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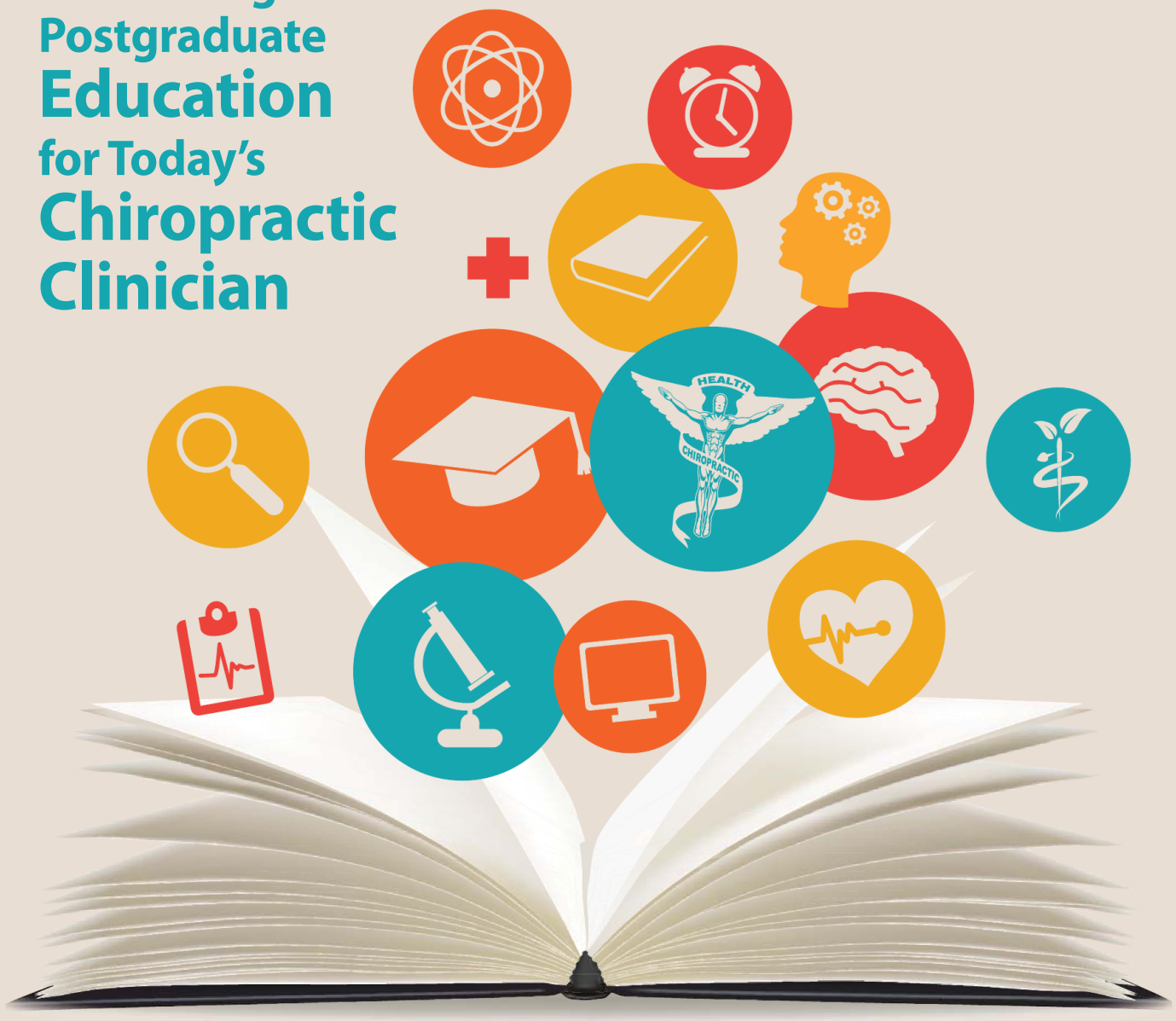
Continuing and Postgraduate Education for Today's Chiropractic Clinician



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Continuing and Postgraduate Education for Today's Chiropractic Clinician

By James J. Lehman, DC

As the United States moves forward with healthcare reform, it is important that chiropractic clinicians understand the significant role that they should play in the prevention and management of chronic pain as valuable members of the primary care team. "A Call to Revolutionize Chronic Pain Care in America: An Opportunity in Health Care Reform" describes the weaknesses of medical training and the treatment of patients in pain.[1] Evidence-based, patient-centered chiropractic clinicians should recognize this opportunity to offer holistic, cost-effective neuromusculoskeletal patient services within coordinated care organizations. Continuing and postgraduate education programs must prepare the chiropractic clinician to understand the shift toward improving health outcomes by moving from a "disease model" to a "wellness and prevention model" of health care.[2] A concerted effort by the chiropractic colleges to present this message requires the support and involvement of national, state and local chiropractic associations.

Comments of others involved in postgraduate education, chiropractic clinicians and chiropractic residents are offered here. I believe the comments from these chiropractic physicians express their sincere opinions regarding postgraduate chiropractic education and resident training.

The successful completion and graduation from an accredited chiropractic college is the beginning of the journey in our education and training. Doctors are ultimately the product of their training. Ongoing postgraduate medical education is the phase of education in which doctors develop their clinical competencies after completing their basic training and qualifications in chiropractic medicine.
—David Radford, DC, MS-ACP

Continuing Chiropractic Education

Similar to continuing medical education (CME), continuing chiropractic education (CCE) refers to a specific form of continuing education (CE) that helps those in the chiropractic profession maintain competence and learn about new and developing areas of their field. These educational activities may take place as live on-site seminars, written pub-

lications, online programs, audio, video or other electronic media. Faculty members or chiropractic instructors who are experts in their individual clinical areas develop, review and deliver content for CCE. Then they submit the content for additional review by chiropractic colleges, health science universities and divisions. Following institutional review and approval by designated peers within continuing education departments of chiropractic colleges or health science universities/divisions of the CCE programs, the director submits the CCE content and presenters to governmental agencies (boards of examiners) for review and approval prior to delivery to chiropractic clinicians.

American chiropractors are required to complete a certain number of continuing education units to maintain their licenses. For example, Connecticut requires completion of 48 continuing education units (CEU) biennially, while New Mexico requires 16 CEU annually. Certain states designate specific topics of education. Florida requires 40 CEU biennially with 27 hours of general CE and 13 hours of core CE, which includes six hours of record keeping, documentation and coding, two hours each of medical errors, ethics and boundaries, laws and rules, and one hour in risk management.

It is vitally important that doctors of chiropractic pursue continual study to improve their knowledge and clinical skills. Postgraduate programs that provide advanced training and confer postgraduate board certification represent vital means to elevate our profession to higher levels of safety, efficacy, respect and utilization. Through advanced training, we can improve clinical outcomes, ameliorate suffering and restore health to our populace.

—James Demetrious, DC, FACO

Distance and Online Continuing Education

Sir Isaac Pitman first taught shorthand through distance learning, which required use of the postal service to deliver required readings and responses from the students in the 1840s.[3] Now the widespread use of computers and other electronic devices has made distance learning easier and more efficient. Dr. David Brady, vice provost of health sciences and director of the Human Nutrition Institute at the University of the Bridgeport, advised me that the University of Bridgeport was the first in the United States to offer an online graduate nutrition program, starting in 1997.[4] This online program enabled many chiropractors, as well as other healthcare providers and career changers, to gain their master's degree in human nutrition. The on-campus MS in nutrition at UB has its origins in the late 1970s.

E-learning will be, almost certainly, one of the most important developments in the delivery of postgraduate medical education. It is not simply a method which uses information communications technology to deliver a more effective and streamlined system; it is also a tool for potentially transforming postgraduate medical education.[5]

—Dr. David Brady

Fortunately, the majority of state agencies accept online chiropractic education for CEU, which reduces costs for chiropractic physicians. Unfortunately, a certain number of chiropractic boards of examiners do not accept online education for CEU.

Postgraduate Education and Resident Training

We have outrun an educational system framed in simpler days and for simpler conditions. The pressure comes hard enough upon the teacher but far harder upon the taught, who suffer in a hundred different ways.

—Sir William Osler

Medical schools (allopathic and osteopathic) in the United States normally provide four years of professional training. The fourth year of professional training offers clinical rotations, referred to as a medical clerkship. Upon graduation, doctors commence resident training, which provides extensive clinical training and leads to eligibility to become a board-certified specialist. This advanced clinical training begins with an internship – more recently described as the first year of graduate medical education. Depending on the number of specialized training programs selected by the doctor, the graduate years may total as many as nine, following the four years of professional training in medical school.

Whereas, American chiropractic colleges pro-

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vide four years of professional training, which includes up to one year of clinical training. It is common for chiropractic colleges to label the final year of professional training an internship and refer to chiropractic students as chiropractic interns.[6] It had been uncommon for chiropractic colleges to offer postgraduate, resident training programs to better prepare chiropractors to provide exemplary clinical services in a specialty. But that situation is improving and most certainly offer a small number of residency programs.

We know from observation and experience that certification in chiropractic orthopedics provides the doctor of chiropractic with the means to practice in a manner that improves patient outcomes by increasing clinical expertise. This kind of chiropractic provider assimilates and employs the ever expanding evidence base for an efficient and competent practice.

At the very least, for doctors of chiropractic who hold certification in chiropractic orthopedics, the benefits of certification are personal achievement, job satisfaction, validation of knowledge, challenge, greater earnings potential, commitment to professionalism and access to an emerging range of job opportunities. This is no small list of reasons to become an advanced learner.

Certainly, certification in chiropractic orthopedics, as well as any of the other chiropractic specialties, has value to doctors of chiropractic. This value lies in increased knowledge, improved skills, and enhanced collaboration with other members of the healthcare team and provides a pathway to enhance chiropractors' work satisfaction and improve patient outcomes.

The expense of pursuing certification, however, lies with the individual doctor of chiropractic. Because most third-party payers do not yet require specialty certification, additional pay and reimbursement are the exception rather than the rule. Currently, payers and administrators do require verification of secondary specialty credentials for doctors of chiropractic. In time, this scrutiny of credentials will evolve to include reimbursement differentials, as well as an opportunity to participate in various panels of healthcare providers.

—Ronald Evans, DC

Council on Chiropractic Education

The Council on Chiropractic Education released Residency Program Accreditation Standards in January 2014. The standards document explains the principles, processes and requirements necessary for a chiropractic resident training program to attain accreditation. The purpose of the accreditation of Doctor of Chiropractic Residency Programs (DCRPs) is to improve health care by assessing and advancing the quality of chiropractic residency education and to accredit programs that meet the minimum requirements as outlined in the DCRP standards and provide for training programs of good educational quality in each specialty. The DCRP standards suggest that the residency process should culminate in a formally recognized certificate or degree. Master's degrees already are available at many chiropractic colleges, for example National University of Health Sciences offers a Master's in diagnostic radiology. The Council on Chiropractic Education claims that the credibility gained through recognition of this achievement is an important factor for future practice.

I had the tremendous opportunity to be accepted into a two-year, full-time residency program at Southern California University of Health Sciences, where I am provided with a superior quality experience in the field of primary care sports medicine. Ultimately, what I want to achieve through this program is to better serve my patient population, that being primarily athletes. As a resident, I get to be exposed to real-world sports settings, including working with both high school and world-class athletes. I also gain teaching experience as an adjunct faculty, experience rotations with different specialties like orthopedics, osteopathic and pain management and most importantly, I am taking continuing education classes, which ultimately make me eligible to sit for the Diplomate of the American Chiropractic Board of Sports Physician (DACBSP) exam. When one achieves his/her DACBSP credentials, it exemplifies the highest degree of achievement in that chiropractic specialty and qualifies one as an expert, best prepared to serve patients. We should all strive to be experts in our field of passion, regardless if that is sports, orthopedic or neurology. We should become experts when it comes to providing competent, evidence-based care to our patients.

—Raluca Duma, DC (Resident in Training)

Board Specialties

While the medical and osteopathic professions enhance clinical training with a wide variety of board certified specialties and subspecialties, the chiropractic profession offers only a limited number of advanced clinical learning programs. The American Board of Medical Specialties, which

maintains certification of 24 different medical specialties, offers an astute explanation of specialty certification value.

Medical specialty certification in the United States is a voluntary process. While medical licensure sets the minimum competency requirements to diagnose and treat patients, it is not specialty specific. Board certification — as the Gold Star — demonstrates a physician's exceptional expertise in a particular specialty and/or subspecialty of medical practice.

The Gold Star signals a board-certified physician's commitment and expertise in consistently achieving superior clinical outcomes in a responsive, patient-focused setting. Patients, physicians, healthcare providers, insurers and quality organizations look for the Gold Star as the best measure of a physician's knowledge, experience and skills to provide quality health care within a given specialty.[7]

—American Board of Medical Specialties

Chiropractic Professional Education

Chiropractic academic institutions stress the number of classroom and laboratory hours of instruction offered to chiropractic students. Chiropractic organizations continue to claim[8] chiropractic professional education is exceptional while chiropractors claim their education is similar, or superior, to that of medical doctors because of the number of professional hours and course of study including an internship.[9] In reality, the chiropractic internship is a fourth-year clerkship, completed prior to graduation. The term "internship" designates year one of graduate medical education.

The completion of a professional program for an allopathic, chiropractic or osteopathic student indicates attainment of only the minimal level of training necessary to care for patients. The completion of medical or chiropractic board specialties lays the skills foundation in a specific specialty, such as chiropractic orthopedics. Although experts in chiropractic education have discussed the deficiencies in chiropractic clinical training,[10] chiropractic programs continue to promulgate the competencies of chiropractic graduates based upon their clinical training.[11]

Before graduating from the University of Bridgeport College of Chiropractic (UBCC), I knew that I wanted to pursue postgraduate training to gain more knowledge, and experience to become the best that I can be in my profession. As a student, I was able to do three rotations through the Community Health Centers (CHC) in which I saw many chronic pain patients in need of treatment for neuromusculoskeletal conditions. These rotations were the key to my decision in applying for the chiropractic orthopedic residency program, and I was fortunate enough to be selected for the position.

The residency program has given me the opportunity to polish my skills in diagnosis, treatment, patient management and communication between different providers. As a resident, I assist with neurology, orthopedic and differential diagnosis courses at UBCC and travel to different CHC primary care sites for clinical rotations. I have enjoyed assisting in class, teaching future chiropractors and sharing my experiences and my knowledge to better prepare them. By helping in the classroom, I continue to learn and become more proficient in organizing my patient examinations and properly diagnosing different conditions for my clinical rotations. At CHC, I am part of the medical group that works together to improve patient care. The work environment has been friendly and personable, encouraging inter-provider communication. I feel very confident that this program will help me become a better doctor and provide the best care for my patients.

—Jonathan Rosa, DC (Resident in Training)

American Board of Medical Specialties

The American Board of Medical Specialties (ABMS) offers a four-part process for continuous learning built upon evidence-based guidelines, national clinical and quality standards and specialty best practices.

PART I—LICENSURE AND PROFESSIONAL STANDING
Medical specialists must hold a valid, unrestricted medical license in at least one state or jurisdiction in the United States, its territories or Canada.

PART II—LIFELONG LEARNING AND SELF-ASSESSMENT
Physicians participate in educational and self-assessment programs that meet specialty-specific standards set by their member board.

PART III—COGNITIVE EXPERTISE
Physicians demonstrate, through formalized examination, that they have the fundamental, practice-related and practice environment-related knowledge to provide quality care in their specialty.

PART IV—PRACTICE PERFORMANCE ASSESSMENT
Physicians' clinical practices are evaluated according to specialty-specific standards for patient care. They must demonstrate the ability to assess the quality of care they provide compared with peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that care using follow-up assessments.

In addition, the ABMS offers a Maintenance of Certification (MOC) process, which requires board-certified physicians to build six core competencies for quality patient care in their medical specialty.[12]

- **PROFESSIONALISM**—Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse patient populations.
- **PATIENT CARE AND PROCEDURAL SKILLS**—Provide care that is compassionate, appropriate and effective treatment for health problems and to promote health.
- **MEDICAL KNOWLEDGE**—Demonstrate knowledge about established and evolving biomedical, clinical and cognate sciences and their application in patient care.
- **PRACTICE-BASED LEARNING AND IMPROVEMENT**—Able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence and improve their practice of medicine.
- **INTERPERSONAL AND COMMUNICATION SKILLS**—Demonstrate skills that result in effective information exchange and teaming with patients, their families and professional associates (e.g., fostering a therapeutic relationship that is ethically sound, uses effective listening skills with nonverbal and verbal communication; working as both a team member and at times as a leader).
- **SYSTEMS-BASED PRACTICE**—Demonstrate awareness of, and responsibility to, larger contexts and systems of health care. Be able to call on system resources to provide optimal care (e.g., coordinating care across sites or serving as the primary case manager when care involves multiple specialties, professions or sites).

It would seem prudent for chiropractic board-specialty organizations to consider these processes in order to promulgate evidence-based, patient-centered and high-quality chiropractic specialty care.

Board certification demonstrates to your patients and other stakeholders in health care that you have continued your education beyond a basic education and have met certain national or international examination board written and oral evaluation standards with your specialty certification.

Knowledge in health care expands rapidly. Recertified doctors are demonstrating their continued participation in the latest advances in healthcare knowledge. Recertifying on a regular basis demonstrates to the public, healthcare industry, judiciary and governmental bodies that the clinician is maintaining a level of continuing education that meets the requirement of the certifying body for your specialty in the profession.

—James Brandt, DC, FACO

Expansion of Chiropractic Scope of Training and Practice

Expansion of chiropractic scope of practice has sparked interesting discussions[13, 14] and inflammatory sentiments within the chiropractic community. While the Chiropractic Summit[15] and others oppose expansion of the chiropractic scope of practice to include the use of medications,[16] one must recognize the shortage of primary care physicians[17] and wonder if chiropractic physicians with appropriate training and credentialing could help to fill the void in primary care. As nurse practitioners seek expansion of scope of practice and the right to practice medicine,[18] the chiropractic profession appears to demonstrate a resistance to the pursuit of primary care provider status.

The advancement of chiropractic education, expansion of the scope of practice and integration of chiropractic services into the healthcare system are not novel concepts. John Nugent, DC, testified in front of the Congress of the United States during World War II (1943) that chiropractors could serve American federal employees as qualified healthcare providers, which today one might infer as primary care providers. Dr. Nugent was also responsible for the development of the National Chiropractic Association's "Educational Standards of Chiropractic Schools" and claimed that chiropractors were physicians capable of treating disease.[19]

Chiropractic specialists serving as members of primary care teams will be evaluating and treating patients receiving medications. It seems reasonable that these specialists would better serve the patients if they understood the pharmacokinetics and pharmacodynamics of these medications. Is it not reasonable to expect a chiropractic clinician to differentiate pain due to statin myopathy or a myofascial trigger point?

A small, pilot study performed in New Mexico demonstrated that chiropractic patients would prefer their chiropractors to be qualified to prescribe medications and perform hands-on treatment for pain.[20] Another pilot study revealed that Bernese chiropractors determined that limited medication prescription was an advantage for the chiropractic profession.[21]

The greatest value I received from postgraduate education in the area of advanced practice was receiving an additional point of view of pathology and clinical strategies from a different frame of reference. This has helped me to peel back the layers of prejudices I had from growing up in a family with both parents being chiropractors that graduated from Palmer and then graduating from Palmer myself. We, as chiropractors, face the prejudices of other provider groups, especially the allopathic providers, on an ongoing basis and often do not stop to recognize our own prejudices that prevent us from helping our patients to the greatest level we can. Good postgraduate education has challenged my previous dogmatic views and helped me to understand the dogmatic views of other provider groups. The value of this education has translated into a greater integration of care for my patients and a greater clinical model of treatment for my patients. There is a large population of patients that want conservative treatment first with a provider that can expand that conservative treatment to include more invasive treatment, when appropriate, without having to be referred out to another provider. Advanced practice postgraduate education has given me the opportunity for this type of treatment to occur. —Robert C. Jones, DC, ACP

Conclusions

Chiropractic physicians intending to integrate into the coordinated care organizations as valuable members of the primary care team must demonstrate commitment and expertise in consistently achieving superior clinical outcomes in a responsive, patient-centered setting.

Patients, physicians, healthcare providers, insurers and quality organizations look for board certification as the best measure of a physician's knowledge, experience and skills to provide quality health care within a given specialty.[22, 23]

Postgraduate chiropractic education should prepare chiropractors to integrate into coordinated care organizations by offering resident training that leads to board certification and the ability to offer exceptional clinical services.

Completing the chiropractic orthopedic program has been one of the greatest sources of personal satisfaction that I have experienced in my career. There are only so many hours available for teaching this information in chiropractic school, but the extensive amount of material taught in the orthopedic program has made me a much better physician. I enjoyed the program so much that I chose to complete many more hours than required. —Gregory Priest, DC, FACO ■

Endnotes

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The following chiropractic clinicians assisted with the writing of this manuscript by offering their opinions and experiences with continuing and postgraduate chiropractic education: Drs. David Brady, James Brandt, James Demetrious, Raluca Duma, Ron Evans, Rob Jones, Gregory Priest, David Radford, Jonathan Rosa and Richard Saporito.