

## **Technical Standards for Admission and Graduation for the Universidad Central Del Caribe School of Chiropractic**

The Universidad Central del Caribe School of Chiropractic (UCCSOC) believes that earning a Doctor of Chiropractic (DC) degree requires mastery of a coherent body of knowledge and skills. Because the DC degree signifies that the holder is a primary spine healthcare provider prepared for entry into the practice of chiropractic within graduate training programs, it follows that graduates must be prepared to function in a broad variety of clinical situations and to render a wide spectrum of patient care. Therefore, there are certain minimum technical standards for chiropractic doctors and chiropractic students that must be met by applicants and students. A chiropractic student must acquire substantial competence in the principles and facts of all of the curriculum's required basic science courses, must understand and appreciate the principles and practice of all of the foundations of clinical chiropractic sciences, and must be able to relate appropriately to patients and other healthcare professionals. The following technical standards describe the non-academic qualifications required, in addition to appropriate academic achievements, which the UCCSOC considers essential for successful completion of the educational objectives of its curriculum (this list of required skills and qualifications is not all-inclusive but is meant to be representative).

### **I. Perception and Observation- Visual, Auditory, Tactile and Proprioception**

Students enrolled in the Doctor of Chiropractic Program (DCP) must be able to:

1. Participate actively, both physically and cognitively, in:
  - a. Large Group/Small Group discussions
  - b. Presentation, laboratory experience
  - c. One-on-one encounters
  - d. Doctor-patient encounters
  - e. Audiovisual, written and web-based material
2. Students must be capable of performing assessments and comprehending the conditions of all patients assigned to them for examination, diagnosis, and treatment. The observations and information acquired by the student from the patient require the functional capacity of visual, auditory and somatic sensation.
3. Students must be academically, physically, and sensorially qualified to perform the duties of a chiropractor. Due to the sensory, visual and somatic skills required for the practice of the profession, students who have sensory and psychomotor skill impairments would not be allowed to enroll in the DCP (or continue further studies should they become impaired while being a student).
4. Additional to chiropractic-specific assessment methods and therapeutic maneuvers, students must be capable of performing in an adequate and timely manner the following assessments:
  - Fundoscopic retina evaluation
  - Otoscopic evaluation
  - Palpatory assessment of joint structures

- Auscultation of cardiac, respiratory functions and blood flow.
- Basic obstetrical assessment (standardized patient)
- Visceral palpation and assessment
- Cardiopulmonary resuscitation (CPR)
- Arterial and Venous drawing (simulators)
- Interpret and report imaging study findings
- Interpret EKG

## **II. Communication – Speaking, Reading, and Writing**

1. The students should demonstrate competency in their communication skills in both English and Spanish with faculty members, staff, health care team, patients, families and other peers and students, in order to:
  - Generate, trigger and evoke health history information
  - Develop assertive and empathic therapeutic relationships
  - Demonstrate clinical and cultural competencies
  - Develop inter-professional rapport
2. The chiropractic student must be capable and willing to communicate assertively and empathically with patients to evoke clinical information, describe psychosomatic responses, postural imbalances and assess nonverbal communications.
3. Chiropractic students must be able to read and write in the patient's charts in a standard format and must be able to interact with a variety of standard computers networked to hospital information systems to obtain patient information, order tests, and document patient progress.
4. The communication skills required include speaking, reading and writing, in addition to all the observational skill competencies described previously.

## **III. Gross and Fine Motor Coordination**

1. Our DCP core chiropractic technique courses require from the student fully functional upper and lower extremities; he or she must be able to stand upright and perform a variety of transitional postures and possess fine motor skill abilities. The student must possess adequate eye-hand coordination and body strength and stability in order to perform the chiropractic manipulation maneuvers.
  - a. Chiropractic students of our DCP must demonstrate adequate motor and tactile functional skills to meet with standards and competencies required for successful completion of the program and to:
    - Attend, assist and participate in all classes, groups, and activities which are part of the curriculum
    - Read and write
    - Examine patients, perform diagnostic procedures
    - Electronic Health Record proficiency
    - Provide patient care

- Do basic laboratory procedures
  - Perform CPR
- b. The chiropractic student must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion and other diagnostic maneuvers.
  - c. Students must be capable of performing basic laboratory and clinical tests.

#### **IV. Cognition – Conceptual, Integrative and Quantitative Abilities**

1. The chiropractic student must be able to demonstrate the following intellectual abilities: measure, calculate, reason, analyze and synthesize. All of these capacities are the problem-solving skills of proficient chiropractic.
2. The chiropractic student must be able to comprehend three-dimensional models and biomechanical spatial relationships of structures and movement.
3. The chiropractic student must have the capacity to perform these problem-solving skills in a timely fashion.
4. The chiropractic student must possess the clinical rationale for managing a patient according to standardized guidelines.
5. Students must be able to demonstrate higher-level cognitive abilities, which include:
  - Memory and recall
  - Rational thought and conceptualization
  - Measurement and calculation
  - Visual-spatial comprehension
  - Organization, analysis, and synthesis
  - Representation (oral, written, diagrammatic, three-dimensional)
  - Clinical reasoning, ethical reasoning, and sound judgment

#### **V. Professionalism, behavioral and social attributes**

1. Students must be able to:
  - Consistently display integrity, honesty, empathy, caring, fairness, respect for self and others, diligence, and dedication
  - Promptly complete all assignments and responsibilities attendant to the diagnosis and care of patients
  - Develop and maintain effective relationships with patients, other students, faculty and other healthcare providers
  - Tolerate physically, emotionally, and mentally demanding workloads
  - Function effectively under stress, and proactively make use of available resources to help maintain both physical and mental health
  - Have direct physical contact in teaching and clinical situations with faculty, fellow students, patients and live models of both genders

- Adapt to changing environments, display flexibility, and be able to learn in the age of uncertainty
- Take responsibility for themselves and their behaviors
- Maintain, cultivate and proactively carry themselves as examples and proponents of health, wellness and the highest standards of professional behavior.
- Nurture a competency for research and best practices standards for the wellbeing of the patients and the profession.

Any chiropractic school applicant or chiropractic student who has a question about whether he or she can meet these standards due to the functional limitations from a disability should contact the Office of the Dean of Admissions and Student Affairs for a confidential discussion.

## **ACCOMMODATIONS**

All requests for accommodations are considered on a case-by-case basis. Accommodations assist students to meet technical and/or academic standards, not to circumvent them.

Qualified students with documented disabilities are provided with reasonable accommodations in the DCP, which may include involvement of an intermediary or an auxiliary aid. However, should an impairment result in a request for an accommodation involving an auxiliary aid or intermediary that provides *cognitive support or knowledge, substitutes for essential clinical skills, or supplements clinical and ethical judgment*, such requests may be difficult to be granted without fundamentally altering the program. Thus, accommodations cannot eliminate essential program elements or fundamentally alter the school of chiropractic curriculum.

For this reason, individuals with visual, auditory and/or physical impairments severe enough to require an intermediary cannot typically be accommodated in the DCP. An intermediary that would have to select and interpret visual (e.g., histology slides, diagnostic imaging, clinical presentations) and auditory information (e.g., heart sounds, lung sounds) would constitute cognitive support and/or a supplement to clinical judgment. This kind of assistance would also, undoubtedly, depend on healthcare/scientific knowledge to some extent. Use of this type of intermediary, in the faculty's opinion, would represent a fundamental alteration to the chiropractic program. Reliance on an intermediary trained to perform physical exams for a student with a severe physical disability would also be unacceptable for the same reasons.

## APPENDICES

*The examples below show how a standard may be applied in the DCP education/clinical programs. The examples listed are for illustrative purposes only, and not intended to be a complete list of all tasks in the DCP program.*

### **Appendix A**

#### **Examples of technical standards for perception/observation:**

Representative examples of materials/occasions requiring perceptual abilities include but are not limited to: books, diagrams, discussions, physiologic demonstrations, microbiologic cultures, gross and microscopic studies of organisms and tissues, chemical reactions and representations, photographs, radiographs, cadaver dissections, live human case presentations, and patient interviews.

Additional examples include but are not limited to: physical exams; rectal and pelvic exams; examinations with stethoscopes, otoscopes, fundoscopes, sphygmomanometers, and reflex hammers; verbal communication and non-verbal cues (as in taking a patient's history or working with a healthcare team); live and taped procedures; x-rays, MRIs, and other diagnostic findings; web-based lectures or other course content or activities.

### **Appendix B**

#### **Examples of technical standards for communication:**

Examples of areas in which skillful communication is required include but are not limited to: answering oral and written exam questions; eliciting a complete history from a patient; presenting information in oral and written form to faculty and supervisors; participating in sometimes fast-paced small-group discussions/interactions; participating in group dissections; participating in pathology labs.

Additional examples of areas in which skillful communication is required include but are not limited to: participating in clinical rounds and conferences; writing patient H&Ps (histories and physicals); making presentations (formal and informal) to colleagues, clinicians and other professionals; communicating daily with all members of the healthcare team; talking with patients and families about health care issues; making educational presentations to patients and families; participating in videotaped exercises; interacting with supervisors; writing notes and papers.

### **Appendix C**

#### **Examples of technical standards for gross and fine motor function:**

Examples of activities/situations requiring students' motor/tactile function include but are not limited to: transporting themselves from location to location; being in physical attendance and participating in lectures, small groups, patient presentations, review sessions, dissections, laboratory work, and microscopic investigations; using a computer; performing a complete physical exam - including observation, auscultation, palpation, percussion, and other diagnostic

maneuvers; performing simple lab tests; using light microscopes; performing cardiopulmonary resuscitation.

Additional examples of experiences requiring motor/tactile function include but are not limited to: accompanying staff on rounds and conferences; performing venipunctures; performing physical, orthopedic, neurological, gynecological, pediatric examinations (with the appropriate instruments); dealing with agitated patients in emergency situations; maintaining appropriate healthcare records; acting as assistant in clinical situations.

## **Appendix D**

### **Examples of technical standards for cognition**

Examples of applied cognitive abilities include but are not limited to: understanding, synthesizing, and recalling material presented in classes, labs, small groups, patient interactions, and meetings with faculty; understanding 3-dimensional relationships, such as those demonstrated in the anatomy lab; successfully passing oral, written, and laboratory exams; understanding ethical issues related to the practice of chiropractic; engaging in problem solving, alone and in small groups; interpreting the results of patient examinations and diagnostic tests; analyzing complicated situations, and determining the appropriate sequence of events to effect successful treatment; working through problems.

Additional examples of required cognitive abilities include but are not limited to: integrating historical, physical, social, and ancillary test data into differential diagnoses and treatment plans; understanding indications for various diagnostic tests and treatment modalities; understanding methods for various procedures; being able to think through healthcare issues and exhibit sound judgment in a variety of clinical settings, including emergency situations; making concise, cogent, and thorough presentations based on various kinds of data collection, including web-based research; knowing how to organize information, materials, and tasks in order to perform efficiently in the clinic; understanding how to work and learn independently; understanding how to function effectively as part of a healthcare team.

## **Appendix E**

### **Examples of technical standards for professionalism**

Examples of professional behavior include but are not limited to: showing up prepared and on time for clinic, lectures, conferences, and procedures; handing in assignments on time; refraining from plagiarizing or cheating; treating patients, faculty, staff, and other students with respect; making an effort to understand prejudices and preconceptions that might affect patient interactions or collegial relationships (especially in the areas of race and ethnicity, sexual orientation, gender, disability, age, and religious difference); developing successful working relationships with faculty, staff, and peers by accepting constructive feedback.

Additional examples of professional behavior include but are not limited to: maintaining a professional demeanor in clinical situations (e.g., white coat, name tag, appropriate attire, neat appearance, respectful speech, sobriety); representing oneself accurately; appreciating and preserving patient confidentiality; responding sensitively to patients' social and psychological

issues; developing empathic listening skills; understanding social biases and stigmas, and not reinforcing them; advocating for patients when appropriate; using college/clinic resources responsibly; getting advice when handling ethical dilemmas; taking constructive feedback from professors and clinicians with open-mindedness and the intention to improve; contributing to the effectiveness, efficiency, and collegiality of healthcare teams.

*Adapted from the AAMC Special Advisory Panel on Technical Standards for Medical School Admission. Approved for transmittal to all medical schools by the AAMC Executive Council on January 18, 1979. Modified and adopted by the UCC School of Chiropractic DCP, Curriculum Management Committee on April 19, 2018.*

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Approved by,



Waleska Crespo, PhD  
President

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