



Clinical Student Handbook Fall 2022 Revision 2

*College of Acupuncture and Chinese
Medicine*

Northwestern Health Sciences University
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INTRODUCTION

The administration of Northwestern Health Sciences University (NWHHSU) and the College of Acupuncture and Chinese Medicine (CACM), welcome you to Clinical Education in the study of Chinese and Herbal Medicine (CHM).

At NWHHSU we recognize that the study of Chinese and Herbal Medicine calls to a particular person who values tradition while exploring new frontiers. The lineage of this medicine requires a facile mind and energetic body, someone who can memorize and think critically about traditional teachings while at the same time use modern research and practice to facilitate and promote health and well-being.

Many are drawn to our profession motivated by a desire to treat patients in a way that is not currently being met by allopathic medicine. Adopting a core philosophy of patient centered care is something that the practice of CHM has done for centuries and informs our clinical practice and educational model at NWHHSU.

The faculty and staff of NWHHSU are committed to providing all students with high quality clinical experiences that are more diversified than any other CHM school in the United States. The breadth of our external clinical program helps students meet a primary goal of this program: to graduate professionals who feel proud, grounded, and confident in clinical skills and comfortable in work as an integrative medical care provider.

Student clinical education is a fundamental component of the development and training of future healthcare professionals. By synthesizing classroom theories with practical hands-on application, NWHHSU students have the opportunity to sharpen skills and meet patient needs in an ever- changing and integrative environment. In both clinical observation and internships, students are actively challenged to meet patients' needs and learn the skills to be a leader in providing quality patient centered care informed by evidence-based research and 5000 years of practice.

As a future healthcare professional, your clinical responsibilities are of paramount importance to us. Your own commitment to clinical education is not something to be taken lightly, and as such our program has high expectations and demands throughout your clinical training. Our teaching clinics often provide a patient's first exposure to Chinese Medicine and each clinical intern bears a responsibility to ensure that a patient's initial perceptions and experiences are of a professional environment offering viable, effective options for healthcare.

This Clinic Handbook is a tool to guide your experiences through the multiple teaching clinics of NWHHSU. It serves as a reference for the policies, expectations and standards of practice required of all interns enrolled in the College of Chinese and Herbal Medicine.

Students are wholly responsible for the contents of this Clinical Handbook. This handbook is specific to the CACM clinical sites and is in addition to all NWHHSU policies and guidelines.

Questions and concerns regarding clinical educational policies and operations may be directed to the office of the Chair of Clinical Education (CACM)

CLINICAL PHILOSOPHY AND PATIENT CENTERED CARE

As leaders in Chinese and Herbal Medical education in the United States, NWH SU is continually anticipating and responding to emerging needs of students, clinical sites, and patients. Students learn that by constantly assessing and then evolving our clinical education models and philosophy of care, we not only meet our patient's needs, but assist them along their journey to wellness.

We participate in this medicine as clinicians, scientists, and also as artists. There is an "art" to delivering clinical education for patient-centered health care that goes beyond books, lectures, or memorization. In the practice of Chinese and Herbal Medicine, we deliver care through touch and interactions, informed by a lineage of traditions based on thousands of years of observation and applied research. We approach wellness as clinicians who are immersed in the science of medicine that respects research while recognizing the great variety of research possibilities, with immense responsibility of bridging ancient traditions and modern technology.

At NWH SU we do this exceptionally well, with a large number of external clinic sites that have invited us to participate in their progress towards improving the health of clients from a wide demographic and in many different settings.

Our approach is to embody the call of healing practiced for millennium with needles, herbs, adjunctive therapies, massage, tai qi and qi gong, while also studying the newer approaches brought to us by western medicine. Both are valuable assets, and in our experience one is not greater than the other. Our practice seeks to find balance within each and offer an exceptional education and clinical experience to students and patients alike.

The practice of Chinese Medicine requires both practitioners and patients to take greater responsibility for health and well-being. At NWH SU we strive to prepare graduates for the opportunities to educate and inspire others to take that responsibility seriously, and gain control of their health.

Patients entering into our clinical system can expect to receive high quality care that honors and recognizes their role in their healing process. The clinical opportunities and training that CACM interns receive will prepare them to be successful and compassionate providers with the skills and training to grow the profession and set new standards for clinical care.

NWHSU ACUPUNCTURE AND CHINESE MEDICINE OATH OF PRACTICE

I pledge to follow the Way of the Great Healer. I
will honor life and learn from it.
I will place my patient's safety and well-being above all else.
And I will be faithful to the trust they have placed in me.
I will treat my patients with dignity and preserve their privacy. I
will give gladly of my skills and receive thanks humbly.
For I am a servant, not a Master, and an everlasting student.
Today is another beginning, another small step,
As I dedicate myself to life, to health and to healing.

THE ROLE OF CLINICAL EDUCATION

Clinical education provides opportunities to translate academics and Evidence-Informed Practice (EIP) with real-world experience as emerging licensed acupuncturists (LAc) and Chinese medical herbalists. The focus of CACM clinical education at NWHSU is multifaceted and dynamic to meet the ever-changing needs of multiple consumers. The policies outlined in this manual not only address the clinical education components of the internships, but also patient safety, professionalism, and quality of care issues.

As stated earlier, a primary goal of this program is to graduate professionals who feel proud, grounded, and confident in clinical skills and comfortable in work as an integrative medical care provider. To that end, the NWHSU clinical experience is based on two primary components: Clinical Observation and Clinical Internship. Each of these clinical experiences provides unique opportunities to participate in clinical care and develop the clinical competencies of required of all practitioners.

Basic Objectives of Clinical Observation:

Clinical Observation is a sequence of courses divided over the first four terms of a student's experience at NWHSU. Students observe both upper level student interns as well as Licensed Acupuncturists (LAc's) in the direct treatment and care of a wide variety of patients. There is a progression from clinic observation in Terms 1 through 4, as students gradually move through didactic classes that help to inform and engage critical thinking about what is being observed.

- Students are given numerous opportunities to observe licensed acupuncturists and herbalists in a wide diversity of clinical settings treating varied populations, as they apply the principals of diagnosis, treatment planning and treatment techniques.
- Students are encouraged to reflect on their experiences at these various sites, and learn through observation about best practices and standards of care of the CHM profession.

Basic Objectives of Clinical Internship:

Clinical Internships are sequenced through NWHSU on-site clinics for new interns, and gradually expanded to external sites where students have access to hospitals and community clinics. Each site offers

something different to the student, and some sites restrict clinical techniques, so interns are guided through the selection process to help meet their needs.

- Supervised clinical environments allow students to treat patients by applying the principles of diagnosis and treatment planning and by using a variety of treatment techniques of Chinese Medicine.
- Each site provides a unique educational structure that offers students a variety of experiences to aid development of clinical competencies leading to increasing levels of independence and responsibility in preparation for professional practice.

CLINICAL REPORTING STRUCTURE

The NWHSU-CACM clinical system is overseen by the CACM Clinical Education Chair in collaboration with the CACM Dean. Together with the Clinical Coordinator and site supervisors the multiple clinical sites are facilitated and coordinated. Many people are responsible for the management of NWHSU's clinical system and for ensuring quality patient care and an exceptional clinical education experience for students.

As a student intern, there may be situations that you feel require the assistance of the supervisor or an administrator. Please consider the following information when determining to whom to report concerns / issues to:

Clinical Supervisors:

The clinic supervisor is your (the student's) direct report. Should you have a concern regarding a patient, a fellow intern, or the clinical staff, please report your concern to your clinical supervisor directly.

Clinic Manager:

Separate clinic managers oversee day to day operations of the clinics and support staff in the University Health Sciences' DeRusha Clinic (DRC), the Human Performance Center (HPC), and Northwestern Health Clinic–Bloomington (NHC-B). If you have a concern regarding the staff or clinic operations such as: patient scheduling, availability of supplies, or room allocation, you may bring these to your clinical supervisor or the clinic manager.

Dispensary Manager:

The dispensary manager oversees the operations of the Herbal Dispensary. If you have a concern regarding the dispensary or dispensary staff, please address this with your clinical supervisor or the dispensary manager.

CACM Clinical Education Chair:

The Clinical Education Chair oversees student clinical education and overall integration with various service lines of the CACM clinical program. The Clinical Education office and the CACM Clinical Education Chair are also responsible for the clinical faculty in the CACM program. In the event you have a concern regarding your clinical supervisor that cannot be addressed with them personally, please contact the Chair of Clinical Education or the CACM Dean.

CLINIC EDUCATION REQUIREMENTS

The following are the basic clinical education standards required for graduation. These expectations are not only University expectations but also the standards set forth by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

Students will work with the office of CACM Clinical Education to plan their clinical needs. Students will work specifically with the Clinic Coordinator for scheduling and record keeping needs. Interns are expected to monitor their clinical hours and patient numbers each term and are responsible for ensuring their completion of all clinical requirements in time for their graduation date.

Required Clinical Hours:

- **Clinical Observation Hours** (addressed at length in later chapter):
 - 150 Hours

- **Clinical / Patient Care Hours** (addressed at length in later chapter):
 - Acupuncture only program: 540 Clinical Hours
 - Master of Chinese Medicine (MCM) program: 720 Hours including a required minimum of 60 / maximum of 180 hours in specific Herbal Internship Clinic shifts
 - Doctorate of Chinese Medicine (DCM) program: 900 Hours including a required minimum of 60 / maximum of 180 hours in specific Herbal Internship Clinic shifts

Total clinical hours for Acupuncture-only students and CM students will differ. Please refer to the current Program Catalogue for definitive requirements

Beginning with Trimester 5, all students must enroll in clinic internship during every trimester.

Each intern shift contains 60 clinical hours, all of which must be completed in order to earn credit. There is no “banking” of hours from one term to the next, and all hours must be completed before interns begin the next level of clinical internship. If the scheduled shift falls on a school, State or Federal holiday, NWHSU will adjust hours worked on that shift so that 60 hours can be completed by end of term or within the term break and before beginning the next term.

For example, if the term includes one or more holidays on Monday, NWHSU or our off-site site partners may require the shift to be open. If we know in advance that the shift will not be open we may adjust hours for that shift worked each week from a normal four-hour shift for 15 weeks, to a 4.5 hour shift for 14 weeks.

NWHSU reserves the right to make adjustments to operational hours of clinic shifts for any reason at any time if events or environmental factors would put interns and supervisors at risk for health or safety.

Any changes in scheduled clinic hours is made through the Office of Clinical Education in collaboration with our off-site clinic partners, the Program Director and Academic Dean.

Attendance is expected on all scheduled clinic days. Any clinical hours missed are the responsibility of the clinical intern and must be made up prior to commencement of the next term.

T-5 students begin their clinical internship in the UHS-DeRusha Clinic; T-6 students continue their clinical

internship in UHS-DRC but the administration may open the NHC-B clinic, Integrative Clinic of Minnesota, and Salvation Army to T-6 students. T-7, T-8, T-9 interns are able to choose among a variety of external clinic options outlined in Appendix B. Eligibility requirements apply for most sites, some depending on Grade Point Averages, term of study, and previous clinic evaluations. Students are limited to three shifts at any one site during the entire course of their internships.

With approval of the Supervisor and Clinical Education Department, students may complete more hours in their clinic experience for the term, and these hours may be reflected on their record but will not be carried over or banked for future terms.

It is suggested that:

- in Trimesters 5 through 7 full-time students make every effort to complete approximately 120 hours of clinic internship per trimester in order to keep current with the total number of clinical hours that correspond with classroom lectures.
- in Trimester 8, Acupuncture-Only students complete 180 hours of clinic internship in order to be eligible to sit for national board exams, and NWHHSU's own Exit Exam.
- in Trimesters 8 and 9, CM students complete 180 hours of clinic internship in both trimesters to be eligible to sit for national board exams, and NWHHSU's own Exit Exam.

Although these numbers may seem daunting, interns enrolled in fulltime study at NWHHSU typically meet these expectations by their final academic term. Numerous opportunities are built into the curriculum to help support the clinical expectations listed above.

Students who are concerned about the ability to meet these clinical requirements are encouraged to meet with the CACM Clinical Coordinator to develop a plan to address any possible or potential deficiencies.

Required Patient Visits:

For acupuncture-only students, supervised clinical practice must include at least 250 intern-performed treatments on at least 50 different patients.

For CM students, supervised clinical practice must include at least 350 intern-performed treatments on at least 50 different patients. CM students are also required to complete at least one specific "Herbal Intern" shift, which is offered at the same time as other intern shifts in NWHHSU on-site clinics of DeRusha and Bloomington. A CM student may choose to use one additional intern shifts as an "Herbal Intern", understanding that the focus of the shift is application of herbal medicine and not needling or other body-oriented technique.

Both acupuncture-only and CM students must complete the required minimum clinical hours AND treatment numbers prior to graduation.

Off-Campus Clinical Sites – Requirement:

As part of clinical internship, students must complete at least two internships at an Off-Campus Clinical Site. **One internship must be completed at either the Integrative Clinic of Minnesota or Salvation Army.** The other sites may vary term to term, but include: Aliveness Project, Courage- Kenney Center, Serenity Senior Care, Pathways, St. Francis Hospital, Abbott NW Hospital, Regions Hospital, the Journey Center of UMMC Hospital, Masonic Children’s Hospital, UMMC Riverside In-Patient. Some sites have application criteria; this information is found in the Appendices.

Withdrawal from Clinic Internship:

This happens when an intern withdraws from the program, or drops clinical internship within the term. The clinical hours the student has accumulated that trimester will be forfeited and not applied to future clinical internships.

Documentation and Paperwork of Internship:

Interns are responsible for obtaining the signature of their Clinical Supervisors *as the daily shift completes* to record numbers of patients, conditions, and hours worked on their treatment logs. **It is the student’s responsibility to keep track of clinical hours and appropriate patient numbers.**

PATIENT CONFIDENTIALITY AND PRIVACY

Students are trained regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations before their entrance into the clinical system. Coursework regarding professional ethics also addresses patient confidentiality.

Patient confidentiality must be respected at all times. Each patient in a NWSU teaching clinic is given a set of documents entitled "Northwestern Health Sciences University Clinic System Notice of Privacy Practices," which guarantees the University's compliance with federal and state laws and regulations ensuring privacy and confidentiality of Protected Health Information (PHI).

HIPAA is an acronym for the Health Insurance Portability and Accountability Act of 1996. Protected Health Information is ANY information created or received that identifies a specific person whether in spoken, paper or electronic communication. Examples of PHI include but are not limited to:

- Name, address, zip code, phone or fax numbers, E-mail address
- Date of Birth
- Social security number
- Health plan ID or account number
- Health history, documentation & content of patient records

PHI may not be discussed outside of teaching clinics and conversations with patients that may contain clinical information should ONLY OCCUR in the treatment room, not in the reception areas or common areas of the clinic.

PHI is confidential. To ensure confidentiality is maintained, patients should never be identifiable in any notes other than those of the patient's chart. If written material is used for classroom case presentations all references to PHI is strictly prohibited.

No information may be released to anyone without the written consent of the patient. Misuse of patient information is a violation of the rules of the Minnesota Board of Medical Practice and the policies of NWSU. A patient requesting that records be released or obtained must complete a NWSU "Release of Patient Information" form.

Patient records must remain in the clinic at all times. Removal of patient records is a breach of University policy and will result in disciplinary action against the student. Patient files must never be left in the reception area. Patient files must always be returned to the patient file cabinet at the end of the day by the clinic reception staff.

An intern's disregard for NWSU HIPAA policies will result in disciplinary action which may include dismissal from the program.

The University's compliance officer should be consulted with questions regarding patient records, PHI or HIPAA.

CLEAN NEEDLE TECHNIQUE (CNT)

Student interns will maintain Clean Needle Technique (CNT) at all on-site and off-site CACM clinical venues in accordance with (or exceeding the standards of) information contained in the latest edition of the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) *Clean Needle Manual for Acupuncturists*.

Failure to maintain CNT while providing care in CACM clinics compromises patient's safety and increases risk of and exposure to infections.

Students are ethically obligated and expected to report any lapses in CNT during their shift to their clinical supervisor. Clinical supervisors will monitor for CNT compliance and provided additional training or coaching to interns who are not compliant.

If an intern refuses to maintain CNT technique they will be directed to leave their clinical shift and possible disciplinary action may arise at the discretion of the CACM Clinical Education Chair and the Remediation Committee.

ILLEGAL NEEDLING

It is illegal in Minnesota for an unlicensed individual to insert acupuncture needles in any setting, including at home or other private areas, without the direct supervision of a licensed practitioner.

CACM students, regardless of training or trimester level, are expressly forbidden from needling or prescribing Chinese herbs except under the direct supervision of a licensed faculty member within an CACM clinical education context.

Any claims of a student needling outside of the CACM classroom or clinical setting will be fully investigated by the University. Disciplinary action may include dismissal from the program.

ETHICS AND STANDARDS OF CONDUCT

As future healthcare providers you have an intrinsic responsibility to your patients. While in the NWSU CACM clinical system students are expected to conduct themselves in a manner that represents the highest ethical standards and in a manner that never compromises your patient's wellbeing, safety or privacy.

Many NWSU clinical and professional standards and obligations are informed by our governing professional bodies, by legal decree and by university policy.

Clinical observers and interns are expected to be informed and uphold all legal and ethical requirements. For reference please familiarize yourself with the following resources:

Scope of practice of Licensed Acupuncturists in Minnesota:

State Statute 147B

<https://www.revisor.mn.gov/statutes/?id=147b.01>

University Standards of Student Conduct:

2015 NWSU Student Handbook

<https://nwhealth.edu/students/>

Ethical Standards for Licensed Acupuncturists:

NCACM Practitioner Code of Ethics

<http://www.nCACM.org/regulatory-affairs/code-of-ethics>

Photography / Videotaping

Any photography or videotaping in any NWSU on-site or off-site clinic venue must first be approved. Please Appendix E: *Clinic Photography and Video Policy* for more information. This includes photographing of a patient's tongue or medical condition even if the patient's face or other identifying feature is not involved.

PROFESSIONAL CLINICAL EXPECTATIONS

Interns and Observers entering into the clinical portion of their training become part of the clinical team and therefore must meet certain professional expectations in order to practice in the CACM clinical settings. The following policy will be strictly enforced to ensure compliance with clinical services standards and to promote a professional, patient friendly environment.

Professional Appearance / Clinical Dress Code Policy

Purpose: To provide and communicate a consistent and professional guideline for employees and interns within the Department of Clinical Services and academic programs that supports the NWSU brand. An individual's attire reflects on the image and brand of NWSU. What one chooses to wear directly impacts the patient/client perceptions of skill level, ability and professionalism. Whenever there are questions regarding attire the clinical administration and Clinical Education departments will work collaboratively to provide a consistent recommendation.

While in the clinical environment and directly interfacing with patients/clients all clinic employees, faculty and interns:

- Your clothing must be neat, clean, without holes, and wrinkle-free.
- Clothing should fit well and allow for comfortable movement throughout all required work activities without compromising safety or professional image.
- Follow business or business casual standards based on clinical site requirements
 - Scrubs – based on clinical site requirements
 - Clinical white coat – based on clinical site requirements
- Do not wear anything that might be perceived as too revealing or provocative, such as low pant/neck lines and exposed undergarments. Tops must not reveal cleavage when standing or bending forward.
- Wear nametag in an easily visible location.
- Footwear: Dress shoes or neutral colored tennis shoes
 - Closed-toed shoes are required in environments that fall under OSHA standards including, but not limited to the ACM clinic, clinical laboratory and herbal dispensary.
- Long hair must be pulled back when providing fire cupping or moxa. Ensure hair (including facial hair) does not contact the patient during clinical care.
- Practice personal hygiene and be free of offensive odor. Refrain from wearing perfume, cologne or after-shave.
- Hands must be kept clean; fingernails must be short, smooth and clean
- Body art including piercings, studs, visible tattoo's and extreme hair color or make-up must not distract from the care provided to our patients and must appear professional.
 - NWSU permits the display of body art that do not pose a conflict with the individual's job environment. Factors that NWSU will consider when determining whether body art is unacceptable to display include: Offensiveness to patients, customers, vendors or colleagues based on racial, sexual, religious, ethnic or characteristics or attributes of a sensitive or legally protected nature.
 - Off-site clinical environments may have additional requirements

- Some additional exceptions may apply based on clinical site requirements. Please check with your supervisor or Clinical Education department.

Unacceptable clothing, unless otherwise stated within the policy

- Tops that include: tube tops, halter tops, corsets, see-through blouses, midriff blouses/tops, tight shirts
- Bare stomach and back
- Bottoms that include: jeans, shorts, mini skirts
- Clothing with graphics
- Footwear: flip flops, crocs
- Workout or gym attire including yoga pants, jogging pants, tennis shoes (not neutral in color)

Noncompliance

An individual who is found to be noncompliant with this policy may receive a verbal or written warning for minor infractions. Safety concerns and repeated or egregious infractions will lead to the removal of the individual from the clinical environment.

Clinical supervisors will bring any dress code concerns to Clinical Education and clinical administration to discuss and make the final decision on appropriate attire for the site.

Culturally Specific and Religious Obligated Attire

CACM will make every effort to honor specific cultural or religious attire in so far as it does not interfere with patient care, safety, Clean Needle Technique (CNT) or create a disruptive clinical environment.

Professional Demeanor

All interns will behave in a manner that is consistent with a professional healthcare setting. Patient care is a priority in our teaching clinics, and the clinical intern must conduct himself or herself in a professional and polite manner at all times while present in the clinic.

Interns are expected to remain in their respective clinic until their final patient is out the door or the shift is over, whichever is later. Patients occasionally have questions to ask about treatment, or post-treatment feelings; students and supervisors need to be available for follow-up conversation as a professional and educational opportunity.

Non-Harassment & Non-Discrimination in the Internship Setting

NWHSU is committed to providing an internship environment that promotes personal integrity, civility, and mutual respect and an environment free of discrimination or harassment in all its forms. This includes all forms of sexual discrimination, including: sexual harassment, sexual assault, and sexual violence as well as general harassment and discrimination by employees, students, or third parties. Retaliation against a person who reports or complains about discrimination or harassment, or who participates in or supports the investigation of a discrimination or harassment complaint, is also prohibited, and will not be tolerated.

Any member of the NWSU community found to have violated this policy is subject to disciplinary or corrective action, up to and including removal of a provider or site from our internship program.

Discrimination

Occurs when an individual is treated adversely or differently because of that person's actual or perceived race, color, creed, religion, national origin, sex/gender, gender identity, marital status, familial (or parental) status, disability, status with regard to public assistance, sexual orientation, age, family care leave status or veteran status or any other protected class.

Harassment

Includes conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, creed, religion, sex, age, national origin, disability, marital status, sexual orientation, status with regard to public assistance, membership or activity in a local commission, or any other protected class status defined by applicable law and that:

1. Has the purpose or effect of creating an intimidating, hostile, or offensive working or educational environment; or
2. Has the purpose or effect of unreasonably interfering with an individual's work or educational performance; or
3. Otherwise adversely affects an individual's employment or educational opportunities.

Some examples of conduct that may constitute discrimination or harassment include the following:

1. Failure or refusal to hire, train or promote because of an individual's protected class status; or
2. Disciplining or terminating an individual because of protected class status; or
3. Treating an individual adversely in any other respect because of protected class status; or
4. Epithets, slurs, threatening or intimidating acts, including written or graphic material directed to an individual because of protected class status; or
5. Written, verbal or physical acts directed to an individual because of protected class status that purport to be jokes or pranks.

Sexual Harassment

Behavior of a sexual nature that is unwelcome and offensive to the person or persons it targets and that:

1. Has the purpose or effect of creating an intimidating, hostile, or offensive working or educational environment; or
2. Has the purpose or effect of unreasonably interfering with an individual's work or educational performance; or
3. Otherwise adversely affects an individual's employment or educational opportunities.

Examples of sexually harassing behavior may include unwanted physical contact, foul language of an offensive sexual nature, sexual propositions, sexual jokes or remarks, obscene gestures, and displays of pornographic or sexually explicit pictures, drawings, or caricatures.

Behavior that meets the definition of sexual harassment set out in the NWSU Title IX Policy will be addressed under the processes laid out in that Policy.

NWSU's full policy on Title IX and Non-Discrimination & Non-Harassment is available on the [NWSU](#)

[website](#).

Reporting Options

NWHSU is here to support students and help ensure that students are in a safe internship environment. Even if a student decides not to pursue a formal complaint, speaking up potentially helps other students since the University will be aware of concerns about the internship site where others future students may be placed. Remember that another person's misconduct is not your fault and that you are entitled to an environment free from harassment. Finally, it is important to understand that neither your internships site or NWHSU may retaliate against you for having made a good-faith report of harassment or discrimination against an internship site. "Good faith" does not require that your complaint results in a formal finding of harassment or discrimination; it simply means that, when you filed the report, you held an honest belief that your report was true. Some steps you may consider taking include:

- Contact Anthony Molinar, Dean of Students, amolinar@nwhealth.edu, 952-887-1381. Please understand that such reports do not come with a guarantee of confidentiality but strive to safeguard the privacy of individuals who have been impacted by harassment or other inappropriate conduct. The University will share information as needed to respond to the requests of those who have been harmed, to assess community safety, or to comply with legal requirements. The Dean of Students can partner with the Clinical Education Department to assist you to find a different internship placement, as appropriate.
- Keep a record of the harassment or discrimination, noting the date, time, and place specific behavior occurred should you later choose to report it. Take screenshots or keep copies of texts, emails, or other documentation.

Resources

Resources are available even if you choose not to make a formal complaint.

Confidential Resources have legally protected confidentiality and only share information with others when given specific permission by the reporting person or when required by law.

- University Counseling Services (952) 885-5458. Counseling services is a confidential resource for students and conversations are protected by privilege.
- [Reporting Hotline](#) is hosted by a secure, independent provider, EthicsPoint – so you can be assured that your report is handled confidentially. You may remain anonymous, and the IP address of your computer cannot be traced. It should be understood that an investigation may be hampered or be impracticable if the Reporting Person cannot be identified and questioned about the incident and related facts.

Food in the Clinic

Due to the risk of contamination, unpleasant odors and general safety, food is not allowed in certain areas of onsite or offsite clinic including: treatment rooms, patient waiting / common areas and the herbal dispensary.

In order to meet the needs of students, food may be consumed in the conference rooms of NHCB and UHS. Any food or beverage with a strong odor is prohibited from being consumed anywhere in the clinic. Students may bring a beverage in a sealable container to their clinic shifts. An intern shall not bring any personal beverages into the treatment room. **Food is not allowed in any area of the herbal dispensary.**

Failure to comply may lead to disciplinary action.

Failure to comply with Clinical Expectations

A practitioner, clinic staff or clinical supervisor may ask an intern who does not meet ethical standards or professional clinic expectations, including the dress code, will be asked to immediately leave the teaching clinic. Clinical supervisors may allow the intern 10 – 15 minutes to attempt to rectify any dress code violation.

If the intern is unable or unwilling to comply with the standards or expectations, including dress code, they will be required to leave the clinic. Credit will not be given for the hours missed and the student is responsible for rescheduling make up hours.

NWHSU Clinical Education program has partnerships with offsite clinical venues not under the governance of NWHSU. All University clinic policies and procedures are applicable to all off-site venues. Any exception is noted in the site-specific Operations Manual. Observers and interns who have rotations at these clinical sites are expected to meet and comply with all the host organizations dress code requirements including use of lab coats.

Disciplinary Actions

All NWHSU interns are expected to act in a manner that fosters the University's primary functions of teaching, research, and public service. Conduct that violates the established policies and procedures of the University will be dealt with as described in the Student Handbook. The following actions constitute conduct for which interns are subject to disciplinary sanctions:

- Unexcused tardiness. Two instances of unexcused tardiness will be equal to one unexcused absence.
- Unexcused absence. Two unexcused absences are grounds for suspension.
- Inappropriate attire. Students will not be given credit for clinic hours if inappropriately dressed.
- Disregard for clean needle guidelines as described by the Clean Needle Technique Course constitutes grounds for disciplinary action.
- Illegible charting (hard copies) or incomplete charting (electronic)
- Inappropriate use of clinic internship time, including personal calls or conversations, non-clinic related studying and internet use.
- HIPAA compromise
- Any level of gross negligence in patient care and management, includes, but is not limited to, needling without approval from supervisor; non-removal of needles, or bodily injury that results from negligence constitutes grounds for suspension.
- Disregard for established clinic protocols and incident reports as stated in this manual or in circulated memos, especially regarding issues where public safety and/ or NWHSU liability is involved constitutes grounds for suspension.
- Failure to properly dispose of needles / CNT compromise – more than two overall, per term
- Unprofessional interaction with a patient, supervisor, staff member or fellow student
 - Changing the treatment approved by a supervisor
 - Failure to have supervisor visually inspect needle placement while patient is under treatment.
 - Negligent moxibustion, guasha, TDP lamp, electrical stimulation, or cupping techniques

The system of warnings is as follows and is applicable for all shifts in one term.

- Verbal warnings which will be documented by supervisor via email to Chair of Clinical Education. Two verbal warnings total – no matter the number of shifts, this is a cumulative total per term – will result in mandatory meeting with the Chair of Clinical Education and depending on the situation, further disciplinary action.
- Written warning is provided only once in a term regardless of the number of intern shifts that term.
- Failure to comply after written warning will result in suspension of intern shift for remainder of the term.

Appeals and disciplinary processes are followed as described in the NWSU Student Handbook.

CLINIC OBSERVATION

Through observation of practitioner/patient interactions, students begin their preparation for clinic internship. Time spent observing every component of clinic – from operations, documentation, intake, diagnosis, treatment, and prescriptions is a valuable experience and should not be taken lightly. It is a time that helps to frame introspection as much as opportunity and inspires academic and personal growth.

Observation Hours Required

As part of the requirements of the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM), all students must complete a total of 150 hours of clinical observation.

Trimester	Course ID	Credits	Hours	Setting	Cumulative Hours
T2	CLE 5001	1.5	45	Classroom	45
T3	CLE 5002	1	30	Independent Study	75
T4	CLE 5003	1	30	Independent Study	105
T5	CLE 5004	1.5	45	Classroom	150

Approximately 90 hours of clinic observation will be offered as part of the scheduled classroom curriculum.

It is the responsibility of students to schedule the remaining 60 hours of clinical observation in NWHSU onsite or approved offsite clinics.

Requirements for T5 Internship

1. You must complete 105 hours of observation, including
 - a. a minimum of 8 hours of observation in **DLC/UHS**
 - b. a minimum of 8 hours of observation in **NHC-B Student interns**
2. **CPR/BLS training**
3. **OSHA coursework**
4. **HIPPA coursework**

Documentation of completion of 2-4 and completion of 105 hours of observation must be given to the CACM Clinic Coordinator prior to registering for T5 internships.

Guidelines for Observers

An observer will be assigned by the supervisor to follow one intern through the duration of the shift. An observer must follow their intern or licensed acupuncturist from intake through patient discharge, to allow for a full range of clinical experience. In all clinical observation situations, the student is expected to be a **silent observer** unless invited to participate. An observer will refrain from discussion with the patient in the treatment room, and will also refrain from discussion with the intern/practitioner in the presence of the patient unless invited. An observer may take notes, observe the tongue and take pulse during the treatment, but should not ask any questions of either the intern/practitioner or the patient while in the

treatment room.

Excluding Observers from Treatment

At the discretion of the supervisor, a student observer may be excluded from the patient encounter. Sometimes the nature of the visit is such that the presence of a third party might interfere with the therapeutic relationship that has been established between the patient and the practitioner. Please respect the patient's right to privacy.

In addition to observation, tasks may include, but are not limited to:

- Assisting in the dispensary
- Replenishing treatment room inventory
- Researching clinical cases
- Setting-up and/or breaking-down of treatment rooms
- Assisting with treatment procedures (by invitation only)

Assignments and Tasks for Observer

Opportunities for learning exist in many areas of the clinic. Supervisors will decide the most appropriate learning opportunity for the observer and will assign tasks accordingly. A supervisor may designate which intern can be followed by an observer. In all cases however, observers must follow their intern or LAc from intake through patient discharge, to allow for a full range of clinical experience.

In addition to observation, tasks may include, but are not limited to:

- Assisting in the dispensary
- Replenishing treatment room inventory
- Researching clinical cases
- Setting-up and/or breaking-down of treatment rooms
- Assisting with treatment procedures (by invitation only)

Observer's Professional Dress Code and Professional Demeanor

Student observers represent the University, their appearance and conduct need to be professional, in any clinical environment both onsite and off-site clinical experience. Student observers need to follow the Professional Expectations and Guidelines stated above for clinical interns.

Classroom Clinic Observation

100% of Clinic Observation 1 and 4 is structured as classroom clinic observation with CACM instructors treating patients as the students observe. These classroom clinic observation sessions are integrated into the curriculum as regularly scheduled classes, and enrollment is completed at the Registrar's office.

- With the exception of holidays, required university events, and campus closures, attending each classroom observation for the entire trimester will provide the total number of hours needed to

complete clinic observation 1 and 4. Students are allowed to make up to 9 hours of observation outside of the classroom environment.

Attendance, Forms and Passing the classroom observation class:

Attendance is mandatory, and the instructor will record attendance. The attendance records are reviewed at the end of each trimester by the CACM Clinic Coordinator to ensure compliance with CACM attendance policy.

CACM attendance policy for Observation courses requires that a student attend 100% of the total number of scheduled hours to receive full credit for that course. If a student does not attend the mandatory 100% of scheduled hours, the student will not pass the class. Any incompletes must be satisfied within 4 week of the following term.

Independent Clinic Observation

Clinic observation 2 and 3 and independent study in either NWSU on-site clinics, or offsite CACM community clinics. The CACM Clinic Coordinator will provide instructions on registering for clinic observation. Students are responsible for signing up and attending all observation hours to fulfil the required hours needed to pass the course. Up to three clinic observations can be completed at each site.

- Two observation shifts (8 hours total) in UHS/DRC must be completed before beginning T5.
- Two observation shifts (8 hours total) in NHC-B must be completed before beginning T5.
- One observation shift (4 hours total) must be completed at either the Integrative Clinic of Minnesota or Salvation Army before beginning T5.

Salvation Army and Integrative Clinic of Minnesota

If a student plans to intern at Salvation Army or the Integrative Clinic of Minnesota, they must complete a minimum of 4 hours of observation at the site they plan on interning at.

Observation Sites

1. On-site Northwestern University Clinics – Complete observation timecard and retrieve supervisor signature at the end of shift.
 - Northwestern University Health Services (UHS) / DeRusha Clinic (DRC)
 - Northwestern Bloomington Natural Health Clinic (NHC-B)
 - Human Performance Center (HPC)
2. Off-site community clinics (not hospitals) – Complete observation timecard and retrieve supervisor signature at the end of shift.
3. Clinical Theatres- Complete sign in and sign out form at time of clinical theater

Clinical Theater

If Clinical Theater is offered, students will have the opportunity to observe a variety of CACM faculty in the diagnosis and treatment of patients. Offered in the evenings, it presents another route to obtain observation credits outside of the scheduled classroom or clinic observation. The CACM Clinic Coordinator will send information out at the beginning of the term on the dates and locations as well

as how to sign up for the theaters.

IMPORTANT: Clinical Theater may be cancelled if there is low attendance.

Reminder: Registering for T5 clinic internship requires completion of 105 observation hours.

Independent Clinic Observation Scheduling and Classroom Clinic Observation Make-Up Scheduling

The CACM Clinical Coordinator will send out information at the beginning of the term on how to view the clinic observation schedule and sign up for clinic observation hours.

If you need to cancel or change your observation, please make sure to remove yourself from the CACM Observation Calendar within one week.

SUPERVISED CLINICAL INTERNSHIP – GENERAL INFORMATION

Clinic Internship Requirements Table

As part of the requirements of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), all students must complete a set number of clinical internship hours.

Clinic Observation and Internship Requirements:		
Masters of Chinese Medicine (M.C.M.)	Masters of Acupuncture only (M.A.c.)	Doctoral Chinese Medicine (D.C.M)
720 hours of internship	540 hours of internship	900 hours of internship
50 new patients		
350 total patients (may include the 50 new patients)	250 total patients (may include the 50 new patients)	450 total patients (may include the 50 new patients)
Two outside clinic shifts are required! 1 MUST be at ICM or SA.		
<i>(Underlined clinic sites have an Observation Requirement)</i> Abbott Hospital*, <u>Aliveness Project (AP)*</u> , <u>Cerinity Senior Care Center (CSCC)</u> , <u>Courage Kenny-TRP (CK)*</u> , Courage Kenny Community Clinic (CKCC)*, <u>Human Performance Center (HPC)</u> , <u>Integrative Clinic of Minnesota (ICM)</u> , Pathways*, Regions*, <u>Salvation Army (SA)</u> , St. Francis Medical Center*, UMMC- Journey Center, UMMC Masonic Children’s Hospital and UMMC- Riverside.		
* not currently active		

1 herbal internship Required (interns may take up to 2 additional)	NA	1 herbal internship Required (interns may take up to 2 additional)
Typical Schedule of Clinic Shifts: MCM T5 in UHS – 2 T6 in UHS, SA or ICM– 2 T7 – 2 T8 – 3 T9 – 3	Typical Schedule of Clinic Shifts: MAc T5 in UHS – 2 T6 in UHS, SA or ICM– 2 T7 – 2 T8 – 3	Potential Schedule of Clinic Shifts: DCM T5 in UHS – 2 T6 in UHS, SA or ICM– 2 T7 – 2 T8 – 3 T9 – 3 T10 – 3

Overview of Educational Competencies

Interns develop a wide range of skills during supervised clinical training in preparation for professional clinical practice. The supervised teaching clinic provides students the opportunity to integrate and apply theoretical knowledge gained in the classroom, and to practice a variety of clinical skills with increasing levels of expertise.

Upon completion of the clinical internship series, all interns are expected to demonstrate competencies that have been gradually increased and are commensurate with their term of didactic education as stated in the intern’s clinical syllabi. NWSU retains the right to change how the competencies are measured throughout the terms of a student’s education; in all cases these changes will be clearly articulated and distributed to students at the beginning of a new term, and updates included in future Clinic Handbooks.

The following educational competencies include, but are not limited to:

- Interviewing/data collectionskills
- Documentation accuracy including responsible record keeping, protection of patient confidentiality
- Diagnosis
 - correct use of diagnostic methods of traditional Chinese medicine; the four examinations
 - classification of data according to traditional Chinese medical pathological patterns;
 - differential diagnosis of TCM disease categories
- Treatment:
 - ability to determine a treatment strategy based on TCM diagnosis;
 - development of a logical and coherent treatment, including strategic planning and prioritization in treatment;
 - ability to perform all Chinese medical clinical techniques and to use equipment safely and effectively in the delivery of treatment;
 - ability to assess effectiveness of treatments administered and modify as needed;
 - ability to determine when patients need emergency care, and when to make referrals to other healthcare practitioners;
 - ability to effectively utilize resources for referral and to communicate with other

healthcare practitioners using commonly accepted medical terminology.

Clinical Internship Pre-requisites

Prior to clinical internship in T5, students will have completed the following classes and will have successfully passed any related examinations:

- 1) All required theory and practical courses including training in Medical Asepsis and in Clean Needle Technique.
- 2) Completion of 150 hours of observation, including
 - a. Eight hours' observation in UHS / DRC
 - b. Eight hours' observation in NHC-B
- 3) CPR and Exposure Incident Trainings
- 4) HIPAA Training
- 5) NWHSU's Pre-Clinic Workshop which includes passing scores for the Pre-Clinic Assessment (PCA)
- 6) Passing the NWHSU Clinic Entrance Exam (PCE).

CM students will have completed additional coursework in herbal medicine including:

- 1) Materia Medica 1
- 2) Materia Medica 2
- 3) Materia Medica 3

Clinic Entrance Exam

The Pre- Clinic Entrance Exam (PCEE) is given during Trimester 4 and is administered as written challenge examination. Students must pass the Clinic Entrance Exam before entering clinical internship. This written exam consists of a complete review of basic theory, diagnosis, point location, Western medical screening, medical asepsis and a variety of case histories. A grade of 70% or higher is considered passing.

Pre-clinic Assessment Exam

The Pre-Clinic Assessment Exam (PCA) is a practical exam offered before the completion of Pre- Clinic Workshop. Students will be required to demonstrate a full TCM assessment and intake on a live patient model. The student will then be required to provide a TCM diagnosis of the presenting condition. This exam is proctored by a faculty member who is a Licensed Acupuncturist and may be video-taped to provide post assessment feedback if necessary.

If a student does not pass the Pre-clinic assessment exam, they will be required to meet with class instructor(s) and the CACM Clinical Remediation Committee (CRC). The student will receive an "incomplete" for the class and be required to follow a Plan of Remediation created by the CRC and class instructors.

ROLE OF CLINICAL FACULTY IN CLINICAL EDUCATION

Clinical supervisors assume the primary responsibility for patient care in NWHSU CACM teaching clinics and are responsible for the welfare of interns and patient safety, while guiding the students' integration of classroom theory into application in a clinical setting.

Clinical Supervisors – Areas of Responsibility

Clinical supervisors have four primary areas of responsibility:

1. Assuring the provision of high quality patient care
2. Providing education to interns
3. Assessing clinical competencies
4. Assuring that all legal and safety guidelines are followed.

Clinical supervision is a hands-on activity, requiring consistent personal contact and interaction with interns. Above all, clinical supervisors must be astute observers, simultaneously aware of an intern's overall approach to patient care, and conscious of the subtle details of an intern's interaction with patients, their intake skills, diagnostic ability and treatment techniques. Such meticulous and detailed observation is vital, and determines the quality of immediate critique and long-term guidance upon which effective training depends.

Interns have the opportunity to work side by side with their clinical supervisors to enhance the clinical experience. Clinical supervisors function much the same way as a mentor in assisting the student's clinical development. In order to accomplish this, supervisors must utilize various skills including: observation, assessment, guidance and on-site critique.

Since supervisors have responsibilities to several interns and patients at once, it is neither possible nor expected that they attend every aspect of every treatment. It is expected that as interns gain knowledge and experience in the clinic, they will perform with more independence. The level of clinical independence is always determined by the supervisor, not the intern.

The following tasks are performed by supervisors for all treatments during the intern's entire supervised clinical internship in CACM's teaching clinics:

1. Discuss learning outcomes, goals and competencies laid out in the syllabi on the first clinical shift together.
2. In consultation with the student intern, evaluate the patient's progress to date.
3. Confirm all diagnostic indicators: pulse, tongue, general observation and body palpation.
4. Discuss, guide and approve the student's diagnosis and treatment strategy (supervisor must initial these in patient chart).
5. Confirm point location, needle placement, and needle technique.
6. Observe, assess and critique the student's clinical techniques, allowing for increasing independence as skill levels increase.
 - a. If it is the first experience of working together, the supervisor will observe the first occurrence of an intern performing cupping, guasha, tuina, electrical stimulation,

aggressive needling technique, and bleeding.

7. make careful judgment about how much intern independence should be permitted
8. hold interns accountable for professional standards, codes of dress, prompt and courteous patient care, legal and safety guidelines, proper record keeping, and maintenance of a clean and orderly clinic

Intern Evaluation of Supervisor

Each term, interns are asked to evaluate their clinical supervisors. Intern evaluations are reviewed by the CACM administration and CACM Clinical Education Chair, who will meet with each supervisor to discuss evaluations provided by all interns, as well as any staff reflections, and the supervisor's experience in the CACM teaching clinic.

Differences in Clinical Education for Acupuncture and Chinese Medicine (CM) Interns: Interns not trained in Chinese herbal medicine* have slightly different expectations from that of the CM interns. To ensure that the CM interns receive experience of herbal outcomes, attempts are made to assign those interns to supervisors who have treatment experience with herbs. In order to provide a depth of experience and learning opportunity, acupuncture- only interns may also be assigned to CM supervisors.

*Acupuncture-only interns are not held accountable for the educational objectives regarding herbs.

CLINICAL PHASES I / II

CACM Clinic Internship is divided into two phases. Phase I includes students in trimesters 5 and 6 (T5 and T6) and Phase II includes senior students in trimesters 7, 8 and 9 (T7, T8 and T9). Although each clinical phase focuses on the refinement of specific skills, all interns will already have a basic foundation of diagnostic, methodological and practical skills from preceding coursework.

During both phases, clinic interns will be assessed on multiple clinical competencies. An example of this assessment form and rubric may be found in the appendix of this manual.

Phase I

Phase I of the clinical internship requires interns to have successfully completed required observation hours, and T4 courses and exams in clinical preparation and are expected to begin to assume responsibility for patient care under the direct guidance of the clinical supervisor. Interns practice and increase skills in interviewing, observation, applying TCM principals for differential diagnosis, clinical techniques, point location and needle techniques.

Phase II

In Phase II, interns demonstrate increased proficiency in diagnostic skills, performing independent diagnosis using TCM methods and paradigms, and in the development and implementation of an appropriate treatment plan. As part of ongoing training in Phase II, interns will:

- Demonstrate precision in differential diagnosis, including accurate analysis of more complex patterns and disease categories;
- Demonstrate sophistication in construction of treatment plans, accurately assess the effectiveness of their treatments, and modify treatment plans as required, based on continued assessment;
- Demonstrate safe, appropriate and effective use of all clinical techniques and equipment;
- Be able to independently assess situations where patients require emergency care and to demonstrate effective control of emergency situations where patients require emergency care through practical demonstrations of “staged” emergency situations;
- Recognize when referrals to other healthcare providers are necessary and be able to communicate with other healthcare professionals regarding patient care, using commonly understood medical terminology.

As expectations and training is increased through Phase II, CM interns will:

- Develop proficiency in determining herbal prescriptions based on the Chinese medical diagnosis;
- Demonstrate proficiency in modifying prescriptions, according to the patient’s changing needs;
- Refine and communicate didactic knowledge of interactions with herbs and pharmaceuticals.

CLINICAL COMPETENCIES

Clinic interns will be assessed for mastery of the following clinical competencies:

1. TCM Information Gathering
2. Western Information Gathering, including basic tests as appropriate
3. Pulse and Tongue Examination
4. TCM Differential Diagnosis
5. Acupuncture Treatment Planning
6. Technical Skill in Acupuncture Treatment Delivery
7. Professional Interactive Skills
8. Record Keeping
9. Ethics and Jurisprudence
10. Risk Management & Medical Asepsis
11. Attendance
12. Dress Code
13. (CM Only) CM Treatment Planning
14. (CM Only) Technical Skill in Handling Herbs

These fourteen clinical criteria are the foundations of the clinical assessment process. In addition, students will be assessed on their level of active participation during clinic shifts and their attendance record. Descriptions of assessment criteria and grading rubric for clinical competencies will be provided to interns each term.

The CACM Clinical Education Department is constantly updating assessments to assist students in achieving optimal clinical performance.

CLINIC ASSIGNMENTS AND SCHEDULING

Assignment of Clinic Shifts

The CACM program establishes internship, locations and schedules before each term. In the first trimester of Supervised Clinical Internship (T5) interns may be paired. Paired interns will be responsible for the care of each individual patient assigned, but divide primary responsibility for treatment equally. Both interns participate in discussion with the supervisor regarding diagnosis and treatment. When interns treat a patient as a pair they will each receive credit for treating the patient.

As the needs of the CACM program change, the process of assigning and scheduling interns may also change. At each trimester, students will be informed in detail of the current plans for scheduling assignments.

In order to ensure a successful clinical and academic experience for CACM students, interns will be limited to 3 clinical shifts per term. If a student intern wishes to increase their clinical load, they will require written approval from the CACM Clinical Education Chair.

Multi-tiered selection process

Some clinical experiences require additional criteria for selection; these may include but are not limited to: Faculty recommendation, GPA benchmarks, application and interview process. The CACM Clinic Education Department will identify each term which clinical opportunities have additional requirements. An application packet will be created for these clinical sites and provided to eligible students.

Scheduling During Term Breaks

Students may work shifts during term breaks only if they need to make up hours. Clinic schedules for term breaks will be posted at the CACM office during the last 3 weeks of the trimester and students may sign up on a first come/first serve basis with the CACM Clinic Coordinator.

VACCINATION WAIVERS

The CACM offers a variety of clinical internships, some of which hold requirements for vaccinations. Some specialty and external clinics do provide waivers for vaccinations. The specialty and external clinics that do provide waivers for vaccinations are responsible for reviewing and granting or denying vaccination waivers, not NWHSU.

If an intern chooses to complete vaccination waivers, they must submit their vaccination waiver at the time clinic placement applications are due. Vaccination waiver forms are located on the CACM clinical Internship moodle site for the intern to complete prior to submitting their clinic placement applications. If the intern does not submit their application waiver by the due date of the applications, they will not be considered for the shift.

There is no guarantee that vaccination waivers will be granted. If vaccination waivers are not granted by the specialty or external clinics, there is no guarantee that the intern will be placed in an alternative clinic shift.

The CACM internship preference form and specialty clinic application will disclose if vaccination waivers are available.

ATTENDANCE POLICY

Clinic attendance ensures the continuity of care that all patients deserve. Absences affect not only patient management and clinical flow, but also compromise the intern's educational experience. Multiple absences make it difficult to accurately assess the intern's skill set and clinical progress and may negatively impact relationships with NWSU clinic partners.

Interns are expected to be present in clinic for the entire shift. If the intern does not have a patient scheduled, this time is used to practice their skills by treating each other. The clinical supervisor may also assign duties or projects to be completed during this time. Interns are expected to monitor their time to ensure they can complete all their patient care duties and clinical responsibilities before the end of their shift.

Documentation of Time

Interns document actual time in clinic and obtain signature of the attending supervisor at the end of each shift. In the event of a late start, the intern must document their start time as the point in which they were ready to initiate patient care. In the event of an early departure, the intern must accurately document their hours spent in clinic. All clinic time should be documented to the quarter hour. Documentation of time will begin at the start time of the clinic shift; pre-clinic setup is not documented. Fraudulent allocation of hours on the clinical timecard will lead to disciplinary action as outlined in the student handbook under student conduct.

Documenting and Reporting of Clinical Attendance / Absences

Clinical attendance will be documented each shift by the shift supervisor. This form is separate from the intern's individual Intern Clinic Time Card.

If a student volunteers to take an additional shift (such as subbing for another intern or signs up for a makeup shift through the CACM Clinic Coordinator) and is absent for that scheduled shift, it will count as an absence. Supervisors will follow the master calendar sent out by the CACM Clinic Coordinator to see which students should be in attendance on each shift.

Arrival to Clinic

Interns are expected to arrive at least 15 minutes before the beginning of a shift to set up their treatment rooms and prepare for their first patient. If a patient is scheduled at 8:30, it is expected the intern will arrive by 8:15 be ready to begin the assessment promptly at 8:30.

Pre-shift setup is not documented on the intern's time card; time may only be allocated from the beginning of the shift to the completion of the shift. However, pre-shift setup is part of the outcome measures and student evaluation.

Late Arrival to Clinic

Late arrival is defined as not being prepared to treat at the clinic shift start time and will result in a reduced attendance score. If the intern is an herbal intern, late arrival is defined as not being prepared at the start of clinic shift time. All time must be documented accurately to the quarter hour.

If an intern is unable to begin their clinic shift on time they must:

1. Contact the front desk of the clinic
2. Contact their clinical supervisor and
3. Contact the CACM Clinic Coordinator
4. Accurately document start time on their timecard

If an intern anticipates late arrival, they are required to inform NWHSU onsite clinic staff as soon as possible. If unable to reach the front desk staff, interns are to contact via phone or text message the clinic supervisor and email the CACM Clinic Coordinator.

Early Departure from Clinic

Early departure is defined as leaving a clinic shift more than 15 minutes early. All time must be documented accurately to the quarter hour.

If an intern knows in advance that they need to leave a clinic shift more than 15 minutes early they need to do the following:

1. Contact the CACM Clinic Coordinator.
2. Accurately document start time on their timecard.

Absence

In the event of a known or planned clinical absence, even if it is a makeup shift or substitution, it is the intern's responsibility to ensure the following steps are completed:

1. Contact the CACM Clinic Coordinator a minimum of one week in advance of the absence, or as soon as possible prior to the planned absence.
2. Find an eligible and available intern to substitute during the proposed absence.
3. Email the CACM Clinic Coordinator to notify them of who is substituting.
4. The CACM Clinic Coordinator will notify the Clinic Front Desk (if applicable) and clinic supervisor, that you are going to miss AND the substituting intern.

Not all NWHSU sponsored events or field trips are considered approved administrative leave. The intern must contact the CACM clinic coordinator to determine if the NWHSU sponsored event or field trip will be considered an approved administrative leave.

In the event of an unplanned or unexpected absence, even if it is a makeup shift or substitution, it is the intern's responsibility to ensure the following steps are completed:

1. Contact the CACM Clinic Coordinator.
2. Contact the front desk staff at DLC or BC (if applicable).
3. Contact clinical supervisor.

This must be done as soon as possible so arrangements can be made for scheduled patients.

BC: (952) 885-5444

UHS/DLC: (952) 885-5415

Do not leave a message unless you absolutely must and cannot contact someone in person. Continue calling until you reach someone in person.

Campus Closures

Campus or clinic site closures do not count as an absence; however, interns are responsible for making up any hours missed due to a campus closure. In order to pass a clinic internship, interns need to complete 60 hours per internship.

Administrative Leave

Any missed clinic shift is considered an absence unless administrative leave has been approved. An intern must contact the CACM Clinical Coordinator to initiate an administrative leave. If administrative leave is approved by the CACM Clinical Education Department, the student will need to make up those hours as soon as possible but no later than the end of the fourth week of the following term.

Administrative leave may be considered for the following:

- Self or dependent illness
- Family or personal emergencies
 - If an intern needs to miss a clinic shift due to a self or dependent illness, or a family or personal emergency, the intern may be asked to provide proper documentation to be considered for administrative leave.
- Religious holidays
 - If an intern plans on missing a clinic shift due to a religious holiday, the student is responsible for informing the CACM Clinical Coordinator no later than the end of the first week of the term.
- Military duty
 - If an intern needs to miss a clinic shift due to military duty, the intern will need to follow the university policy on Military Leave of Absence or Withdrawal.

If an intern needs to withdrawal from a clinic shift, they may request a compassionate withdrawal from the registrar.

If administrative leave is approved by the CACM Clinical Education Department, the student will need to make up those hours as soon as possible but no later than the end of the fourth week of the following term.

If administrative leave is approved by the CACM Clinical Education Department, the intern's clinical assessment scores will not be impacted.

No Show

If an Intern does not show up for a clinic shift, including a makeup shift or subbing for another intern, the student will automatically get a clinical assessment rubric score of 1 in- Professional Interactive Skills.

If a clinic shift is missed without prior notification due to a medical or family emergency, the intern must contact the CACM clinical coordinator within 48 hours and provide appropriate documentation. The CACM Clinical Education Department may determine if an administrative leave can be granted.

Assessment Scoring

Students who miss one shift or more that is not an approved administrative leave, will result in reduced assessment scoring under the attendance criteria (see attendance scoring below).

Scores from the clinical assessment, Attendance, and Professional and Interactive Skills, are factored into eligibility for specialty clinic placement. Students affected by this when being placed for clinical internships the following trimester will be placed last in specialty clinic placement and/or last within their cohort during general placement.

If an intern receives a 2 or below on any rubric score, the intern is automatically placed on a remediation plan as determined by the CACM Clinical Education Department.

Attendance Scoring

Supervisors are responsible for documenting the intern's attendance each week. Supervisors will document if an intern is:

- O: On Time
- LATE: Late
- NO: No Show
- AB: Absence

Supervisors will record the interns score as follows according to their attendance:

Rubric score	Late 0	Late 1	Late 2	Late 3	Late 4	Late 5
Absence 0	5	5	4	3	2	1
Absence 1	4	4	3	2	1	1
Absence 2	3	3	2	1	1	Fail
Absence 3	2	2	1	Fail	Fail	Fail
Absence 4	1	1	Fail	Fail	Fail	Fail
Absence 5	Fail	Fail	Fail	Fail	Fail	Fail

Planned absences are still considered an absence unless an administrative leave is approved by the CACM Clinical Department.

Supervisors will follow the master calendar sent out by the CACM Clinic Coordinator to see which students should be in attendance on each shift.

DELIVERY OF PATIENT CARE

Patient Comfort

It is important to attend carefully to the patient's comfort and as such clinical interns should be aware of and anticipate their patient's needs. These include but are not limited to:

- Room Temperature
- Patient's Modesty
- Table Height
- Room Lighting
- Music preferences
- Needle Tolerance
- Chemical Sensitivity Issues
- Patient's Emotional State (Fearful, Anxious etc...)
- Always knock and ask permission before entering the treatment room.

Patient Modesty and Draping Considerations

Interns should keep in mind a patient's comfort and modesty in asking them to undress or in uncovering parts of their bodies needed for treatment. The intern should tell the patient what body parts are needed for the treatment, offer a gown if necessary, or suggest a minimal level of disrobing. If the patient declines to wear a gown, it is always preferable to ask the patient to adjust clothing rather than to remove it.

The intern can offer a towel or blanket as needed for warmth or modesty. Position the patient in a way that allows for maximum comfort and adequate access to treatment points.

Other Considerations

The intern should make sure the patient understands the stages of an acupuncture treatment, including being left alone to rest with the needles inserted. New patients should not be left unattended for more than ten minutes. An intern should leave the hand bell, located in each treatment room, by the side of the patient so that the patient can summon an intern, if necessary.

Needle Incidents ~ Retention and Needle Stick

On rare occasions an intern may accidentally retain or forget to remove a needle in a patient after the treatment is over, or an intern may accidentally stick themselves with a needle after removing it from a patient. The patient may not realize a needle has been retained until they are dressing or, in some situations a caregiver notices a needle is retained. The needle stick may seem small, but it can represent a serious incident which should be addressed immediately. In either case, the intern is required to immediately report the situation to their supervisor, and follow protocols established in the Incident Report Form (Appendix D) and if exposed to a BBP, follow protocols in the Incident Exposure Incident Report (Appendix F). **Failure to report the incident immediately may result in disciplinary action, up to and including dismissal from the clinic shift and forfeit of the shift.**

PATIENT CHARTING & RECORD MAINTENANCE

The patient's chart is a medical record and a legal document. Charting of patient treatments must be carried out in an accurate, concise and consistent manner. Depending on the specific site, documentation and chart storage will differ and may include electronic or hand copy health records.

A patient folder is a legal document. All patient medical records should be accurate documentation of the patients' health history and treatments. They are not to be removed from the clinic and may not be copied except upon request by the patient. The single exception to this is that Interns may copy non-identifiable sections of the file in order to create case histories as are requirement for a NWHSU course. As a legal document, charts must comply with the laws governing the use and confidentiality of patient information. The following standards pertain to clinical expectations regarding charting expectations and clinical file maintenance.

All files require the following elements:

- Signed Teaching Clinic and Acupuncture Informed Consent Form
- Patient Health History Questionnaire
- Patient Medication and Supplement Chart
- New Patient and Follow-Up Treatment Notes
- HIPAA forms
- Cancellation Policy
- Signed Consent Form for Treating a Minor (if applicable)
- Case Notes Summary/Telephone Conference Form (if applicable)

A record must be made of every telephone call with the patient. Log the time, day, nature of their concerns, and your recommendations to the patient.

In on-site NWHSU and community clinics, clinical staff will provide initial patient documents. It is ultimately the responsibility of the clinical supervisor and the clinical intern to ensure all clinical documentation is complete and appropriate signatures obtained.

The following are CACM charting expectations for paper charting at external community clinics:

- All material should be charted in black ink or blue ink if on paper.
- All entries must be legible
- Always include first and last name of patient and the complete month, day and year of visit.
- Record all data, positive and negative, that contribute directly to your assessment. This data should include detailed notes on the patient's health, history and examination, pulses and tongue, and any other palpatory findings, evaluation of progress, diagnosis and/or change in diagnosis, treatment strategy and treatment details including points treated and herbal formulas prescribed.
- Make sure entries cannot be interpreted more than one way
- Document evidence of any patient non-compliance or patient misconduct. See also NWHSU

policy.

- Review and update the Patient Medication and Supplement Chart at each patient visit.
- Record all recommendations that are made, including diet, exercise, or referral to other licensed practitioners.
- Record the concerns of your patient or their family.
- When treating with cups and/or guasha, reiterate to the patient the information outlined in the Teaching Clinic Informed Consent regarding the possibility of skin abrasions. When treating a minor with cupping or guasha, fill out the Informed Consent for Treatment of a Minor. The form must be signed by the parent or guardian. Give one copy to the parent or guardian and place one copy in the patient's file.
- Always document accidents, injury, or other unusual or distressing incidents that occur during the course of a treatment such as fainting during acupuncture, moxa burns, or bruises from the needles.
- Use the Clinic Incident and Complaint Form to record these occurrences on the day of the incident. Read the instructions and follow the procedure to aid your supervisor in accurately complete the form.
- Never destroy, rewrite, or replace a prior record. If a notation must be corrected, draw a single line through that part that must be changed; the corrected part must remain legible. Do not use white out. Initial and date the change.
- Both the intern and the supervisor must sign each day's notes and treatment plan, after the supervisor has reviewed it, and print their full names next to their signatures.
- All forms and treatment notes must be attached to the patient file in chronological order.
- Patients are to receive written instructions with all herbal prescriptions. Pre-printed dispensary labels should be filled out and attached to all powdered and raw herbal prescriptions.
- Patients are to receive written instructions with any items that are sent home with the patient, e.g., moxa, intradermal needles, press tacks or ear beads, or diet recommendations.

Patient records are reviewed each week (NWHSU on-site clinics of DRC and NHC-B), and at least once each semester for signatures, accuracy, and completeness. A regular review of the patient records ensures that records are complete at all times. Patient record keeping is a part of each student's performance review in clinic, and figures into the overall grade for each clinical internship.

Patient Communication Outside the Treatment Room

From time to time students may need to follow up with patients to learn about treatment efficacy or otherwise learn about the patient's experience post-treatment. Occasionally a student may call a patient they haven't seen for a long period of time, and ask if they want to schedule another appointment. These contacts are to be made only with the supervisor's approval. Do not contact patients for any patient-related care, from any source outside of the clinic space – all contact related to a patient's care must be done while in the clinic using on-site phones. This does not apply to referring friends or potential patients to call the clinic for an appointment.

While in clinic you may experience working with patients who are also friends, family members, or acquaintances. These "dual roles" occur in our profession and require extra awareness to maintain ethical boundaries, especially in social situations. While in a social setting such as a party or a grocery

store, never initiate any interaction regarding the treatment room.

Protocol for Handling “Treatment Reaction” Calls

Patients occasionally have treatment reactions and may call to express their concerns. Whether onsite at a NWHUSU clinic, or offsite at an external host clinic, the Clinic Reception Desks will take the information and present it to the Clinic Supervisor on duty at the time OR call to the NWHUSU Chair of Clinical Education. If the call happens on the same shift or at a time when the intern is present, the Clinic Intern may speak with the patient at the time of the call in order to listen to their concerns. The patient will be advised that the student Intern will consult with the supervisor and then get back with them.

Students will pull the patient’s chart and then approach the Clinic Supervisor on shift to discuss the concern. After receiving input from the Clinic Supervisor, the Clinic Intern may relay this information to the patient.

1. If you have been asked to handle the call, please consider the following guidelines:
2. If it is an Emergency, refer the patient to the Emergency Room and have them call 911.
3. If it is not an Emergency, listen receptively and take explicit notes.
4. Be a compassionate listener, but do not express your opinion regarding their situation.
5. If the Student Intern who treated the patient is not available, the Clinic Reception Desk will present the information to an available Clinic Supervisor who will then choose a Clinic Intern to handle the situation.
6. Discuss the reaction with the Clinic Supervisor.
7. Chart your discussion with the Clinic Supervisor in the patient’s chart.
8. Return the phone call to the patient and chart both your conversation and their conversation.
9. All phone calls to patients must be conducted from a phone line provided for that purpose. Interns are not allowed to contact or respond to a patient regarding their treatment unless they have received input from a Clinic Supervisor.

Conversing with Other Health Care Practitioners

Conversations between health care practitioners regarding NWHUSU patients seen either on campus or at external host sites, must take place between the Supervisor and the conferring health care practitioner.

The procedure to be followed when there is a conversation regarding a NWHUSU patient is:

1. The patient must sign a release form giving permission for a NWHUSU Supervisor to speak with another health care practitioner concerning the patient’s health condition.
2. The patient is told to invite the other health care practitioner to call the appropriate NWHUSU supervisor directly, or the NWHUSU clinic to arrange a time for the phone conference.
3. The NWHUSU front desk will schedule the call for the beginning of the clinic shift in which the supervisor and intern work. The receptionist notifies the supervisor and the intern via e-mail.
4. The conversation is to take place on speaker phone in the supervisor’s office. The supervisor and intern will call the practitioner at the appointed time. The phone call will be approximately

- 5 minutes in length.
5. The conversation is to be between the supervisor and the conferring health care practitioner.
 6. The intern treating the patient is to be present during the conversation but is not to speak unless asked by the supervisor to speak.
 7. The intern is to chart notes of the conversation.

Making Referrals

In treating patients, a Student Intern may become aware of conditions that may require a referral. The Student Intern should discuss the condition with the Clinic Supervisor to determine the necessity and appropriateness of referral and to whom to refer. The Clinic Supervisor has the responsibility of making the referral.

To determine the appropriateness of a referral, the following may be helpful:

1. What are the symptoms? Do the symptoms represent a red flag such as risk of suicide, extreme pain, profuse bleeding, or broken bone?
2. Any discussion, implication, or hint to the Student Intern that a patient is in danger of committing suicide should be immediately reported to the Clinic Supervisor. The Clinic Supervisor will decide if a call to 911, the patient's therapist (if they have one), an emergency "help-line," or a family member is in order.

Student Interns work with the Clinic Supervisor who makes the referral to a Licensed Health Care Provider.

Per MN Statue 147B Subd. 6, referral to other health care practitioners is required when an acupuncturist practitioner sees patients with potentially serious disorders including, but not limited to:

1. cardiac conditions including uncontrolled hypertension;
2. acute, severe abdominal pain;
3. acute, undiagnosed neurological changes;
4. unexplained weight loss or gain in excess of 15 percent of the body weight in less than a three-month period;
5. suspected fracture or dislocation;
6. suspected systemic infections;
7. any serious undiagnosed hemorrhagic disorder; and
8. acute respiratory distress without previous history.

The acupuncturist shall request a consultation or written diagnosis from a licensed physician for patients with potentially serious disorders.

MISCELLANEOUS CLINIC OPERATIONS AND PROCEDURES

Documentation for Clinical Internship - timecard

A student's clinical internship hours must be accurately recorded every term in the *Intern Clinic TimeCard*. Blank forms are kept in the clinic conference rooms or at the front desk.

At the end of the clinic shift, the supervisor must sign the intern's timecard. The timecard records the number of clinical hours, the number of new patients and the total number of patients for each clinic shift. Clinic shifts not recorded or validated by a supervisor's signature will not be counted toward the intern's total tally for clinic hours.

Completed timecards must be turned into the CACM Clinic Coordinator at the end of each term, ***no later than the last day of the trimester.***

Misrepresentation of time worked is grounds for disciplinary action, including dismissal from the program.

Patient Records

The patient's chart must contain the following items signed by the patient prior to treatment:

1. Patient Consent for the Purposes of Treatment, Payment and Health Care
2. Acknowledgement of Privacy Policies and Acknowledgment of Receipt of Clinic Policies form
3. Arbitration Agreement form
4. Acupuncture Informed Consent form

Patient Recruitment

Interns are encouraged to recruit patients for the NWSU on-site CACM Teaching Clinics. Recruiting skills are important, both to ensure a full patient schedule and as practice for marketing techniques to be used in future professional practice. At hospital or external venues students may also be approved by supervisors to recruit patients from the immediate community and depending on the venue's protocols.

All newly recruited patients should call the Clinic to request an appointment. The intern should also leave the patient's name with the front desk staff as a cross-reference. Every effort will be made to schedule the recruited patient with their intern contact, if so requested.

Patient Scheduling Policies

At the NWSU onsite teaching Clinics, telephone calls are answered during clinic hours by the front desk staff member and by an answering machine at all other times. Patients are scheduled according to the protocols listed below. Clinic staff discusses the nature of clinic services with new patients and

sends intake forms to complete if there is adequate time for the forms to be returned before a scheduled appointment.

Interns should recommend a treatment plan that includes patient self-care, and follow up treatments. The intern then informs the front desk staff member how often the patient should return for treatments.

Protocols for Scheduling

For NWHSU on-site teaching clinics, appointments are made only by front desk staff using the University's computerized patient scheduling system. At off-campus sites, appointments are scheduled according to the needs and requirements of each organization.

Assignment of Patients

Clinic administrative staff do not make medical triage decisions. As supervisors review patient files, they may reassign patients based on the difficulty of presenting complaints, intern caseloads and intern skill levels.

When students begin their supervised clinical internship in Trimesters 5 and 6, they will receive a maximum of two patients per 4-hour clinic shift with appointments scheduled for 90 minutes.

In Trimesters 7, 8 and 9 interns are expected to increase their patient loads each clinical shift. Students are encouraged to treat 3 patients, with the option to treat four with supervisor approval.

It is understood that some patients take longer than others to triage, diagnose, and treat. Students are also learning skills of time management, and follow-up care and although professionals make every effort to meet a patient's needs, sometimes it is necessary to ask patients to return as part of a longer term treatment plan. While it is important to understand how to treat returning patients within a one-hour appointment patients should also be encouraged to return for subsequent visits if the treatment plan calls for it.

Infants and Children in Clinic

NWHSU Students may not bring small children and/or infants into clinical settings, unless the child is being treated as a patient.

Weather and Emergency Closures

In the case of inclement weather or any other emergency, the closing of any NWSU on-site clinic is made by the NWHSU Administration. Individual faculty members or managers are not authorized to make independent decisions to cancel classes or close departments or clinics.

Our efforts to communicate closings may include:

- Text Message Service via RAVE Alert System. This service allows the University to send emergency notification and alerts to Northwestern email addresses and registered cell phone numbers.

- WCCO TV – Channel 4
- Posting to the University website

Clinic Procedures

The following tasks are the responsibility of each intern during their clinic shift. These procedures are also counted for clinical competencies.

- Re-stock linens in treatment room
- Replenish supplies as needed
- Bring bag of soiled laundry to laundry collection site
- Prepare treatment table with sheets and pillowcases
- Establish clean field
- Check floor and treatment area for dropped needles, using visual inspection and Magic Wand.

Following the protocols of classroom training and in accordance with NWHU's Exposure Control Program, students must properly dispose of needles into the red, wall-mounted sharps containers and dispose of contaminated waste into biohazard waste containers in each treatment room.

Biohazard and Safety Issues

When sharps containers or biohazard waste containers need to be replaced or emptied, notify the Chair of Clinic Faculty. For further information, refer to NWHU's Exposure Control Plan.

- Change sheets and pillowcases after each patient. Place soiled laundry in the laundry container within the clinic site.
- Plastic sheeting (located in the clinic supply closet) must be used under patients with open sores.
- Provide patient with pager/bell before leaving the treatment room.
- Cups and guasha tools must be cleaned according to current cup cleaning protocols.

Use of Moxa

When moxa is used for a treatment in campus clinics, an air purifier must be turned on in the treatment room. Check out from the "Foot Levelers Room" in DeRusha/UHS, or from the front desk in NHC where the moxa equipment is found. Use the Pocket Torch to light the moxa stick, try to limit smoke as much as possible by having the stick lit for as minimal time as possible. Put stick in silver canister with lid to extinguish. Use a proper receptacle near the patient's body to catch falling ash or burning material that can easily burn treatment tables. Moxa is a fire hazard. **Never leave burning moxa unattended.**

Moxa must be entirely snuffed out after use. The "moxa extinguisher/snuffer" (small silver cylinder) should be used to snuff out each moxa stick. Make sure extinguisher/snuffer is cool before returning.

End of Shift Tasks

The following tasks are the responsibility of each intern. Some tasks are specific to individual clinic sites. Please discuss with your clinical supervisor if you have any questions or concerns regarding expectations during your shift.

In the Treatment Room

- Dispose of unused, opened and exposed needle packets in a Sharps container and return **unused unopened** needles to closet
- Clean treatment table, countertop, and all high touch areas with approved disinfectant as directed by current cleaning protocol
- Return clean field tray to closet after disposing of clean field paper and wiping clean field surface with disinfectant
- Turn off and unplug all electrical equipment (infra-red lamps, heaters and CD players)
- Return all checked out equipment and supplies
- Clean and return any room supplies that been pulled out of cabinets and drawers. This includes cups and guasha tools.
- Remove bag containing soiled laundry when it is more than 1/3 full and transport laundry to collection site
- Search the floor for dropped items; pick up any needle packaging, tubes or insert tabs that may have dropped onto the floor, use a Magic Wand as a final step.
- Complete OSHA Housekeeping Log found behind treatment door and have supervisor initial after they check the treatment room

In the Conference Room and Dispensary Work Rooms (For All Interns)

- Complete all patient charts and orders and sign all patient charts
- Completely sign out of all computers
- Fill out all timecards, accessory technique sheets as applicable
- Clean work areas
- Replace clinic reference books

Herbal Interns

- Submit all prescriptions at least 30 minutes prior to end of the shift
- Return clinic tea pot before end of shift
- Put away forms and replace clinic reference books

Other

- Report sharps containers or bio-hazard waste containers that are at fill capacity to the clinic front desk
- Report out of stock supplies to the clinic front desk

CLINICAL HERBAL EDUCATION

The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) requires that all CM interns receive specific training and clinical experience in herbs. Eventually all CM students may be required to have two herbal internship shifts. However, currently, only one herbal internship shift is required before graduation. These shifts are part of the total intern hours required and are not in addition to those hours. Herbal Internship may be done in terms T7, T8 or T9. One additional herbal internship may be done if time and supervision permit but this is at the discretion of the CACM clinic education chair, pending review of the overall internship needs for all of the clinic internship sites during a trimester.

The Herbal Dispensary Assistant will conduct an herbal intern orientation during the first week of each term for new herbal interns.

Herbal interns must complete separate timecards and Patient Note forms for all shifts spent as an Herbal Intern. These forms are turned in at the end of each term to the Clinic Coordinator. These forms may be found in the Clinical Education Department.

Herbal interns will shadow the clinic supervisor. If the treating intern during a given shift is not an CM student and a patient desires herbs, the herbal intern will formulate an herbal diagnosis, discuss it with the supervisor and provide a prescription to the Dispensary Assistant for filling. If the treating intern is also an CM student, s/he will talk with the supervisor and the herbal intern about the diagnosis and possible herbal prescription. The herbal intern will be able to count any patient for whom s/he has created a formula approved by the clinical supervisor as part of total patient numbers.

In addition to the above duties, the responsibilities of the Herbal Intern will include, but are not limited to:

- Instructing patients on use of formula
- Demonstrating a basic understanding of the potential side effects of a formula given, as covered in the didactic courses on Materia Medica and Formulas and Strategies
- Applying didactic knowledge in potential interactions of herbs and pharmaceuticals.

Herbal Resources

The Clinic Dispensary dispenses a variety of herbal products in various forms. Chinese medicine interns, under clinical supervision may recommend these herbal products for patient use, including:

- bulk medicinal substances, dried plant, animal and mineral substances for use in decoction, poultices, and washes
- medicinal granules (substances which are in granular or powdered form for patient convenience)
- Chinese patent medicines (a wide variety of prepared herbal formulas in pill, liquid concentrate, capsule and liniment forms).

Writing Prescriptions

The supervisor must always approve herbal prescriptions. Since interns are at different levels of herbal training during their clinical experience, levels of independence and complexity regarding herbal

prescriptions will vary.

With all prescriptions written in NWH SU on-site clinics, the intern must fill out the Centricity medications box to add an herbal prescription with the guidance of clinic supervisor.

Forms will automatically include:

- Patient Name
- Current Date
- Date of Birth

The intern should include the following information on the prescription form:

- Herbal formula(s) and/or single herb(s) and quantity easily identifiable. Always note if raw herbs are prescribed.
- Note any special preparations, or if specific herbs are to be separated from the bulk herbs in one bag (e.g. Fu Zi, E Jiao, Bo He, other herbs that should be separated and added at different times, etc)
- Dosage
- Refill information including number of refills or refills allowed to a specific date not to exceed 6 months from first prescription
- Allergies/drug interactions

**Intern must route the patient file to supervisor for signature before faxing to Herbal Dispensary.

Patient Prescription Requirements

Patients will receive written dosing instructions. It is important to give the patient explicit written instructions on administration of all raw herbal decoctions and herbal formulas with unusual requirements. With the guidance of the clinic supervisor, it is the intern's responsibility to ensure that the patient is aware of the details regarding use and potential side effects and/or precautions of their prescriptions.

CLINICAL INTERN ASSESSMENT & GRADING

Clinical assessment is a multi-tiered process designed to ensure adequate training of CACM clinical interns and mastery of core clinical criteria. The assessment process assists in the development of skills sets and the practical application of diagnostic and treatment principals. Each term, student interns will be required to demonstrate sufficient mastery of clinical criteria in order to successfully complete their clinic internship. Failure to meet specific clinical benchmarks will result in the student participating in a remediation process, outlined in the following chapter.

Assessment Forms:

The clinical competencies of student interns are monitored and assessed each term by using the following CACM forms:

1. CACM Student Clinical Internship Plan(SCIP)

Each student intern must complete the SCIP stating their goals for the upcoming trimester for each clinical shift. This plan should be specific to their term of study, their accumulated experience and expectations for the term and Supervisor.

NOTE: The SCIP is a required assignment for progressing from one trimester to another.

2. CACM Clinic Assessment, Phase I (or II), Student's Self-Assessment

Each student intern must complete a self-evaluation form assessing their own perception of their performance of required skills. These self-evaluation forms are compared with evaluations recorded by clinical supervisors and help students to monitor improvement in achieving stated goals.

NOTE: The Students' Self-Assessment is a required assignment for progressing from one Trimester to another.

3. CACM Clinic Assessment, Phase I (or II), Assessment of Student by Supervisor

Student interns are evaluated every trimester by each of their clinical supervisors using the Assessment of Student by Supervisor form. Interns are assessed on their skills in TCM interviewing, diagnosis, treatment planning, treatment implementation and goals, patient follow-up, and related clinical skills (such as interpersonal skills and rapport in patient care).

Mid-Term Guidelines Provided by Supervisors. Student interns receive scores on their clinical performance at Week 7 (midterm review) and at Week 14 (final score).

If at mid-term Week 7, a student receives a score of 1 or 2 in any *one* of the clinical competencies, the supervisor is required to create written guidelines (along with input from

the student) that will help the student improve over the course of the next seven weeks. These written guidelines are recorded on the CACM Clinical Assessment Phase I (or II), Assessment of Student by Supervisor and will be available, if necessary, to the CACM Clinical Remediation Committee (CRC).

Grading Outcomes

Scoring of Clinical Competencies. Clinical competencies will be evaluated and scored as follows: 1 inadequate performance of clinical competencies
2 less than adequate performance of clinical competencies 3 adequate performance of clinical competencies
4 more than adequate performance of clinical competencies 5 excellent performance of clinical competencies

NOTE: Satisfactory scores (score of 3 or above) are required to continue in clinic internship. A score below 3 will result in a review by the CACM Clinical Remediation committee

Clinic internship is graded as a pass/fail class with the following requirements:

- Satisfactory scores recorded on the CACM Clinical Assessment – Phase I (or Phase II), Assessment of Student by Supervisor which evaluates clinical competencies
- Successful completion of any required remediation.

There are three possible grading outcomes at the end of the trimester (Week 14): PASS, REMEDIATION, and FAILURE:

1. **PASS:** Assessment scores of 3 or higher
Any student receiving a score of 3 or higher at Week 14 proceeds to next trimester of clinical internship
2. **REMEDIATION:** Assessment scores below 3
Any student receiving a score below 3 at Week 14 in any one of the clinical competencies listed on the CACM Clinic Assessment – Phase I (or II), Assessment of Student by Supervisor:
 - a. May receive an “Incomplete” for that trimester’s clinical internship; and
 - b. Meets with the CACM Clinical Remediation Committee (CRC) who prepares a Plan of Remediation.

The CRC is a committee which supports student interns in the successful completion of their clinical competencies.

CLINICAL REMEDIATION

Clinical remediation is an individualized plan by which interns are provided coaching and guidance to meet clinical assessment criteria. This process is initiated by the CACM Clinical Chair in collaboration with the CACM Clinical Education Department. Students must participate in this process and meet all the remediation requirements to successfully complete their clinical requirements for the term.

A clinical remediation may be triggered by any of the following:

- When a clinical intern receives a clinical assessment score below 3 in any clinical criteria either during the clinical assessment at week 7 or week 14, the clinical remediation process is activated and supported by the Clinical Remediation Team.
- A supervisor may recommend that a student be placed on remediation prior to a midterm or final clinical assessment.

Clinical Remediation Team

The CACM clinical remediation process will be managed by the CACM Clinical Remediation Team whose purpose is to support student interns in successfully completing the criteria of the clinical internship.

The CACM Clinical Remediation Team:

- CACM Clinical Education Department
- Clinical Supervisor
- CACM Faculty Member as Identified by the CACM Clinical Education Department

The CACM Clinical Chair will keep documentation of the remediation process for each intern. The Dean of the program will approve all remediation plans.

Clinical Remediation Process

Once a remediation is activated the following will happen:

1. CACM Clinical Chair will contact the intern to inform them that a remediation plan has been activated.
2. CACM Clinical Chair will gather the CACM Clinical Remediation Team.
3. CACM Clinical Remediation team will assess intern's clinical criteria in need of remediation.
4. CACM Clinical Remediation team will create an individualized remediation plan for intern and that plan will be approved by the Dean.
5. Faculty member will contact the intern to complete remediation plan with intern within the timeline listed below:
6. Once remediation plan is completed by the intern and faculty member, the faculty member will alert the CACM Remediation Team and the Dean

Remediation plan timelines:

1. If a remediation is activated during the week 7 assessment, the intern will have until week 12 to complete the remediation plan with the faculty member.

2. If a remediation is activated during the week 14 assessment, the intern will receive an incomplete grade until they have completed their remediation plan no later than week 4 of the following term.
3. If a remediation is activated prior to a midterm or final assessment, the intern will have 4 weeks to complete their remediation.

*Extension of the timeline may be recommended by the lead faculty member.

Possible courses of action that may be included in the remediation plan may include but are not limited to:

1. Prepare a paper to gain further knowledge of a clinical competency
2. Schedule experiential tutorials with faculty to improve clinical skills and to demonstrate competency, e.g., skills in cupping, electrical stimulation, interviewing tactics or questions, etc.
3. Sign up for extra clinic shifts to focus on areas of inadequacy
4. Sign up for clinic observation or study halls to improve acupuncture diagnosis and treatment
5. Alter certain behaviors to improve ethical or professional standards and demonstrate competency of these behaviors to the Remediating Supervisor
6. Meet with the university counselor or other health care professional regarding behavioral standards
7. Audit a class or lab
8. Repeat the trimester
9. Other courses of action, as necessary

Re-Entry into Clinic

If an intern has taken more than one term from their clinical internship, they will need to complete a series of study sessions and a skills assessment prior to re-entry into clinic. This will ensure that the intern is prepared to perform acupuncture and accessory techniques safely.

If an intern has taken more than two terms off clinic, they will need to complete their first trimester back at one or more of the following on-site clinics prior to registering for any additional clinic shifts:

- UHS/DeRusha Learning Clinic
- Bloomington Clinic

Clinical Re-Entry Process

1. The CACM Clinical Coordinator will alert the CACM Clinical Education Team to begin the clinical re-entry process.
2. The CACM Clinical Chair will work with the intern to schedule the study sessions and skills assessment.
3. The intern is responsible for providing the CACM Clinical Coordinator with an updated BLS and completing HIPPA training prior to re-entering clinic.
4. The intern is responsible for completing the study sessions and skills assessment by the scheduled deadline. Failure to do so may result in a delay with clinical re-entry.
5. If the intern receives below 85% on the skills assessment or is unable to complete the checklist in its entirety for any of the study sessions, a clinical re-entry remediation will be activated.

6. CACM Clinical Remediation Team will complete clinical re-entry remediation with the intern. See remediation policy.
7. Upon completion of the re-entry process and clinical re-entry remediation if needed, the intern will work with the CACM Clinical Coordinator to schedule and register for their internship.
8. The CACM Clinical Chair will document each individualized clinical re-entry process.

Clinical Re-Entry Skills Assessment and Study Sessions

The intern that is requesting to re-enter into clinic will need to show preparedness in a series of clinical criteria. The following study sessions and skills assessment will need to be completed prior to the intern registering for a clinical internship.

Skills Assessment:

1. Safety/MARM

The intern and assigned faculty member will be provided a checklist to follow for the following study sessions:

Study Sessions:

1. Point Location and Needling Techniques
2. Accessory Techniques
3. Clinic Policy and Procedures

It is up to the discretion of the assigned faculty member to determine if the intern can complete the study sessions. If the faculty determines that the intern will need additional support outside of the study sessions, a re-entry remediation into clinic will be activated.

Clinical Re-Entry Timeline

It is the intern's responsibility to manage the timeline for clinical re-entry. The intern must contact the CACM Clinical Coordinator no later than week 8 of the term prior to re-entry into clinic to begin the re-entry process. The CACM Clinical Coordinator will alert the CACM Clinical Education Team to begin the clinical re-entry process.

The intern will need to complete the skills assessment and the study sessions no later than week 12 of the term prior to re-entry. This will allow time for the intern to complete any needed clinical re-entry remediation plan.

If a clinical re-entry remediation is activated, the intern will have until week 15 to complete the remediation plan.

Doctoral Clinic Completion Preparedness

Doctoral completion interns who are not NWSU graduates, or it has been more than 5 years since completion of an NWSU clinical internship will need to complete the following skills assessment, study sessions, as well as provide documentation verifying clinical readiness.

Doctoral Clinical Preparedness Process

1. The intern requesting to enter clinic for doctoral completion will need to submit the documentation listed below to the CACM Clinical Coordinator the trimester prior to registering for clinical internship.
2. The CACM Clinical Chair will manage the clinical study sessions and the skills assessment.
3. The intern is responsible for scheduling with the CACM Clinical Chair and completing the clinical study sessions and skills assessment at the scheduled date. Failure to do so may result in a delay beginning their clinic internships.
4. The intern will work with the CACM Clinical Coordinator to schedule and register for their internship.

Clinical Study Sessions and Skills Assessment

The intern that is entering clinic for doctoral completion and that has not been practicing or has not had an active license in the past 5 years, will need to complete the following skills assessment. The student is responsible for scheduling their skills assessment with the CACM Clinical Chair.

1. Safety/MARM

The intern that is entering clinic for doctoral completion and that has not been practicing or has not had an active license in the past 5 years, will need to complete the following study sessions. The intern is responsible for scheduling their study sessions with the CACM Clinical Chair.

The intern and assigned faculty member will be provided a checklist to follow for the following study sessions:

1. Accessory Techniques
2. Clinic Policy and Procedures

*The assigned faculty member may identify and require additional study sessions if the intern is not able to complete the check list.

Doctoral Completion Documentation

Interns entering the NWHUSU clinical environment need to provide the following items to the CACM Clinical Coordinator.

1. Current BLS
2. Clean Needle Technique
3. Proof of vaccination - site specific
4. NWHUSU HIPPA training

APPENDIX A: CACM CLINICAL SITES

The following list provides a basic overview of clinical opportunities for CACM students as of December 2018.

ON-CAMPUS CLINICAL SITES

Northwestern Health Clinic - Bloomington 2501
West 84th Street, Bloomington, MN 55431
952-885-5444

Natural health care facility offering chiropractic, massage, naturopathic care, acupuncture and Chinese medicine by T 7, 8 and 9 interns

Observation:

CACM students T1 or higher with CACM faculty clinicians and T 7, 8, 9 interns.

DeRusha Learning Center/UHS
Northwestern Health Sciences University
2501 West 84th Street, Bloomington, MN 55431
952-885-5450

Acupuncture and Chinese medicine clinic for NWHSU students and the public; treatment provided by T 5 and T 6 interns.

Observation:

Primary site for initial clinical observation in T1 - T4

The Herbal Dispensary at Edith Davis Teaching Clinic is also a site for observation and herbal internship.

Human Performance Center
Northwestern Health Sciences University
2501 West 84th Street, Bloomington, MN 55431
952-214-1176

Integrative sports medicine clinic that partnerships with sports team and athletic departments. Student interns specialize in sustainable, natural ways to improve human movement and overall health. Treatment provided by T7 through T10 interns.

HOSPITAL-BASED CLINICAL SITES:

ABBOTT-NORTHWESTERN HOSPITAL
PENNY GEORGE INSTITUTE FOR HEALTH AND HEALING
2833 Chicago Ave S, St. Paul, MN 55407
(612)863-6123

Hospital internship is a split between Mother and Baby and Joint Replacement Center T8 through T10.

Observation:

Observation is not available in the hospital at this time.

ST. FRANCIS REGIONAL MEDICAL CENTER
1455 St. Francis Ave., Shakopee, MN 55379
952-428-3000

Integrative, natural health care facility offering acupuncture and other CAM therapies to in-patient population. Treatments take place within all hospital units of the hospital. Treatments provide by T9 and T10 interns.

Observation:

Observation is not available at this time.

UNIVERSITY OF MINNESOTA MEDICAL CENTER, FAIRVIEW
2312 South 6th Street, Minneapolis, MN 55454
612-273-6402

Three hospital opportunities as part of the University of Minnesota Medical Center. Students will have the opportunity to work on multiple hospital units treating children and adults in an acute care interdisciplinary setting. Treatments provided by interns in T8 through T10.

Observation:

Observation is not available in the hospital at this time.

WOODWINDS HOSPITAL, M HEALTH FAIRVIEW
1925 Woodwinds Drive, Woodbury, MN 55125
651-232-6830

Integrative, natural health care facility offering acupuncture and other CAM therapies for in-patients departments of the hospital that include orthopedics and joint replacements. Treatment provide by T9 and T10 interns.

Observation:

Observation is not available at this time.

OFF-CAMPUS CLINICAL SITES:

THE ALIVENESS PROJECT

3808 Nicollet Avenue South, Minneapolis, MN 55409 612-822-7946

Community-based clinic offering services to persons living with HIV and AIDS internship T 7, 8, 9. Observation: Opportunities T2 – T4.

CERENITY SENIOR CARE AT THE MARIAN CENTER

225 Frank Street, St. Paul, MN, 55106 (651) 793-2100
(general)

Faith-based organization providing multi-tiered residential based care to the geriatric / elder population internship T 6, 7, 8, 9.

Observation:

Opportunities T2- T4.

COURAGE KENNY REHABILITATION INSTITUTE

3915 Golden Valley Road, Golden Valley, MN 55422 763-588-0811
(general)
763-520-0337 (Compton)

Private, non-profit organization treating children and adults with spinal cord injuries and other physical disabilities: internship T 7, 8, 9.

Observation:

Opportunities available T2 – T4.

INTEGRATIVE CLINIC OF MINNESOTA

2742 15th Avenue South, Minneapolis, MN 55407, MN 612-824-0708

Same site as the Phillips Neighborhood Clinic located within St. Paul's Lutheran Church. Non-profit organization providing high quality health care to a diverse array of cultural and socioeconomic backgrounds: internship T 6, 7, 8, 9.

Observation:

Opportunities are available from T2 – T4.

PATHWAYS HEALTH CRISIS RESOURCE CENTER

3115 Hennepin Ave S. Minneapolis, MN, 55408 (612) 822-9061
(general)

Non-profit organization providing free support and services to adults with chronic or terminal illness: internship T 8, 9.

Observation:

No observation opportunities available at this time

SALVATION ARMY HARBOR LIGHTS CENTER
1010 Currie Avenue North Minneapolis, MN
55403
612-338-0113

Private non-profit agency serving the needs of homeless populations with supportive services such as temporary housing and overnight shelter, medical care, counseling and chemical dependency programs: internship T 6, 7, 8, 9.

Observation:

Opportunities available T 2 – T4.

APPENDIX B: IMMUNIZATION & VACCINATION INFORMATION

For students wishing to obtain low-cost vaccination / immunization services, please consider the following information.

HENNEPIN COUNTY

Hepatitis B Vaccination. Hennepin County offers Hepatitis B vaccination for residents of the County without insurance or where coverage does not include immunization. The standard charge for each vaccination is \$40. The HBV vaccination is a three-part series. ***Students qualify for a reduced fee of \$10 per vaccination, if they request the vaccine as part of their educational training.***

One of the Hennepin County service providers is **Bloomington Public Health Services (BPHS) located near 98th & Penn**, close to the NWSU campus. The main telephone number is 952-563- 8900.

You may obtain Hepatitis B vaccination at BPHS by:

- Appearing without an appointment on the first and third Tuesdays of each month, 3:00 p.m. to 5:30 p.m. These are the days scheduled for the Immunization Clinic at BPHS.
- Calling for an appointment that can be scheduled at your convenience. BPHS at 952-563- 8900

Mantoux Testing. Bloomington Health Services (BPHS) offers Mantoux testing every day, except Thursday, from 9:30 am to 4:30 pm. The charge is \$15. A Mantoux test is a skin test that records the infection/non-infection status of an individual in regard to Tuberculosis. There is a turn- around time of three days for this test. The test is administered on day one; thereafter, the student must return to BPHS on day 3 to have the nurse “read” the test results by observing the injection site.

Address and Office Hours for Bloomington Health Services: 1900 Old Shakopee Road.

Bloomington, MN, 55431 Office hours:

Monday - Friday, 8 a.m. - 4:30 p.m.

If the BPHS clinic is not convenient for you, there are other Hennepin County providers in the areas of downtown Minneapolis and Crystal. Call Hennepin County’s Immunization Clinic Line at 612- 348-2884. Information on dates, locations and times are provided in the telephone message.

RAMSEY COUNTY

Hepatitis B Vaccination. Ramsey County offers Hepatitis B vaccination for residents of the County without insurance or where coverage does not include immunization. The standard charge for each vaccination is \$35. The HBV vaccination is a three-part series. ***Students qualify for a reduced fee of \$10 per vaccination, if they request the vaccine as part of their educational training.***

Mantoux Testing. Mantoux testing is not offered at the Ramsey County Immunization Clinic, but the clinic does offer information about low-cost testing at other Ramsey County public health sites. Call the St. Paul Ramsey County, Department of Public Health Immunization Clinic Line at 651-266- 1234. The Immunization Clinic is located at 555 Cedar Street in St. Paul. Appointment times and directions are provided in the telephone message.

APPENDIX D: CLINIC PHOTOGRAPHY AND VIDEO POLICY

This is the NWH SU Clinic Photography and Video Policy and contains all of the information needed for clinic photography or video usage.

CLINIC PHOTOGRAPHY AND VIDEO POLICY

Policy No.	1.9	Last Approved Dates:	Effective Date:
Policy Category	Clinic Operations	Policy	05/14/2021 09/07/2021
Policy Owner	VP of Clinics	Procedures	05/14/2021 09/07/2021

Purpose:

Capturing images and video of the NWH SU clinic facilities, employees, students, accounts, and patients/clients is an important part of telling the story of our institutional mission.

Scope:

The scope of this policy applies to all NWH SU clinical environments.

Policy:

To protect employee, student, and patient/client confidentiality, comply with FERPA and HIPAA regulations and avoid disruption in clinical operations.

Procedure:

1. Anyone interested in taking video or photographs within an NWH SU clinic must obtain approval from the clinic site's administration.
 - a. For promotional video or photographs, there may be days or times when the clinic is unavailable for a filming session.
 - i. The photographer/videographer must provide the specific date(s), time, location, and name of individuals participating in the photo or video shoot.
 - b. The event organizer will work with clinic administration to contact all individuals involved in the shoot and make the necessary scheduling arrangements.
 - c. Upon arrival the photographer/videographer will check in with the front desk and they will be provided a "Guest" name tag to wear during the duration of their time in clinic.
 - d. The photographer/videographer will provide the participants with the Testimonial, Photography and Video Release Form explaining the various ways in which the content may be used by the University and ask for their permission to participate prior to start of the shoot. If the participant agrees they will complete the form with their name, signature, and date.
 - e. The photographer/videographer will return guest tag and waivers to the front desk upon completion of photo shoot. The waivers will be routed to the Event Coordinator or Marketing Representative.
 - f. At any time during the photograph or video shoot the participant(s) may request to end the session for any reason.
2. At no time will employees, students, interns, or patients/clients allowed to take photos or videos for personal or professional use to comply with HIPAA and FERPA regulations.
3. If at any time an employee, student, or patient/client would like to retract their permission for video or photographs they are in, they can contact clinic administration or the Marketing Department.
 - a. Clinic Administration will need to contact the NWH SU Marketing Department via

- email (marketing@nwhealth.edu) with details of the person's name and details of the videos and/or photographs they would like to retract permissions for use on.
- b. Marketing Department will log this in their release log as well as take remove any images identified from their photography and video library.

Review:

This policy will be reviewed and updated as needed by the Quality Assurance and Improvement Committee no less than once per year.

APPENDIX E: EXPOSURE INCIDENT

This is the NWHSU Exposure Policy and contains all of the forms and information needed to take care of an employee or student involved in an exposure incident.

EXPOSURE POLICY

Policy No.	1.6	Last Approved Dates:		Effective Date:
Policy Category	Clinic Operations	Policy	09/23/2020	01/01/2021
Policy Owner	Quality Committee	Procedures	06/23/2020	01/01/2021

Purpose:

The purpose of this policy is to define guidelines and response protocols for reportable infectious diseases and for blood borne pathogens and contact within the Northwestern Health Sciences (NWHSU) community and clinical system.

Scope:

The scope of this policy applies to all NWHSU clinics, excluding WorkSiteRight. NWHSU currently has clinical relationships with multiple organizations that allows for the placement of NWHSU clinical interns, this policy does NOT apply to clinical sites owned or operated by external organizations.

Policy:

Reportable Infectious Diseases & Blood Borne Pathogens

These guidelines and recommendations are to assist in the identification and isolation of individuals with potential exposure to reportable infectious diseases and blood borne pathogens. These guidelines are informed by the Centers for Disease Control's current recommendations and the Minnesota Department of Health's guidelines.

Procedure:

Reportable Infectious Diseases The primary responsibilities of the NWHSU clinics will be three-fold:

1. Identify individuals with potential reportable infectious disease as defined by the CDC and State Department of Health
2. Isolate individual suspected of a reportable infectious disease
3. Communicate potential infection to the Minnesota Department of Health.

If the qualified clinician determines during the assessment process, via lab results or sometime during the actual visit the patient may have a reportable infectious disease they will follow the notification and patient isolation process below:

Patient Isolation Process

- i. Contact MN Department of Health (651) 201-5414 and the NWHSU Exposure Control Officer (952) 452-6549.
<https://www.health.state.mn.us/diseases/reportable/disease.html>
- ii. *If instructed* to do so by the MN Department of Health or the NWHSU Exposure Control Officer isolate the patient follow the steps below:
 1. Patient will be moved to a private room and the door closed.
 2. Avoid ALL unnecessary direct contact. Ensure the patient does not touch anything while being transferred to a private room. A route that is direct with minimal contact with other persons is preferred.

3. If direct contact is necessary, personal protective equipment may be donned.
4. All personnel shall be discouraged from entering the isolation room. *The patient does not need to be attended to during this time, unless they are experiencing life threatening symptoms.*
5. A tracking sheet will be utilized immediately outside of the isolation room to track individuals who enter the isolation room.
6. If patient begins to experience an obvious worsening of their condition
 - i. Immediately contact EMS (911)
 - ii. Personnel shall NOT re-enter room until EMS services arrive.
 - iii. Personnel shall not perform ANY procedure unless required to stabilize the patient.
 - iv. If clinical personnel has donned PPE they shall remain in the room with the patient unless directed otherwise by the MN Dept. of Health.
7. Isolation of potentially exposed personnel will be directed by the Minnesota Department of Health

Environmental cleaning and disinfecting procedures to be initiated following patient encounter in consultation with Minnesota Department of Health.

COVID-19 Pathogen

Reference the COVID-19 emergency policy for further details.

Blood Borne Pathogens

Exposure Protocol as follows:

This packet contains all of the forms and information needed to take care of an employee or student involved in an exposure incident.

What is an Exposure Incident?

- a) **Exposure Incident:** “a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM)* that results from the performance of an employee’s duties.” If you are unsure if an exposure incident occurred, administer first aid and then call either the exposure control officer or the appropriate supervisor of your school or college to determine if an exposure incident has occurred.

*OPIM = semen, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

You have determined that an exposure incident has occurred. Please, do not panic. Occupational exposures should be considered urgent (not emergency) medical concerns to ensure timely post-exposure management and administration of HBIG, hepatitis B vaccine, and/or HIV PEP if necessary.

Follow the steps outlined below:

Step One:

Administer First Aid:

- If this incident occurred in a patient care setting, ensure patient safety first.
- Then, clean your wound with copious amounts of soap and water for 10-15 minutes or flush your eyes or other mucous membranes with water for 10-15 minutes.

- Vigorous scrubbing should be avoided as this may damage the skin and increase the chance of disease transmission.
- If there is a puncture wound (e.g. needle stick), you do **not** need to squeeze any blood out.
- You do **not** need to apply alcohol, antiseptic or use bleach on the wound.

Step Two:

- Notify your immediate supervisor* Failure to document an exposure incident may result in the denial of the claim or delay of payment for healthcare services.
 - If he/she is unavailable, call the Exposure Control Officer.
 - Your supervisor or the Exposure Control Officer will assist you with completion of the exposure incident documentation.

***Note to supervisor:** you must contact the Exposure Control Officer within 24 hours of the incident.

Jessica Hoernemann
Exposure Control Officer
 Office: (952) 777-3840
 Cell: (952)452-6549

Step Three:

- Complete **Document A** in as much detail as possible.
- **Make 3 copies:** one for Human Resources, one for the Exposure Control Officer, one for the health care professional.

Step Four

- Sign the form regarding permission for testing of Exposed Individual. **(Document B) Make 3 copies.**

Step Five:

- Identify the Source Individual (when possible) or unless prohibited by law. This is the person to whose blood or OPIM you were exposed.
- The clinical supervisor of the exposed individual should contact the Source Individual to discuss blood testing and obtain consent.
- Request and obtain permission for testing of Source Individual (if necessary). Fill out the Past Exposure Testing Consent form and have blood tested for HIV, HBsAg, and HCV antibody. If the Source Individual is immune to Hepatitis B (i.e. has had the vaccination), HBsAg testing is not necessary. **(Document C) Make 3 copies.**
- If the Source Individual is already known to be HIV, HCV or HBV positive, new testing need not be performed.
- If the Source individual refuses to be tested, it must be documented that legal consent was not obtained. **(Document C)**
- If the Source individual cannot be identified, this must be documented. **(Document C)**

Step Six:

- Within **2 hours** of the incident the Exposed Individual should present to ~~the university lab or~~ an urgent health care clinic / ER for a medical evaluation. It is important that you don't delay in getting care. Be prepared to have your blood drawn and to be counseled by a physician regarding your risks and management options such as post-exposure drug prophylaxis.

***Note:** HIV prophylactic drugs are most effective when given within 4 hours of exposure. Hepatitis B Immune Globulin (HBIG) should be given as soon as possible after exposure, within the first 24 hours. Hepatitis B vaccine is given within seven days of exposure.

- Bring a copy of the following forms with you when you go in for your medical evaluation:
 - Completed Documents A and B (if you are having lab work done there)

- Notice to healthcare provider
 - Healthcare professional's post exposure written opinion (Document D)
 - Completed Description of employee's exposure-related job duties
 - Copy of OSHA's Bloodborne Pathogens Standard
- If you would rather have your blood drawn at the NWHSU laboratory, you will need to have the Past Exposure Testing consent form filled out, signed by a DC or MD, (test your blood for HIV, HBsAg, and HCV antibody; if you have had the hepatitis B vaccine series, you do not need to test for HBsAg) and make an appointment with Northwestern Health Clinic Bloomington (formally known as Bloomington Natural Care Clinic).

Step Seven:

- The exposed individual must make an appointment with the university's Exposure Control Officer for follow-up counseling and paperwork within the next 2 weeks. Bring copies of all your blood work, forms from the clinic, and 2 copies of exposure incident report.

Step Eight

- It will be the exposed individual's responsibility to make appropriate appointments for follow-up laboratory testing. They must contact the Exposure Control Officer for forms and call the clinical laboratory for an appointment.

***Note to Faculty / Clinical Supervisors:**

In the event an exposure incident happens in the classroom, lab, or clinical settings, you must immediately excuse the student or exposed individual from their duties in order to present for a lab draw.

You may not penalize the exposed individual in any way for time missed, including: assignments, exams, or patient care duties.

If the exposure incident happens in the clinical setting, the clinical supervisor must arrange for an immediate transition of care for the patient to another clinical intern, or to assume care of the patient themselves in order to facilitate the exposed individual presenting for lab draws.

- All paperwork must be submitted to the exposure control officer within 24 hours of the incident.
- Although highly recommended and encouraged, the exposed individual is not required to submit to lab testing or prophylactic therapy. However, all documentation must still be submitted.
- In the event the exposed individual is an employee, associated medical fees will be processed as a workman's comp claim through Human Resources.
- If the exposed individual is an ACM student, fees will be reimbursed or paid out right as a benefit of their needle stick insurance policy. The student will not be responsible for any fees associated with the exposure incident.
- External clinical sites (i.e. hospitals) may have their own blood borne pathogen protocols, in this case follow the procedure of the host site and submit all forms to the NWHSU exposure control officer.

Document A

EXPOSURE INCIDENT REPORT

To be filled out by the exposed individual involved in an exposure incident. Please fill out as completely as possible.

Date of Exposure Incident _____

Exposed Individual's Name _____

Job Title or Student _____

HBV (Hepatitis B Virus) Vaccination status (please circle)

Fully vaccinated Partially vaccinated Not vaccinated

Time of suspected exposure _____

Location of incident _____

Describe as specifically as possible what procedure(s) you were performing when exposure occurred.

Describe how the exposure incident occurred.

Were you using personal protective equipment? (e.g. gloves, lab coat, and mask) Yes No

Did the PPE fail? Yes No

If yes, explain how:

To what body fluid(s) were you exposed? Circle all that apply:

- blood
- semen
- vaginal secretions
- unfixed tissues
- body fluid visibly contaminated with blood
- couldn't tell what fluid it was

How much fluid do you think you were exposed to approximately?

What part(s) of your body became exposed?

Did a "sharps" (hollow-bore needle, acupuncture needle, glass, wooden stick etc.) penetrate your body?

Yes No

If yes, what was the object? _____

Where did it penetrate your body? _____

How deep was the puncture? _____

Did you administer first aid? Yes No Treatment declined by injured party
Describe what you did:

Please attach a separate sheet for additional comments:

Signature: _____

Printed Name Contact phone number

Document B
POST EXPOSURE TESTING CONSENT FORM
EXPOSED INDIVIDUAL

I was recently involved in an exposure incident at Northwestern Health Sciences University. I am the exposed individual.

As this exposure may possibly transmit the hepatitis B virus (HBV) or hepatitis C (HCV) or the human immunodeficiency virus (HIV), I understand that it is important that my blood be tested for Hepatitis B, Hepatitis C, and HIV.

_____ I agree to have my blood tested for hepatitis B, hepatitis C, and HIV at the prescribed intervals recommended by the CDC (see below).

_____ I decline to have my blood tested at this time.

_____ I understand that I may request testing within 90 days.

_____	_____
Signature	Date
_____	_____
Witness	signature Date

The Center for Disease Control (CDC) has suggested testing at the following intervals:

	Date	Results
• At time of exposure (<u>baseline</u>)	_____	_____
• At 6 weeks post-exposure	_____	_____
• At 6 months post-exposure	_____	_____

Document C
POST EXPOSURE TESTING CONSENT FORM
SOURCE INDIVIDUAL

I was recently involved in an exposure incident at Northwestern Health Sciences University. I am the source individual.

As this exposure may possibly transmit the hepatitis B virus (HBV), hepatitis C, (HCV), or the human immunodeficiency virus (HIV), I understand that it is important that my blood be tested for Hepatitis B, Hepatitis C, and HIV.

- _____ I agree to have my blood tested for hepatitis B, hepatitis C, and HIV (baseline).
 _____ I decline to have my blood tested at this time.

_____	_____
Signature	Date
_____	_____
Witness	signature Date

The Center for Disease Control (CDC) has suggested testing at the following intervals:

- | | | |
|---|-------|---------|
| | Date | Results |
| • At time of exposure (<u>baseline</u>) | _____ | _____ |

Northwestern Health Sciences University

POST EXPOSURE
UNKNOWN SOURCE INDIVIDUAL

I was recently involved in an exposure incident at Northwestern Health Sciences University. I am the exposed individual. The incident was such that the source individual for this exposure incident cannot be identified.

_____	_____
Signature	Date
_____	_____
Witness	signature Date

Document D

HEALTHCARE PROFESSIONAL'S

POST EXPOSURE WRITTEN OPINION

The following information is required by law to be provided to healthcare professionals performing blood borne pathogen evaluations including HBV vaccinations:

- A description of the exposure incident.
- Documentation regarding the routes of exposure
- Source individual's blood test results (Unless unfeasible or prohibited by law)
- A copy of OSHA's Blood borne Pathogens Standard.

Employee / Student Name: _____

Title: _____

Our employee has been referred to you due to an occupational exposure to blood or other potentially infectious material. Please provide the following information and return this form within 15 days of the evaluation.

Hepatitis B Vaccine: Please check appropriate box:

- † Previously received HBV vaccination.
- † HBV vaccination in progress.
- † HBV vaccination is not indicated at this time.

Post-Exposure Follow-up and Evaluation

The employee has been provided the following:

- † Laboratory test results
- † Results of all evaluations and examinations.
- † Information regarding any medical conditions resulting from the exposure incident which require treatment or evaluation.
- † Post-exposure prophylaxis management and administration of HBIG, hepatitis B vaccine, and/or HIV PEP

Licensed Healthcare

Provider

Date

NOTICE TO HEALTHCARE PROVIDER

As part of your follow-up for our employee (Exposed Individual), please provide the following services:

- 1 Test the Source Individual's blood to determine infectivity (if consent is given). If the individual is known to be infected with HIV, HBV, or HCV testing need not be repeated
- 2 Test the Exposed Individual/employee's blood to determine HIV, HBV, and HCV serologic status (consent form must be filled out)
- 3 Provide the Exposed Individual/employee (or their medical doctor) the Source Individual's test results (if feasible), and advise on regulations limiting disclosure of source identity and infectious status
- 4 Provide post-exposure treatment and counseling following U.S. Public Health Service guidelines
- 5 Complete the "Healthcare Professional's Post Exposure Written Opinion" and return it within 15 days to:
Exposure Control Officer
Northwestern Health Sciences University
2501 West 84th Street
Bloomington, MN 55431
- 6 If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If the exposed personnel elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.