CANADIAN CHIROPRACTIC EXAMINING BOARD
CONSEIL CANADIEN DES EXAMENS CHIROPRATIQUES

CCEB Examinations Candidate Handbook

Exam administrations beginning February 2024

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Introduction to the Competency-Based Examination

The CCEB's competency-based examination is the national qualifying examination for individuals seeking licensure as chiropractors in Canada. The examination is comprised of two parts: the Written Examination and the Clinical Examination. Individuals must be successful in both parts to apply for licensure as a chiropractor in Canada.

The development of the competency-based examination was driven jointly by the 2018 publication of the Federation of Canadian Chiropractic (FCC) *Entry-to-Practice Competency Profile for Chiropractors in Canada* and the desire for the CCEB to update its pre-existing examination to align with competency-based professional practice. The multi-year development process involved the creation of assessable indicators, a national survey to the profession, and numerous blueprint committee meetings of practicing chiropractors to review and refine the competency profile and results of the national survey, develop the final blueprint, map existing items to the new profile, and develop new content for the exams. The process was led by a consultant in outcome-based learning and the CCEB's consulting psychometric team.

Competency Profile Definitions

The CCEB's competency profile aligns with the FCC roles as described in *Entry-to-Practice Competency Profile for Chiropractors in Canada* (FCC, 2018). There are seven roles which are broken into key competencies and enabling competencies. The seven roles are: **Neuromusculoskeletal (NMS) Expert, Communicator, Collaborator, Health Advocate, Scholar, Professional, and Leader.**

- **Competency:** An ability required of a chiropractor to enable safe, effective, and ethical practice.
- **Key Competency:** The important outcome of the objective (i.e., what is to be achieved or performed).
- **Enabling Competency:** The sub-objective or ingredient to achieving the key competency.
- **Indicator:** An observable behaviour of an examination candidate in a test situation which suggests that the candidate possesses an enabling competency. Indicators are used to guide item development for assessing the competencies.

The enabling competencies from the FCC framework were reviewed by the blueprint committee to determine if they were assessable for purposes of testing for entry to practice, enabling competencies 3.3.5, 4.1.5, 5.1.7, 6.1.3, 6.2.1, 6.2.3, and 7.1.2. were not deemed to be assessable within the confines of the CCEB examination.

The assessable competencies and associated indicators are found in Appendix C.

Examination Blueprint

The exam content is distributed among the roles for both the written and clinical exams. The distribution came from data analysis on the frequency and importance ratings of the enabling competencies from the national survey to the profession conducted by the CCEB and subsequent refinement from the blueprint committee.

Written Examination

Role (ordered by weighting)	**Weighting** (%)
NMS Expert	27
Communicator	24
Professional	16
Collaborator	15
Scholar	10
Health Advocate	5
Leader	3
Total	**100**

Clinical Examination

Role (ordered by weighting)	**Weighting** (%)
NMS Expert	42
Communicator	25
Professional	17
Collaborator	16
Total	**100**

The blueprint committee found that the Scholar, Health Advocate, and Leader roles were not assessable in standalone cases within the Clinical Examination format. These roles, and their weighting, were re-distributed into the assessment format of the remaining four roles under psychometric guidance and committee consensus.

Examination Format

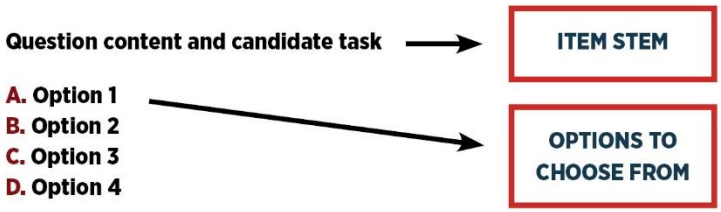
Written Examination

The CCEB Written Examination is a one-day multiple choice (MCQ) examination with a total of 255 items administered in two parts: a morning session and an afternoon session. Each session is three hours in length. The format of the test includes both **standard MCQ items** and **case-based items**.

	Item Type	
Role	**Standard MCQ**	**Case-Based**
NMS Expert	•	•
Communicator	•	•
Collaborator	•	•
Health Advocate	•	•
Scholar	•	
Professional	•	
Leader	•	

Standard Multiple-Choice Items

Standard multiple-choice items contain the question content and candidate task (i.e., item stem) and then 4 options to choose from, with one of the options being the **best answer.**



Case-Based Items

Case-based items have an initial **clinical case data section followed by 3 items** relating to the case data information. **Each item has 3 options to choose from**, with one of the options being the **best answer**.

CASE DATA

Demographics	Clinical content information added here
Chief Complaint	
History	
Clinical Data/Examination Findings	
Additional Diagnostic Testing	
Additional Information	
(added sections as needed)	
Case data content sections are added or removed depending on the nature of the case	

Question 1 Stem

A. Option 1
B. Option 2
C. Option 3

Question 2 Stem

A. Option 1
B. Option 2
C. Option 3

Question 3 Stem

A. Option 1
B. Option 2
C. Option 3

Sample items representing standard MCQ items, and a case-based item, can be found in Appendix A.

Clinical Examination

The Clinical Examination is an **objective structured clinical examination (OSCE)** consisting of **12 active scoring stations.**

The 12 active scoring stations encompass the 4 assessable roles in the Clinical Examination: **NMS Expert, Communicator, Collaborator, and Professional.**

Station Types

The CCEB Clinical Examination may consist of any combination of these station types:

- **Standard:** This station type is a regular case with a single standardized patient.
- **Couplet:** This station type consists of connected cases that play out over two station rotations. Each station is independent of the other in terms of candidate tasks and scoring; however, the clinical context of the case carries over to the next station (e.g., candidates are tasked to carry out a history on the initial station, and then are tasked with performing a physical examination on the follow-up station). Each station has its own candidate door sign information, so success on the initial station is not a pre-requisite for success on the next station.
- **Triadic:** This station type includes cases that have more than one standardized patient in the station (e.g., standardized patients acting as family members).

The CCEB values diversity and attempts to provide diverse representation and practice experiences throughout the exam.

Standardized Patients and Examiners

The standardized patients and examiners receive comprehensive training prior to the examination. This includes rehearsal of the station and scoring procedures along with detailed instruction and guidelines.

Station Timing

Each station is **12 minutes**:

- 2 minutes to read the candidate door sign.
- 10 minutes in the station room to carry out the station tasks.
    - Candidates are provided a warning when there are two minutes remaining inside the station.

Scoring Overview

Following each in-person CCEB exam administration, all candidate response forms for the Written Examination and examiner score forms for the Clinical Examination are forwarded to our psychometrician for analysis and scoring. This process begins by scanning these materials utilizing both hardware and software designed specifically for use in testing environments, where accuracy is paramount. With respect to Written Examinations delivered online via remote proctoring, candidate responses are recorded to a secure database on a response-by-response basis to ensure no candidate progress is lost in the event of a connection interruption. All raw data collected is carefully examined for both accuracy and completeness before any analysis is conducted.

Once the raw data has been validated, a statistical process known as item analysis begins. Each item undergoes thorough psychometric review to ensure the required statistical parameters are met and that the item is functioning as intended. Items failing to meet these standards are flagged for review and brought before a panel of chiropractors at a post-exam item review meeting facilitated by our psychometrician. There, the items are discussed and decisions regarding their inclusion in scoring are made. Items identified for removal from scoring due to poor performance are removed for all candidates. The remaining items, having satisfied the required statistical parameters, are valid scoring items and, together, form the final set of items on the examination.

Approximately 10% of the items appearing on the exam may be excluded from scoring either as pre-test items or resulting from item review.

Candidate scores are then calculated utilizing statistical software, with any candidate who is unsuccessful on the first scoring pass having their data reviewed to ensure accuracy. Additionally, unsuccessful candidates have their raw data re-checked to further ensure accuracy during the scoring process.

Finally, once scoring is complete, results are prepared, including performance reports for unsuccessful candidates. Results are released to candidates within 6-8 weeks of the examination administration.

Scoring of the Written Examination

The CCEB Written Examination is **cumulative in nature**, meaning the candidates' performance on all scoring items across the morning and afternoon sessions are added together to determine the candidates' final score.

Each scoring item has a value of 1. The morning and afternoon sessions are not scored separately; as such, there is no requirement to be successful in the morning or afternoon individually.

For each administration of the Written Exam, the CCEB holds a meeting of our Acceptable Competence Level Committee. This committee consists of a group of chiropractors from across the country who have graduated from chiropractic colleges all over the world, and who have been specifically trained in pass score (also called cut score) setting by our psychometrician. Meetings of the committee are facilitated by our psychometrician to ensure best practice psychometric standards

are followed, and the resulting pass score is reflective of the exam content and competencies being tested.

The pass score (cut score) is set using the modified Angoff method, which is an item-by-item review of the exam items on the test. Each item receives its own “Angoff value,” reflecting its difficulty level. The sum of the Angoff value for each item on the test becomes the pass score for the exam.

Curved grading is **not** used and fail rates can vary from exam to exam. It is possible for all candidates who challenge the exam to be successful.

Scoring of the Clinical Examination

For each administration of the Clinical Examination (OSCE) the CCEB utilizes a pass score setting methodology known as Borderline Regression. The Borderline Regression method enlists a global rating scale. Examiners, during the examination, place each candidate they assess onto an unscored global rating scale.

Using station performance data from all first-time candidates along with their recorded placement on this global rating scale, an overall pass score is calculated. Important to note is that the CCEB Clinical Exam (OSCE) employs a fully compensatory scoring model, meaning that a candidate’s final score is based solely on their overall performance across all stations. There is no pass/fail status at the individual station level, nor is there a minimum number of passing stations required. Further, it is possible for all candidates who challenge the exam to be successful.

Each item is mapped to an enabling competency in the competency profile.

Station Scoring

The scoring in each station is comprised of both a task Checklist and a Patient Interaction Assessment Scale.

Checklist

Each station has approximately 10-15 checklist items that are scored in a binary manner; *yes, the candidate performed the task* or *no, they did not*.

Each of the checklist items is weighted in relation to each other.

Patient Interaction Assessment Scale

The ability to have a meaningful, quality interaction with a patient is a cornerstone to patient-centred care. To evaluate the quality of the interaction with the patient during the station, a patient interaction assessment scale is used. This scale is the same across all stations. The scale evaluates the candidate on:

- **Empathy:**
  - The ability of the candidate to respond consistently in a perceptive and genuine manner to the patient's needs and cues.
- **Coherence:**
  - The ability of the candidate to demonstrate organization, flexibility, and consistency during the interaction.
- **Verbal Expression:**
  - The ability of the candidate to demonstrate appropriate verbal command of expression, such as use of appropriate tone, volume and modulation of voice, rate of speech, etc.
- **Non-Verbal Expression:**
  - The ability of the candidate to demonstrate appropriate use of non-verbal communication strategies, such as eye contact, gesture, posture, use of silence, etc.
- **Overall Assessment of the Knowledge and Skills:**
  - The ability of the candidate to respond consistently, precisely, and perceptively to the tasks.

A sample case layout for the CCEB Clinical Examination can be found in Appendix B.

Additional Information

Eligibility

To determine the eligibility requirements for the CCEB examination please refer to the CCEB Examination Eligibility Policy at www.cceb.ca.

Testing Accommodations

Should you require testing accommodations, including religious accommodation or the use of assistive devices, please refer to the Testing Accommodations Policy at www.cceb.ca.

Appendix A: Written Examination Sample Items

Standard Multiple-Choice Items

A 70-year-old female presents to the chiropractor with persistent pain around the base of her right thumb after falling on her outstretched hand two weeks ago. The chiropractor finds that the anatomical snuffbox has localized tenderness. What would be the proper management for this patient?

A. A course of ultrasound to the wrist
B. Advise on home cryotherapy
C. Mobilizations to the hand and wrist
D. Obtain radiographs of wrist

A 35-year-old male bodybuilder has been experiencing a sharp burning pain around the middle of his left clavicle which has been affecting his training. On examination, the chiropractor also notes atrophy of the left infraspinatus muscle and weakness with left arm abduction and shoulder external rotation. The chiropractor diagnosed the patient with a nerve entrapment. Where did the chiropractor suspect that the nerve responsible was entrapped?

A. Along the supracondylar process
B. Around the spinoglenoid ligament
C. In the suprascapular notch
D. In the quadrangular space

Case-Based Items

CASE DATA

Demographics	36-year-old female Stay at home parent of 2-year-old twins
Chief Complaint	Headaches
History	Recurring headaches for the past year No initiating incident
Frequency	Approximately 4 times per week, intensity varies
Location	Sub-occipital area, radiating in a band around the frontal region
Aggravating Factors	Overwhelming, hectic family life
Relieving Factors	Rest and acetaminophen (Tylenol)
Past Medical History	Post-partum depression
Family History	Type 2 diabetes, maternal side
Systems Review	No relevant information
Clinical Data/Examination Findings	
Vitals	All normal
Palpation	Marked hypertonicity of bilateral sub-occipital muscles, cervical paraspinals, traps and levator scapulae noted
ROM	All cervical ranges of motion are full; however, end range feels very stiff, but not painful
Ortho	All cervical spine orthopaedic tests are negative
Neuro	Reflexes 2+ Cranial nerve testing is unremarkable

1. Which prognostic factor may delay this patient's recovery?
    A. Duration of her condition
    B. Signs of depression
    C. Age and gender

2. When should the fully informed consent be obtained from this patient?
    A. After the physical examination
    B. After the first treatment
    C. After the report of findings

3. Which treatment intervention would be most beneficial in complementing conservative chiropractic care?
    A. Offer nutritional counselling
    B. Promote self-care and coping mechanisms
    C. Prescribe postural exercises

CASE DATA

Demographics	45-year-old female office worker
Chief Complaint	Lower back pain with left posterior thigh pain
History	Two-year history of intermittent lower back pain with referral to left leg above knee Pain has increased since working from home History of depression
Clinical Data/Examination Findings	
Vitals	Within normal limits
ROM	Lumbar spine extension painful
Resisted Muscle Testing	5/5 bilaterally
Palpation	No abnormal tightness and tenderness in left gluteal and piriformis musculature
Visual Analogue Pain Scale	4/10
Roland Morris Low Back Pain Disability Index Questionnaire Score	5/24
Oswestry Low Back Pain Disability Questionnaire Score	12/50
Neuro	Reflexes: 2+ Sensory: Unremarkable Motor: 5/5 for lower extremity
Orthopaedic	SLR negative bilaterally Valsalva negative Left Kemp's positive P-A SI compression negative
Additional Diagnostic Testing	Radiographs obtained a year ago revealed mild-moderate degenerative changes in the lumbar spine

1. What is the most likely diagnosis?
    A. Lumbar facet syndrome
    B. Piriformis syndrome
    C. Sacroiliac dysfunction

2. What outcome measure best assesses the patient's symptom of lower back pain with posterior thigh pain and disablement, and the impact to her functional activities?
    A. Oswestry low back pain disability questionnaire
    B. Roland Morris low back pain and disability questionnaire
    C. Visual analogue pain scale

3. Which of the following factors will affect the patient's prognosis?
    A. History of depression
    B. Radiographic findings of mild-moderate degenerative changes
    C. Roland Morris low back pain disability questionnaire score: 5/24

Appendix B: Clinical Examination Sample Case

Candidate Door Sign

The candidate door sign provides the necessary clinical information and any other supplemental information and instructions that may be needed for the candidate to perform the tasks of the case. The door sign information and candidate tasks vary depending on the case.

Station 1 Saturday

Case Data

Patient Name	Ali DaCosta
Demographics	44-year-old male
Chief Complaint	Right-sided lower neck pain
History	Awoke two days ago with neck pain, might have slept wrong Constant, fluctuating achy sharp pain, intensity 2-5/10
Location	Localized to the right lower C/S
Aggravating Factors	Shoulder checking, bending the neck side-to-side, looking up
Relieving Factors	Rest and ice, self-massage of the area
Medical History	Unremarkable; family history unremarkable; systems review unremarkable
Clinical Data / Examination Findings	
Vitals	Normal
ROM	Marked hypertonicity of mid-lower right cervical paraspinals Traps and levator scapulae tight and tender bilaterally
Palpation	Cervical extension and bilateral rotation painful, right lateral flexion painful, flexion full Right C5-6 and left C4 joint fixations
Neurological	Reflexes 2+, motor 5/5, sensory unremarkable
Orthopaedic	Cervical Kemp's + lower right C/S

Complete the following tasks in the next 10 minutes:

Task 1:	Communicate a working diagnosis to the patient
Task 2:	Communicate an appropriate plan of management to the patient
Task 3:	Address and respond to the patient's questions and concerns

A copy of the door sign is posted inside the exam room for your reference.

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Appendix C: Assessable Competency Framework

1. Neuromusculoskeletal Expert

1.1. Demonstrate proficiency in determining a differential diagnosis of the patient.

1.1.1. Demonstrate proficiency in conducting a history.
1.1.2. Demonstrate proficiency in performing an examination.
1.1.3. Demonstrate proficiency in determining the need for and selection of or referral for appropriate imaging modalities and laboratory analysis to order to arrive at an appropriate differential diagnosis.
1.1.4. Demonstrate proficiency in interpretation of results of diagnostic testing.
1.1.5. Demonstrate clinical reasoning by considering the relative influence of all determinants in the formulation of a differential diagnosis.

Indicator References

Enabling Competency	Indicator Reference	Indicators
1.1.1	a, b, c, d, e, f, g, h, l	a. Demonstrate knowledge of NMS and systemic conditions that relate to patient presentation b. Demonstrate knowledge of appropriate questioning to elicit comprehensive history c. Use systematic questioning to obtain comprehensive information d. Adapt line of questioning based upon patient response e. Demonstrate knowledge of common descriptions of symptomology f. Elicit chief complaint and patient expectations g. Identify secondary complaints h. Obtain complete information regarding symptoms and concerns i. Demonstrate knowledge of assessment techniques relevant to patient presentation j. Communicate assessment techniques to patient k. Perform systematic assessment techniques relevant to patient presentation l. Identify physical and behavioural characteristics of a patient that may assist in establishing an initial differential diagnosis m. Identify components of an assessment plan to evaluate systems for abnormalities n. Demonstrate knowledge of assessment strategies suitable for diverse populations o. Demonstrate knowledge of established norms for assessment results p. Relate assessment results to NMS and systemic conditions q. Interpret diagnostic testing results to determine differential diagnosis r. Explain differential diagnosis to patient s. Demonstrate knowledge of ancillary assessment methods to be used when standard procedures may not result in reliable results, or are inappropriate t. Refine and revise the differential diagnosis based on emerging information u. Identify and select appropriate imaging modalities and laboratory analysis when relevant v. Provide rationale for clinical thought process
1.1.2	i, k, m, j, n, l	
1.1.3	u, s, n	
1.1.4	o, p, q	
1.1.5	q, t, r, v	

1.2. Develop and manage an appropriate plan of patient care.

1.2.1. Prioritize issues that need to be addressed.
1.2.2. Consider risk management strategies that address patient safety.
1.2.3. Obtain informed consent.
1.2.4. Implement measurable and effective patient-centered management that supports ongoing care, follow up investigations, response to treatment and further consultation.

1.2.5. Adapt to unanticipated clinical findings.

Indicator References

Enabling Competency	Indicator Reference	Indicators
1.2.1	a, b, f	a. Demonstrate knowledge of signs and symptoms of conditions requiring immediate attention, and action required b. Respond appropriately to situations requiring immediate attention c. Demonstrate knowledge of principles for communicable disease prevention and infection control d. Demonstrate knowledge of methods to clean and disinfect office space and equipment e. Demonstrate awareness of procedures to safely handle hazardous materials f. Identify management options and anticipated outcomes based on a differential diagnosis g. Modify management options to incorporate patient situation h. Establish agreement on management plan, taking into account patient values, priorities and expectations i. Demonstrate understanding of the requirements for informed consent j. Obtain informed consent k. Demonstrate knowledge of factors contributing to uncertainties in diagnosis and treatment l. Modify management plan based on emerging information m. Select and explain evidence-informed management
1.2.2	c, d, e, f	
1.2.3	i, j, h, k	
1.2.4	g, h, k, m	
1.2.5	l, b, g	

1.3. Demonstrate the proficient delivery of therapeutic interventions.

1.3.1. Implement safe and effective interventions consistent with the established differential diagnosis and treatment goals and expectations.

1.3.2. Recognize and respond to adverse events.

1.3.3. Provide evidence-informed conservative care for NMS conditions.

Indicator References

Enabling Competency	Indicator Reference	Indicators
1.3.1	a, b, c	a. Demonstrate understanding of delivery of safe and effective, evidence-informed therapeutic interventions b. Demonstrate understanding of adaptation of interventions suitable for diverse populations c. Deliver safe and effective, evidence-informed therapeutic interventions d. Demonstrate knowledge of adverse events and appropriate responses e. Respond to adverse events
1.3.2	d, e	
1.3.3	a, b, c	

1.4. Deliver appropriate chiropractic adjustments/manipulations as identified in the treatment plan.

1.4.1. Identify segmental dysfunction of the spine and/or other articulations.
1.4.2. Analyze and interpret findings indicating the need for chiropractic adjustment/manipulation.
1.4.3. Identify indications, contraindications, and risk factors for the chiropractic adjustment/manipulation, explain the anticipated benefits, potential complications and effects to patients.
1.4.4. Apply chiropractic adjustment/manipulation to patients while ensuring patient safety.
1.4.5. Identify the effects following the chiropractic adjustment/manipulation.

Indicator References

Enabling Competency	Indicator Reference	Indicators
1.4.1	a, f	a. Demonstrate understanding of evidence-informed methods to identify and treat joint dysfunction b. Demonstrate understanding of indications and benefits, contraindications and risk factors, for chiropractic adjustments/manipulations c. Demonstrate knowledge of adaptation of position for chiropractic adjustment/manipulation to ensure appropriate contact, patient comfort and safety d. Demonstrate understanding of evidence-informed outcome measures appropriate for assessing response to treatment e. Demonstrate understanding of the effects of adjustment/manipulation f. Demonstrate methods to identify joint dysfunction
1.4.2	a	
1.4.3	b, 2.3a, 2.3c	
1.4.4	b, c	
1.4.5	b, d, e	

2. Communicator

2.1. Establish rapport and trust with patients, their families and/or caregivers and/or support persons, colleagues and other health professionals.

2.1.1. Engage in responsive, non-judgmental and culturally respectful dialogue, during written (including electronic) communication, verbal, and non-verbal communication.
2.1.2. Facilitate an environment which optimizes patient comfort, safety, confidentiality and privacy.
2.1.3. Share information in an empathic manner that respects patient privacy and confidentiality.
2.1.4. Recognize the physical and psychosocial needs of patients.
2.1.5. Identify barriers and adapt communication approaches that enable shared decision-making and promote patient engagement in their care.

Indicator References

Enabling Competency	Indicator Reference	Indicators
2.1.1	a, b, c, d, e, f, g	a. Demonstrate knowledge of components of a respectful relationship b. Demonstrate knowledge of principles of active listening c. Apply principles of active listening d. Demonstrate knowledge of ways to address communication challenges inherent in dealing with persons of diverse backgrounds e. Demonstrate knowledge of ways to address challenges inherent in dealing with persons of diverse needs f. Apply strategies to address communication challenges g. Demonstrate knowledge of principles of confidentiality and privacy h. Apply principles of confidentiality and privacy i. Demonstrate understanding of communication strategies that enhance patient engagement in decision making
2.1.2	d, e, f, g, h	
2.1.3	a, b, c, d, e, f, g, h, 2.3c	
2.1.4	d, e, f	
2.1.5	f, i	

2.2. Synthesize relevant information and perspective of patients and families and/or caregivers and/or support persons, colleagues and other health professionals.

2.2.1. Gather and document relevant information and perspectives of patients and families, colleagues and other professionals.

2.2.2. Document clinical information and encounters in an accurate, readable, complete, timely and accessible manner in compliance with regulatory and legal requirements.

Indicator References

Enabling Competency	Indicator Reference	Indicators
2.2.1	b, 2.3e	a. Demonstrate understanding of principles for record keeping in professional practice b. Demonstrate understanding of chiropractic, medical and health-related terminology
2.2.2	a, b	

2.3. Communicate in a collaborative, responsive and responsible manner that is meaningful to the recipient.

2.3.1. Recognize when values, biases, or perspectives of patients, chiropractors or other health care professionals may have an impact on quality of care, and modify the approach to the patient accordingly.

2.3.2. Participate in a continuing dialogue (with patient and/or referrer) while maintaining informed consent as part of the evolving process of patient engagement.

2.3.3. Assist patients, their families and/or caregivers and/or support persons to identify, access and make use of information and communication technologies to support their care and manage their health.

2.3.4. Utilize communication skills and strategies that help the public to practically apply evidence-informed health information.

2.3.5. Manage conflicts, misunderstandings and sensitive conversations in a professional manner.

2.3.6. Address challenging communication issues effectively, such as obtaining informed consent and addressing anger, confusion and misunderstanding.

2.3.7. Provide clear and accurate explanation about the plan of care, recommendations and prognosis for the goals of proposed interventions, as well as the risks and benefits of proposed interventions within a structured report of findings.

Indicator References

Enabling Competency	Indicator Reference	Indicators
2.3.1	e	a. Communicate clearly and concisely, using language meaningful to the recipient b. Demonstrate knowledge of principles of negotiation and conflict management c. Communicate in an empathetic manner d. Modify interaction based upon recipient's response e. Demonstrate understanding of how personal perspectives and biases impact health care beliefs and expectations f. Demonstrate knowledge of strategies to adapt communication to enhance recipient's understanding g. Communicate a structured report of findings, and care plan
2.3.2	1.2i, 1.2j	
2.3.3	a, e	
2.3.4	a, f, 2.1f	
2.3.5	b, f, 2.1f, 6.1c	
2.3.6	b, d, f, 2.1f	
2.3.7	a, f, g, 2.1f	

2.4. Demonstrate appropriate and responsible use of technology for communication.

2.4.1. Implement steps to comply with relevant regulation and acts that relates to security, confidentiality and privacy issues with the use of electronic communication and data collection.

Indicator References

Enabling Competency	Indicator Reference	Indicators
2.4.1	a	a. Demonstrate understanding of appropriate and responsible use of technology for professional communication and data management

3. Collaborator

3.1. Demonstrate an understanding of the chiropractic scope of practice and those of other health professions.

3.1.1. Demonstrate knowledge of relevant provider’s scopes of practice in order to best address the patients’ needs and health goals.

3.1.2. Co-manage and/or refer to the appropriate health professionals when applicable.

Indicator References

Enabling Competency	Indicator Reference	Indicators
3.1.1	a, b, c, d	a. Demonstrate knowledge of the Canadian health care system and the role of chiropractic within it b. Demonstrate understanding of the chiropractic scope of practice, and its variability by jurisdiction c. Demonstrate knowledge of the scopes of practice of other professionals relevant to patient care d. Recognize the role of the chiropractor as a primary care provider e. Demonstrate understanding of situations where referral or co-management is indicated
3.1.2	e	

3.2. Value and engage the patient/family/support persons in patient care.

3.2.1. Actively engage patient/family/support persons as team members in planning patient care.

3.2.2. Demonstrate respect for patient, family and community cultural and social values in the provision of clinical care.

3.2.3. Adapt to a variety of patient types and populations.

Indicator References

Enabling Competency	Indicator Reference	Indicators
3.2.1	a, b	a. Demonstrate understanding of the value of interested party engagement in care planning b. Demonstrate knowledge of approaches to enable interested party engagement
3.2.2	a, b	
3.2.3	a, b	

3.3. Work effectively with chiropractors and other health professionals.

3.3.1. Engage in respectful, shared decision-making with chiropractors and other health professionals when required or when applicable.

3.3.2. Negotiate overlapping and shared responsibilities with chiropractors and other health professions when required or when applicable.

3.3.3. Implement strategies to promote understanding, manage differences, and resolve conflicts in a manner that supports a collaborative culture.

3.3.4. Utilize both verbal and/or written communication in situations of referrals and co-management.

Indicator References

Enabling Competency	Indicator Reference	Indicators
3.3.1	a, b	a. Demonstrate knowledge of the role of the chiropractor in a multidisciplinary health care setting b. Demonstrate knowledge of principles that facilitate teamwork and collaboration c. Demonstrate knowledge of ways to provide constructive feedback within collaborative care d. Negotiate parameters for collaborative care
3.3.2	a, b, d	
3.3.3	b, c, d, 2.3b	
3.3.4	2.3a, 2.3f	

4. Health Advocate

4.1. Advocate for health, healthy lifestyle at home/work/recreation, injury prevention, and quality of life for individual patients and communities within and beyond the clinical environment.

4.1.1. Explore relevant personal and social determinants of health with the patient.
4.1.2. Encourage patients and their families to adopt healthy behaviours.
4.1.3. Recognize, support and assist in implementing evidence-informed public health practices and initiatives.
4.1.4. Identify and address barriers and facilitators to adopting healthy behaviours.

Indicator References

Enabling Competency	Indicator Reference	Indicators
4.1.1	a	a. Demonstrate knowledge of social determinants of health b. Demonstrate knowledge of ways the chiropractor may contribute to community health c. Demonstrate understanding of the importance of addressing patient health in the context of the patient's environment d. Demonstrate knowledge of barriers and facilitators to adopting healthy behaviours
4.1.2	a, b, d	
4.1.3	a, b, d	
4.1.4	d	

5. Scholar

5.1. Demonstrate skills as a knowledge broker that include contribution to the creation, critical appraisal, dissemination, application and/or translation of health care knowledge into practice.

5.1.1. Demonstrate an understanding of the scientific principles of research and evidence-informed practice for health care.
5.1.2. Demonstrate the ability to identify and retrieve relevant scientific literature, and to critically appraise and evaluate the applicability of health-related literature and research.
5.1.3. Summarize and communicate to professional and lay audiences the findings of relevant research and/or scholarly evidence.
5.1.4. Identify ethical principles for research and incorporate them into obtaining informed consent, considering potential harms and benefits, and considering vulnerable populations.
5.1.5. Identify and develop strategies to address knowledge gaps in clinical care.
5.1.6. Demonstrate attributes of a lifelong learner including strategies to integrate new evidence-informed knowledge into practice.

Indicator References

Enabling Competency	Indicator Reference	Indicators
5.1.1	a, b, c, d, e, 1.1w, 1.2n	a. Demonstrate understanding of the characteristics of evidence-informed clinical decision making b. Apply evidence-informed process to clinical decision making c. Demonstrate knowledge of methods used to appraise current published research information d. Demonstrate knowledge of sources of pre-appraised, current chiropractic research information e. Demonstrate knowledge of strategies to expand personal knowledge relevant to practice f. Demonstrate understanding of the role of a professional as knowledge broker g. Demonstrate knowledge of ethical limitations on use of clinical records for research purposes
5.1.2	c, d	
5.1.3	c, f, 1.1w, 1.2n	
5.1.4	b, g, 2.4a	
5.1.5	d, e, 6.3a	
5.1.6	e	

5.2. Establish and maintain evidence-informed clinical knowledge, skills, and attitudes, appropriate for the practice of chiropractic.

5.2.1. Demonstrate the application of knowledge of the clinical and biomedical sciences.

5.2.2. Execute the practice of chiropractic in an evidence-informed manner considering best current evidence, patient preference and clinician expertise.

Indicator References

Enabling Competency	Indicator Reference	Indicators
5.2.1	a, 5.1b	a. Demonstrate knowledge of sources of published information relevant to practice
5.2.2	5.1a, 5.1b, 1.2.n, 1.1w	

6. Professional

6.1. Demonstrate a commitment to the patient, profession and society through ethical behaviour.

6.1.1. Exhibit appropriate professional behaviours and relationships with colleagues, mentors, and other health professionals.

6.1.2. Respond appropriately to ethical issues and conflicts of interest.

Indicator References

Enabling Competency	Indicator Reference	Indicators
6.1.1	a, b, c, d, e, f, g, h, i	a. Demonstrate knowledge of how personal boundaries may vary with diversity b. Demonstrate knowledge of essential elements of professional boundaries c. Maintain appropriate professional boundaries d. Demonstrate knowledge of the impact of power imbalance on relationships e. Demonstrate knowledge of situations in which mandatory reporting may be required f. Demonstrate understanding of chiropractic codes of ethics, and their variability by jurisdiction g. Demonstrate understanding of principles for ethical decision making h. Demonstrate knowledge of principles to manage conflicts of interest i. Demonstrate understanding of principles for delegation in professional practice
6.1.2	a, b, f, g, h, 5.1g	

6.2. Identify and describe the elements of appropriate, ethical and healthy business practices that could help develop and sustain a successful chiropractic practice.

6.2.2. Understand ethical business skills and practices.

6.2.4. Understand quality improvement processes for business practices.

Indicator References

Enabling Competency	Indicator Reference	Indicators
6.2.2	a, b, d	a. Demonstrate knowledge of principles for managing human and physical resources b. Demonstrate knowledge of principles for workplace safety c. Demonstrate knowledge of time and workflow management d. Demonstrate knowledge of principles for business sustainability e. Demonstrate knowledge of quality improvement principles for business
6.2.4	c, d, e, 5.1e	

6.3. Demonstrate elements of reflective practice.

6.3.1. Demonstrate an ongoing ability for critical self-appraisal, including an examination of one's own strengths, weaknesses and biases.

6.3.2. Implement appropriate learning opportunities and/or remediation strategies.

Indicator References

Enabling Competency	Indicator Reference	Indicators
6.3.1	a, 2.3e	a. Demonstrate knowledge of principles for reflective practice and professional development
6.3.2	a	

7. Leader

7.1 Identify and describe the elements of leadership in professional practice.

7.1.1 Understand the roles and governance structures of regulatory and professional organizations relevant to the chiropractic profession.

7.1.3 Demonstrate engagement through community, professional, volunteer or other activities.

7.1.4 Understand how to contribute to the improvement of health care delivery in teams, organizations and systems.

Indicator References

Enabling Competency	Indicator Reference	Indicators
7.1.1	a, b, c, d, f, 3.1a, 3.1b	a. Demonstrate knowledge of federal legislation and regulations applicable to chiropractic practice b. Demonstrate knowledge of the role of a province/territory in governing chiropractic practice c. Demonstrate knowledge of the role and typical functions of a regulatory body d. Demonstrate knowledge of the typical role and functions of a professional association e. Demonstrate awareness of opportunities to advocate for improvements in Canadian healthcare f. Demonstrate awareness of the influence of payment and reimbursement considerations on chiropractic practice
7.1.3	d, e	
7.1.4	d, f, 3.1a, 3.1b, 3.1e, 3.3a, 3.3b	