

**MSc CHIROPRACTIC  
(PAEDIATRICS)**

**PROSPECTUS**

## **MSc Chiropractic (Paediatrics) Programme Philosophy**

The practice of paediatrics, regardless of professional discipline, is based on the dictum that children are unique individuals undergoing the process of human development and not little adults. Paediatrics began to emerge as a medical specialty late in the nineteenth century in response to the growing appreciation that the health problems generally seen in children are different from those affecting the adult population.

Chiropractors have treated children in the course of their general practice since the inception of the chiropractic profession. It is only after a century of chiropractic care of children that paediatrics is beginning to emerge as a discreet discipline within the wider scope of chiropractic practice. Paediatric education at undergraduate level appeared in the curriculum of some chiropractic colleges in the United States as early as 1915. That chiropractors have always seen well child care as a fundamental role of chiropractic in the paediatric field is shown in a 1918 patient education brochure produced by the Eastern College of Chiropractic (Newark, NJ) in which 6 monthly check-ups are advocated as standard care for all children

While undergraduate education in chiropractic paediatrics has been a part of College curricula for most of the twentieth century, postgraduate specialist training has been singularly lacking.

This course aims to address crucial issues of academic and clinical credibility.

## **Attributes and Qualities of Graduates**

The purpose of the programme is to produce at graduation a chiropractic clinician capable of delivering chiropractic care to the paediatric population in a safe and effective manner, observing at all times the clinical parameters which would imply referral to other health care professionals in addition to remaining steadfastly within the rules of the profession and the laws of the country.

## **The Programme Title, Length and Pattern of Attendance**

The programme is delivered by mixed mode learning over three years and leads to the degree MSc Chiropractic (Paediatrics).

In the first and second years students complete practice-based directed studies, and attend two residential schools in each year. These are usually held in the Spring and Autumn.

In the third year, students complete a Masters Research dissertation with the support of a Research Supervisor.

## **Programme Rationale**

There is an ever-increasing body of knowledge in chiropractic paediatrics and there continues to be a paucity of training at undergraduate level in the fundamentals of safe paediatric health care practices. The scheme of study therefore is seen as being of major significance and value in providing for those chiropractors who wish to deliver high quality of care to the paediatric population a systematic approach to the body of knowledge and an opportunity to participate in the ongoing process of standardization of the application of that body of knowledge to the individual case presentation.

Further, the programme enables the practising chiropractor to identify, in a systematic manner, the boundaries of safe practice and the clinical parameters that identify the need for referral to other health care providers.

## **Programme Design**

The programme has been designed with the following two inter-related necessities in mind:

- The need to meet the stringent academic requirements for qualification at Master level, and
- The need to provide a course of study which is clinically relevant to the chiropractor in general practice who regularly consults patients from the paediatric population presenting with a wide range of health problems

As a consequence of consideration of the above, a bi-modal, objective structured clinical education design has been adopted. Residential school study provides the candidate with an opportunity to be instructed face-to-face and to seek feedback on the quality and correctness of acquired skills, while the coursework per se offers the candidate an opportunity to apply the acquired skills and clinical knowledge in the practice setting.

Throughout the course, each subject calls upon the candidate to utilize skills and knowledge gained from some or all of the previous subjects undertaken. In particular, the subjects in year 2 require the candidate to apply the skills and knowledge gained in the subjects that collectively make up year 1 of the course.

In making the coursework clinically relevant to the chiropractor in practice, assigned tasks require the implementation of learned procedures into daily practice routines. This is then supported by the use of clinical case problem solving from data gleaned on actual patients and that provided in hypothetical scenarios. This combination ensures an adequate coverage of the full range of common presentations affecting each body system.

## **Clinical Training**

### *Year 1*

The structure of the programme is such that the two first-year Residential Schools act as the candidates initial contact with the concept of supervised clinical training. These face-to-face teaching programmes are very much focused on skill acquisition. Intensive teaching in these skill areas is critical to the success of the candidate as they embark on the Year 1 mixed mode learning that is strongly oriented toward applying what is learned at the clinical interface between patient and practitioner.

Further “at-distance” supervised clinical training is undertaken in the form of collecting clinical data from patient consultations, recording it in a required format and reporting on it to the study supervisor via a series of structured assignments.

### *Year 2*

There are also two Residential Schools required during the second year of the course. Candidates are grouped into small study cells of 4-5. Each cell is asked to work as a group in solving clinical problems in an interactive learning environment in addition to consulting patients as a group at the paediatric outpatient clinic. A study supervisor presents each case study and all consultations with patients are fully supervised. A case conference is held at the conclusion of each consultation.

As in the first year, the mixed mode study materials are designed to focus the candidates learning on the patient-practitioner interface and all the assignments are designed to reinforce the process of clinical decision-making.

During the programme of the three years of study, candidates are expected to see an increasing number of paediatric patients in their private practices. These patients provide a rich source of unsupervised learning for the candidate as they apply the skills they have acquired to each patient presentation. Support for the candidate is provided in the form of a free on-line clinical advisory service. Advice is available to candidates in relation to patient presentations from a number of chiropractors in different countries around the world and a number of medical specialists all of whom are actively engaged in paediatric health care.

## Course Progression

Module	Modules	Year 1	Year 2	Year 3
1	Substrates of Chiropractic Paediatrics			
2	Physical Assessment, Chiropractic Assessment & Paediatric Spinal Adjusting			
3	Chiropractic Assessment & Paediatric Extremity Adjusting			
4	Paediatric Neurology			
5	Paediatric Orthopaedics			
6	Normal and variant radiology of the paediatric axial skeleton			
7	Research Methods			
8	Clinical Paediatrics I			
9	Clinical Paediatrics II			
10	Clinical Paediatrics III			
11	Clinical Paediatrics IV			
12	Research Project			

## Final Exit Examination

At the end of the second year and after the satisfactory completion of all assignments and the Residential Schools, candidates may undertake their final exit examination. This examination takes the form of an OSCE conducted by a study supervisor. The OSCE is based on one long case and a series of shorter cases. In addition there is a viva voce examination that focuses on the candidates general paediatric knowledge drawn from the entire course.

## Advisory Group

The development of the programme has been supported by a number of advisors who are subject specialists in their field. These advisors are also available to the academic staff of the programme for any issues that may arise in the course of the teaching.

## **COURSE DATES AND FEES**

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#### **MSc Chiropractic (Paediatrics) for 2009**

All courses commence in January, and course work is scheduled from that time.

Attendance at Residential Schools is as follows:

#### **Year 1**

May 2009 (Dates to be advised)

October 2009 (Dates to be advised)

*Dates may be subject to change at a later date.*

### ***FEES AND FINANCE***

#### **MSc CHIROPRACTIC (PAEDIATRICS) COURSE FEES**

	<b>£</b>
<b>Paediatrics Course - First Year</b>	
Fees	2,800
Registration fee to the University Of Wales (once only)	585
Registration fee to the McTimoney College of Chiropractic (once only)	120
Criminal Records Bureau Check (UK only)	31

The entire year's fees are due on commencement, but, subject to satisfactory references, the following method of payment will apply:

The first three months fees, plus the Registration fees, are payable in January. After that, fees may be paid monthly in advance by banker's standing order (subject to good standing).

For advice and further information on any of the above, please contact the Course Office [courseoffice@mctimoney-college.ac.uk](mailto:courseoffice@mctimoney-college.ac.uk)