PROFILES
CHIROPRACTIC MEDICINE

Principal Relevant Objectives and Framework for Integrated Learning and Education in Switzerland – Chiropractic Medicine

Final Version, September 2017

A mandate of the
Chirosuisse and Department of Chiropractic Medicine,
Faculty of Medicine University of Zurich

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Profiles Chiropractic Medicine are the result of the mandate of the Federal Office of Health, Chirosuisse and the Department of Chiropractic Medicine, Faculty of Medicine University of Zurich

Profiles Chiro/Principal Relevant Objectives and Framework for Integrated Learning and Education in Switzerland – 09.09.2017

Produced by a Working Group under a mandate of the Federal Office of Health, Chirosuisse and the Department of Chiropractic Medicine, Faculty of Medicine, University of Zurich

Approved by Chirosuisse and the Department of Chiropractic Medicine, Faculty of Medicine University of Zurich, 22.09.2017

Website: www.chirosuisse.ch

How to reference this document:

Inga Paravicini and members of the Profiles-Chiro working group. PROFILES-Chiro. Principal Objectives and Framework for Integrated Learning and Education in Switzerland. Chirosuisse and Department of Chiropractic Medicine, Faculty of Medicine University of Zurich, 2017.

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Profiles-Chiropractic Medicine does not aspire to describe the whole range of medical practice. Rather, it outlines the level of expertise that a chiropractor must possess at the beginning of his/her postgraduate training. Profiles-Chiropractic Medicine purposely focuses on roles, tasks and situations that integrate medical disciplines. To accomplish such tasks and address each of the situations listed, the student must acquire the scientific foundations of medicine, particularly chiropractic medicine and the knowledge inherent to.

Introduction

With the creation of a course of study in Chiropractic Medicine, a new chair and a department for chiropractic medicine was established within the medical faculty of the University of Zurich in 2008.
Students of chiropractic medicine at the University of Zurich enter their course of study with the same entrance requirements as medical students. They fully complete the first four years of medical studies earning a Bachelor's degree in medicine after the completion of the third year. In addition, they are required to complete a total of 27 ECTS or 520 hours of lectures and practical courses in Chiropractic Medicine in these four years. Years 5 and 6 of the Chiropractic Medicine program are separate and distinct from the course of study in Medicine. In year five, a heavy emphasis is placed on teaching the pathophysiology, diagnosis and treatment of neuromusculoskeletal diseases. In year six, the students complete a mandatory 11-month underassistantship, of which 5 months are spent rotating through various departments of Balgrist University Hospital and 6 months in the Policlinic of Chiropractic Medicine. For medical students, the underassistantship takes place in their fifth year.
The Joint Commission of the Swiss Medical Schools (SMIFK/CIMS) recently approved and set in charge a *new document that encompasses the common medical situations that a physician should be able to handle on the first day of his residency.* It outlines a generic profile of the physician and describes the **P**rincipal **R**elevant **O**bjectives Framework for **I**ntegrative **L**earning and **E**ducation in **S**witzerland (Profiles).
Because of the significant overlap of the two lines of study regarding the curriculum, basing the objectives for integrative learning and education for Chiropractic Medicine in Switzerland on the existing PROFILES is the obvious choice. The original document has been modified to place a special focus on the musculoskeletal system, to represent and emphasize the profession's main scope of practice. We thank the SMIFK/CIMS for generously providing us with the original PROFILES document.

Profiles displays three interdependent chapters of equal importance:

A first chapter listing a series of learning objectives related to the different roles of chiropractors, inspired by the CanMEDS roles used worldwide.

A second chapter presenting a set of entrustable professional activities (EPAs) reflecting the main chiropractic tasks that a chiropractor must be able to perform autonomously on the first

day of his residency.

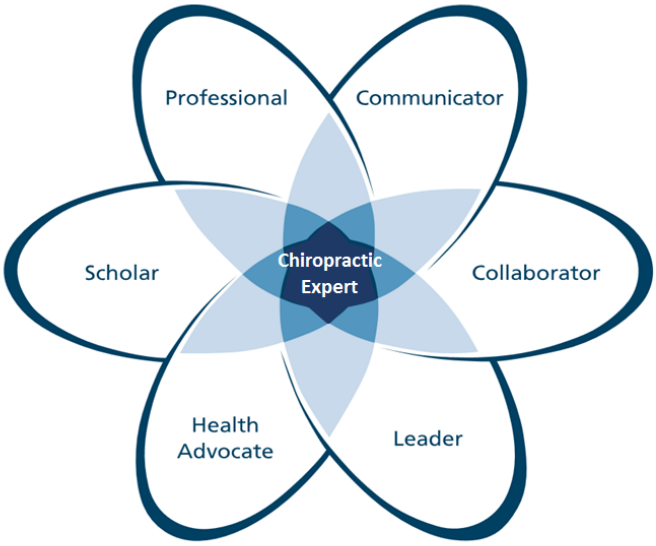
A third chapter listing common clinical situations that a chiropractor is expected to deal with after passing the Swiss Federal Licensing Examination.

All the objectives and situations apply to any age group (baby, child, adolescent, young and middle-aged adults, old and very old persons), to any set of circumstances (prevention, acute, rehabilitation, chronic and palliative care) and to any type of setting (ambulatory, hospital, long-term and community). Also, the general objectives of Chapter 1, the entrustable professional activities (EPAs) described in Chapter 2 and the situations listed in Chapter 3 as starting points are closely interconnected. To achieve the expected level of expertise, the student must master the corresponding discipline-related knowledge and skills, and must also adopt the attitude appropriate to the circumstances.

General Objectives

Education of health professionals has been changing rapidly and calls for enhancing physician training to improve patient care. The *CanMEDS Physician Competency Framework*, developed by the Royal College of Physicians and Surgeons of Canada, inspired the description of the roles of physicians' competency frameworks for educational purpose around the world. CanMEDS defines seven key roles (see figure below). These roles describe essential competencies of a physician in the context of global trends towards greater demands for public accountability, rising patient consumerism, rapidly evolving medical science and technology, and effectivity and efficiency of care. Therefore, the physician must not only be a clinical decision-maker, communicator, collaborator, manager, health advocate, scholar and professional, but should also be a qualified and specialized professional able to function in a society that pushes high demands on the professional.

The objectives are organized along a short description of the seven generic roles of chiropractors, as illustrated in the figure below. The seven CanMEDS *roles* define the framework of daily practice for both training and trained chiropractor. In the *Profiles-Chiro* document, *these roles are expressed as specific training objectives / competencies* that the student must attain by the end of his undergraduate training. As illustrated by the adapted CanMEDS 'flower', any chiropractor integrates all of the other six roles as an expert.



While this section, as well as the next two sections, does not provide an explicit and comprehensive list of discipline-related knowledge, it is clearly assumed that the acquisition of this knowledge (both fundamental and clinical) constitutes an essential prerequisite for any medical activity, especially in the area of clinical reasoning.

As illustrated in the table below, the CanMEDS roles and the list of Entrustable Professional Activities (EPAs) as provided in chapter 2 are all highly interconnected, although some connections are stronger than others. For example, to take the history of a patient, the chiropractor should be a good communicator and exhibit professionalism. Confronted with the selection of relevant hypotheses to develop a differential diagnosis, or the elaboration of a complex management plan, the chiropractor must base this process on the available literature and evidence (scholar role). In performing emergency procedures with a patient, any chiropractor must be particularly aware of the importance of an interprofessional coordinated team approach.

	CanMEDS roles → **Enturstable Professional Activities EPAs** **↓**	**Expert**	**Communicator**	**Collaborator**	**Leader**	**Advocate**	**Scholar**	**Professional**
1	Take a patient's history	XX	XX	X	X	X	X	XX
2	Assess physical & mental status of the patient with emphasis on the locomotor system	XX	XX	X	X	X	X	XX
3	Prioritize a differential diagnosis	XX	X	X	X	X	XX	X
4	Order & interpret tests	XX	XX	XX	X	X	XX	X
5	Perform chiropractic-specific as well as general procedures	XX	XX	XX	X	X	X	XX
6	Recognize & treat an emergency	XX	XX	XX	X	X	X	XX
7	Prescribe & develop management plan	XX	XX	XX	X	X	XX	XX
8	Document and present a clinical encounter	XX	XX	XX	X	XX	X	XX
9	Contribute to a culture of safety	XX	XX	XX	XX	XX	XX	XX

Thus, in the following chapter of general objectives, all seven roles described refer in varying extent to some of the EPAs of chapter 2. **These links are provided in green**.

1. Medical Expert (EXP)

As *Medical Experts*, chiropractors possess a comprehensive body of knowledge and skills which they apply in practice. They collect and interpret information, perform problem analyses, make appropriate clinical decisions within their own level of expertise and competence. They check whether their chosen decisions and accompanying actions are up to the appropriate quality standard and have the desired effect. They assess the extent to which they need supervision in their professional activities. They deliver curative and preventive care using evidence-based, ethically sound, and economically appropriate standards. Care includes both somatic and psychosocial aspects and tackle acute and chronic disorders and situations. Medical experts engage in effective oral, written, and electronic communication with patients, relatives, and other professionals in social services or healthcare. They keep updated on the evolution of the fields of medicine and chiropractic and develop a critical awareness of the social and ethical issues linked with the progress of science.

The following “expert” section synthesizes the key objectives of undergraduate training, and as such overlap with the objectives provided in the six other roles (as shown in the adapted CanMEDS’ "flower").

As experts, chiropractors are able to:

GO	1.1	describe and integrate the structures and underlying mechanisms governing the functioning of the human body, from molecular to organ level
GO	1.2	demonstrate a good knowledge of all common situations
GO	1.3	perform a patient-focused and appropriately timed consultation
GO	1.4	identify and prioritize issues to be addressed in a patient encounter and elicit a relevant, concise and accurate personal and family history from the patient and other sources
GO	1.5	perform, when appropriate, triage assessment and interventions, taking into account clinical urgency, the potential of deterioration and available resources
GO	1.6	conduct an effective general or focused physical examination
GO	1.7	analyse and interpret data to establish a differential and a working diagnosis (clinical reasoning)
GO	1.8	integrate in clinical reasoning and the selection of relevant procedures and investigations the foundation of basic medical sciences
GO	1.9	establish a patient-centred shared management plan and deliver high quality cost-effective preventive and curative care, especially when confronted with a vulnerable and/or multimorbid (elderly) patient, or suffering from terminal illness
GO	1.10	demonstrate safe prescribing
GO	1.11	prioritize and perform procedures in a skilful and safe manner
GO	1.12	obtain and document informed consent, explaining the risks and benefits of, and the rationale for the proposed options
GO	1.13	advise and counsel patients on their health and lifestyle in an empathetic non-judgmental manner. Perform a motivational interview
GO	1.14	set up and conduct a discussion with the family/caregivers and manage options/decisions regarding the patient’s health, condition/outcomes
GO	1.15	demonstrate appropriate medical data and information management
GO	1.16	integrate the advancements brought by evidence-based scientific research into clinical practice

GO 1.17 develop a critical awareness toward common stereotypes likely to bias clinical activities, related to, among others, age, gender, ethnical and cultural representations

GO 1.18 identify the impact on health of sex (i.e. biological difference related to sexual determination), and gender (cultural and social differences between men and women in terms of roles and expectations). Address these issues in medical activities

GO 1.19 incorporate and apply in the care of patients the foundation of biomedical and clinical ethics; respect values such as autonomy and dignity; identify and weight, in situations posing ethical dilemma, the various options available and how principles and values potentially affect them

GO 1.20 recognize and disclose conflicts of interest that might compromise equitable, high quality care at the individual and collective levels

GO 1.21 comply with the code of ethics and the recommendations of Chirosuisse

GO 1.22 take Swiss legislation into account in the care of the patients, in particular coverage for disease, accidents, occupational disease and disability; display awareness and respect for the rights of the patient

GO 1.23 understand the population perspective as a core identity of public health and the use of the basic principles of social medicine; advocate for the health and healthy environment of their community and of the society

GO 1.24 consider the economic, social and cultural aspects of health maintenance, prevention and care, at the individual and community level

GO 1.25 practise self-reflection and critical thinking related to evolution of the health system; recognize and respond to the complexity, uncertainty, and ambiguity inherent in practice

2. Communicator (COM)

(linked EPAs: 1, 2, 4-9)

As *Communicators,* chiropractors establish and maintain *effective relationships with patients and relatives*. They use communication skills to provide high-quality care and prevention / health promotion.

They are able to:

GO 2.1 engage in and maintain therapeutic relationships with patients that are based on mutual understanding, empathy, and trust

GO 2.2 accurately and adequately convey relevant information and explanations to patients, families, colleagues and other professionals, foster a common understanding of issues and problems, and jointly develop a healthcare plan

GO 2.3 manage disagreements and emotionally charged conversations

GO 2.4 effectively deal with diverse groups of patients, such as children, adolescents, senior patients, men, women, and people with other gender identities (for instance transgender), and patients with different cultural backgrounds and language

GO 2.5 disclose adverse events (diagnostic and treatment failure, errors) accurately to patients and their families

GO 2.6 share bad news with patients and their families appropriately (“breaking bad news”)

GO 2.7 develop effective, shared strategies with their patient to increase adherence to therapeutic options and improve the adoption of healthy habits and lifestyles
GO 2.8 assist patients in the adoption of health promoting habits and provide effective counselling in the use of personal data obtained through screening procedures, imaging, serologic or genetic findings (precision / prediction medicine)
GO 2.9 improve patient's and family's health literacy by assisting them to identify, access, and make use of information and communication technologies to support their health care and the adoption of healthy lifestyles

3. Collaborator (COL)

(linked EPAs: 4-9)

As *Collaborators,* chiropractors are team players who effectively *work together in inter-disciplinary and interprofessional partnerships* to provide optimum patient care, education, and/or research.

They are able to:

GO 3.1 optimize health care delivery in identifying and understanding the roles and responsibilities of various health care providers
GO 3.2 respectfully communicate with team members and include them in all relevant information exchange; establish and maintain a climate of mutual respect, dignity, integrity, and trust
GO 3.3 participate in team building strategies and conflict resolution approaches based on the model of interprofessional education and practice; define overlapping and shared responsibilities between colleagues from all healthcare professions as required
GO 3.4 prioritize team needs over personal needs in order to optimize delivery of care

4. Leader / Manager (LEA)

(linked EPAs: 5-7)

As managers and individuals demonstrating leadership, chiropractors are dedicated individuals who take initiative to contribute in a collaborative way towards positive and sustainable evolution in health care, from the level of an individual patient to the level of the health care system (the leaders do not need a formal title to lead). They take responsibility for the delivery of excellent patient care through their activities as clinicians, administrators, scholars, or teachers.

They are able to:

GO 4.1 understand the principles of population medicine and its strategies, use the main tools which are used in epidemiology and public health such as the gathering and use of health determinants and indicators, descriptive and explanatory statistics, risk and protective factors and the concepts of prevention and health promotion, on individual, community and environmental levels
GO 4.2 define and illustrate health promotion and health-enhancing strategies at various levels, such as the monitoring and promotion of a safe environment and the promotion of effective public health policies and interventions. In doing so, they consider financial, material and staffing resources, at both community and public health levels
GO 4.3 recognize and respond to disease outbreaks, epidemics and pandemics
GO 4.4 identify and address the special needs of vulnerable populations, showing

awareness of the importance of equity in the delivery of care. They seek collaboration with social services if appropriate

GO 4.5 address the psychosocial, insurance, financial and environmental aspects of handicaps and chronic diseases

GO 4.6 identify the roles and describe the functions of the health and invalidity insurance system and its impact on health and health care at both individual and collective levels

GO 4.7 integrate the principles of economic effectiveness and efficiency in daily work as well as the planning of healthcare provision

GO 4.8 identify and engage in opportunities for continuous improvement of the health care system, based on a critical understanding of the continuous transformation of medicine and society

5. Health Advocate (ADV)

(linked EPAs: 8-9)

As health advocates, chiropractors recognize and actively promote the importance of public health and preventive healthcare for the individual patient, for populations of patients, and for society. They advocate for the quality of healthcare towards policymakers and, wherever possible, put preventive healthcare into practice. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change. They take into account the historical and social aspects of the progress of science, medicine and public health.

They are able to:

GO 5.1 recognize issues, settings, circumstances, or situations which require advocacy on behalf of patients, professions, or general population, keeping in mind the structure and functioning of the health care system and insurance coverage of disease, accident and disability in Switzerland

GO 5.2 incorporate health surveillance activities (discussing lifestyles, counselling) screening, immunization and disease prevention, risk and harm reduction measures, health promotion, into interactions with individual patients

GO 5.3 work with a community or population to identify the determinants of health that affect them, how to address them and promote system-level change in a socially accountable manner

GO 5.4 recognize the central role and functions played by primary care in the population

6. Scholar (SCH)

(linked EPA: 3-4, 7,9)

As scholars, chiropractors recognize the need to be continually learning and to engage themselves in a lifelong pursuit of mastery of their domain of professional expertise. They strive to make scholarly contributions to the assessment, establishment, and understanding of knowledge and skills in healthcare. They actively participate in teaching tasks and facilitate the education of medical students, other health professionals, patients and members of the community. They develop and maintain a critical thinking towards the scientific progress of the field of medicine and health.

They are able to:

GO 6.1 develop and document a reflective attitude towards learning and education
GO 6.2 apply basic principles of critical appraisal to sources of best available evidence based medical information. Identify ethical principles as they apply to basic and clinical research
GO 6.3 demonstrate the critical use of information technology to access accurate and reliable (online) medical information, taking into account the levels of evidence provided by the medical literature, and integrating it into patient care
GO 6.4 understand the general theoretical principles of medical and scientific knowledge
GO 6.5 identify and develop a research question or hypothesis, work out a procedure to address the issue, analyse and synthesize the results, and publish these as a scientific report or article. Effectively present medical information based on scientific evidence
GO 6.6 adapt to new technological advances, e.g. big data, new imaging techniques and tools to monitor a patient's state of health and stage of disease
GO 6.7 facilitate the learning of patients, students and health professionals, provide effective feedback to enhance learning and performance, use assessment and evaluation tools

7. Professional (PRO)

(linked EPAs: 1,2,5-9)

As professionals, chiropractors are committed to the health and well-being of individual patients and society. This is expressed by their ethical practice, high personal standards of behaviour, accountability to the profession and society, as well as chiropractor-led regulation and maintenance of the chiropractor's own health.

They are able to:

GO 7.1 display integrity, honesty, commitment, empathy and accountability in taking care of patients and communicating with families and colleagues
GO 7.2 be aware of one's own limits, seek supervision when appropriate
GO 7.3 respect patients' privacy and confidentiality
GO 7.4 show awareness of cultural, societal and spiritual/religious issues that impact on the health and delivery of care of individuals and of the community
GO 7.5 recognize that the patient's wishes and preferences are central for medical decision making ("shared decision-making")
GO 7.6 incorporate and apply the principles of biomedical and clinical ethics in the care of patients; identify the principles and values that affect the available options in situations that pose an ethical dilemma; act according to the code of ethics and the recommendations of ChiroSuisse; recognize and manage conflicts of interest
GO 7.7 demonstrate accountability to the profession and society, respect the legal and professional obligations and codes of regulatory bodies
GO 7.8 recognize and respond to unprofessional and unethical behaviour by health care professionals
GO 7.9 allocate personal time and resources effectively in order to balance patient care, learning needs, and private activities outside the workplace, and to sustain their own health; recognize excessive stress, substance misuse or personal illness to protect patients
GO 7.10 anticipate career choices and plan their future training and activity

Entrustable Professional Activity (EPAs)

This chapter has been developed using a concept introduced some years ago, and referred to as Entrustable Professional Activities (EPAs). This concept will be integrated progressively in the curriculum of undergraduate studies in the Chiropractic Medicine program at University of Zurich. The EPAs framework[1] builds on the orientation of most current undergraduate curricula towards the acquisition of skills and competences, an orientation defined as outcome-based learning/training[2].

Even though junior residents still often need direct supervision, **there are specific situations they have to deal with and tasks that they must perform at least under distant, on-demand supervision on the first day of their residency**. Entrustable Professional Activities (EPAs) and CanMEDS roles (chapter 1) are highly interconnected. As a consequence all of the EPAs in this chapter refer to varying extent to some of the CanMEDS roles. In this chapter, **these roles are marked in blue** as cross references of the content of the EPAs.

The following selection of items has been adapted from the guide developed by the Drafting Panel of the American Association of Medical College (AAMC)[3]. We are grateful that the AAMC has allowed us to use their document.

An Entrustable Professional Activity (EPA) is a unit of professional practice, defined as a task or a responsibility that a trainee is entrusted to perform unsupervised once he/she has attained sufficient set and level of competences. EPAs are context dependent, which means that EPAs should be taught and applied in common medical situations and conditions (see SSPs chapter) for the full age range of patients. It is expected that the student be at least able to perform the described tasks with on demand, distant supervision.

1. Take a medical History

(linked roles: EXP / COM / PRO)

EPA 1.1 obtain a complete and accurate history in an organized fashion in persons of all age groups; adapt to linguistic skills and health literacy; respect confidentiality
EPA 1.2 Explore patient expectations, values and priorities
EPA 1.3 demonstrate patient-centred, hypothesis-driven, interview skills; is attentive to patient verbal and nonverbal cues, patient/family culture, conceptions of illness; check need for interpretive services; approach the patient holistically; approach patients in an empathetic non-judgmental manner
EPA 1.4 evaluate understanding and decision-making capacity of all patients, especially among psychiatric patients, cognitively impaired persons or minors
EPA 1.5 identify and use alternate sources of information to obtain history when needed, including but not limited to family members, primary care physicians, living facility, pharmacy or social/health alliance staff

[1] Chen & ten Cate. The Case for Use of Entrustable Professional Activities in Undergraduate Medical Education. Acad Med, 2015.
[2] Morke & al. Outcome (competency) based education: an exploration of its origins, theoretical basis, and empirical evidence. Adv Health Sci Educ Theory Pract, 2013
[3] Core Entrustable Professional Activities for Entering Residency Drafting Panel. Core Entrustable Professional Activities for entering residency; Curriculum Developers' Guide. Washington DC (2014). www.mededportal.com/icollaborative/resource/887

EPA 1.6 interpret gender, social, cultural and other factors that may influence the patient's perception and description of symptoms; demonstrate cultural awareness and respect as well as awareness of potential for bias in interactions with the patient
EPA 1.7 in situations of long-term follow-up care, select the most salient issues which must be addressed, in terms of treatment, side-effects, compliance, daily impact of the disease and patient's environment
EPA 1.8 review the patient's health behaviour and lifestyle as part of a routine check-up, or as far as possible, and assess the patient's opinions, representations and expectations
EPA 1.9 Explore the patient's use of medicine and treatment, including complementary and alternative medicine
EPA 1.10 Explore the patient's use of psychoactive substances
EPA 1.11 Use clinical reasoning in gathering focused information relevant to a patient's care
EPA 1.12 Identify issues not mentioned spontaneously by the patient (hidden agenda)
EPA 1.13 Recognize situations involving potential self-harm or victimization, such as interpersonal violence, assault

Specific competencies/skills related to history taking

EPA 1a Take an age-specific paediatric history (involving mother/father and child or adolescent)
EPA 1b Perform an age-specific assessment of a child's / adolescent's development and lifestyle
EPA 1c Take a cursory psychiatric history
EPA 1d Take an occupational and workplace history, consider ergonomic and hygienic situation
EPA 1e Take a history of psychoactive substance use, misuse or disorder and other health compromising behaviour

2. Assess the Physical and Mental Status of the Patient with emphasis on the Locomotor System

(linked roles: EXP / COM / PRO)

EPA 2.1 perform a generic accurate and clinically relevant physical examination in a logical and fluid sequence, with a focus on the purpose of the patient's expectations, complaint and symptoms, in persons of all ages
EPA 2.2 perform a chiropractic specific exam of the locomotor system in a logical and fluid sequence
EPA 2.3 assess the cognitive and mental state of the patient such as memory, perception, understanding, expression and affects as it relates to the problem of the locomotor system
EPA 2.4 perform physical examination in difficult situations such as obesity, intrusive procedure, non-cooperative patient, reduced consciousness, cognitive impairment and allophones
EPA 2.5 identify, describe, document and interpret abnormal physical examination findings. Assess vital functions (temperature, heart and respiratory rate, blood pressure)
EPA 2.6 demonstrate patient-centred examination techniques; demonstrate effective use of specific devices such as a stethoscope, otoscope, ophthalmoscope; respect patient privacy, comfort, and safety
EPA 2.7 explain physical examination manoeuvres, obtain consent as appropriate

Specific skills related to physical examination

Students are expected to perform the tasks below with simulated or real patients, However, in some situations, *indicated in italic,* only a shows-how should be expected

EPA	2a	inspection, palpation and functional assessment of the upper and lower extremities
EPA	2b	inspection, palpation and functional assessment of the spine, pelvis, craniocervical junction and temporomandibular joint
EPA	2c	assessment of patient's general condition and vital signs
EPA	2d	assessment of nutritional status
EPA	2e	assessment of attention, thought, perception, speech, affect and psychomotor skills
EPA	2f	evaluation of patient's decision-making capacity
EPA	2g	assessment of the skin, hairs and nails and description of lesions
EPA	2h	palpation of lymph nodes
EPA	2i	inspection and palpation of the orbit, eyelids and the eye
EPA	2j	assessment of visual acuity and of visual field, of optic disc and retinal vessels (use of the ophthalmoscope)
EPA	2k	assessment of eye movements, recognition and description of nystagmus
EPA	2l	inspection and palpation of auricle and adjacent region and of external auditory canal and tympanic membrane - hearing tests with whispering, conversational voice and tuning fork
EPA	2m	inspection of nose, face, mouth, salivary glands and larynx
EPA	2n	inspection, palpation and auscultation of cervical structures (incl. thyroid, carotid arteries)
EPA	2o	inspection, palpation of chest, percussion and auscultation of lungs
EPA	2p	auscultation of heart and recognition of normal/abnormal heart beats and murmurs
EPA	2q	palpation of pulse, testing for arterial insufficiency or bruits
EPA	2r	assessment of venous system
EPA	2s	palpation, percussion auscultation of abdomen, recognition of (abnormal) findings
EPA	2t	inspection and palpation of groin / hernial orifices
EPA	2u	neurologic examination: testing cranial nerves, reflex, passive muscle stretch, inspection of muscle bulk, muscle tone, muscle strength and involuntary movements, gait and balance, coordination, superficial and deep sensation, aphasia, orientation, memory
EPA	2v	assessment of age specific anthropometric characteristics of infants / children / adolescents with focus on locomotor system
EPA	2w	assessment of basic and instrumental activities of daily living
EPA	2x	*documentation of physical/sexual violence*
EPA	2y	*clinical diagnosis of death*

3. Prioritize a Differential Diagnosis Following a Clinical Encounter

(linked roles: EXP / SCH)

EPA 3.1 synthesize essential data from the previous records, integrate information as derived from history, meaningful physical and mental symptoms and physical exam; provide initial diagnostic evaluations; take into account the age, gender and psychosocial context of the patient as well as social determinants health

EPA 3.2 assess the degree of urgency of any complaint, symptom or situation

EPA 3.3 demonstrate awareness of multimorbidity and atypical presentation of disease, especially in elderly patients

EPA 3.4 Integrate the scientific foundations of basic medical sciences as well as epidemiological information (probability of diseases) into clinical reasoning, in order to develop a differential diagnosis and a working diagnosis, organized in a meaningful hierarchical way

EPA 3.5 Engage with supervisors and team members for endorsement and confirmation of the working diagnosis; explain and document the clinical reasoning that led to the working diagnosis; demonstrate critical thinking with regard to differential diagnosis

EPA 3.6 Manage ambiguity concerning patient care; respond openly to questions from patients and other members of the healthcare team; continuously update differential diagnosis

4. Recommend and Interpret Diagnostic and Screening Tests in Common Complaints and Symptoms related to the Locomotor System

(linked roles: EXP / COM / COL / SCH)

EPA 4.1 recommend first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic disorder or as part of routine health maintenance

EPA 4.2 justify an informed, evidence-based rationale for the decision to order the tests (when appropriate, based on an integration of basic medical disciplines as they relate to the clinical condition); take into account the cost-effective aspects of the ordering

EPA 4.3 Obtain informed consent: discuss with the patient and the family or proxy, and ensure that they understand the indications, risks, benefits, alternatives, and potential complications; seek an agreement/shared decision and document it in the file

EPA *4.4* *demonstrate awareness of differences in values and thresholds regarding sex and age while interpreting the results of biologic tests: use reference values*

EPA *4.5* Interpret test results and integrate them into the differential diagnosis; understand the implications and urgency of an abnormal result and seek assistance with interpretation if needed

EPA 4.6 Advise patients and order screening tests or procedures to identify asymptomatic diseases or risk factors, weighing up their risks, benefits and predictive value; apply valid epidemiological data in selecting tests and procedures

EPA 4.7 provide an informed rationale for ordering the imaging test and interpret first-line, common X-rays; integrate provided imaging in diagnosis into the clinical workup

EPA 4.8 order required tests and investigations when facing situations with medico-legal implications: substances in the blood, X-rays

5. Perform General as well as Chiropractic-specific Procedures

(linked roles: EXP / COM / COL / LEA / PRO)

EPA	5.1	understand and explain the anatomy, physiology, indications, risks, contraindications, benefits, alternatives, and potential complications of the procedure, especially in regard to chiropractic spinal manipulation and related techniques
EPA	5.2	communicate the information to the patient and to the family or proxy, seek for an agreement/shared decision and document it in the file (informed consent)
EPA	5.3	demonstrate the technical (motor) skills required for the procedure, especially for chiropractic spinal manipulation and related techniques
EPA	5.4	respect principles of asepsis and maximize patient safety during procedure
EPA	5.5	manage common post procedure complications

Specific procedures that must be mastered by the student by the end of the curriculum

Students are expected to perform the procedures below with real patients, excepted some specific procedures, which should be trained and performed in *simulation (provided in italic caps)*

EPA	5a	perform chiropractic treatment of spine and extremities taking into account the diagnosis, age, gender and existing comorbidities
EPA	5b	manage and manually treat acute, subacute and chronic pain originating in the locomotor system
EPA	5c	demonstrate a spectrum of chiropractic techniques adapted to various situations (e.g. Diversified, Flection-Distraction)
EPA	5d	demonstrate ability to perform soft-tissue therapies (e.g. Dry Needling, Trigger point therapy, active rehabilitation, muscle relaxation techniques)
EPA	5e	demonstrate the ability to administer passive treatment modalities (e.g. Electrotherapy, therapeutic ultrasound, extracorporal shock wave therapy)
EPA	5f	measuring and interpreting body temperature
EPA	5g	intravenous injection and cannulation, subcutaneous and intramuscular injection
EPA	5h	*inserting a peripheral intravenous line, planning and managing parenteral administration of drugs*
EPA	5i	wound cleaning, and removal of wound sutures
EPA	5j	application of bandage
EPA	5k	*simple spirometry, measurement of expiratory peak flow*
EPA	5l	*using and giving instructions to use metered dose inhalers, spacers and nebulizers*
EPA	5m	*taking a throat swab and perform a rapid streptococcal test*
EPA	5n	*ear irrigation*
EPA	5o	*removing a foreign body from the cornea*
EPA	5p	performing and reading a urine stick test
EPA	5q	examination of urinary sediment
EPA	5r	interpreting an ECG
EPA	5s	performing and interpreting a pregnancy test
EPA	5t	*lumbar puncture*

6. Recognize a Patient Requiring Urgent / Emergency Care, Initiate Evaluation and Management

(linked roles: EXP / COM / COL / LEA / PRO)

EPA 6.1 recognize abnormal vital signs
EPA 6.2 interpret the clinical situation using pathophysiological principles
EPA 6.3 assess the severity of a patient's situation / illness and indications for escalating care
EPA 6.4 identify potential underlying aetiologies of the patient's deteriorating condition
EPA 6.5 start initial care plan for the decompensating patient; if needed, apply basic life support as needed
EPA 6.6 take into account a "do-not-resuscitate"
EPA 6.7 as a team member, share vital and relevant information with other members, using structured communication techniques as well as briefings and debriefings for continuing decision-making and follow-up of the patient
EPA 6.8 identify the need for rapid patient transfer to another facility
EPA 6.9 update the patient/family and ensure their understanding of the indications, risks, benefits, alternatives, and potential complications. If possible, ask for the patient's informed consent or advance directives

7. Develop a Management Plan, Discuss Orders and Prescriptions in Common Situations

(linked roles: EXP / COM / COL / LEA / SCH / PRO)

EPA 7.1 establish a management plan which integrates the information gathered from the history, the physical examination, laboratory tests and imaging as well as patient's preference;
incorporate in the management plan the prescription of medications, physiotherapy and physical rehabilitation, dietetic and lifestyles advices, psychological support, social and environmental measures
EPA 7.2 use clinical scores and clinical decision rules/protocols to support decision (bayesian approach) when appropriate
EPA 7.3 use a shared-decision approach in establishing the management plan; take into account patients' preferences in making orders; take into account indication or request for complementary medicine; deal with treatment refusal; demonstrate an understanding of the patient's and his family's current condition and representations and take into account the occurrence of physical dependence or cognitive disorders
EPA 7.4 take into account the patient's specific profile and situation such as gender, age, culture, religion, beliefs and health literacy; take into account the vulnerability of specific groups such as migrants, patient from low socio economic level, adolescents
EPA 7.5 ensure patient's and family's understanding of the indications, risks, benefits, alternatives, and potential complications of treatment
EPA 7.6 understand the concept and the basic elements of advanced care planning
EPA 7.7 demonstrate an insight of emotional factors that can interfere with patient-doctor communication and their management
EPA 7.8 provide effective response (manual treatment, medication and technology) to all types of pain
EPA 7.9 avoid unnecessary/futile diagnostic measures and treatment
EPA 7.10 identify treatment and prescription according to the patient's condition and adjust to weight, allergies, pharmacokinetics, pharmacogenetics ("precision medicine"), potential interactions with other medication and substances, pregnancy status or co-morbid conditions, legal/illegal psychoactive substances, potential self-harm

tendencies

EPA 7.11 In patients with multimorbidity, prioritize measures and medication; compose orders efficiently and effectively, whether orally or in written/electronic format

EPA 7.12 during follow-up, support the self-management by the patient; evaluate and discuss adherence, and if needed the potential impact of non-adherence, especially with cognitively impaired patient or those lacking decision-making capacity;
if appropriate use motivational approaches

EPA 7.13 Ensure continuity and interprofessional collaboration in caring for chronic and multimorbid patients

8. Document and Present Patient's Clinical Encounter; Perform Handover

(linked roles: EXP / COM / COL / ADV/ PRO)

EPA 8.1 document and record the patient's chart, filter, organize, prioritize and synthesize information; comply with requirements and regulations

EPA 8.2 document and record the patient's autonomous decision making capacity

EPA 8.3 document the rationale for the clinical decision and for involving the patient in making the decision; provide and incorporate discharge document

EPA 8.4 document the discussion and the informed consent appropriately in the health record, taking into account the importance of privacy, confidentiality and data protection, especially in the use of electronic communication and records

EPA 8.5 provide an accurate, concise, relevant, and well-organized oral presentation of a patient encounter and situation, adjusting it to the profile and role of the recipient; elicit feedback about the handover, especially when assuming responsibility of the patients; ask for clarification if needed

EPA 8.6 organize transfer of a patient from one setting to another involving the patient and family/caregivers

9. Contribute to a Culture of Safety and Improvement

(linked roles: EXP / COM / COL / LEA / ADV / SCH / PRO)

EPA 9.1 identify actual and potential ("near miss") errors in care; speak up in case of real or potential errors and use error reporting systems if available

EPA 9.2 empower team members to "stop the line" if they discover a significant safety breach

EPA 9.3 admit and disclose one's own errors, reflect on one's contribution and develop an improvement strategy

EPA 9.4 address situations in which a patient has potentially been victim of a medical error

EPA 9.5 understand existing safety/quality procedures, their vulnerabilities and the concept of accountability

EPA 9.6 participate in evidence-based quality improvement and patient safety, using safety alerts, minimizing nosocomial infections (e.g. hand hygiene), resistance to antibiotics and unnecessary investigations and treatment

EPA 9.7 assess age-specific environmental risks and propose safety measures

EPA 9.8 avoid or identify errors by using safety alerts when available. Maximize therapeutic benefit and safety for patients and the population

Situations as Starting Point (SSPs)

This chapter provides a set of generic situations, which cover the common circumstances, symptoms, complaints and findings that the chiropractor should be able to manage on day one of his/her residency. In other words, he/she should be able to assess a patient presenting any of these situations in a well-structured way, to establish a differential diagnosis and propose diagnostic, therapeutic, social, preventive/counseling measures. The list encompasses most of the typical situations a young resident may face. The situations are listed under several subtitles to make their use easier, but in some instances the classification is arbitrary. Items listed as "symptoms" may also be defined as "findings", and vice-versa. A set of predefined criteria was used to design the list. The situations were selected:

- if they occur frequently in chiropractic practice
- if rapid and appropriate intervention may be crucial or even life-saving
- if they are a cause of excessive physical or emotional distress for the patient

The situations will allow the students and the trainers to contextualize and put into practice the objectives of the prior two chapters. These situations are presented in a very generic way, which means that they can be used and applied to all gender identities and ages (children, adults, and the elderly) unless otherwise specified. They cover different types of conditions (acute, subacute or chronic) and various settings (ambulatory practice, hospital, etc.)

The generic list increases the range of potential pathologies and fosters an interdisciplinary, integrated approach to clinical issues. For instance, the situation "thoracic pain" may be a starting point for numerous situations such as cardiac, pleural and parietal problems, a pathology or functional impairment of the spine or adjacent structures, or stress and anxiety.

As entry points, the situations mostly constitute a broad range of diagnostic pathways involving different disciplines. As mentioned above, the situations will have different implications according to the gender, the age of the patient and whether the problem is acute or chronic. The use of these situations should assist the students in developing their skills in clinical reasoning, specifically in being progressively able to integrate in their differential diagnosis various options, keeping thus an interdisciplinary perspective.

The situations should be used by faculties and teachers to illustrate lectures, to engage in problem based learning sessions or during bedside teaching rounds. They also will be used as a basis for the development of the Federal Licensing Examination.

Situations as starting point encompass not only health problems and symptoms but also normal or current health issues, e.g. postural screening, spinal development, densitometry, injury prevention among elderly people and so on.

1. General Complaints and Symptoms

SSP	1	Abnormal perspiration
SSP	2	Enlarged lymph nodes (lymphadenopathy)
SSP	3	Excessive thirst, excessive fluid intake (polydipsia)
SSP	4	Fatigue, tiredness
SSP	5	Feeling of illness
SSP	6	Fever, chills, hyperthermia
SSP	7	Flushing
SSP	8	Hypothermia
SSP	9	Itching
SSP	10	Pain of all types
SSP	11	Sleeping problems
SSP	12	Swelling, oedema (diffuse or local)
SSP	13	Weight gain, obesity
SSP	14	Weight loss, malnutrition, loss of appetite

2. Complaints and symptoms related to the locomotor system

2.1. Locomotor System (LS)

2.1.1. General

SSP	15	Abnormal gait
SSP	16	Antalgia
SSP	17	Atrophy
SSP	18	Cramps
SSP	19	Deformities of the extremities
SSP	20	Deformities of the spine
SSP	21	Dys-, Par-, Hypaesthesia, Itching
SSP	22	Dysfunction of joint mobility
SSP	23	Morning stiffness
SSP	24	Pain of the locomotor system
SSP	25	Postural abnormalities (Protraction, static insufficiency)
SSP	26	Rubor, Calor, Dolor, Tumor, Functio laesa
SSP	27	Trauma to the locomotor system
SSP	28	Weakness

2.1.2. Cranium and Temporomandibular Joint

SSP	29	Abnormal eye movements
SSP	30	Bruxism, Claudicatio masticatoria, Tooth pain
SSP	31	Cranial deformities
SSP	32	Dysphagia/Globus sensation
SSP	33	Facial dysaesthesia
SSP	34	Facial pain
SSP	35	Headache
SSP	36	Sensation/Visual disturbances, loss of vision
SSP	37	TMJ pain and dysfunction
SSP	38	Ear pain/Tinnitus
SSP	39	Vertigo/Dizziness

2.1.3. Spine

2.1.3.1. *Cervical Spine*

SSP	40	Cervical pain with or without radiation
SSP	41	Dysfunction of the cervical spine
SSP	42	Pain referred to the cervical region

2.1.3.2. *Thoracic Spine*

SSP	43	Costal and intercostal pain
SSP	44	Dysfunction of the rib joints
SSP	45	Dysfunction of the thoracic spine
SSP	46	Flank pain
SSP	47	Pain referred to the thoracic spine
SSP	48	Sternal pain
SSP	49	Sternocostal swelling
SSP	50	Thoracic pain with or without radiation

2.1.3.3. *Lumbar Spine*

SSP	51	Lumbar dysfunction
SSP	52	Lumbar pain with or without radiation
SSP	53	Pain referred to the lumbar spine

2.1.3.4. *Pelvic Girdle*

SSP	54	Dysfunction in the pelvic girdle
SSP	55	Pelvic girdle pain
SSP	56	Referred pain to the pelvic area

2.1.4. Upper Extremity

2.1.4.1. *Shoulder Girdle*

SSP	57	Acromioclavicular dysfunction
SSP	58	Acromioclavicular pain
SSP	59	Glenohumeral dysfunction
SSP	60	Glenohumeral pain
SSP	61	Sternocostal dysfunction
SSP	62	Sternocostal pain

2.1.4.2. *Elbow*

SSP	63	Elbow dysfunction
SSP	64	Elbow pain

2.1.4.3. *Wrist*

SSP	65	Wrist dysfunction
SSP	66	Wrist pain

2.1.4.4. *Hand/Fingers*

SSP	67	Hand/finger dysfunction
SSP	68	Hand/Finger pain

2.1.5. Lower Extremity

2.1.5.1. Hip

SSP	69	Hip dysfunction
SSP	70	Hip pain

2.1.5.2. Knee

SSP	71	Knee dysfunction
SSP	72	Knee pain

2.1.5.3. Ankle/Foot

SSP	73	Ankle and foot dysfunction
SSP	74	Ankle and foot pain

2.2. **Head and Neck**

SSP	75	Abnormal eye movements
SSP	76	Acute and slow loss of vision (acute, slow, temporary, partial)
SSP	77	Alteration of voice (hoarseness, aphonia, dysphonia)
SSP	78	Asymmetric face/deformation/scoliosis
SSP	79	Bleeding nose
SSP	80	Difficulties swallowing, choking
SSP	81	Dryness, pain, mass in mouth or throat, oral lesions
SSP	82	Ear ache
SSP	83	Facial, jaw and teeth pain, trismus
SSP	84	Hyper- and hypoacusis, deafness, whistling,

		tinnitus
SSP	85	Micro- and macrocephaly
SSP	86	Neck stiffness and pain
SSP	87	Swelling in the face, lips, neck, goitre
SSP	88	Visual disturbances, photophobia, light flashes, floating objects, diplopia, blurred vision

2.3. Chest

SSP	89	Change of respiration pattern
SSP	90	Chest discomfort
SSP	91	Chest pain
SSP	92	Dyspnoea
SSP	93	Heartburn (pyrosis)
SSP	94	Impaired, painful passage, dysphagia, regurgitation
SSP	95	Painful respiration, wheezing, stridor
SSP	96	Parietal thoracic pain

2.4. Abdomen

SSP	97	Abdominal, epigastric pain
SSP	98	Alteration of defecation pattern, incontinence, pain

2.5. Pelvis, Urogenital System

SSP	99	Menstrual symptoms; disorders of menstruation, painful menstruation, premenstrual symptoms
SSP	100	Pelvic pain
SSP	101	Scrotal pain,
SSP	102	Swelling, pain in groin

2.6. Skin

SSP	103	Papules, blisters, ulcers
SSP	104	Nail complaints
SSP	105	Redness of the skin (localized or diffuse)

2.7. Nervous System

SSP	106	Abnormal balance, falls
SSP	107	Abnormal gait
SSP	108	Abnormal involuntary movements, tremor, tic, lack

of movement coordination

SSP 109 Disorders of speech or language

SSP 110 Dizziness, vertigo

SSP 111 Headache

SSP 112 Memory disturbance, cognitive impairment

SSP 113 Paresis, paralysis

SSP 114 Sensory loss, change in all type of sensation

SSP 115 Twitch, convulsion, seizure

2.8. Injuries and Violences

SSP 116 Contusion, soft tissue bruising

SSP 117 Dislocation of joint

SSP 118 Head and brain injuries and trauma

SSP 119 Injuries of the extremities

SSP 120 Spine Injuries

SSP 121 Thoracic injuries, rib cage and soft tissue

2.9. Emotional and Behavioral Symptoms

SSP 122 Fear of illness

SSP 123 Reactions to major stressful events

SSP 124 Self-harm including suicide

SSP 125 Substance non-medical use (“misuse”), addiction e.g. tobacco, alcohol, illegal substances (“controlled medicines”)

3. Findings

3.1. Findings Upon Physical Examination

SSP 126 Abnormal blood pressure

SSP 127 Abnormal findings upon auscultation

SSP 128 Abnormal findings upon inspection:
posture (antalgia, spasms)
gait
restricted range of motion
tissue assessment: (rubor, turgor etc.)

SSP 129 Abnormal findings upon palpation:
motion palpation (global, segmental) tissue assessment (rubor, dolor, calor, turgor etc.)

SSP 130 Abnormal findings upon percussion
SSP 131 Bradycardia, tachycardia, irregular pulse
SSP 132 Cachexia and malnutrition
SSP 133 Cognitive impairment
SSP 134 Cyanosis
SSP 135 Disorganised speech
SSP 136 Exophthalmos (proptosis)
SSP 137 Fetor oris (halitosis)
SSP 138 Oedema
SSP 139 Pallor
SSP 140 Transient loss of consciousness, syncope

3.2. Findings Upon Additional Examination

SSP 141 Normal/abnormal findings upon diagnostic Imaging of the locomotor system:
Conventional X-ray
CT of the spine
MRI of the spine
Scintigraphy
SSP 142 Abnormal findings upon conventional imagery of abdomen, thorax
SSP 143 Abnormal count of white blood cells
SSP 144 Abnormal ECG
SSP 145 Abnormal fecal analyses, occult blood
SSP 146 Abnormal glycaemia and markers of glycaemia homeostasis
SSP 147 Abnormal liver enzymes
SSP 148 Abnormal markers of kidney function
SSP 149 Abnormal serum lipids
SSP 150 Abnormal thyroid hormones
SSP 151 Abnormal urin sediment
SSP 152 Anaemia
SSP 153 Elevated biomarkers of inflammation
SSP 154 Low bone density
SSP 155 Nutritional deficiencies
SSP 156 Proteinemia, albuminemia

SSP 157 Thrombopenia, thrombocytosis

4. Other Situations

4.1. Situations Related to Pregnancy and Motherhood Relating to the Locomotor System

SSP 158 Low back pain without radiation, with radiation

SSP 159 Pelvic girdle Pain

SSP 160 Rib pain

4.2. Infancy and Childhood Related Affections of the Locomotor System

SSP 161 Child abuse and neglect

SSP 162 Delay in age-specific milestones motor and non-motor development

SSP 163 Failure to thrive, abnormal growth and puberty (slowing or acceleration)

SSP 164 Neonatal torticollis

SSP 165 Plagiocephaly

4.3. Old Age Related Affections of the Locomotor System

SSP 166 Elder abuse and neglect

SSP 167 Functional impairment (Cognition, sensory)

SSP 168 Functional impairment of the locomotor system

SSP 169 Malnutrition and sarcopenia

SSP 170 Multimorbid, polymedicated patient

SSP 171 Pressure ulcers

SSP 172 Progressively dependent patient

SSP 173 Urinary and fecal incontinence

4.4. Emergency Symtpoms Findings and Situations

SSP 174 Acute abdominal, epigastric pain

SSP 175 Acute chest, epigastric, arm, jaw, teeth pain

SSP 176 Acute neurological deficits

SSP 177 Acute severe dyspnea

SSP 178 Acute severe headache, meningism

SSP 179 Burn

SSP 180 Cardio-respiratory disturbances and arrest

SSP 181 Colic

SSP 182 Hematemesis

SSP 183 Intoxication, poisoning
SSP 184 Mydriasis, myosis
SSP 185 Seizures
SSP 186 Self-harm and suicide attempt
SSP 187 Severe acute blood loss
SSP 188 Severe hypertension, severe hypotension
SSP 189 Sudden mental status changes such as confusion, delusion, (auto-)aggressive behaviour
SSP 190 Syncope, loss of consciousness
SSP 191 Uncomplicated common trauma

4.5. Issues Linked with Prevention and Health Promotion

SSP 192 Consultation before engaging in sports activities
SSP 193 Promotion of healthy life style
SSP 194 Request for check-up regarding the locomotor system, health examination, radiologic and laboratory procedures
SSP 195 Screening for asymptomatic conditions (e.g. DEXA)
SSP 196 Shared assessment of risk and benefits of screening and treating asymptomatic conditions
SSP 197 Shared assessment of risk and protective factors for locomotor system

4.6. Psychosocial Issues

SSP 198 Absenteeism (school, work)
SSP 199 Concern about appearance, body image
SSP 200 Domestic violence
SSP 201 Harassing, bullying, mobbing
SSP 202 Issues regarding sexual orientation
SSP 203 Issues related to family life such as divorce, single parent and reconstructed family
SSP 204 Loss, death, grieving process, illness of someone close
SSP 205 Problems related to work conditions, burnout, unemployment, financial problems

4.7. Various Health Care Issues

SSP 206 Determination of work or school incapacity
SSP 207 Dietary counselling
SSP 208 Environmental and psychosocial aspects of chronic condition
SSP 209 Errors or misconduct of a co-worker or other health alliance professional
SSP 210 Immunocompromised patient
SSP 211 Issues linked with food intolerance
SSP 212 Medically unexplained symptoms
SSP 213 Nosocomial infection
SSP 214 Obtain an informed consent for a procedure
SSP 215 Patient refusing treatment
SSP 216 Patient with sexually transmitted infection
SSP 217 Patient with other cultural background, migration
SSP 218 Physical and psychosocial in and outpatient rehabilitation
SSP 219 Poor adherence to treatment
SSP 220 Request for certificate, attestation, expertise by patients and insurers
SSP 221 Request for unnecessary investigations and treatment
SSP 222 Request of information related to organ donation, transplantation
SSP 223 Risks and benefits of the use of complementary medicine
SSP 224 Suspicion of drug intolerance or interaction (including complementary medicine)
SSP 225 Suspicion of rare disease
SSP 226 Vulnerable patient