chiropractic rehabilitation specialist

core competency

leader

health advocate

expert

collaborator

professor

communicator

physical & occupational rehabilitation
CORE COMPETENCIES OF
THE CHIROPRACTIC SPECIALIST IN
PHYSICAL AND OCCUPATIONAL REHABILITATION

The Core Competencies of the Chiropractic Specialist in Physical and Occupational Rehabilitation reflects a competency-based framework which describes the knowledge, skills and abilities that a Chiropractic Specialist (Chiropractic Expert) in Physical and Occupational Rehabilitation (CRS) needs to deliver excellence in patient outcomes in a dynamic and increasingly demanding health care environment. We gratefully acknowledge the CanMeds program which helped the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation (CCPOR) define the central domain that a CRS needs as an Expert and the six associated intrinsic roles of Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional. The competencies help to define the expectations for the CCPOR’s Graduate Student training program and the ongoing practice requirements throughout a CRS’s career. These core competencies also reflect a commitment by the CCPOR to an ongoing renewal and improvement process and are subject to review and change as required.

DEFINITION

The Chiropractic Rehabilitation Specialist is member of the Canadian Chiropractic Specialty College of Physical and Occupational Rehabilitation as approved by the Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards (Federation) in 1996 (Federation of Canadian Chiropractic – 2014).

The CRS, working within their scopes of practice, is an expert in the comprehensive assessment, diagnosis, management and rehabilitation of individuals of all ages who present with simple and complex neuromusculoskeletal conditions, diseases, disorders, impairments and associated disabilities.
Members of the CCPOR must complete a three-year hybrid model of competency-based postgraduate education which focuses on acquiring requisite knowledge, skills and attitudes to fulfill their role as a CRS and to deliver excellence in the provision of effective patient-centered care to a diverse population requiring physical and occupational rehabilitation services. The CCPOR also provides postgraduate special interest training in a number of subspecialties which include pain management, pediatric rehabilitation, geriatric rehabilitation, cardiac rehabilitation, neurological rehabilitation and occupational health.

The CRS is expected to engage in activities throughout their career that are grounded in evidence-based theories and best practices. It is further expected that the CRS actively engages in ongoing continuing education to enhance their ability to deliver excellence in patient centered care and further the goals of the CCPOR.

GOALS
The goals of the Physical and Occupational Rehabilitation graduate studies and ongoing continuing education training programs is to train a CRS to be a highly competent specialist in Physical and Occupational Rehabilitation capable of assuming a primary practitioner and consultant’s role in the specialty as defined by the central and intrinsic competency requirements. The CRS must acquire both advanced working and theoretical knowledge of the specialty, including its foundations in the health sciences and research. The CRS must demonstrate the requisite knowledge, skills, and attitudes for effective high quality and safe patient-centered care to a diverse population.

In addition to clinical practice, the CRS is expected amongst other things to engage in ongoing continuing education, and is encouraged to engage in research and teaching opportunities related to their area of expertise in physical and occupational rehabilitation. The CRS is often asked to provide expert opinions on medicolegal and insurance issues and disputes. In all aspects of specialist practice, the CRS must be able to ethically address issues of gender, sexual orientation, age, culture, and ethnicity in a professional manner.
PHYSICAL AND OCCUPATIONAL REHABILITATION COMPETENCIES
At the completion of training, the CRS will have acquired the following competencies and is expected to continue to function effectively within their scopes of practice as a:

Chiropractic Rehabilitation Expert

Definition:
As a Chiropractic Rehabilitation Expert, working within their scopes of practice, the CRS integrates the central domain in conjunction with all of the intrinsic roles, applying evolving evidenced-based health care knowledge, clinical skills, and professional attitudes in their provision of high-quality and safe patient-centered care. The Chiropractic Rehabilitation Expert is the central role in the CRS framework and defines the CRS’s clinical scope of practice.

Description

The CRS utilizes an evolving body of knowledge, clinical skills, and professional attitudes to support high-quality and safe patient-centred care. They apply these as they collect and interpret information, make clinical decisions, and carry out diagnostic and therapeutic interventions. They do so within the boundaries of their discipline, scopes of practice, and expertise; taking into account the patient’s clinical condition, circumstances, preferences, and actions, along with best practices, research evidence, and the availability of resources. Their care is characterized by up-to-date, ethical, and resource-efficient clinical practice conducted in partnership with patients and their families*, other health care providers, and the community.

*Throughout this Framework, the phrase “patient and their families” is intended to include all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient’s circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.

Key and Enabling Competencies: Chiropractic Rehabilitation Specialists are able to

1. Practice effectively as primary providers and consultants in the area of physical and occupational rehabilitation within their defined clinical scope of practice and expertise,
   1.1 Demonstrate a commitment to high-quality, compassionate, appropriate and effective physical and occupational rehabilitation care of their patients,
   1.2 Integrate the intrinsic competency roles into the practice of physical and occupational rehabilitation,
   1.3 Apply knowledge of the evidenced-based clinical, epidemiological, social-behavioural and health care sciences relevant to physical and occupation rehabilitation,
1.4 Perform appropriately timed consultations and well-documented physical and occupational rehabilitation assessment and present comprehensive and timely recommendations in written and/or verbal form in response to a request from a patient and their families, another health care professional or a third-party,

1.5 Carry out professional duties in the face of multiple, and emergent competing demands,

1.6 Recognize and respond to the complexity, uncertainty and ambiguity inherent in a CRS practice in physical and occupational rehabilitation, and

1.7 Demonstrate expertise in situations other than patient care by providing expert legal testimony and advising governments or third-parties on issues such as, but not limited to, activity limitations, casualty, clinical practice guidelines, disability, impairment, participation restriction and the role of the CRS in the health care, workers compensation and legal systems.

2. Perform a patient-centred clinical assessment and establish management plans,
   2.1 Identify and prioritize issues to be addressed in a patient encounter,
   2.2 Elicit a history, perform a physical exam, select investigations, and interpret the results for the purpose of diagnosis, management, and prevention of a condition, disorder, disease, and the promotion of health with a special interest on neuromusculoskeletal impairments and disabilities,
   2.3 Establish goals of care with the patient and his or her family, and appropriate others which may include slowing a condition, disorder or disease progression, achieving cure, improving function, treating symptoms, and palliation, and
   2.4 Establish a patient-centred physical and occupational rehabilitation management plan.

3. Plan and perform interventions for the purpose of assessment and/or management,
   3.1 Determine indicated interventions for the purpose of assessment and/or management of physical and occupational impairments and disabilities,
   3.2 Obtain and document informed consent, explaining the risks and benefits of, and the rationale for, the options discussed,
   3.3 Triage interventions, taking into account clinical urgency, the potential for deterioration, and available resources,
   3.4 Develop and implement a plan of management incorporating the degree of clinical uncertainty and the expertise of team members individually and as a whole, and
   3.5 Perform interventions in a skilful and safe manner, adapting to findings or changing clinical circumstances.
4. **Establish plans for timely follow-up and appropriate consultation,**
   4.1 Establish the roles of the patient and all team members for follow-up on investigations, response to treatment, and consultations, and ensure that the agreed follow-up occurs,
   4.2 Demonstrate effective, appropriate, and timely consultation of another health care professional as needed for optimal patient care, and
   4.3 Recognize the limits of their expertise and when care should be transferred to another health care provider.

5. **Actively participate, as an individual and as a member of a team, in the continuous improvement of health care quality and patient safety,**
   5.1 Recognize and respond to adverse events or errors,
   5.2 Seek opportunities to provide high-quality care
   5.3 Contribute to a culture that promotes the continuous improvement of health care quality and patient safety,
   5.4 Describe how human and system factors influence decision-making and provision of patient care, and
   5.5 Engage patients and their families in the continuous improvement of health care quality and patient safety.

6. **Primary core competencies specific to physical and occupational rehabilitation,**
   6.1 Describe the framework of competencies relevant to the physical and occupational rehabilitation specialist,
   6.2 Demonstrate effective implementation of all competencies relevant to physical and occupational rehabilitation practice,
   6.3 Demonstrate an understanding of advanced clinical, epidemiological, social-behavioural and health sciences relevant to Physical and Occupational Rehabilitation (including but not restricted to: anatomy, pathophysiology, physical and occupational rehabilitation treatment, biomechanics, ergonomics and psychosocial factors) and the application of these scientific principles to clinical care;
   6.3.1. Demonstrate knowledge of clinical features, diagnostic criteria, epidemiology natural history, pathophysiology, complications and functional consequences of clinical presentations including, but not limited to:
      6.3.1.1 Amputations;
      6.3.1.2 Arthridities;
      6.3.1.3 Brain injury;
      6.3.1.4 Cerebrovascular disease;
      6.3.1.5 Complications of immobility;
      6.3.1.6 Diseases and disorders of nerve and muscle;
      6.3.1.7 Diseases and disorders of the spine, spinal cord, and extremities;
6.3.1.8. Impairments and disabilities due to cardiorespiratory disease;
6.3.1.9. Impairments and disabilities of childhood and the elderly;
6.3.1.10. Impairments and disabilities due to complex health conditions; and
6.3.1.11. Impairments and disabilities due to musculoskeletal injuries and pain syndromes.

6.4 Formulate and implement a comprehensive medical, functional, and psychosocial problem list for a physical and occupational rehabilitation patient, with a goal-oriented management plan,

6.5 Demonstrate effective implementation of all competencies relevant to physical and occupational rehabilitation practice,

6.6 Identify and appropriately respond to relevant ethical issues arising in patient care including but not limited to:
   6.6.1 Autonomy for patients, relatives and caregivers;
   6.6.2 Rational and just use of health resources;
   6.6.3 Gender, sexual orientation, cultural and ethnic perspectives; and
   6.6.4 Research methodology, data presentation, storage, and analysis.

6.7 Demonstrate expertise in situations other than patient care by providing expert legal testimony and advising governments or third-parties on such issues as, but not limited to, impairment, activity limitations, participation restriction and the role of the interdisciplinary team,

6.8 Demonstrate an understanding of normal growth and development, including developmental milestones as it relates to the assessment and management of pediatric patients,

6.9 Demonstrate an understanding of the aging process and its effects on physiology and biomechanics as it relates to the geriatric patient,

6.10 Demonstrate a respect and appreciation for the impact that any impairment, activity limitation and/or participation restriction may have on any patient and their family,

6.11 Demonstrate an understanding of the effect of mental health and psychosocial issues contributing to activity limitation and/or participation restriction, and

6.12 Describe the role of the CRS as it relates to occupational health and safety.
   6.12.1 Demonstrate skill in the identification and evaluation of health hazards in the workplace and the development, delivery and evaluation of relevant programs for workers;
   6.12.2 Undertake a walk-through of a workplace to identify key health hazards, safety risks, and job demands; and
   6.12.3 Identify statutes and regulations as they apply to a given industry or occupational hazard, and the actions that may be required in order to protect the health and safety of workers.
6.13 Perform a relevant, focused and accurate physical examination on a patient/worker with a special emphasis on the assessment of the neuromusculoskeletal system and functional abilities as it relates to activities of daily living,

6.14 Perform a pre-placement or periodic clinical assessment to determine an individual’s fitness to work.

6.15 Demonstrate and assess gait patterns, transfer techniques, use and need of mobility aids, and wheelchair seating,

6.16 Select health care appropriate investigative methods in a resource-effective and ethical manner,

6.17 Demonstrate the indications for and the interpretation and/or application of diagnostic tests including, but not limited to:

   6.17.1. Electrodiagnostic studies;
   6.17.2. Diagnostic imaging studies;
   6.17.3. Cardiorespiratory testing;
   6.17.4. Psychometric testing; and
   6.17.5. Interventional diagnostic procedures for pain.

6.18 Demonstrate effective clinical problem solving and judgment to address neuromusculoskeletal disorders, including interpreting available data and integrating information to generate differential diagnoses and management plans,

6.19 Describe the consequences of a patient/worker’s illness or injury in terms of impairment and disability,

6.20 Identify other medical, psychological, and social factors influencing an individual’s recovery from an illness or injury, and safe return to activities of daily living,

6.21 Identify when and demonstrate rehabilitative services (physical therapy, psychological, functional capacity assessments, return-to-work, etc.) are indicated in the rehabilitation of a diverse group of individuals, including:

   6.21.1 Acquired Brain Injury;
   6.21.2 Arthridities;
   6.21.3 Cardiac Rehabilitation;
   6.21.4 Geriatric Rehabilitation;
   6.21.5 Pain Management;
   6.21.6 Multidisciplinary Settings;
   6.21.7 Neurological Rehabilitation;
   6.21.8 Obesity & Lifestyle;
   6.21.9 Occupational Health;
   6.21.10 Palliative Care;
   6.21.11 Pediatric Rehabilitation; and
6.22 Provide an opinion on the activities of daily living relatedness of a patient/worker’s illness or injury and justification for that opinion,

6.23 Demonstrate effective, appropriate, and timely knowledge and application of preventive and therapeutic interventions relevant to a physical and occupational rehabilitation practice including:
   6.23.1 Mobility aids;
   6.23.2 Orthoses;
   6.23.3 Exercise prescriptions;
   6.23.4 Physical modality prescriptions;
   6.23.5 Rehabilitation therapies; and
   6.23.6 Pharmacotherapies (within scope of practice): topical, oral, and injectable.

6.24 Recognize and investigate potential sentinel health events of occupation – (SHE(O)), and

6.25 Demonstrate an understanding of the use including indications, contraindications and complications of common interventional diagnostic, surgical and therapeutic procedures by other health care professionals for the assessment, treatment and management of neuromusculoskeletal injuries and disorders and pain.
Communicator

Definition:
As Communicators, working within their scopes of practice, Chiropractic Rehabilitation Specialists principally form relationships with patients and their families, and when required with others, that facilitates the gathering and sharing of information essential for exemplary health care.

Description
The CRS enables patient-centred therapeutic communication by exploring the patient’s symptoms, which may be suggestive of a condition, disease, disorder, or syndrome, and by actively listening to the patient’s experience of his or her health. A CRS explore patients’ fears, their ideas about their health, the impact of their health on their lives, and their expectations of their health care and their health care providers. This knowledge will be integrated with an understanding of the patient’s context, including socio-economic status, medical history, family history, stage of life, living situation, work or school setting, and other relevant psychological and social issues. Central to a patient-centred approach is shared decision-making: finding common ground with patients in developing a plan to address their health care problems and health goals in a manner that reflects their needs, values, and preferences. This plan should be informed by evidence and guidelines.

The CRS must be able to communicate effectively with everyone involved in the patient’s care.

Key and Enabling Competencies: Chiropractic Rehabilitation Specialists are able to

1. Establish professional therapeutic relationships with patients and their families,
   1.1 Communicate using a patient-centred approach that encourages patient trust and autonomy and is characterized by empathy and respect,
   1.2 Optimize the physical environment for patient comfort, dignity, privacy, engagement, and safety,
   1.3 Recognize when the values, biases, or perspectives of patients and their families, or other health care providers may affect the quality of care, and modify the approach to the patient appropriately,
   1.4 Respond appropriately to patients’ non-verbal communication and utilize appropriate non-verbal behaviours to enhance communication with patients,
   1.5 Manage emotionally charged conversations and conflicts, and
   1.6 Adapt to the unique needs and preferences of each patient and to his or her health and circumstances.
2. Elicit and synthesize accurate and relevant information along with the perspectives of patients and their families,
   2.1 Use patient-centred interviewing skills and where applicable questionnaires, surveys, and intake forms to effectively identify and gather relevant health information,
   2.2 Manage the flow of a CRS–patient encounter
   2.3 Inquire about and explore the patient’s beliefs, values, preferences, context, expectations, and health care goals, and
   2.4 Seek out and synthesize relevant information from other sources, including the patient’s family, and other health professionals with the patient’s consent and respecting patient confidentiality, privacy and autonomy

3. Engage patients and others in developing plans that reflect the patient’s health care circumstance, needs and goals,
   3.1 Provide explanations to the patient and their families that are clear, accurate, and adapted to the patient’s level of understanding and need,
   3.2 Share information that is timely, accurate, and transparent in regard to the patient’s health status, care, and outcome,
   3.3 Engage patients in a way that is respectful, non-judgmental, and ensures cultural safety,
   3.4 Assist patients and others to identify and make use of information and communication technologies to support their care and manage their health,
   3.5 Use counselling skills and decision aids to help patients make informed choices regarding their health care, and
   3.6 Disclose adverse events to patients and/or their families accurately and appropriately.

4. Document and share written and electronic information about the medical encounter to optimize clinical decision-making, patient safety, confidentiality, and privacy,
   4.1 Document clinical encounters in an accurate, complete, timely, and accessible manner, in compliance with legal and regulatory requirements,
   4.2 Communicate effectively using an electronic health record or other digital technology, and
   4.3 Share information with patients and appropriate others in a manner that respects patient privacy and confidentiality.
Collaborator

**Definition:**
As Collaborators, working within their scopes of practice, Chiropractic Rehabilitation Specialists work effectively with other health care providers to provide safe, high-quality patient care.

**Description**
Providing high-quality, safe patient care requires working collaboratively with a variety of individuals with complementary skills, in multiple settings across the continuum of care. Collaboration is a relationship-centred process based on trust, respect, and shared decision-making. Collaboration with patients and their families*, community partners, inter- and intraprofessional care providers, and health system stakeholders is essential. It involves sharing knowledge, perspectives, and responsibilities, and a willingness to learn together. This requires understanding the roles of others, pursuing common goals and outcomes, and managing differences. Such collaboration skills are broadly applicable to related activities beyond clinical care, such as administration, education, advocacy, and scholarship.

**Key and Enabling Competencies: Chiropractic Rehabilitation Specialists are able to**

1. **Work effectively with other chiropractors and other health care professionals,**
   1.1 Establish and maintain healthy inter- and intraprofessional working relationships for collaborative care,
   1.2 Negotiate overlapping and shared responsibilities with inter- and intraprofessional health care providers for episodic or ongoing care of patients, and
   1.3 Engage in effective and respectful shared decision-making with other care providers.

2. **Work with inter- and intraprofessional colleagues to prevent misunderstandings, manage differences, and resolve conflict,**
   2.1 Demonstrate a respectful attitude toward other colleagues and members of an inter- and intraprofessional team,
   2.2 Work with others to prevent conflicts,
   2.3 Employ collaborative negotiation to resolve conflicts,
   2.4 Respect differences, misunderstandings, and limitations in others,
   2.5 Recognize one’s own differences, misunderstandings, and limitations that may contribute to inter- and intraprofessional tension, and
   2.6 Reflect on inter- and intraprofessional team function.
3 Effectively and safely hand over care to an appropriate health care professional,
   3.1 Demonstrate effective and safe handover during a patient transition to a different setting or stage of care, and
   3.2 Demonstrate effective and safe handover during a transition of responsibility for care.
Leader

Definition:
As Leaders, working within their scopes of practice, Chiropractic Rehabilitation Specialists develop, in collaboration with other health care leaders, a vision of a high-quality health care system and take responsibility for effecting change to move the system toward the achievement of that vision.

Description
Society has identified management and leadership abilities as core requirements for the practice of chiropractic and for the CRS’s role as a leader in physical and occupational rehabilitation. The CRS and others exercise collaborative leadership within the complex health care systems that form their specific work environments. At a system level, the CRS contributes to the development and delivery of continuously improving health care and engage others to work with them toward this vision.

The CRS must balance their personal lives with their responsibilities as managers and leaders in their everyday clinical, administrative, research, and teaching activities. They function as individual care providers, as members of teams or groups, and as participants and leaders in the health care system locally, regionally, nationally, and globally. The Leader Role describes the active engagement of the CRS as managers and leaders in decision-making in the operation and ongoing evolution of the health care system.

Key and Enabling Competencies: Chiropractic Rehabilitation Specialists are able to

1. Contribute to the improvement of health care delivery in health care teams, organizations, and systems,
   1.1 Demonstrate personal responsibility for improving patient care,
   1.2 Contribute to quality improvement and patient safety using the best available knowledge and practices,
   1.3 Engage others to work collaboratively to improve systems of patient care,
   1.4 Use and adapt systems to learn from adverse events, and
   1.5 Use health informatics to improve the quality of patient care and optimize patient safety.

2. Engage in the stewardship of health care resources,
   2.1 Allocate health care resources for optimal patient care,
   2.2 Apply evidence and management processes to achieve cost-appropriate care, and
   2.3 Contribute to strategies that improve the value of health care delivery.
3. **Demonstrate leadership in professional practice**
   3.1 Develop their leadership skills
   3.2 Facilitate change in health care to enhance services or outcomes
   3.3 Design and organize elements of health care delivery

4. **Manage their practice and career**
   4.1 Set priorities and manage time to balance practice and personal life
   4.2 Manage career planning, finances, and health human resources in a practice
   4.3 Implement processes to ensure personal practice improvement
Health Advocate

**Definition:**
As Health Advocates, working within their scopes of practice, Chiropractic Rehabilitation Specialists responsibly contribute their expertise and influence to improve health by working with the patients, communities, or populations they serve to determine and understand needs, develop partnerships, speak on behalf of others when needed, and support the mobilization of resources to effect change.

**Description**
The CRS recognizes their duty to ethically participate in efforts to improve the health and well-being of their patients, their communities, and the broader populations they serve. For the purposes of the Role definition and description, a “community” is a group of people and/or patients connected to one’s practice, and a “population” is a group of people and/or patients with a shared issue or characteristic.

The CRS possesses health care knowledge and abilities that provide unique perspectives on health. The CRS also has privileged access to patients’ accounts of their experience with illness and the health care system. Improving health is not limited to mitigating illness or trauma, but includes disease prevention (e.g., screening), health promotion (e.g., healthy habits and environments), and health protection (e.g., surveillance). Improving health also includes promoting health equity, whereby individuals and populations reach their full health potential without being disadvantaged by race, ethnicity, religion, gender, sexual orientation, age, social class, economic status, or level of education.

The CRS leverages their position to support patients in navigating the health care system and to ethically advocate with them to access appropriate resources in a timely manner. The CRS seeks to improve the quality of both their clinical practice in physical and occupational rehabilitation and associated organizations by addressing the health needs of the patients, communities, or populations they serve. The CRS promotes healthy communities and populations by influencing the system (or by supporting others who are influencing the system), both within and outside of their work environments.

Advocacy requires action. The CRS contributes their knowledge of the determinants of health (e.g., psychological, biological, social, cultural, environmental, and economic determinants, and health care system factors) to positively influence the health of the patients, communities, or populations they serve. The CSR gathers information and perceptions about issues, working with patients and their families to develop an understanding of needs and potential mechanisms to address these needs. The CRS supports patients, communities, or populations to call for change, or speak on behalf of those patients, communities, or populations when needed. The CRS increases awareness about important health issues at the patient, community, or population level. They support or lead the mobilization of resources (e.g., financial, material, or human resources) on small or large scales.
Advocacy requires partners. The CRS works within complex systems; thus, advocacy requires the development of partnerships with patients, their families and support networks, and community agencies and organizations to influence health determinants. Advocacy often requires engaging other health care providers, community agencies, administrators, and policy-makers.

**Key and Enabling Competencies: Chiropractic Rehabilitation Specialists are able to**

1. **Respond to individual patients’ complex health needs by ethically advocating with them in the clinical or extra-clinical environment.**
   1.1 Work with patients to address determinants of health that affect them,
   1.2 Work with patients and their families to increase their opportunities to adopt healthy behaviours, and
   1.3 Consider disease prevention, health promotion, or health surveillance when working with individual patients.

2. **Respond to the needs of a community or population they serve by ethically advocating with them for system-level change,**
   2.1 Use a process of continuous quality improvement in their practice that incorporates disease prevention, health promotion, and health surveillance activities,
   2.2 Work with a community or population to identify the determinants of health that affect them, and
   2.3 Participate in a process to improve health in the community or population they serve.
Scholar

Definition:
As Scholars, working within their scopes of practice, Chiropractic Rehabilitation Specialists demonstrate a lifelong commitment to excellence in the practice of physical and occupational rehabilitation through continuous learning, the teaching and mentoring of others, the evaluation of evidence and other resources, and contributions to scholarship.

Description: The CRS pursues excellence by continually evaluating the processes and outcomes of their daily work, sharing and comparing their work with others, and actively seeking feedback in the interest of quality and patient safety. Using multiple ways of learning, they strive to meet the needs of individual patients and of the health care system.

The CRS strives to master their domains of expertise and to share their knowledge. As lifelong learners, they implement a planned approach to learning in order to achieve improvement in each intrinsic role. They recognize the need to continually learn and to model the practice of lifelong learning for others. As teachers and mentors, they facilitate, individually and through teams, the education and learning of students, graduate students, colleagues, co-workers, the public, and others.

The CRS is able to identify pertinent evidence, evaluate it using specific criteria, and apply it in their scholarly activities and practice. Through their engagement in evidence-informed and shared decision-making, they recognize uncertainty in practice and formulate questions to address knowledge gaps. Using skills in navigating information resources, they identify evidence syntheses that are relevant to these questions and arrive at clinical decisions that are informed by evidence while taking patient values and preference into account.

Through their scholarly activities, the CRS also contributes to the application, dissemination, translation, and creation of knowledge and practices applicable to health.

Key and Enabling Competencies: Chiropractic Rehabilitation Specialists are able to

1. Engage in the continuous improvement and enhancement of their professional activities through ongoing learning,
   1.1 Develop, document, monitor, and revise a personal learning plan to enhance professional practice in physical and occupational rehabilitation,
   1.2 Regularly analyze their performance, using various data and other sources to identify opportunities for learning and improvement, and
   1.3 Engage in collaborative learning to continuously improve personal practice and contribute to collective improvements in practice.
2. **Facilitate the learning of students, graduate students, other health care professionals, the public, and other stakeholders,**
   - 2.1 Recognize the power of role-modelling and the impact of the hidden curriculum on learners,
   - 2.2 Promote a safe learning environment,
   - 2.3 Ensure that patient safety is maintained when learners are involved,
   - 2.4 Collaboratively identify the learning needs of others and prioritize learning outcomes,
   - 2.5 Demonstrate effective teaching to facilitate learning,
   - 2.6 Seek and provide meaningful feedback, and
   - 2.7 Use assessment tools and practices that are appropriate to a given learning context.

3. **Integrate best available evidence, contextualized to specific situations, and integrate it into real-time decision-making,**
   - 3.1 Recognize uncertainty and knowledge gaps in clinical and other professional encounters and generate focused questions that can address them,
   - 3.2 Demonstrate proficiency in identifying, selecting, and navigating pre-appraised resources, and
   - 3.3 Integrate evidence into decision-making.

4. **Critically evaluate the integrity, reliability, and applicability of health-related research and literature,**
   - 4.1 For a given professional scenario, formulate scholarly questions using a structure that encompasses the patient or population, intervention, comparison, and outcome (PICO),
   - 4.2 Identify one or more studies or scholarly sources that shed light on a given professional question,
   - 4.3 Interpret study findings, including a discussion and critique of their relevance to professional practice,
   - 4.4 Determine the validity and risk of bias in a wide range of scholarly sources,
   - 4.5 Describe study results in both quantitative and qualitative terms,
   - 4.6 Evaluate the applicability (external validity or generalizability) of evidence from a wide range of biomedical research products,
   - 4.7 Translate and apply the findings of studies into professional practice, and discuss the barriers and facilitators to achieving this, and
   - 4.8 Identify and use automatic information-delivery services that highlight new evidence appropriate to their scope of professional practice.
5. Contribute to the dissemination and/or creation of knowledge and practices applicable to health,
   5.1 Describe the principles of research and scholarly inquiry and their role in contemporary health care
   5.2 Discuss and interpret the ethical principles applicable to health-related research
   5.3 Discuss the roles and responsibilities of researchers, both principal investigators and research collaborators, and how they differ from clinical and other practice roles and responsibilities
   5.4 Pose medically and scientifically relevant, appropriately constructed questions that are amenable to scholarly investigation
   5.5 Discuss and critique the possible methods of addressing a given scholarly question
   5.6 Summarize and communicate to professional and lay audiences, including patients and their families the findings of applicable studies and reports
Chiropractic Rehabilitation Specialist
Core Competencies

Professional
Definition:
As Professionals, working within their scopes of practice, Chiropractic Rehabilitation Specialists are committed to the health and well-being of individuals and society through ethical practice, high personal standards of behaviour, commitment to the profession, profession-led regulation, and maintenance of personal health.

Description:
The CRS has an essential societal role who as a health care professional in physical and occupational rehabilitation is dedicated to the health and care of others. Their work requires the mastery of the art of chiropractic and of an additional complex body of knowledge and skills related to their role as an expert as a CRS. The Professional Role as a CRS is grounded in a professional identity and is guided by codes of ethics and commitment to clinical competency, ongoing professional development, integrity, honesty, altruism, respect for diversity, the adoption of appropriate attitudes and behaviours, and the promotion of the public good. To provide optimal patient care, a CRS must also demonstrate a commitment personal health and well-being. These commitments and elements form the basis of the social contract between a CRS and society. In return, society grants the CRS the privilege of profession-led regulation, with the understanding that they are accountable to those served, to society and to the profession itself.

Key and Enabling Competencies: Chiropractic Rehabilitation Specialists are able to

1. Demonstrate commitment and accountability to patients and communities served by applying best practices and adhering to high ethical standards,
   1.1 Exhibit appropriate professional behaviors and relationships in all aspects of practice, reflecting honesty, integrity, commitment, compassion, respect, altruism, respect for diversity and maintenance of confidentiality,
   1.2 Demonstrate a commitment to excellence in all aspects of practice and to active participation in collaborative care,
   1.3 Recognize and respond to ethical issues encountered in their practice as a CRS,
   1.4 Recognize and manage conflicts of interest, and
   1.5 Exhibit professional behaviours in the use of technology-enabled communication.

2. Demonstrate a commitment to society by recognizing and responding to the social contract in health care,
   2.1 Demonstrate a commitment to the promotion of the public good in health care, including stewardship of resources,
   2.2 Demonstrate a commitment to maintaining and enhancing competence,
   2.3 Demonstrate a commitment to quality improvement and patient safety, and
   2.4 Demonstrate accountability to patients, patient representatives, society, and the profession by recognizing and responding to regulatory and social expectations of the profession.
3. **Demonstrate a commitment to the profession by adhering to standards and participating in profession-led regulation,**
   3.1 Fulfill the professional and ethical codes, standards of practice, and laws governing practice,
   3.2 Recognize and respond to unprofessional behaviours in others,
   3.3 Commit to participation in peer assessment and standard-setting, and
   3.4 Maintain and promote a culture of collegiality, respect, and professional relationships.

4. **Demonstrate a commitment to physician health and well-being to foster optimal patient care,**
   4.1 Exhibit self-awareness and effectively manage the influences on personal well-being and professional performance,
   4.2 Manage personal and professional demands for a sustainable practice through the CRS’s life cycle, and
   4.3 Promote a culture that recognizes, supports, and responds effectively to colleagues in need.