



SYLLABUS
PAIN THERAPY PRACTITIONER PROGRAM [PTP]
COACHING.. MANAGEMENT..TREATMENT

AMERICAN UNIVERSITY OF MONTSERRAT

BETTER CALL DOC ACADEMY



OUTLINE OF SYLLABUS

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1.

INTRODUCTORY REMARKS
MESSAGE TO THE FITNESS PROFESSIONAL
EDUCATIONAL FRAMEWORK

INTRODUCTORY REMARKS

This pain therapy and management course design and course content is largely based upon clinical programs on pain management at the clinical internship medical student level.

The course is purposed to address current practicing medical physician shortfalls on patient management challenges such as understanding pain from a more holistic perspective of wellness. This **not only involves the patient in pain and the disease or injury of the patient but also the patient's lifestyle and autonomous choices that come with their lifestyle choices.**

The physician's time must be given to a patient with pain for educational, therapy, support, and prospective counselling for practice success. Time with the patient with

pain will and must be allowed for the newly certified Pain Therapy Practitioner [PTP]. This is what the certification program is largely based upon. These are the beams holding with care a patient's future life when considering abating, controlling, or managing pain.

Your job, as a future Pain Therapy Practitioner [PTP], is to **apply this knowledge and help guide, manage, coach, treat and progress your patient through all levels of wellness: pain, active therapy, recreational fitness** and, if need be, sports-specific high-performance training. No other program in the fitness industry carries through patient care levels of wellness as does the Pain Therapy Practitioner program offered by Better Call Doc and the American University of Montserrat.



2.

MESSAGE TO THE FITNESS & MEDICAL PROFESSIONAL
FROM OUR BCD ACADEMY DIRECTOR & ASSOCIATE DEAN OF MEDICINE,
American University of Montserrat [AUM]

FOR THE MEDICAL STUDENT . . . FOR THE FAMILY PHYSICIAN

It was interesting to read from European medical educators their statement on the importance to educate the family physician and medical student about pain and its management in clinical practice. Working on the official syllabus of the [PTP] certification course, it validated and affirmed my mission to integrate and educate health professionals on the following: **pain education and treatment options for today's patients in a time of opioid addiction and health care financial crisis.**

A multi-disciplinary approach to managing pain is the only option to be adopted and practiced by all health care workers. They must accept, validate and practice management of pain for their patients. To correct or fix any challenge, be it a war, politics, or digital software, a team effort gathering to attack a problem from many angles is the only professional and respectable resolve. No person is an island – no person is powerful enough to conquer all!

So, my question is this: if the multi-disciplinary team format is the best approach to managing any kind of pain for any kind of medical condition, why is it still necessary to educate medical students and family physicians on pain management? Here is one of many answers to this question. Our current working environments are extremely stressful – demanding patients, overbooked appointment schedules, long patient waiting times, little time for continuing education involvement. This translates to the fact that **everyone is just doing what they can within the limits of their own profession and, at best, can only voice possible other options with no follow-up beyond just that ... words of comfort.** Well, that's just not acceptable, right? What the medical student and family physician will learn in this course is a therapy formulary they can use to help manage pain.

This formulary has the following benefits:

- Help the future or current doctor understand options for patients that are affordable, practical and effective
- Help the patient by prescribing easy to manage home-care devices and methods to manage pain
- Refer patients to practitioners who are Pain Therapy certified
- Know and trust the fitness practitioner who is Pain Therapy certified – knowing the patient may participate in a graded fitness program when pain markers are lowered.
- Understand how certified fitness trainers work so that they may refer and provide some additional clinical recommendations that are diagnostic-specific.
- Learn some hands-on clinical skills that can be added to the physician's practice – rehabilitation movements, exercises, modality additions, mobilization techniques and so much more.
- Added physician service codes that can be extended to health insurance in order to help patient cover costs for pain therapy and management.
- And let's add to this some personal knowledge that can allow a practitioner to help family and friends with easy to learn and apply home-care modalities to help with their acute or chronic pain. There's no need to be a patient when recommending simple over-the-counter products that are effective evidence-based pain modality options.

FOR THE CERTIFIED FITNESS TRAINER, BSC PHYSICAL EDUCATION OR OTHER HEALTH-RELATED DEGREE HOLDER

The first question to answer is why should you be a [PTP]-certified fitness trainer? Well, to put it bluntly, **if you want to be successful, respected by the medical community at large and prosperous in your work, there are no better, secure, guaranteed and quick way to do this.**

The fitness trainer, with a specialty in pain treatment and management, is positioned into a powerful place amongst health care professionals. **The [PTP] fitness professional can accept new future fitness clients who are acutely or chronically in pain.** The fitness trainer who is [PTP] certified **can welcome into his, her or their practice clients who exhibit life-altering limitations to their work, family, leisure, and overall lifestyle.** Limitations created by physical issues and a vast array of emotional and overall mental health challenges. They can accept clients with **impairments, disorders, disabilities, diseases and dysfunctions who are in distressful pain.** If this doesn't convince you to become [PTP] certified, I guess you can stop reading now and carry on with your social network browsing.

OK then, glad you kept reading. These patients, as a group, typically do not go to trainers for help. As a matter of fact, an experienced trainer knows that first, they were **strictly advised by their certifying fitness institution to always refer their client out as soon as pain comes into the equation.**

The second issue involves the **client never returning to the trainer once sent-out** to their family doctor, chiropractor, or physical therapist. Why is that? It's very likely because the client was either told not to go back or the client will be cared for by the physiotherapist or chiropractor. Yes, physical therapists and chiropractors are also into training clients these days. The health care dollar is scarce, and it seems every health care worker is hungry to get a bite out of that pie. Not nice, not fair and, most importantly, completely not necessary.

Although the message largely addresses the fitness professional, let's not forget the medical physician who needs to understand how to better integrate safe formulary treatments to help with a patient's pain. Just read the section addressing the family physician above. The certification of medical interns will expand their knowledge to include safe non-pharmaceutical treatment options for their patients. **Our AUM Faculty of Medicine alongside the Better Call Doc Academy is passionate about educating our medical graduates on pain management above what regular medical schools teach their students.** Adding to this knowledge is also the possibility of future physicians to expand their clinics to include pain therapy for the hundreds of medical conditions exhibiting pain that they will be managing in their practice.

Our professors of medicine, through a massive collaboration of multi-disciplinary teams, have participated,

reviewed, and re-reviewed our curriculum to make sure it was appropriate, evidence-based, effective, and safe.

The program will teach you how to help your patient progress effectively and efficiently into an active therapy and fitness level of wellness. Something we can assume you love doing.

To sum up, we emphasize the following:

1. The program is **evidence-based** and has shown impressive clinical results with two pilot clinics in Toronto, Canada,
2. Is largely supported by the **FDA and Health Canada** as it greatly improves the efficacy and safety factors when employing FDA and Health Canada-licensed medical device technology-based home product use,
3. And you will be licensed by the Academy and University to **build your own pain therapy management practice** of
 - a) your own,
 - b) in a fitness environment,
 - c) online (patient guidance) or
 - d) in a house-call type network

The **recruitment of clients by fitness trainer professionals should start from an 'unwell' level of 'wellness'**. The fallen patient-soldiers are best kept in the hands of fitness trainers and should start their 'wellness' care plan with select dysfunctions, disabilities, diseases, and disorders (the 4D's). These four D's can be included as pre-existing, co-morbid entry-level conditions into a positive life-changing program that involves active therapy & fitness programming. Make sense to you? It sure makes sense to our faculty.

When left in the hands of a practitioner whose focus largely involves passive therapy, pain management may reach a plateau with little progressive patient advancement into the next levels of wellness – strength training. **You, as a trainer, are professionally built to not stop at this no-pain, asymptomatic level of wellness. Is that even a level of wellness, asymptomatic?** We think not!

It should be clear to the trainer that the pain therapy practitioner [PTP] is in a better position to take-on a pain patient and manage a medical team involved with the patient from a leadership role, not an accessory optional service. Besides, it's where the patient wants to be in the first place...in the hands of a caring fitness trainer.

Being [PTP]-certified, in a nutshell, is a must for every certified fitness trainer. **It's a must if the intention involves growing a large, successful clinical and fitness-based practice that refers hundreds of new patients and clients year after year. Every trainer must be [PTP] certified to**

survive long term, to remain independent and self-sufficient in practice and stay competitive with their colleagues, especially with their multi-disciplinary, professional competition such as chiropractors and physiotherapists.

Let's keep going on [PTP] benefits. Taking-on this pain therapy and management responsibility can and will, predictably, greatly contribute to lowering the medical management burden of associated complications of acute and chronic pain therapy. What kind of complications, you may wonder? How about consideration for assisting in clinical depression, anxiety disorder, unemployment, relationship problems, opioid drug dependency and even crime. Imagine that!

Keeping your patient in a positive wellness environment where other human patients can be seen exercising and socializing, is a significant advantage the PTP-certified fitness professional has over other more passive therapeutic professions.

The Better Call Doc Academy, along with its teaching clinic, allows for effective patient triage processes. Processes are in place, safely triaging medical histories and quickly allowing for immediate delivery of [PTP]-delivered pain therapy. The [PTP] management segment of the specialty is a large part of why [PTP]'s are successful in helping patients with their pain. The focus is always on simply understanding the patient's medical history, establishing management check-points with associate health team members, and keeping the patient in the hands of the PTP-certified fitness professional.

Practicing medical physicians are confronted with patient pain problems, patient requests, patient demands and patient complaints every day in their practice. Pain, to no surprise to anyone, is the most common reason why

patients visit their family doctor. Although one would expect that physicians should be able to diagnose pain correctly and institute treatment using simple algorithms and interventions, this is not consistently true. Most medical school curricula refer to pain and the treatment of pain in general terms only. The existing medical school curricula abroad and their learning objectives are simply not suitable for teaching pain management. Know that!

Medical practitioners know that there are specialist therapists and multidisciplinary units (pain clinics, acute pain teams, and palliative care teams) in acute, chronic and cancer pain management who can help, support, and advise on pain problems and treatment. You will be one of those specialists. **You will be a very important part of teams involving doctors, nurses, physical therapists, occupational therapists, psychologists,** and many other professionals who assist in managing and treating pain. Your practice discipline is one of the most important one because your patients will be multi-visit patients who will need weekly treatments which also accompanies pain management visits. This is a big part of why the program is effective in treating and controlling pain, you will soon learn.

The syllabus comprehensively reviews all the subjects that must be covered for certification. Knowing how pain is managed at all professional levels is a must. Appreciating the position of the [PTP] in the pain management team, you will find out, is one that is at the highest of levels on the team: value, progress, results!

So go ahead and read the syllabus details provided below. You will soon appreciate just how powerful you will become as a [PTP] in the process of pain therapy and management. You will discover that your new therapy and management clinical skill-set is ranked at the top for any international-level pain clinic and program!



3.

OBJECTIVE OF PROGRAM

INITIAL FOUR-MONTH AND COGNITIVE LEARNING OBJECTIVES

APPLIED AND EMOTIONAL LEARNING OBJECTIVES. | TEACHING PRINCIPLES OF PATIENT RIGHTS

At the end of this **initial four-month** academic and clinical training program, the [PTP] students should:

- Be able to identify patients with pain and quantify patient pain.
- Learn to understand a patient's pain and all its implications for the patient's quality of life.
- Set a Plan of Management involving formularies used in-clinic and under the [PTP] guidance for home care as designed by the [PTP].
- Know and apply the methods of analgesia which offer effective pain control for most patients, and to classify those methods in a graded scheme.
- Be able to evaluate the effectiveness of a particular pain management program.
- Know and be able to apply the indications for appropriate psychotherapeutic treatment for pain. In particular, students should be able to differentiate between and to know the basic principles of specific treatment of four main syndromes: acute, post-traumatic, post-operative, chronic and cancer pain.
- Apply their accessory coaching certification (Irene Becker . Just Coach It) during each level of wellness.

The essential **cognitive learning objectives** for the students are:

- The pathophysiological and psychological consequences of inadequately treated acute pain.
- The treatment of cancer pain (and its importance as an integral part of palliative medicine).
- Development of a basic understanding of neuropathic pain and its treatment.
- Knowledge regarding the difference between patients with straightforward pain syndromes and those with more complex underlying chronic pain mechanisms, and the subsequent implications for treatment.

The essential **applied learning** objectives are that students should be able to perform the following:

- The unassisted taking of a specific pain history;
- Consideration of the bio psychosocial dimensions of pain;
- A simple symptom-oriented physical examination that is anatomically specific and in our unique 'let's see' proprietary method of evaluation;
- The writing of prescriptions conforming to the prescription regulations for opioids and other restricted medications;
- To provide examples of simple analgesia schemes for post-operative, neuropathic and cancer pain.

The essential **emotional learning** targets are:

- A knowledge of potential (unconscious) interactions and feelings of helplessness towards chronic pain patients.
- An awareness of the dynamics and significance of cancer pain for the patient with consideration of the destructive and terminal nature of the illness.

The curriculum for teaching pain management is guided by the following **underlying principles**:

- Patients have the ethical and human right to structured and adequate pain treatment.
- The diagnosis of pain and its management are an integral part of all medical care.
- Pain is a bio-psychosocial phenomenon.
- Pain must be regularly assessed and documented, both quantitatively and with regard to its functional consequences.
- Pain management requires an interdisciplinary and interprofessional approach.
- Continuing education (CE), the reviewing of treatment algorithms and the application of ethical principles are a prerequisite for a professional approach to pain management. The Academy and University extends on-going research review and practice guidelines at the post-certification levels which is included in the professional [PTP] yearly certification fee.



4.

PART ONE: EDUCATION FRAMEWORK | EIGHT MODULES FOR INTERDISCIPLINARY OR INDEPENDENT PAIN MANAGEMENT

- Multi-disciplinary lecturers.
- Teaching the main concepts of the core curriculum with optional expansion of materials covered on a demand basis.
- Practical instruction of all therapeutic formularies – in-person hospital or clinic setting for two weeks. This segment involves ICM (introductions to clinical medicine) and is delivered during lecture segments as well as during the two-week practicum segment of the course. Students may split the two-week practicum segment into two one-week segments which would extend graduation date. However, what is learned in the first week may be practiced by the [PTP] student with a 10-patient case study requirement (see below). Students may also begin with the first one-week practicum at the start of the program and then take the second week of the practicum at the end of their academic lecture courses.
- Self-study reading material provided by professors and supplementary reading material as required by student.
- A maximum of 26 students per 4-month semester.
- Lectures involve a sit-down academic discussion via online or in-person format blended with a practicum and ICM segment to learn formulary treatments.
- Students practice formulary treatments and maneuvers in pairs / groups.
- Final examinations are conducted on individual basis (oral exam, written and practicum).
- Clinical externship requirements of 20 case studies are worked with an Academy clinical director who first authorizes pain treatment plans. On a case-by-case basis, the clinic director decides with the PTP when a re-evaluation should ensue, not necessarily for a full resolve of each case. The externship can be a paid segment of the certification course, at the discretion of the future [PTP] graduate.
- Completion of lectures & formulary training is expected to be complete in three months.
- Completion of the 20 practicum case studies are completed at the discretion of the [PTP] practitioner.
- Lectures/Practical training labs are twice a week – times to be determined. Every lecture is accompanied by independent study materials and assignments.

PART ONE: ONLINE + SYNCHRONOUS LECTURES

- Online delivery synchronous (live) or in-person.
- Covers Modules 1 to 8 (described above)
- Online PowerPoints, discussions & clinical demonstrations.
- Covers the eight modules outlined above.
- Hand-out material in the form of medical board review notes, Pubmed review papers only etc...
- **QQQ**. Assignments for students – submission via email in word document. These QQQs are numbered and due anytime. Certification is not possible unless all QQQ's are submitted.

Online Lecture Series Module 1

Introduction: principles of pain management

1. Principles of pain management
Definition of pain
Bio-psycho-social model of pain
2. Physiology and psychology of pain, history and examination, pain assessment

- The development, transmission and processing of pain signals
- Physiologic processes of pain sensitization
- Up-regulation of existing receptors
- Up-regulation of new receptors
- What does this mean
- Central sensitization
- Central versus peripheral sensitization
- Activity-dependant central sensitization
- Features of central sensitization
- Subjective features
- Clinical features
- Identification in the clinical setting
- Endogenous opioid system
- Why is the system useful
- Summing up sensitization
- 3. Psychology of pain
 - The psycho-correlation in the development and maintenance of pain
 - Affective factors
 - Cognitive and behavioural factors
 - Social influences
 - Psychiatric and psychosomatic comorbidity
 - Placebo effect
- 4. Classification of pain: acute and chronic pain
- 5. Classification of pain: nociceptive and neuropathic
- 6. Treatment indications: acute and chronic pain
- 7. Typical comorbidity of pain
- 8. Diagnosis
 - General pain history
 - Structured history taking
 - Physical examination
 - Diagnostic tools
 - Differential blocks
- 9. Pain rating tools (analogue scales, questionnaires, pain diaries)
- 10. Principles of pain treatment: Causal and symptomatic principles of treatment
- 11. Principles of pain treatment: Pharmacological and non-pharmacological pain treatment
- 12. Principles of pain treatment: Pharmacological pain management
- 13. Principles of pain treatment: Non-Pharmacological pain management
- 14. Principles of pain treatment: Invasive and non-invasive pain management
- 15. Patient education.

Online Lecture Series Module 2

Acute pain: Post-operative and post-traumatic pain

1. Post-operative stress syndrome
2. Principles of acute pain management
3. Stepwise approach to acute pain management
4. Pain emergency
5. Specific procedures

Online Lecture Series Module 3

Cancer pain

1. Etiology of cancer pain
2. WHO pain relief ladder
3. Principles of cancer pain management
4. Prescription regulations for narcotics

Online Lecture Series Module 4

Neuropathic pain

Definition and diagnosis of hyperalgesia and allodynia

- 1 Example: Polyneuropathy
- 2 Example: herpes Zoster

Online Lecture Series Module 5

Development of pain chronicity: distinction between acute and chronic pain

Definition

- 1 Example: chronic, non-specific back pain
- 2 Example: headache due to overuse of medication

Online Lecture Series Module 6

Specific therapeutic populations and challenges

- 1 Pediatrics
Communication
Specific pharmacology
- 2 Old age and dementia
Communication with demented patients
Specific pharmacology
- 3 Pregnancy and breastfeeding
Specific risks for unborn and breastfed children
- 4 Addiction and diversion
Definitions
Risk, screening prior to treatment, screening during treatment

Online Lecture Series Module 7

Practice and patient management

1. Medical ethics in practice: autonomy, confidentiality, bioethics, informed consent, beneficence &
2. Your practice and innovative research contribution
3. Using social media professionally
4. Advertising policies
5. Reporting incompetent or unethical behaviors in colleagues
6. Insurance address
7. Health equity
8. Managing conflict of interest



5.

PART TWO: CLINICAL PRACTICUM SEGMENT

Most of the manual practicum segment of the course must be taught in-person. This can be accomplished via a 2-week intensive laboratory practicum. The student has options of extending the externship into two or three weekend sessions or separating the 2 week training requirement to meet their other academic, work or family schedules.

- A straight 2-Week practicum (weekends included)
- Two 1-Week practicums (1 weekend included) that can be split (one at beginning of course and one at the end of the course)
- weekend practicums (3 days each)

A final review of all manual maneuvers is conducted at the end of the program when all practicum treatments have been covered in person with the student.

Medical devices and other clinical equipment can be purchased by the Academy at any time during the course. Leases with all the equipment can be arranged.

Some review sessions for the practicum will be arranged online synchronously.

A live stream visualization of all techniques except for any manual techniques (Ex. Mobilization, traction, soft tissue therapies, trigger and fascia work, acupuncture etc...) are allowable. The Academy is very accommodating for the manual requirements – we will continually monitor student locations and provide options for the in-person laboratory requirements.

The Academy does not provide literature on the manual segment. We are protective (IP) of our course content and

its methods of delivery. Online materials discussed in lectures are also not available to students.

Our expectations are that students pay attention to our lectures. The online lectures covering practice management, practice building, practitioner-patient relationship etc...does not constitute examination material. Keep in mind that the [PTP] program is delivered into THREE PARTS.

- Therapeutic formularies are taught in this part of the [PTP] program.
- Practicum segments are taught at Jackson Park Hospital in two locations:
 - Student laboratory and education rooms
 - Pending: Actual Pain Clinic (Internal Medicine and Family Medicine Divisions) at JPH (in construction)
- Numerous formularies (therapy techniques & types) can be covered live online.
- Hands-on formularies must be in-person. Arrangements & schedules are provided at the beginning of each semester.
- The Academy will accommodate the students' schedule for attendance.
- Attendance is either a two-week comprehensive practicum, a split of two one-week practicum, or a combination of online demonstrations with an intensive three-day weekend practicum.
- * NOTE: these options may be subject to alterations or changes.



6.

PART THREE: PRACTICE MANAGEMENT & COACHING [ADDITIONAL CERTIFICATION PROVIDED]

In this lecture the practitioner learns the finer points of clinic and patient management. This is a key module to provide practitioners clinic expansion skills allowing for the treatment of multi-patients concurrently.

The lecture module also reviews finer practitioner-patient skills in both communication, treatment, coaching as well as patient maneuvering and physical examination. Adding to this section are do's and don'ts to optimize patient comfort, practitioner professionalism, leaving a great first and lasting impression. This, in turn, contributes to a quick practice building process and lowers all practice risks.

- Primarily in the form of discussion live online and in-person.
- Covers ethics of practice, practitioner-patient relationships
- Unique coaching certification extended to graduate student extended: Pain Coach Certificate [PC]
- Coaching program taught by Executive & Trauma Coach Irene Becker (Separate Syllabus for the Pain Coaching certification program provided by Irene Becker).

Your practice business

1. Types of practices
2. How to combine multi-patient visits with active therapy and private fitness
3. Independent verses BCD Clinic satellite clinic operations
4. Lease negotiations & clinic supplies
5. BCD Clinic patient registration & review of informed consent types
6. Advertising & patient/client referrals



7.

MATERIALS REQUIRED

The [PTP] program provides all the lecture material which also includes the following:

- Reflex hammer
- Medical travelling bag
- Black BCD scrub top

The PTP is required to acquire the following:

- Reflex hammer
- Sensory testing tool (pin wheel)
- BP cuff
- Stethoscope
- Thermometer
- Acupuncture needles (Academy will supply)

Leases can be arranged for medical devices (at the discretion of the [PTP]).



8.

DRESS CODE

The student is encouraged to wear fitness-apparel as this will enable comfortable and non-restricting movements during the practicum segment of each lecture. Professional attire during clinical therapy delivery to actual patients is black BCD scrub top (top scrub provided by the

Academy). Women cannot wear lycra-type bottoms (Ex. Lululemon). Gym shorts are NOT acceptable as well. Loose fitting sweat bottoms or scrubs for bottoms are acceptable.



9.

ONLINE VERSES IN-PERSON SOME CLARITY ON THE COURSE MEDIA FORMAT

The student will have the option to take the course online while observing the practicum segment online live during our laboratory sessions. However, it is expected that the student attends a two-week (five-days per week) in-person practicum to learn all the required manual therapeutic formularies. As noted above, other weekend focuses options will be made available to the student. The student must be examined on all formularies taught in the course. The practicum examination will be conducted at the end of the lab-week. Students who do not live in Toronto or Chicago must cover their own flight and accommodations during this time. Options will be offered to the student during the program. We will assist students in this process.

Summary of practicum:

- Two-week straight.
- One week at start of program and one week at end of program.
- Online visual demonstrations and a three-day intensive practicum segment at the end of the course.
- Practical examinations are executed at the end of each practicum type.
- NOTE: the most difficult practicum segment are the manual therapies, needle insertion techniques on specific points and the handling of complex medical equipment.



10.

EXAMINATION

- 20% Case & exercise studies presented as assignments on every module at completion of module material.
 - 40% Clinical practicum examination – students examined for all manual and medical device treatment skills as well as 'let's see' patient examinations, therapy note-taking and practitioner-patient control and direction skills on a one-to-one and multiple patient treatment handling skill.
 - 10% Post module externship case studies – 20 patient case presentation to assigned clinic director. These are actual patients managed and treated by the extern.
 - 10% Verbal examination discussing case studies and clinical principles learned in modules.
 - 20% Written examination – take-home exam. This exam covers pain pathology and lecture content.
 - This examination percent allocation follows a university format clinical program.
-
- The Academy is not rigid in its expectations for the completion of the program. Students are assumed to be working as trainers/trainers/nurses etc... during the program. Also, the program is designed to accommodate the following:
 - Mature students with full schedules involving work, family, life!
 - The program can be completed in four months but remains an intensive specialization program that could have been extended to a full year. For this reason, we will accommodate the pace of learning for individual student needs on a personal basis.
 - The combination of both online learning and self-learning reading materials with the practicum online and in-person requirements must accommodate the student's personal and work schedule. This will accommodate trainers who need to work and have family responsibilities during the program.
 - The student's externship involves case studies involving actual patients. For this reason, students need time to acquire their clinical experiences in the treatment of their patients to complete the externship requirements.
 - We encourage our students to be heavily involved in their own personal research with the assistance of the University faculty. Areas of research can evolve during the course – we will always encourage research discussions during the course.



11.

A FINAL NOTE | TO THE FUTURE [PTP] GRADUATE

Please Relax – you will pass...we guarantee it even if it takes you three times longer than most.

Please Relax – we can help you finance the program.

Please Relax – we will help you build your practice and brand.

One more thing – we are committed to auditing our own lectures and programs. It is certain that changes to this course content and scheduling will occur during the course as well as for the next incoming classes. The thing to remember the most is this: we make sure you have covered all materials required to be certified in person and in lectures and we make sure you will successfully complete the course.

For those students who want more after this certification course, you will always welcome discussions about how you can apply to our medical school at the pre-med or year one level. Our deans always welcome questions about our new University medical programs.

Professor Dean Dr. Michel Rice DC FCCS(C) (Associate) AADEP MD

Dean PhD department | Faculty of Medicine

Associate Dean of Medicine

Dean of Research Department

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