure that **Clinical Assessment Forms** are completed, as detailed, and submitted to the Office of Clinical Education by the completion of the externship placement.
 - *Clinical interns are to have a minimum number of formal assessments conducted by their externship host/supervisor:*
 - *At least one (1) Global Assessment of a Patient Interaction (GAPI)*
 - *At least one (1) Practice Management Competency Checklist (PMCC)*
 - *At least one (1) Professionalism Mini-Examination Exercise (P-MEX)*
 - *The Chart-Stimulated Recall (CSR) assessment is an optional tool that may be used at the externship hosts discretion*
 - *These assessments are designed to provide formative feedback (feedback for learning) in a standardized and consistent manner. Other forms of informal feedback are still warranted and requested, as a vehicle to stimulate student learning and development.*
 - *Information in regards to completing these forms will be sent to you as part of an information package upon approval of this application.*

THE STUDENT INTERN WILL:

- Exhibit exemplary personal and professional conduct and behaviour at all times as a representative of the Canadian College of Naturopathic Medicine.
- Purchase Errors and Omissions Liability insurance covering them for the duration of their externship placement (unless the practitioner package covers supervised student activity—consult the practitioner). The student is responsible for submitting a copy of this insurance coverage to the externship host.
- Carry with them all personal medical equipment.
- Ensure that all medical activities are within the scope of practice designated for the province in which the Externship is taking place.
- Ensure the, at a minimum, they have indirect supervision for procedures in Table A below and direct supervision for procedures in Table B below.
- **Understand that they are required to meet all regular course deadlines**, i.e. an externship placement does not entitle them to deadline extensions for course requirements.

- Upload all completed CMFs, Midterm & Final Evaluation Forms, signed and graded by the extern host, to the appropriate Moodle drop box.
- Students applying for a “**Global Externship**” must submit a signed **Global Externship Release Form** (see Appendix F) with their application.

Clinical Education course requirements that may be fulfilled during externship:

The externship placement may fulfill up to a maximum of:

- 10% of the total clinic hour requirements (103 hours)
- 20% of total patient visit requirements (56 patient visits)
- 20% of the individual modality requirements for the year (for example, 3 or 15 required botanical combination prescriptions).
- Hours completed in excess of 103 may be claimed as precepting hours. Hours and patient visits that exceed the above limits will automatically be applied to preceptor hours and preceptor patient contacts.
- Secondary contacts may not be obtained during externship placements, as they represent observation, not direct care.
- All time missed at the placement site must be made up at the placement site. Missed externship time due to illness or externship clinic scheduling may not be claimed through on-call shifts at the RSNC.

Supervision of the Student Intern:

The following lists cover the majority of activities an intern would perform with a patient. These activities have been divided into those the practitioner may supervisor indirectly and those the host must supervise directly. Please note that delegation of these activities is allowed by most regulatory standards and guidelines in Ontario. Further, delegation allowances have a broader extension to activities that constitute a portion of student training. Regardless, it is important that the host practitioner is familiar with all jurisdictional regulations and that standards and guidelines are properly observed by the intern while they are being hosted.

TABLE A

INDIRECT SUPERVISION allowed, *i.e. the supervisor must be on premises and observe/oversee the intern for a period of time, for the following:*

- ◆ Full patient visits with new patients
- ◆ History intake
- ◆ Full or partial physical examinations
- ◆ Training and use of specialized technology/modalities
- ◆ Medical lab tests (excluding blood draws)
- ◆ Formulation of a diagnosis
- ◆ Soft tissue manipulation (naturopathic bodywork/other)
- ◆ Hydrotherapy
- ◆ Homeopathic case taking and prescribing
- ◆ Botanical prescribing, compounding and dispensing
- ◆ Nutritional assessment and prescription.
- ◆ Physical medicine such as ultrasound and interferential current
- ◆ Traditional Chinese/Asian Medicine, Acupuncture (marking of points)
- ◆ Medical administrative duties including reports of findings; scheduling; referral letters; medico-legal reports; insurance reports
- ◆ ***All diagnoses and patient management plans must be reviewed and approved by the host ND prior to communication to the patient by the intern***

TABLE B

DIRECT SUPERVISION required, i.e. the supervisor must be present in the interview room during the entire procedure for the following:

- ◆ Acupuncture needle insertion
- ◆ High velocity low amplitude thrust (i.e. spinal manipulation)
- ◆ Blood draws
- ◆ Breast examination
- ◆ Female pelvic examination and PAP test
- ◆ Examination of male or female genitalia
- ◆ Prostate examination
- ◆ Injection therapy of any kind

Interns are not trained or permitted in the application of intravenous therapy.

Application & Approval Process

1. Externship Packages are available to 4th year students on Moodle>Clinic Forms & Resources> Externship Program.
2. All application materials are to be submitted to the Office of Clinical Education for approval by the following deadlines:

September – December Weekly Externship:	July 15, 2019
November month-long Externship:	August 1, 2019
January – April Weekly Externship:	November 15, 2019
February month-long Externship:	November 15, 2019
May – August Weekly Externship*: (Only for students in CLE412 or CLE450 during that period)	March 16, 2020
August month-long Externship*: (Only for students in CLE412 or CLE450 during that period)	April 1, 2020

Documents to be submitted by the intern to the Office of Clinical Education:

- Form A:** Student Application Form – Request to Externship
- Errors & Omissions Liability Application Form** – All students must procure liability insurance through Partner’s Indemnity Insurance Brokers, unless the host practitioner’s insurance practice covers the student separately. Please consult the host’s insurance provider.
- Cheque or credit card authorization form** payable to Partners Indemnity Insurance Brokers Ltd. If the practitioner is covered by a different insurance package, please consult the host’s provider.
- Clinic Absence Form** detailing every shift the intern will be at the externship placement. Please clearly write “Externship” at the top of the form (these days away do not affect your vacation day allotment).

Documents to be submitted by prospective externship host to the Office of Clinical Education:

- Form B:** “Externship Host Application Form”
 - Photocopy of Host’s most recent registration/license renewal confirmation
 - Photocopy of current Certificate of Insurance (liability coverage)
3. Once all documentation is received, the Office of Clinical Education will email a confirmation that your application is complete and may proceed.
 4. The Office of Clinical Education will notify the student and externship host of their approval/rejection for an Externship placement approximately 2 weeks after the application deadline.

Appendix A: Insurance Coverage

Students must purchase Student Errors and Omissions Liability insurance to cover them for the duration of their externship placement through Partner's Indemnity Insurance Brokers Ltd . Once payment information is provided, the Office of Clinical Education will coordinate the purchase of insurance for students.

The student is personally responsible for arranging the purchase of any desired additional insurance to cover health, accident, disability and/or hospitalization during their externship. The student is responsible for all costs of additional insurance and for any expenses not covered by this insurance, and recognizes that CCNM does not have an obligation to provide the student with such insurance.

The annual premium for Student Errors and Omissions Liability insurance arranged through Partner's Indemnity is \$220 plus 8% retail sales tax (\$237.60), effective for 1 year as of the sign-up date. Policies cannot be issued for a single month or a few months at a time. Upon completion of an externship, the student may apply, in writing, to Partner's Indemnity for a reimbursement of the unused portion of the premiums paid.

Please send the cancellation letter to Kendall Wooding via email: kwooding@partnersindemnity.com, fax: 416-862-2416 or by mail: Suite 400-10 Adelaide Street East, Toronto, ON M5C- 1J3.

Please note that a system access fee of 2% will be applied to all credit card transactions. Alternatively, to avoid the 2% fee, payments can be made by Cheque payable to: Partners Indemnity Insurance Brokers Ltd.

Appendix B: Recommendation on Informed Consent

It is recommended that any patient seen by the student sign an Informed Consent form acknowledging that they are aware that a visiting student may be providing diagnosis and/or treatment under the supervision of the externship host. It will be the externship host's responsibility to ensure that a licensed supervising ND is on the premises at all times while the student is working/training.

- The patient must be aware that the person providing diagnosis or treatment is a student intern at CCNM, fulfilling requirements for clinical training.
- The provisions for consent must be in concordance with the Ontario Health Care Consent Act or equivalent in the jurisdiction of the practice.
- Jurisdictional regulatory standards for informed consent also apply to all student-patient interactions (i.e. the host should insure the student is covering the entirety of informed patient consent and charting fully that the range of patient consent was obtained.

The consent below may serve as a template for the Externship Host:

<p>CONSENT</p> <p>I hereby acknowledge that I have been advised that I am being seen by a 4th year student intern of the Canadian College of Naturopathic Medicine under the supervision of a licensed naturopathic doctor. I further acknowledge that I have been advised that I may withdraw my consent to treatment by the 4th year student intern at any time.</p> <p>NAME: _____</p> <p>DATE: _____</p>

Appendix C: CCNM Primary Intern Competencies Evaluation Form

The following form will be emailed to the student for the externship host to complete and return to the Office of Clinical Education. An explanation of the evaluation competency categories will be supplied to the externship host in the information package to be supplied.

PRIMARY INTERN COMPETENCY EVALUATIONS (PICE): SUMMARY

INTERN	SUPERVISOR	ADVISOR
(CIRCLE ONE) COURSE: CLE404/CLE412/CLE450	MIDTERM	FINAL
		EXTERNSHIP

Please circle an overall rating in each category:

1 = poor; 2 = marginal performer; 3 = good performer; 4 = strong performer; 5 = exceptional

<u>Clinical/Medical Knowledge</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Interviewer Skills</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Physical Exam Skills</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Diagnostic Skills</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Research Skills</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Charting Technique</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Therapeutic Management</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Communication & Collaboration</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Patient Report</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Knowledge of Naturopathic Therapies</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Professionalism & Ethics</u>	<u>Evidence:</u>
1 2 3 4 5	
<u>Practice Management</u>	<u>Evidence:</u>
1 2 3 4 5	
<p>^To achieve a PASS on a Final Semester Evaluation:</p> <ul style="list-style-type: none"> • CLE404: an overall rating of "good" must be achieved in 10 of 12 categories. • CLE412: an overall rating of "good" must be achieved in 10 of 12 categories. • CLE450: an overall rating of "good" must be achieved in ALL categories. 	
SUPERVISOR SIGNATURE	INTERN SIGNATURE

Appendix D: Clinic Attendance Record

Student interns are responsible for bringing the clinic attendance record form to track daily attendance at an externship placement. Please use a **separate** attendance form. A maximum of 103 clinic attendance hours may be authorized; any attendance hours in excess of the 103 hours will be automatically applied as preceptorship hours. Student extern hosts are asked to please sign **each day** at the start and end time.



**THE CANADIAN COLLEGE OF
NATUROPATHIC MEDICINE**

Clinic Attendance Record

Name _____ Month/ Year _____

	Date	Time In	Supervisor's Signature	Time Out	Supervisor's Signature	Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
TOTAL ON THIS PAGE						

- Attach this form to your monthly summary.
- Only ORIGINALS will be accepted.
- Retain a copy for your records.

Appendix E: Monthly Open Work Order (MOWO) Form

Student interns are responsible for bringing barcode stickers to track externship patient visits, and various clinical modality treatment stickers. Each barcode sticker must include date of visit, patient name initials, and then affixed to the MOWO Form and be signed off by their Externship Host for credit.



ccnm
CUNY COLLEGE OF
NURSING AND HEALTH CARE

MONTHLY OPEN WORK-ORDER SHEET

INTERN: [Redacted]

MONTH: Feb 2014

Please use one MOWO for every separate shift location. Check visit type/location below:

<input type="checkbox"/> RSNC	<input type="checkbox"/> Sports Med	<input checked="" type="checkbox"/> Externship
CHC Satellite: <input type="checkbox"/> Anish <input type="checkbox"/> Sherbourne (circle: Tues/Wed or Sat) <input type="checkbox"/> Other (specify _____)		
<input type="checkbox"/> Parkdale <input type="checkbox"/> Queen West <input type="checkbox"/> LAMP		

PATIENT INITIALS:		Date:	PLEASE DATE ALL BARCODE STICKERS IN THIS COLUMN
Date: 20/02/14		20/02/14	
Externship Visit PVEXTERN [Barcode] CA 20/02/14	Externship Visit PVEXTERN [Barcode] DM 20/02/14	USE THIS COLUMN TO AFFIX BARCODES NOT ASSOCIATED WITH PATIENT VISITS: CONSULTS, ASSIGNMENTS, ADVISORY, DI SHIFTS ETC.	
Externship Visit PVEXTERN [Barcode] JA 20/02/14	Externship Visit PVEXTERN [Barcode] CDF 20/02/14		
Externship Visit PVEXTERN [Barcode] FL 20/02/14	Externship Visit PVEXTERN [Barcode] AF 20/02/14		
Externship Visit PVEXTERN [Barcode] JS 20/02/14	Externship Visit PVEXTERN [Barcode] SP 20/02/14		
USE THIS AREA TO AFFIX BARCODES FOR: MOD Botanical Tincture MBOT [Barcode] 20/02/14		(Elite, Sports Med Event) AND ANY P/E SCREEN, P/E-HD, GYNE, BREAST, MANIP-T, MANIP-L STUDENT EXCHANGES hydro exchange barcodes are to be placed on Work Order to be processed at reception on date of occurrence.	

Note: MOWOs that are not organized as requested will be returned to interns and will be credited upon resubmission.

Appendix F: RELEASE

TO: THE CANADIAN COLLEGE OF NATUROPATHIC MEDICINE (“CCNM”)

FROM: (Student Name)

RE: STUDENT GLOBAL EXTERNSHIP AND PRECEPTORSHIP

Location of Externship/Preceptorship: _____

Supervising Medical Professional: _____

I recognize that there are dangers and risks to which I may be exposed by participating in a global externship or preceptorship. I understand that the CCNM does not require me to participate in the global externship or preceptorship, but I want to do so, despite the possible dangers and risks.

In consideration of being permitted to participate in the global externship or preceptorship, I agree, on behalf of my family, heirs and personal representatives agree to release CCNM from any and all claims or causes of action arising out of any injury to person or property which I may suffer during my participation in the global externship or preceptorship.

Signature of Student

Date