



Clinical Student Handbook

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*College of Acupuncture and Chinese
Medicine*

Northwestern Health Sciences University
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Table of Contents

Introduction	5
The Role of Clinical Education	5
Clinical Observation:.....	5

Clinical Internship:.....	6
Clinical Education Department:.....	6
Clinic Education Requirements.....	7
Required Clinical Hours:.....	7
Required Patient Visits:	8
MAc, Dac.....	8
Off-Campus Clinical Sites – Requirement:.....	9
Withdrawal from Clinic Internship:	9
Documentation and Paperwork of Internship:.....	9
Patient Confidentiality and Privacy	9
Clean Needle Technique (CNT)	10
Illegal Needling.....	10
Ethics and Standards of Conduct	10
Photography / Videotaping.....	11
Professional Clinical Expectations.....	11
Professional Appearance / Clinical Dress Code Policy	11
Unacceptable clothing, unless otherwise stated within the policy.....	12
Noncompliance.....	12
Culturally Specific and Religious Obligated Attire	13
Professional Demeanor	13
Non-Harassment & Non-Discrimination in the Internship Setting.....	13
Discrimination.....	13
Harassment.....	13
Sexual Harassment	14
Reporting Options.....	14
Resources.....	15
Food in the Clinic.....	15
Failure to comply with Clinical Expectations.....	15
Clinical Observation.....	15
Observation Hours Required.....	16
Requirements for T5 Internship.....	16
Guidelines for Observers	16
Assignments and Tasks for Observer	17
Observer’s Professional Dress Code and Professional Demeanor	17
Classroom Clinic Observation.....	17

Independent Clinic Observation	18
Observation Sites	18
Clinical Theater	18
Independent Clinic Observation Scheduling and Classroom Clinic Observation Make-Up Scheduling	18
Supervised Clinical Internship – General Information.....	19
Typical Internship Schedule	19
Overview of Educational Competencies	19
Clinical Internship Pre-requisites.....	20
Clinic Entrance Exam	20
Pre-clinic Assessment Exam	20
Role of Clinical Faculty in Clinical Education.....	20
Clinical Supervisors – Areas of Responsibility	21
Intern Evaluation of Supervisor.....	21
CACM Clinical Phases and Outcomes	22
Clinic Assignment and Scheduling	58
Assignment of Clinic Shifts.....	58
Multi-tiered selection process.....	58
Scheduling During Term Breaks.....	58
Vaccination Waivers	58
Attendance Policy.....	59
Delivery of Patient Care	62
Patient Comfort	62
Patient Modesty and Draping Considerations.....	62
Other Considerations	62
Needle Incidents ~ Retention and Needle Stick.....	63
Patient Communication Outside the Treatment Room	65
Protocol for Handling “Treatment Reaction” Calls	65
Conversing with Other Health Care Practitioners.....	65
Making Referrals	66
Documentation for Clinical Internship - timecard	67
Patient Records.....	67
Patient Recruitment	67
Patient Scheduling Policies	67
Protocols for Scheduling.....	67
Assignment of Patients.....	68

Infants and Children in Clinic	68
Weather and Emergency Closures.....	68
Clinic Procedures.....	68
Biohazard and Safety Issues.....	69
Accessory Techniques in Clinic	69
Interns performing accessory techniques such as bleeding cupping or plum blossom they should be performed using the safety protocols taught in their technique’s labs.	69
Use of Moxa.....	69
End of Shift Tasks	69
In the Treatment Room	69
In the Conference Room and Dispensary Work Rooms (For All Interns)	70
Herbal Interns	70
Other.....	70
Herbal Resources	71
Writing Prescriptions.....	71
Patient Prescription Requirements	72
Assessment Forms:.....	72
MAc Phase 1 Rubric:	72
MAc Phase 2 Rubric:	73
MAc Phase 3 Rubric:	73
MAc Phase 4 Rubric:	73
DAc Phase 1 Rubric:	73
DAc Phase 2 Rubric:	74
DAc Phase 3 Rubric:	74
DAc Phase 4 Rubric:	74
DAc Phase 5 Rubric:	74
Clinical Remediation	75
Clinical Remediation Team	75
Clinical Remediation Process	75
Re-Entry Into Clinic	76
Clinical Re-Entry Process.....	76
Clinical Re-Entry Skills Assessment and Study Sessions	77
Clinical Re-Entry Timeline	77
Doctoral Completion Readiness	77
Immunization & Vaccination Information.....	78

Introduction

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

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, CACM 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 thousands of 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 perception and experience 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 offered at NWHHSU. It serves as a reference for the policies, expectations and standards of practice required of all interns enrolled in the College of Acupuncture and Chinese 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 College of Acupuncture and Chinese Medicine Clinical Education Department.

The Role of Clinical Education

Clinical education provides opportunities to translate academics with real-world experience as emerging Licensed Acupuncturists (LAc). 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.

A The primary goal of this program is to graduate competent and confident Acupuncture and Chinese Medicine Practitioners comfortable working in an integrative medical care model.

The NWHHSU 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 required of all practitioners.

Clinical Observation:

Clinical Observation is a sequence of courses where students will observe both upper-level interns as well as Licensed Acupuncturists (LAC's) in the direct treatment and care of patients. There is a progression through the clinical observation courses take 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 in a variety of clinical settings treating varied populations, as they apply the principles 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 Acupuncture and Chinese Medicine profession.

Clinical Internship:

Clinical Internships are sequenced through NWSU 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 intern.

- 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 Education Department:

The NWSU-CACM clinical system is overseen by the CACM Clinical Education Team 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 NWSU's clinical system and for ensuring quality patient care and an exceptional clinical education experience for students.

As an 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 intern'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 Coordinator:

The clinic coordinator does all clinic intern placement and graduation requirements. Should you have a concern regarding clinic placement or graduation requirements, please contact the clinic coordinator.

CACM Clinical Education Curriculum Manager:

The Clinical Education Curriculum Manager oversees student clinical education. Should you have concerns about your clinical curriculum, please contact the clinical education curriculum manager.

CACM Lead Supervisor:

The lead supervisor oversees all CACM supervisors and CACM clinical internship sites. Should you have concerns regarding your supervisor or clinical internship, please contact the lead supervisor.

CACM Dean:

The dean oversees all of the CACM clinical education department. Should you have concerns regarding the clinical education department or other sensitive concerns, please contact the 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 Herbal Medicine (ACAHM).

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):
 - Master of Acupuncture (MAc) program: 540 Clinical Hours
 - Doctorate of Acupuncture with Herbal Emphasis (DAc): 900 Hours including a required minimum of 60 / maximum of 180 hours in specific Herbal Internship Clinic shifts

Total clinical hours for programs will differ. Please refer to the current Program Catalogue for definitive requirements

Beginning with Trimester 5, it is expected that all students enroll in clinic internship during every trimester.

Each intern shift contains 60 clinical hours, all of which must be completed and documented 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, NWSU 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.

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 are made through the Office of Clinical Education in collaboration with our off-site clinic partners, and Academic Dean.

Attendance is expected on all scheduled clinic days. Any clinical hours missed are the responsibility of the clinical intern.

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 other on site or community clinics. T-7, T-8, T-9 interns are able to choose among a variety of external clinic options. Eligibility requirements apply for most sites. 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, MAc students complete 180 hours of clinic internship in order to be eligible to sit for national board exams..
- in Trimesters 8 and 9, DAc students complete 180 hours of clinic internship in both trimesters to be eligible to sit for national board exams.

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

Required Patient Visits:

MAc, Dac

For MAc interns, supervised clinical practice must include at least 250 intern- performed treatments on at least 50 new patients.

For DAc interns, supervised clinical practice must include at least 350 intern-performed treatments on at least 50 new patients. DAc interns are also required to complete at least one specific “Herbal Intern” shift, which is offered at the same time as other intern shifts in NWHSU on- site clinics. A DAc intern 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 MAc and DAc interns must complete the required minimum clinical hours AND treatment numbers prior to graduation.

A new patient is a patient that has not been seen before by that specific intern.

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 the Integrative Clinic of Minnesota (ICM).**

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 logging their hours the day of their shift and ensuring that the hours have been signed off by their supervisor. **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 NWH SU 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 NWHHSU. A patient requesting that records be released or obtained must complete a NWHHSU “**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 NWHHSU 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)

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 provide 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 NWHSU 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 NWHSU 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:
NWHSU 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 NWHSU on-site or off-site clinic venue must first be approved. This includes photographing of a patient's tongue or medical condition even if the patient's face or other identifying feature is not involved. Please review the University Clinic Handbook for the Photography and Video Policy for more information.

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 NWHSU brand. An individual's attire reflects on the image and brand of NWHSU. 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.
 - NWHSU permits the display of body art that do not pose a conflict with the individual's job environment. Factors that NWHSU 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 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 NWHSU 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 NWHSU Title IX Policy will be addressed under the processes laid out in that Policy.

NWHSU's full policy on Title IX and Non-Discrimination & Non-Harassment is available on the [NWHSU 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 the Dean of Students. 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.

- StudentLinc Counseling Services (888) 893-5462. 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.

To meet the needs of students, food may be consumed in the conference rooms of NHCBS 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.

Clinical 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 NWSU 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**
2. CPR/BLS training
3. OSHA coursework
4. HIPPA coursework

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.
- One observation shift (4 hours total) must be completed at Integrative Clinic of Minnesota before beginning T5.

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

Clinical Theater will be offered on an as needed basis. 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 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.

Mac	DAc
540 hours of internship	720 hours of internship
50 new patients	50 new patients
250 total patients (may include the 50 new patients)	350 total patients (may include the 50 new patients)
Two offsite clinic internships (one must be at ICM)	Two offsite clinic internships (one must be at ICM)
	1 herbal internship (may take two)

Typical Internship Schedule

Mac	DAc
T5: 2 in DLC/UHS	T5: 2 in DLC/UHS
T6: 2 in DLC/UHS/ICM	T6: 2 in DLC/UHS/ICM
T7:3	T7:3
T8:3	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. NWHSU 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 interns during their internship.

The following clinical outcomes are reviewed by the intern and supervisor at the beginning of every term and the intern will be assessed on the outcomes as the term progresses.

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
- 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).

DAC 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 (must be documented in patient's 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.
9. Assess intern according to the assessment schedule.

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.

CACM Clinical Phases and Outcomes

MAc Clinic Internship is divided into four phases.

MAc Phase 1: T5

Outcome: History Taking and Physical Examination [ACAHM: PCD 3 History & Examination]

Performs examinations that cover the basic framework of the Four Examinations but may need assistance in ascertaining some details or adjusting examination to fit individual needs. This includes all the following competencies:

- Asks what is necessary of the standard Ten Questions but sometimes needs to be prompted by written or online forms or by the supervisor.
- Distinguishes between the forceful or forceless pulse types in most cases; correctly reads the more obvious tongue signs.
- Follows training and supervisor's directions in selecting and performing simple or routine biomedical examinations; quickly learns to perform additional relevant biomedical examinations from supervisor, including the taking of additional medical history needed for treatment, referral, or understanding of the overall condition.
- Follows training, institutional guidelines and supervisor's direction in the identification of red flags indicating need for urgent referral or emergency care, as well as conditions requiring referral according to Minnesota law.
- Follows training guidelines and supervisor's directions to ensure patient privacy and comfort during examination.
- Follows training guidelines with respect to cultural competence and trauma-informed care; works with supervisor to develop clinical communication skills.

2. Outcome: TCM Diagnosis and Biomedical Assessment for Acupuncture [ACAHM PCD 4 Diagnosis]

Accurately differentiates conditions within the framework of the Eight Principles but may require assistance from supervisor in reaching a full or complete diagnosis. This includes all the following competencies:

- Follows instructions of supervisor to improve interpretation and contextualization of findings of the Four Examinations.
- With the help of supervisor, identifies signs of minor side effects such as bruising or soreness, and if

necessary, asks for supervisor's assistance when there is a possibility of rare and serious adverse events such as infection due to acupuncture.

- With the assistance of supervisor, integrates biomedical findings into the clinical picture while maintaining the accuracy and conceptual integrity of Chinese medicine.

3. Outcome: Treatment Planning for Acupuncture [ACAHM PCD 5: Case Management]

With assistance from supervisor, works to develop treatment plans for simple cases. This includes all of the following competencies:

- Works with supervisor to determine, where appropriate, the need for acupuncture, accessory techniques, lifestyle counseling and/or referral for biomedical care, and works these into the plan as required.
- For simple cases, identifies basic Chinese medical treatment principles.
- Works with supervisor to determine frequency of treatments, duration of treatment courses and treatment goals and expectations—including benchmark signs of progress—all of which must be included in treatment plans.
- With assistance of supervisor, integrates biomedical findings into plans, including—where appropriate—lab markers and test results as well as any ongoing biomedical treatments that could impact acupuncture delivery.
- Works with supervisor to update plans based on new or changed diagnostic signs and/or response to previous treatment.
- Participates in communication of plan to patients and other necessary caregivers, helping to negotiate adjustments to plans if this is needed to secure patient compliance.

4. Outcome: Treatment Delivery Acupuncture [ACAHM PCD 6]

Works with supervisor to select useful points, and with minimal supervision, safely and effectively delivers rudimentary acupuncture and/or accessory treatments. This includes all of the following competencies:

- Follows all professional, legal, and institutional guidelines regarding safety and best practices when administering treatment and handling equipment.
- Demonstrates acceptable accuracy in locating the more commonly used or easy-to-locate points; may require assistance in adjusting location based on individual anatomy and finding the ideal positioning for treatment.
- Demonstrates ability to needle less sensitive points with little or no lancinating pain; shows some success in obtaining *dé qì* 得气 where necessary.
- Uses appropriate caution in applying and gradually increasing needling skills, including insertion depth, angle of insertion and needle manipulation.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements

action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.

- Works with supervisor to develop effective communication during treatment, including feedback loops; gradually improves ability to inspire confidence in patient.
- Follows training guidelines and supervisor's directions when protecting patients' dignity and privacy, when applying the principles of trauma-informed care, and when exercising sensitivity to individual and cultural needs.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also PCD.5.M, Case Management, Information Systems)

Quickly learns to navigate the institutional EHR; with assistance of supervisor, accurately documents all aspects of patient care; routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent. This includes all the following competencies:

- Scrupulously applies all the rules of HIPAA and informed consent.
- With assistance of supervisor, documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of previous treatments.
- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Personal conduct, compliance with rules, and professionalism. (ACAHM PCD6L & PDD 1A: Ethics. PCD 2: Professional Judgement).

Note: Special Rubric for this domain

Acceptable conduct

Unacceptable conduct

The following behaviors are required of all students in all clinical shifts:

- Exercises sound ethical judgement in all circumstances
- Demonstrates empathy and sensitivity to individual patient needs based personal, cultural or gender differences.
- Scrupulously follows all mandates of Minnesota law, including the statutory requirements for referral in 147B.06 Subdivision 6.
- Complies thoroughly with all HIPAA requirements.

- Complies thoroughly with rules of the clinic site and/or institution.
- Displays good teamwork and cooperates fully with supervisors and support staff.
- Demonstrates a robust work ethic, including promptness and attendance.
- Maintains professional attire and proper hygiene.
- Accepts constructive criticism and learns from mistakes.
- Prioritizes patient needs in all clinical activities.
- Proactively works to advance a culture of safety in all clinical activities.
- Takes advantage of all opportunities to learn and makes efficient use of time in clinic.
- Promptly completes homework and/or additional studies to improve clinical performance.
- Exercises good professional judgement in unique and/or challenging circumstances such as behavioral issues with patients
- If emergencies take place, immediately and effectively puts prior training into action.

MAc Phase 2: T6

1. Outcome: History Taking and Physical Examination [ACAHM: PCD 3 History & Examination]

Performs examinations that efficiently cover all the necessary details for simple cases; may require limited assistance in adjusting the examination to suit individual needs. This includes all the following competencies:

- Able to ask the necessary Ten Questions without being prompted by written or online forms, sometimes requires assistance in asking follow-up questions.
- Routinely distinguishes between forceful and forceless pulse types but may require assistance from supervisor to make finer distinctions; able to correctly read tongue signs in simple cases.
- For simple conditions, selects and performs routine biomedical examinations but in complex or difficult cases may require assistance in selecting and/or performing additional examinations; including the taking of additional medical history needed for treatment, referral, or understanding of the overall condition.
- Follows training and institutional guidelines in the identification of red flags indicating need for urgent referral or emergency care, as well as conditions requiring referral according to Minnesota law.
- Follows training guidelines and supervisor's directions to ensure patient privacy and comfort during examination.
- Follows training guidelines with respect to cultural competence and trauma-informed care; works with supervisor to adjust communication to better suit the needs of individual patients.

2. Outcome: TCM Diagnosis and Biomedical Assessment for Acupuncture [ACAHM PCD 4]

Diagnosis]

Accurately differentiates a correct diagnosis in simple cases, may require assistance from supervisor in complex or difficult cases. This includes all the following competencies:

- Able to accurately interpret and contextualize findings from the Four Examinations in simple cases but may require assistance from supervisor in complex or difficult cases.
- Identifies signs of minor side effects such as bruising or soreness, and if necessary, asks for supervisor's assistance when there is a possibility of rare and serious adverse events such as infection due to acupuncture.
- In simple cases, able to integrate biomedical findings into the overall clinical picture while maintaining the accuracy and conceptual integrity of Chinese medicine.

3. Outcome: Treatment Planning for Acupuncture [ACAHM PCD 5: Case Management]

Proposes effective treatment plans for simple cases but may require assistance from supervisor in complex or difficult cases. This includes all the following competencies:

- For simple cases, correctly identifies the need for acupuncture, accessory techniques, lifestyle counseling and/or referral for biomedical care, and works these into the plan where appropriate. Assistance from supervisor may be needed in complex or difficult cases.
- For simple cases, correctly identifies Chinese medical treatment principles as well as details such as channels and bodily areas to be targeted by treatment. Assistance from supervisor may be needed in complex or difficult cases.
- For simple cases, determines frequency of treatments, duration of treatment courses and treatment goals and expectations—including benchmark signs of progress—all of which must be included in treatment plans. Assistance from supervisor may be needed in complex or difficult cases.
- In simple cases, integrates biomedical findings into plans where appropriate, including—where appropriate—lab markers and test results as well as any ongoing biomedical treatments that could impact acupuncture delivery. Assistance from supervisor may be needed in complex or difficult cases.
- Updates plans in simple cases based on new or changed diagnostic signs and/or response to previous treatment. Assistance from supervisor may be needed in complex or difficult cases.
- Follows supervisor's lead in communicating plan to patients and other necessary caregivers, including the negotiation of adjustments to plans if this is needed to secure patient compliance.

4. Outcome: Treatment Delivery Acupuncture [ACAHM PCD 6]

Selects useful points and safely and effectively delivers acupuncture and/or accessory treatments in simple cases; may require assistance in during the treatment of complex, difficult or sensitive patients. This includes all the following competencies:

- Follows all professional, legal, and institutional guidelines regarding safety and best practices when administering treatment and handling equipment.

- Properly positions patient and accurately locates the more commonly used or easy-to-locate points and adjusts location based on individual anatomy; might require assistance with unusual or less commonly used points.
- Demonstrates ability to needle the less sensitive points with little or no lancinating pain; shows gradual improvement in ability to obtain appropriate quantity and quality of *dé qì* 得气.
- Uses appropriate caution in applying and gradually increasing needling skills, including insertion depth, angle of insertion and needle manipulation.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.
- Shows steady improvement in communication skills during treatment, including feedback loops; gradually improves ability to calm and reassure the patient.
- Follows training guidelines and supervisor's directions when protecting patients' dignity and privacy, when applying the principles of trauma-informed care, and when exercising sensitivity to individual and cultural needs.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also PCD.5.M, Case Management, Information Systems)

Gradually improves speed and efficiency in the use of the institutional EHR and documents all aspects of patient care with minimal additions or corrections by supervisor; routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent. This includes all the following competencies:

- Scrupulously applies all the rules of HIPAA and informed consent.
- With minimal assistance of supervisor, documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of previous treatments.
- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Personal conduct, compliance with rules, and professionalism. (ACAHM PCD6L & PDD 1A, Ethics; also, PCD , Professional Judgement).

Note: Special Rubric for this domain

- Acceptable conduct
- Unacceptable conduct

The following behaviors are required of all students in all clinical shifts:

- Exercises sound ethical judgement in all circumstances
- Demonstrates empathy and sensitivity to individual patient needs based personal, cultural or gender differences.
- Scrupulously follows all mandates of Minnesota law, including the statutory requirements for referral in 147B.06 Subdivision 6.
- Complies thoroughly with all HIPAA requirements.
- Complies thoroughly with rules of the clinic site and/or institution.
- Displays good teamwork and cooperates fully with supervisors and support staff.
- Demonstrates a robust work ethic, including promptness and attendance.
- Maintains professional attire and proper hygiene.
- Accepts constructive criticism and learns from mistakes.
- Prioritizes patient needs in all clinical activities.
- Proactively works to advance a culture of safety in all clinical activities.
- Takes advantage of all opportunities to learn and makes efficient use of time in clinic.
- Promptly completes homework and/or additional studies to improve clinical performance.
- Exercises good professional judgement in unique and/or challenging circumstances such as behavioral issues with patients
- If emergencies take place, immediately and effectively puts prior training into action.

MAc Phase 3: T7

1. Outcome: History Taking and Physical Examination [ACAHM: PCD 3 History & Examination]

Performs examinations that efficiently cover all the necessary details for simple cases; may require limited assistance in adjusting the examination to suit individual needs. This includes all the following competencies:

- Able to ask the necessary Ten Questions without being prompted by written or online forms, sometimes requires assistance in asking follow-up questions.
- Routinely distinguishes between forceful and forceless pulse types but may require assistance from supervisor to make finer distinctions; able to correctly read tongue signs in simple cases.
- For simple conditions, selects and performs routine biomedical examinations but in complex or difficult cases may require assistance in selecting and/or performing additional examinations; including the taking of additional medical history needed for treatment, referral, or understanding of the overall condition.
- Follows training and institutional guidelines in the identification of red flags indicating need for urgent

referral or emergency care, as well as conditions requiring referral according to Minnesota law.

- Follows training guidelines and supervisor's directions to ensure patient privacy and comfort during examination.
- Follows training guidelines with respect to cultural competence and trauma-informed care; works with supervisor to adjust communication to better suit the needs of individual patients.

2. Outcome: TCM Diagnosis and Biomedical Assessment for Acupuncture [ACAHM PCD 4 Diagnosis]

Accurately differentiates a correct diagnosis in simple cases, may require assistance from supervisor in complex or difficult cases. This includes all the following competencies:

- Able to accurately interpret and contextualize findings from the Four Examinations in simple cases but may require assistance from supervisor in complex or difficult cases.
- Identifies signs of minor side effects such as bruising or soreness, and if necessary, asks for supervisor's assistance when there is a possibility of rare and serious adverse events such as infection due to acupuncture.
- In simple cases, able to integrate biomedical findings into the overall clinical picture while maintaining the accuracy and conceptual integrity of Chinese medicine.

3. Outcome: Treatment Planning for Acupuncture [ACAHM PCD 5: Case Management]

Proposes effective treatment plans for simple cases but may require assistance from supervisor in complex or difficult cases. This includes all the following competencies:

- For simple cases, correctly identifies the need for acupuncture, accessory techniques, lifestyle counseling and/or referral for biomedical care, and works these into the plan where appropriate. Assistance from supervisor may be needed in complex or difficult cases.
- For simple cases, correctly identifies Chinese medical treatment principles as well as details such as channels and bodily areas to be targeted by treatment. Assistance from supervisor may be needed in complex or difficult cases.
- For simple cases, determines frequency of treatments, duration of treatment courses and treatment goals and expectations—including benchmark signs of progress—all of which must be included in treatment plans. Assistance from supervisor may be needed in complex or difficult cases.
- In simple cases, integrates biomedical findings into plans where appropriate, including—where appropriate—lab markers and test results as well as any ongoing biomedical treatments that could impact acupuncture delivery. Assistance from supervisor may be needed in complex or difficult cases.
- Updates plans in simple cases based on new or changed diagnostic signs and/or response to previous treatment. Assistance from supervisor may be needed in complex or difficult cases.
- Follows supervisor's lead in communicating plan to patients and other necessary caregivers, including the negotiation of adjustments to plans if this is needed to secure patient compliance.

4. Outcome: Treatment Delivery Acupuncture [ACAHM PCD 6]

Selects useful points and safely and effectively delivers acupuncture and/or accessory treatments in simple cases; may require assistance in during the treatment of complex, difficult or sensitive patients. This includes all the following competencies:

- Follows all professional, legal, and institutional guidelines regarding safety and best practices when administering treatment and handling equipment.
- Properly positions patient and accurately locates the more commonly used or easy-to-locate points and adjusts location based on individual anatomy; might require assistance with unusual or less commonly used points.
- Demonstrates ability to needle the less sensitive points with little or no lancinating pain; shows gradual improvement in ability to obtain appropriate quantity and quality of *dé qi* 得气.
- Uses appropriate caution in applying and gradually increasing needling skills, including insertion depth, angle of insertion and needle manipulation.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.
- Shows steady improvement in communication skills during treatment, including feedback loops; gradually improves ability to calm and reassure the patient.
- Follows training guidelines and supervisor's directions when protecting patients' dignity and privacy, when applying the principles of trauma-informed care, and when exercising sensitivity to individual and cultural needs.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also PCD.5.M, Case Management, Information Systems)

Gradually improves speed and efficiency in the use of the institutional EHR and documents all aspects of patient care with minimal additions or corrections by supervisor; routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent. This includes all the following competencies:

- Scrupulously applies all the rules of HIPAA and informed consent.
- With minimal assistance of supervisor, documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of previous treatments.
- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Personal conduct, compliance with rules, and professionalism. (ACAHM PCD6L &

PDD 1A, Ethics; also, PCD , Professional Judgement).

Note: Special Rubric for this domain

- Acceptable conduct
- Unacceptable conduct

The following behaviors are required of all students in all clinical shifts:

- Exercises sound ethical judgement in all circumstances
- Demonstrates empathy and sensitivity to individual patient needs based personal, cultural or gender differences.
- Scrupulously follows all mandates of Minnesota law, including the statutory requirements for referral in 147B.06 Subdivision 6.
- Complies thoroughly with all HIPAA requirements.
- Complies thoroughly with rules of the clinic site and/or institution.
- Displays good teamwork and cooperates fully with supervisors and support staff.
- Demonstrates a robust work ethic, including promptness and attendance.
- Maintains professional attire and proper hygiene.
- Accepts constructive criticism and learns from mistakes.
- Prioritizes patient needs in all clinical activities.
- Proactively works to advance a culture of safety in all clinical activities.
- Takes advantage of all opportunities to learn and makes efficient use of time in clinic.
- Promptly completes homework and/or additional studies to improve clinical performance.
- Exercises good professional judgement in unique and/or challenging circumstances such as behavioral issues with patients
- If emergencies take place, immediately and effectively puts prior training into action.

MAc Phase 4: T8

Outcome: History Taking and Physical Examination [ACAHM: PCD 3 History & Examination]

Independently and routinely performs examinations that are time-efficient, focused on clinically relevant information, and consistently adjusted to the needs of the individual patients and their conditions, even in complex or difficult cases. This includes all the following competencies:

- Uses sound judgement to fine-tune Four Examinations, skillfully gathering the necessary information while avoiding time with irrelevant or redundant details.
- Consistently reads pulse and tongue signs with a high degree of accuracy, even in difficult cases, and

accurately contextualizes these with the overall clinical picture.

- Independently selects relevant biomedical examinations and performs them skillfully even in complex or difficult cases; routinely gathers all biomedical history needed for treatment, referral, or understanding of the overall condition.
- Independently demonstrates prompt recognition of red flags that indicate need for urgent referral or emergency care, as well as conditions requiring referral according to Minnesota law.
- Scrupulously maintains privacy of patients; patients routinely made to feel safe and comfortable throughout the examination; recognizes and responds to special needs when necessary.
- Routinely communicates with patients on their own terms and with respect to cultural and personal needs as well as trauma-informed care.

2. Outcome: TCM Diagnosis and Biomedical Assessment for Acupuncture [ACAHM PCD 4 Diagnosis]

Independently and routinely forms accurate Chinese medical diagnoses, even in complex or difficult cases, and skillfully aggregates and contextualizes all examination data. This includes all the following competencies:

- Independently demonstrates sound professional judgement when interpreting and contextualizing the Four Examinations in the process of forming a Chinese medical diagnosis, even in complex or difficult cases.
- Independently identifies signs of minor side effects such as bruising or soreness, and correctly identifies the possible presence of rare and serious adverse events such as infection due to acupuncture.
- Uses sound professional judgement when integrating biomedical findings into the overall clinical assessment, successfully maintaining the accuracy and conceptual integrity of the Chinese medical diagnosis.

3. Outcome: Treatment Planning for Acupuncture [ACAHM PCD 5: Case Management]

Independently constructs acupuncture treatment plans, even in complex or difficult cases, that closely comport with diagnoses and examination findings, and include referrals for biomedical care where appropriate or required by Minnesota law. This includes all the following competencies:

- Independently determines the need for acupuncture, accessory techniques, lifestyle counseling, and possibly biomedical referral, and works these into the plan when appropriate, even in complex or difficult cases.
- For all cases, including the most complex and difficult, independently constructs plans that accurately describe the Chinese medical treatment principles and list finer details including main channels, point categories and treatment regions.
- Independently determines the frequency of treatments, duration of treatment courses, and treatment

goals and expectations—including benchmark signs of progress—all of which are routinely included in treatment plans, and does this in all cases, including complex and difficult ones.

- Demonstrates sound independent judgement, even in complex or difficult cases, when integrating biomedical findings into plans, including—where appropriate—lab markers, test results and any ongoing biomedical treatments that could impact acupuncture delivery.
- Independently updates plans, even in complex or difficult cases, based on new or changed diagnostic signs and/or response to previous treatment.
- Skillfully communicates plan to patients and other necessary caregivers, demonstrating ability to negotiate adjustments to plans if this is needed to secure patient compliance.

4. Outcome: Treatment Delivery Acupuncture [ACAHM PCD 6: Acupuncture Treatment]

Independently selects useful points and safely, skillfully, and efficiently delivers advanced acupuncture and/or accessory treatments, even in complex, difficult or sensitive cases. This includes all the following competencies:

- Steadfastly follows all professional, legal, and institutional guidelines regarding safety, CNT and best practices when administering treatment and handling equipment; proactively works to improve safety practices and develop a culture of safety in the work environment.
- Consistently demonstrates advanced skill in all areas of acupuncture treatment, including point selection, positioning of patient, point location, insertion depth, angle of insertion and needle manipulation; and routinely adjusts patient positioning, point location, point selection and needling technique based on individual anatomy, the needs of the patient and the requirements of the treatment.
- Consistently demonstrates ability to needle all points, including hard-to-needle or highly sensitive points, with little or no lancinating pain and to gather appropriate quantity and quality of *dé qì* 得气.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.
- Effectively maintains feedback loop throughout treatment and projects a manner that is calming and reassuring to the patient and inspires confidence the practitioner's skills.
- Scrupulously protects patients' dignity and privacy and provides care that is trauma-informed and sensitive to individual and cultural needs.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also PCD.5.M, Case Management, Information Systems)

Independently supplies accurate, thorough, and efficient documentation for all aspects of patient care in the institutional EHR, including cases involving complex details, and routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent. This includes all the following competencies:

- Scrupulously applies all the rules of HIPAA and informed consent.
- Independently documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of previous treatments.
- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Integrative Care [ACAHM SMD1 A-I.]

Works closely with supervisor to adjust to the environment, culture and unique demands of the integrative care setting and complies with any rules, requirements, or additional layers of supervision at externship site. This includes all the following competencies:

- Maintains professional communications and interactions with staff and health care professionals employed at clinic externship site.
- Improves biomedical vocabulary to better communicate with biomedical providers.

DAc Clinical Internship is divided into five phases.

DAc Phase 1: T5

1. Outcome: History Taking and Physical Examination [ACAHM: PCD 3 History & Examination]

Performs examinations that cover the basic framework of the Four Examinations but may need assistance in ascertaining some details or adjusting examination to fit individual needs. This includes all the following competencies:

- Asks what is necessary of the standard Ten Questions but sometimes needs to be prompted by written or online forms or by the supervisor.
- Distinguishes between the forceful or forceless pulse types in most cases; correctly reads the more obvious tongue signs.
- Follows training and supervisor's directions in selecting and performing simple or routine biomedical examinations; quickly learns to perform additional relevant biomedical examinations from supervisor, including the taking of additional medical history needed for treatment, referral, or understanding of the overall condition.
- Follows training, institutional guidelines and supervisor's direction in the identification of red flags indicating need for urgent referral or emergency care, as well as conditions requiring referral according to Minnesota law.
- Follows training guidelines and supervisor's directions to ensure patient privacy and comfort during examination.
- Follows training guidelines with respect to cultural competence and trauma-informed care; works with supervisor to develop clinical communication skills.

2. Outcome: TCM Diagnosis and Biomedical Assessment for Acupuncture [ACAHM PCD 4 Diagnosis]

Accurately differentiates conditions within the framework of the Eight Principles but may require assistance from supervisor in reaching a full or complete diagnosis. This includes all the following competencies:

- Follows instructions of supervisor to improve interpretation and contextualization of findings of the Four Examinations.
- With the help of supervisor, identifies signs of minor side effects such as bruising or soreness, and if necessary, asks for supervisor's assistance when there is a possibility of rare and serious adverse events such as infection due to acupuncture.
- With the assistance of supervisor, integrates biomedical findings into the clinical picture while maintaining the accuracy and conceptual integrity of Chinese medicine.

3. Outcome: Treatment Planning for Acupuncture [ACAHM PCD 5: Case Management]

With assistance from supervisor, works to develop treatment plans for simple cases. This includes all of the following competencies:

- Works with supervisor to determine, where appropriate, the need for acupuncture, accessory techniques, lifestyle counseling and/or referral for biomedical care, and works these into the plan as required.
- For simple cases, identifies basic Chinese medical treatment principles.
- Works with supervisor to determine frequency of treatments, duration of treatment courses and treatment goals and expectations—including benchmark signs of progress—all of which must be included in treatment plans.
- With assistance of supervisor, integrates biomedical findings into plans, including—where appropriate—lab markers and test results as well as any ongoing biomedical treatments that could impact acupuncture delivery.
- Works with supervisor to update plans based on new or changed diagnostic signs and/or response to previous treatment.
- Participates in communication of plan to patients and other necessary caregivers, helping to negotiate adjustments to plans if this is needed to secure patient compliance.

4. Outcome: Treatment Delivery Acupuncture [ACAHM PCD 6]

Works with supervisor to select useful points, and with minimal supervision, safely and effectively delivers rudimentary acupuncture and/or accessory treatments. This includes all of the following competencies:

- Follows all professional, legal, and institutional guidelines regarding safety and best practices when administering treatment and handling equipment.

- Demonstrates acceptable accuracy in locating the more commonly used or easy-to-locate points; may require assistance in adjusting location based on individual anatomy and finding the ideal positioning for treatment.
- Demonstrates ability to needle less sensitive points with little or no lancinating pain; shows some success in obtaining *dé qi* 得气 where necessary.
- Uses appropriate caution in applying and gradually increasing needling skills, including insertion depth, angle of insertion and needle manipulation.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.
- Works with supervisor to develop effective communication during treatment, including feedback loops; gradually improves ability to inspire confidence in patient.
- Follows training guidelines and supervisor's directions when protecting patients' dignity and privacy, when applying the principles of trauma-informed care, and when exercising sensitivity to individual and cultural needs.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also PCD.5.M, Case Management, Information Systems)

Quickly learns to navigate the institutional EHR; with assistance of supervisor, accurately documents all aspects of patient care; routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent. This includes all the following competencies:

- Scrupulously applies all the rules of HIPAA and informed consent.
- With assistance of supervisor, documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of previous treatments.
- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Personal conduct, compliance with rules, and professionalism. (ACAHM PCD6L & PDD 1A: Ethics. PCD 2: Professional Judgement).

Note: Special Rubric for this domain

- Acceptable conduct
- Unacceptable conduct

The following behaviors are required of all students in all clinical shifts:

- Exercises sound ethical judgement in all circumstances
- Demonstrates empathy and sensitivity to individual patient needs based personal, cultural or gender differences.
- Scrupulously follows all mandates of Minnesota law, including the statutory requirements for referral in 147B.06 Subdivision 6.
- Complies thoroughly with all HIPAA requirements.
- Complies thoroughly with rules of the clinic site and/or institution.
- Displays good teamwork and cooperates fully with supervisors and support staff.
- Demonstrates a robust work ethic, including promptness and attendance.
- Maintains professional attire and proper hygiene.
- Accepts constructive criticism and learns from mistakes.
- Prioritizes patient needs in all clinical activities.
- Proactively works to advance a culture of safety in all clinical activities.
- Takes advantage of all opportunities to learn and makes efficient use of time in clinic.
- Promptly completes homework and/or additional studies to improve clinical performance.
- Exercises good professional judgement in unique and/or challenging circumstances such as behavioral issues with patients
- If emergencies take place, immediately and effectively puts prior training into action.

DAc Phase 1: T6

Outcome: History Taking and Physical Examination [ACAHM: PCD 3 History & Examination]

Performs examinations that efficiently cover all the necessary details for simple cases involving acupuncture treatment; may require limited assistance in adjusting the examination to suit individual needs and works with supervisor to address complex or difficult cases and **to gather sufficient information for herbal prescription**. This includes all the following competencies:

- Able to ask the necessary Ten Questions without being prompted by written or online forms, sometimes requires assistance in asking follow-up questions.
- Routinely distinguishes between forceful and forceless pulse types but may require assistance from supervisor to make finer distinctions; able to correctly read tongue signs in simple cases.
- For simple conditions, selects and performs routine biomedical examinations but in complex or difficult cases may require assistance in selecting and/or performing additional examinations; including the taking of additional medical history needed for treatment, referral, or understanding of the overall condition.
- Follows training and institutional guidelines in the identification of red flags indicating need for urgent

referral or emergency care, as well as conditions requiring referral according to Minnesota law.

- Follows training guidelines and supervisor's directions to ensure patient privacy and comfort during examination.
- Follows training guidelines with respect to cultural competence and trauma-informed care; works with supervisor to adjust communication to better suit the needs of individual patients.

2. Outcome: TCM Diagnosis and Biomedical Assessment for Acupuncture and Chinese Herbs [ACAHM PCD 4 Diagnosis]

Accurately differentiates a correct diagnosis in simple cases, may require assistance from supervisor in complex or difficult cases or to **provide sufficient detail to guide both acupuncture and herbal medicine prescription**. This includes all the following competencies:

- Able to accurately interpret and contextualize findings from the Four Examinations in simple cases but may require assistance from supervisor in complex or difficult cases **or to provide additional details for purposes of herbal prescription**.
- Identifies signs of minor side effects such as bruising or soreness, and if necessary, asks for supervisor's assistance when there is a possibility of rare and serious adverse events such as infection due to acupuncture.
- **Calls attention to supervisor when herbal side effects are suspected.**
- In simple cases, able to integrate biomedical findings into the overall clinical picture while maintaining the accuracy and conceptual integrity of Chinese medicine.

3. Outcome: Treatment Planning for Acupuncture and Herbal Medicine [ACAHM PCD 5: Case Management]

Proposes effective treatment plans for acupuncture in simple cases but may require assistance from supervisor in complex or difficult cases; **works with supervisor to develop effective treatment strategy using herb formulas**. This includes all the following competencies:

- For simple cases, correctly identifies the need for acupuncture, accessory techniques, lifestyle counseling and/or referral for biomedical care, and works these into the plan where appropriate. **Works with supervisor to build herbal medicine into the plans** and to address complex or difficult cases.
- For simple cases, correctly identifies Chinese medical treatment principles as well as details such as channels and bodily areas to be targeted by treatment. **Works with supervisor to fine-tune treatment principles for herbal treatment** and to address complex or difficult cases.
- For simple cases, determines frequency of treatments, duration of treatment courses and treatment goals and expectations—including benchmark signs of progress—all of which must be included in treatment plans Assistance from supervisor may be needed in complex or difficult cases.
- In simple cases, integrates biomedical findings into plans where appropriate, including—where appropriate—lab markers and test results as well as any ongoing biomedical treatments that could

impact acupuncture delivery. **Works with supervisor to search databases determine potential for herb-drug interactions** and to address complex or difficult cases.

- Updates plans in simple cases based on new or changed diagnostic signs and/or response to previous treatment. Assistance from supervisor may be needed in complex or difficult cases.
- Follows supervisor's lead in communicating **acupuncture and herbal medicine plans** to patients and other necessary caregivers, including the negotiation of adjustments to plans if this is needed to secure patient compliance.

4a. Outcome: Treatment Delivery Acupuncture [ACAHM PCD 6]

Selects useful points and safely and effectively delivers acupuncture and/or accessory treatments in simple cases; may require assistance in during the treatment of complex, difficult or sensitive patients. This includes all the following competencies:

- Follows all professional, legal, and institutional guidelines regarding safety and best practices when administering treatment and handling equipment.
- Properly positions patient and accurately locates the more commonly used or easy-to-locate points and adjusts location based on individual anatomy; might require assistance with unusual or less commonly used points.
- Demonstrates ability to needle the less sensitive points with little or no lancinating pain; shows gradual improvement in ability to obtain appropriate quantity and quality of *dé qi* 得气.
- Uses appropriate caution in applying and gradually increasing needling skills, including insertion depth, angle of insertion and needle manipulation.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.
- Shows steady improvement in communication skills during treatment, including feedback loops; gradually improves ability to calm and reassure the patient.
- Follows training guidelines and supervisor's directions when protecting patients' dignity and privacy, when applying the principles of trauma-informed care, and when exercising sensitivity to individual and cultural needs.

4b. Treatment Delivery Herbal Medicine [ACM PCD 6M1-13, TCM Treatment Herbs]

In simple cases, correctly proposes the chief herbs to be used in treatment and works with supervisor to select the prescribed formula.

- In selecting herbs in simple cases, carefully avoids herbs that carry unnecessary risk based on both modern and classical knowledge and works with supervisor to find the appropriate substitutes.
- For simple cases, correctly articulates the rationale for the selected herbs and explains their role in the treatment; assistance needed from supervisor in complex or difficult cases.

- Quickly develops skill in searching appropriate databases for herb-drug interactions.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also PCD.5.M, Case Management, Information Systems)

Works with supervisor to improve efficiency in the use of the institutional EHR and **herb interaction and herb formulation databases**; documents all aspects of patient care with minimal additions or corrections by supervisor; routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent. This includes all the following competencies:

- Scrupulously applies all the rules of HIPAA and informed consent.
- With minimal assistance of supervisor, documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of previous treatments.
- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Personal conduct, compliance with rules, and professionalism. (ACAHM PCD6L & PDD 1A, Ethics; also, PCD , Professional Judgement).

Note: Special Rubric for this domain

- Acceptable conduct
- Unacceptable conduct

The following behaviors are required of all students in all clinical shifts:

- Exercises sound ethical judgement in all circumstances
- Demonstrates empathy and sensitivity to individual patient needs based personal, cultural or gender differences.
- Scrupulously follows all mandates of Minnesota law, including the statutory requirements for referral in 147B.06 Subdivision 6.
- Complies thoroughly with all HIPAA requirements.
- Complies thoroughly with rules of the clinic site and/or institution.
- Displays good teamwork and cooperates fully with supervisors and support staff.
- Demonstrates a robust work ethic, including promptness and attendance.
- Maintains professional attire and proper hygiene.
- Accepts constructive criticism and learns from mistakes.

- Prioritizes patient needs in all clinical activities.
- Proactively works to advance a culture of safety in all clinical activities.
- Takes advantage of all opportunities to learn and makes efficient use of time in clinic.
- Promptly completes homework and/or additional studies to improve clinical performance.
- Exercises good professional judgement in unique and/or challenging circumstances such as behavioral issues with patients
- If emergencies take place, immediately and effectively puts prior training into action.

DAC Phase 2: T7

1. Outcome: History Taking and Physical Examination [ACAHM: PCD 3 History & Examination]

Performs examinations that efficiently cover the necessary details for the acupuncture treatment of complex or difficult cases and may require minimal assistance in adjusting the examination to suit individual needs; **works with supervisor to gather additional details needed for herbal prescription.** This includes all the following competencies:

- Routinely asks the necessary Ten Questions, including follow-up questions, and does so in a time-efficient manner; **works with supervisor to ask any additional questions needed for herbal treatment.**
- Able to make fine distinctions in pulse and tongue signs, even in difficult cases, but may require assistance from supervisor in properly contextualizing these readings to the total clinical picture.
- Able to select and competently perform necessary biomedical examinations, requires limited assistance in complex or difficult cases; routinely gathers any medical history needed for treatment, referral, or understanding of the overall condition. **Works with supervisor to gather additional history needed for herbal prescription.**
- Follows training and institutional guidelines in the identification of red flags indicating need for urgent referral or emergency care, as well as conditions requiring referral according to Minnesota law
- Able to ensure patient privacy and comfort during examination without critique or prompting from the supervisor.
- Follows training guidelines with respect to cultural competence and trauma-informed care; able to adjust communication to better suit the needs of individual patients.

2. Outcome: TCM Diagnosis and Biomedical Assessment for Acupuncture and Herbal Medicine [ACAHM PCD 4 Diagnosis]

Constructs accurate diagnoses in most complex or difficult cases but may require assistance in aggregating and contextualizing examination data **or to provide sufficient detail to guide both acupuncture and herbal medicine prescription.** This includes all the following competencies.

- Able to accurately interpret and contextualize findings from the Four Examinations, even in complex or difficult cases, with only occasional support from supervisor.

- Identifies signs of minor side effects such as bruising or soreness, and if necessary, asks for supervisor’s assistance when there is a possibility of rare and serious adverse events such as infection due to acupuncture.
- **Works with supervisor to identify possible side effects from herbal treatment.**
- In complex or difficult cases, able to integrate biomedical findings into the overall clinical picture while maintaining the accuracy and conceptual integrity of Chinese medicine.

3. Outcome: Treatment Planning for Acupuncture and Herbal Medicine [ACAHM PCD 5: Case Management]

Constructs effective treatment plans for complex or difficult cases but may require support from supervisor in fine-tuning plan **to include herbal medicine** or to fit the details in the diagnosis and examination findings. This includes all the following competencies.

- For complex or difficult cases—with minimal assistance from supervisor—identifies the need for acupuncture, accessory techniques, lifestyle counseling, **herbal medicine** and/or referral for biomedical care, and works these into the plan where appropriate.
- For complex or difficult cases, constructs treatment plans that correctly identify Chinese medical treatment principles and broadly outlines channels and bodily areas to be targeted by treatment. **Minimal assistance may be needed in fine-tuning the treatment principles for herbal treatment.**
- In most complex and difficult cases, accurately determines frequency of treatments, duration of treatment courses and treatment goals and expectations—including benchmark signs of progress—all of which must be included in treatment plans.
- In complex or difficult cases, with minimal support from supervisor, integrates biomedical findings into plans, including—where appropriate—lab markers, test results and any ongoing biomedical treatments that could impact acupuncture delivery, and **risks of herb-drug interactions obtained from database searches.**
- With minimal support from supervisor in complex or difficult cases, updates plans based on new or changed diagnostic signs and/or response to previous treatment.
- Communicates plan to patients and other necessary caregivers, **including details of herb dosage and administration**; work with supervisor to negotiate adjustments to plans if this is needed to secure patient compliance.

4a. Outcome: Treatment Delivery Acupuncture [ACAHM PCD 6]

Selects useful points with minimal suggestions from supervisor and safely and effectively delivers acupuncture and/or accessory treatments in complex, difficult or sensitive cases. This includes all the following competencies:

- Follows all professional, legal, and institutional guidelines regarding safety, CNT and best practices when administering treatment and handling equipment; works with supervisor to improve safety practices were necessary.

- Demonstrates accuracy in locating all points and adjusts location and patient positioning as needed based on individual anatomy.
- Needles most points with little or no lancinating pain; shows gradual improvement in ability to obtain appropriate quantity and quality of *dé qì* 得气.
- Uses appropriate caution in applying and gradually increasing needling skills, including insertion depth, angle of insertion and needle manipulation.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.
- Develops a communication feedback loop that is used throughout treatments; gradually improves ability to calm and reassure the patient.
- Follows training guidelines and supervisor's directions when protecting patients' dignity and privacy, when applying the principles of trauma-informed care, and when exercising sensitivity to individual and cultural needs.

4b. Treatment Delivery Herbal Medicine [ACM PCD 6M1-13, TCM Treatment Herbs]

In complex or difficult cases, correctly proposes the chief herbs that most closely comport with the diagnosis and treatment principles and works with supervisor to select the prescribed formula.

- In all cases, including the most complex and difficult, carefully avoids herbs that carry unnecessary risk based on both modern and classical knowledge and works with supervisor to find the appropriate substitutes.
- Correctly articulates the rationale for the selected herbs and explains their role in the treatment.
- Works with supervisor to select dosages of formulas and individual herbs that maximize safety, minimize risk, and take into consideration both traditional and modern contraindications.
- Works with supervisor to search appropriate databases for herb-drug interactions.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also PCD.5.M, Case Management, Information Systems)

Gradually improves both speed and efficiency in the use of the institutional EHR and **herb interaction and herb formulation databases** and accurately documents most aspects of patient care, with minimal assistance from supervisor in cases involving complex details **or documentation of herb formulas**. Routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent. This includes all the following competencies:

- Scrupulously applies all the rules of HIPAA and informed consent.
- With minimal assistance of supervisor, documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of previous treatments.

- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Integrative Care [ACAHM SMD1 A-I.]

Works closely with supervisor to adjust to the environment, culture and unique demands of the integrative care setting and complies with any rules, requirements, or additional layers of supervision at externship site. This includes all the following competencies:

- Maintains professional communications and interactions with staff and health care professionals employed at clinic externship site.
- Improves biomedical vocabulary to better communicate with biomedical providers.
- With the help of other caregivers in the integrative clinical site, interprets lab tests and imagery and integrates results into overall patient assessment and treatment plan.

7. Outcome: Personal conduct, compliance with rules, and professionalism. (ACAHM PCD6L & PDD 1A: Ethics. PCD 2: Professional Judgement).

Note: Special Rubric for this domain

- Acceptable conduct
- Unacceptable conduct

The following behaviors are required of all students in all clinical shifts:

- Exercises sound ethical judgement in all circumstances
- Demonstrates empathy and sensitivity to individual patient needs based personal, cultural or gender differences.
- Scrupulously follows all mandates of Minnesota law, including the statutory requirements for referral in 147B.06 Subdivision 6.
- Complies thoroughly with all HIPAA requirements.
- Complies thoroughly with rules of the clinic site and/or institution.
- Displays good teamwork and cooperates fully with supervisors and support staff.
- Demonstrates a robust work ethic, including promptness and attendance.
- Maintains professional attire and proper hygiene.
- Accepts constructive criticism and learns from mistakes.
- Prioritizes patient needs in all clinical activities.
- Proactively works to advance a culture of safety in all clinical activities.

- Takes advantage of all opportunities to learn and makes efficient use of time in clinic.
- Promptly completes homework and/or additional studies to improve clinical performance.
- Exercises good professional judgement in unique and/or challenging circumstances such as behavioral issues with patients
- If emergencies take place, immediately and effectively puts prior training into action.

DAc Phase 3: T8

Outcome: History Taking and Physical Examination [ACAHM: PCD 3 History & Examination]

Independently and routinely performs examinations that are time-efficient, focused on clinically relevant information, and consistently adjusted to the needs of the individual patients, their conditions, and a treatment involving acupuncture, even in complex or difficult cases; **minimal support may be needed for additional details needed for herbal prescription.** This includes all the following competencies:

- Uses sound judgement to fine-tune Four Examinations, skillfully gathering the necessary information for acupuncture while avoiding time with irrelevant or redundant details. **Minimal assistance may be needed if additional details are required for herbal prescription.**
- Consistently reads pulse and tongue signs with a high degree of accuracy, even in difficult cases, and accurately contextualizes these with the overall clinical picture.
- Independently selects relevant biomedical examinations and performs them skillfully even in complex or difficult cases; routinely gathers all biomedical history needed for treatment, referral, or understanding of the overall condition. **Minimal assistance may be needed if additional history is needed for herbal prescription.**
- Independently demonstrates prompt recognition of red flags that indicate need for urgent referral or emergency care, as well as conditions requiring referral according to Minnesota law.
- Scrupulously maintains privacy of patients; patients routinely made to feel safe and comfortable throughout the examination; recognizes and responds to special needs when necessary.
- Routinely communicates with patients on their own terms and with respect to cultural and personal needs as well as trauma-informed care.

2. Outcome: TCM Diagnosis and Biomedical Assessment for Acupuncture and Herbal Medicine [ACAHM PCD 4 Diagnosis]

Independently and routinely forms accurate Chinese medical diagnoses, even in complex or difficult cases, and skillfully aggregates and contextualizes all examination data. **Minimal assistance from supervisor may be needed to add diagnostic details needed for herbal medicine prescription.** This includes all the following competencies:

- For acupuncture treatment, independently demonstrates sound professional judgement when interpreting and contextualizing the Four Examinations in the process of forming a Chinese medical diagnosis, even in complex or difficult cases; **minimal assistance may be needed to provide additional**

details for herbal treatment.

- Independently identifies signs of minor side effects of acupuncture such as bruising or soreness, and correctly identifies the possible presence of rare and serious adverse events such as infection due to acupuncture.
- **With minimal assistance from supervisor, identifies possible side effects of herbal treatment.**
- Uses sound professional judgement when integrating biomedical findings into the overall clinical assessment, successfully maintaining the accuracy and conceptual integrity of the Chinese medical diagnosis.
- Follows guidance of supervisor in the use of classical and/or modern information sources to improve the diagnostic process in complex or difficult cases.

3. Outcome: Treatment Planning for Acupuncture and Herbal Medicine [ACAHM PCD 5: Case Management]

Independently constructs acupuncture treatment plans, even in complex or difficult cases, that closely comport with diagnoses and examination findings, and include referrals for biomedical care where appropriate or required by Minnesota law. **With minimal assistance from supervisor, herbal medicine is included in complex or difficult plans.** This includes all the following competencies:

- Independently determines the need for acupuncture, accessory techniques, lifestyle counseling, **herbal medicine**, and possibly biomedical referral, and works these into the plan when appropriate, even in complex or difficult cases.
- For all cases, including the most complex and difficult, independently constructs plans that accurately describe the Chinese medical treatment principles and include the finer details need for acupuncture (i.e., main channels, point categories, treatment regions etc.); **with minimal assistance of supervisor, supplies the finer details in treatment principles needed for herbal medicine prescription.**
- Accurately determines the frequency of treatments, duration of treatment courses, and treatment goals and expectations—including benchmark signs of progress—all of which are routinely included in treatment plans, and does this in all cases, including complex and difficult ones.
- Demonstrates sound independent judgement, even in complex or difficult cases, when integrating biomedical findings into plans, including—where appropriate—lab markers, test results and any ongoing biomedical treatments that could impact acupuncture delivery; **minimal assistance from supervisor may be needed to determine risks of herb-drug interactions obtained from database searches.**
- Independently updates plans, even in complex or difficult cases, based on new or changed diagnostic signs and/or response to previous treatment.
- Skillfully communicates plan to patients and other necessary caregivers and **provides lucid instructions to patient on herb dosage and administration**; demonstrates ability to negotiate adjustments to plans if this is needed to secure patient compliance.

4a. Outcome: Treatment Delivery Acupuncture [ACAHM PCD 6: Acupuncture Treatment]

Independently selects useful points and safely, skillfully, and efficiently delivers advanced acupuncture and/or accessory treatments, even in complex, difficult or sensitive cases. This includes all the following competencies:

- Steadfastly follows all professional, legal, and institutional guidelines regarding safety, CNT and best practices when administering treatment and handling equipment; proactively works to improve safety practices and develop a culture of safety in the work environment.
- Consistently demonstrates advanced skill in all areas of acupuncture treatment, including point selection, positioning of patient, point location, insertion depth, angle of insertion and needle manipulation; and routinely adjusts patient positioning, point location, point selection and needling technique based on individual anatomy, the needs of the patient and the requirements of the treatment.
- Consistently demonstrates ability to needle all points, including hard-to-needle or highly sensitive points, with little or no lancinating pain and to gather appropriate quantity and quality of *dé qì* 得气.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.
- Effectively maintains feedback loop throughout treatment and projects a manner that is calming and reassuring to the patient and inspires confidence the practitioner's skills.
- Scrupulously protects patients' dignity and privacy and provides care that is trauma-informed and sensitive to individual and cultural needs.

4b. Treatment Delivery Herbal Medicine [ACM PCD 6M1-13, TCM Treatment Herbs]

In simple cases, prescribes **herb formulas** that comport with the diagnosis and treatment principles and successfully adjusts these as needed based on the progress of the plan; minimal assistance from supervisor is needed to accomplish this for complex and difficult cases.

- Carefully avoids both herbs and formulas that carry unnecessary risk based on both modern and classical knowledge and selects the appropriate substitutes with minimal assistance from supervisor.
- With minimal assistance from supervisor, selects dosages of formulas and individual herbs that maximize safety, minimize risk, and take into consideration both traditional and modern contraindications.
- With minimal assistance from supervisor, uses appropriate databases to identify herb-drug interactions and modifies herb prescriptions as needed to minimize interaction risk.
- With minimal assistance from supervisor, proposes strategies to manage side effects of herb treatment, including adjustments to the formulas, dosages, preparations and/or administration processes.

- Works with supervisor to effectively use classical and/or modern information sources to assist in the selection of formulas.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also PCD.5.M, Case Management, Information Systems)

Independently supplies quick, accurate, thorough, and efficient documentation for most aspects of patient care in the institutional EHR, including cases involving complex details, and routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent.

Minimal assistance from supervisor may be needed to efficiently use herb interaction and herb formulation databases or to enter complex formulations in the EHR. This includes all the following competencies:

- Scrupulously applies all the rules of HIPAA and informed consent.
- Independently documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of previous treatments.
- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Integrative Care [ACAHM SMD1 A-I.]

With minimal assistance from the supervisor, adjusts to the environment, culture and unique demands of the integrative care setting and complies with any rules, requirements, or additional layers of supervision at externship site. This includes all the following competencies:

- Maintains professional communications and interactions with staff and health care professionals employed at clinic externship site.
- Improves biomedical vocabulary to better communicate with biomedical providers.
- With the help of other caregivers in the integrative clinical site, interprets lab tests and imagery and integrates results into overall patient assessment and treatment plan.

7. Outcome: Ethics, legal compliance, professionalism. (ACAHM PCD6L & PDD 1A: Ethics. PCD 2: Professional Judgement).

Note: Special Rubric for this domain

- Acceptable conduct
- Unacceptable conduct

The following behaviors are required of all students in all clinical shifts:

- Exercises sound ethical judgement in all circumstances
- Demonstrates empathy and sensitivity to individual patient needs based personal, cultural or gender differences.
- Scrupulously follows all mandates of Minnesota law, including the statutory requirements for referral in 147B.06 Subdivision 6.
- Complies thoroughly with all HIPAA requirements.
- Complies thoroughly with rules of the clinic site and/or institution.
- Displays good teamwork and cooperates fully with supervisors and support staff.
- Demonstrates a robust work ethic, including promptness and attendance.
- Maintains professional attire and proper hygiene.
- Accepts constructive criticism and learns from mistakes.
- Prioritizes patient needs in all clinical activities.
- Proactively works to advance a culture of safety in all clinical activities.
- Takes advantage of all opportunities to learn and makes efficient use of time in clinic.
- Promptly completes homework and/or additional studies to improve clinical performance.
- Exercises good professional judgement in unique and/or challenging circumstances such as behavioral issues with patients
- If emergencies take place, immediately and effectively puts prior training into action.

DAC Phase 4: T9

1. Outcome: History Taking and Physical Examination [ACAHM: PCD 3, History & Examination]

Independently and routinely performs examinations that are time-efficient, focused on clinically relevant information, consistently adjusted to individual needs, and contain all details needed to guide a treatment that includes **both acupuncture and herb formulas**, even in complex or difficult cases. This includes all the following competencies:

- Uses sound judgement to fine-tune the Four Examinations to the needs of the individual and to **the need for additional scrutiny for purposes of herbal treatment**; skillfully gathers the necessary information while avoiding time with irrelevant or redundant details.
- Consistently reads pulse and tongue signs with a high degree of accuracy, even in difficult cases, and accurately contextualizes these with the overall clinical picture.
- Independently selects relevant biomedical examinations and performs them skillfully even in complex or difficult cases; routinely gathers all biomedical history needed for treatment, referral, or understanding of the overall condition, **including any additional history needed for prescribing herbal medicines**.

- Independently demonstrates prompt recognition of red flags that indicate need for urgent referral or emergency care, as well as conditions requiring referral according to Minnesota law.
- Scrupulously maintains privacy of patients; patients routinely made to feel safe and comfortable throughout the examination; recognizes and responds to special needs when necessary.
- Routinely communicates with patients on their own terms and with respect to cultural and personal needs, trauma-informed care.

2. Outcome: TCM Diagnosis and Biomedical Assessment for Acupuncture and Herbal Medicine [ACAHM PCD 4 Diagnosis]

Independently and routinely forms Chinese medical diagnoses, even in complex or difficult cases, with sufficient detail and sophistication to guide a treatment plan that includes **herb formulas** and acupuncture. This includes all the following competencies:

- Independently demonstrates sound professional judgement when interpreting and contextualizing the Four Examinations in the process of forming a Chinese medical diagnosis, even in complex or difficult cases **and cases involving herbal prescription.**
- Independently identifies signs of potential side effects or rare adverse events potentially due to acupuncture **or herbal treatment.**
- Uses sound professional judgement when integrating biomedical findings into the overall clinical assessment, successfully maintaining the accuracy and conceptual integrity of the Chinese medical diagnosis.
- Independently uses classical and/or modern information sources to improve the diagnostic process in complex or difficult cases.

3. Outcome: Treatment Plans for Acupuncture and Herbal Medicine [ACM PCD 5: Case Management]

Independently constructs treatment plans, even in complex or difficult cases, that closely comport with diagnostic findings and include **both acupuncture herb formulas**, as well as referrals for biomedical care where appropriate or required by Minnesota law. This includes all the following competencies:

- Independently determines the need for acupuncture, accessory techniques, lifestyle counseling, herbal medicine, and possibly biomedical referral, and works these into the plan when appropriate, even in complex or difficult cases.
- For all cases, including the most complex and difficult, independently constructs plans that accurately describe the Chinese medical treatment principles, outline the scope of the treatment, **and contain enough detail to guide prescription of herbal formulas.**
- For both acupuncture and herbal medicine, demonstrates independent judgement and experience in determining the frequency of treatments, duration of treatment courses, and treatment goals and expectations—including benchmark signs of progress—all of which are routinely included in treatment plans, and does this in all cases, even the most complex and difficult.

- Demonstrates sound independent judgement, even in complicated and difficult cases, when integrating biomedical findings into plans, including lab markers, test results and any ongoing biomedical treatments that could interact with treatment, including **risks of herb-drug interactions obtained from database searches**.
- Independently updates plans, even in complex or difficult cases, based on new or changed diagnostic signs and/or response to previous treatment.
- Skillfully communicates plan to patients and other necessary caregivers **and provides lucid instructions to patient on herb dosage and administration**; independently demonstrating ability to negotiate adjustments to plans if this is needed to secure patient compliance.

4a. Outcome: Treatment Delivery Acupuncture [ACM PCD 6A-L: Acupuncture Treatment]

Independently selects useful points and safely, skillfully, and efficiently delivers advanced acupuncture and/or accessory treatments, even in complex, difficult or sensitive cases. This includes all the following competencies:

- Steadfastly follows all professional, legal, and institutional guidelines regarding safety, CNT and best practices when administering treatment and handling equipment; proactively works to improve safety practices and develop a culture of safety in the work environment.
- Consistently demonstrates advanced skill in all areas of acupuncture treatment, including point selection, positioning of patient, point location, insertion depth, angle of insertion and needle manipulation; and routinely adjusts patient positioning, point location, point selection and needling technique based on individual anatomy, the needs of the patient and the requirements of the treatment.
- Consistently demonstrates ability to needle all points, including hard-to-needle or highly sensitive points, with little or no lancinating pain and to gather appropriate quantity and quality of *dé qì* 得气.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.
- Effectively maintains feedback loop throughout treatment and projects a manner that is calming and reassuring to the patient and inspires confidence the practitioner's skills.
- Scrupulously protects patients' dignity and privacy and provides care that is trauma-informed and sensitive to individual and cultural needs.

4b. Outcome: Treatment Delivery Herbs [ACM PCD 6M1-13, TCM Treatment Herbs]

Independently prescribes formulas that closely comport with the diagnosis and treatment principles and are updated as needed based on the progress of the plan, the response to previous treatment and the potential for harmful herb-drug interactions.

- Carefully avoids herbs or formulas that carry unnecessary risk based on both modern and classical knowledge and skillfully selects the appropriate substitutes.

- Independently selects dosages of formulas and individual herbs that maximize safety, minimize risk, and takes into consideration both traditional and modern contraindications.
- Skillfully uses appropriate databases to identify herb-drug or herb-supplement interactions; independently modifies herb prescriptions as needed to minimize interaction risk.
- Independently deploys strategies to manage side effects of herb treatment, including adjustments to the formulas, dosages, preparations and/or administration processes.
- Independently uses classical and/or modern information sources to assist in the selection of formulas.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also PCD.5.M, Case Management, Information systems)

Independently supplies accurate, thorough, and efficient documentation for all aspects of patient using the institutional EHR, **including cases involving complex details**, and routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent.

Demonstrates efficient use of herb interaction and herb formulation databases. This includes all the following competencies:

- Skillfully and efficiently uses the EHR to write prescriptions for herb formulas, even when complex formulations are required.
- Scrupulously applies all the rules of HIPAA and informed consent.
- Consistently and independently documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of treatment.
- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Integrative Care [ACAHM SMD1 A-I.]

Quickly adjusts to the environment, culture and unique demands of various integrative care settings and complies with any rules, requirements, or additional layers of supervision at externship site. This includes all the following competencies:

- Quickly achieves competency in any new EHR programs required at externship sites.
- Maintains professional communications and interactions with staff and health care professionals employed at clinic externship site.
- Successfully adjusts to the biomedical vocabulary needed in conversations with biomedical providers.
- With the help of other caregivers in the integrative clinical site, interprets lab tests and imagery and integrates results into overall patient assessment and treatment plan.

7. Outcome: Personal conduct, compliance with rules, and professional judgement.

The following behaviors are required of all students in all clinical shifts:

Note: Special Rubric for this Outcome

- Acceptable conduct
- Unacceptable conduct
- Exercises sound ethical judgement in all circumstances
- Scrupulously follows all mandates of Minnesota law, including the statutory requirements for referral in 147B.06 Subdivision 6.
- Complies thoroughly with all HIPAA requirements
- Complies thoroughly with rules of the clinic site and/or institution
- Displays good teamwork and cooperates fully with supervisors and support staff
- Demonstrates a robust work ethic, including promptness and attendance
- Maintains professional attire and proper hygiene
- Accepts constructive criticism and learns from mistakes
- Prioritizes patient needs in all clinical activities
- Proactively works to advance a culture of safety in all clinical activities
- Takes advantage of all opportunities to learn and makes efficient use of time in clinic
- Promptly completes homework and/or additional studies to improve clinical performance
- Exercises good professional judgement in unique and/or challenging circumstances such as behavioral issues with patients
- If emergencies take place, immediately and effectively puts prior training into action.

DAC Phase 5: T10

1. Outcome: History Taking and Physical Examination [ACAHM: PCD 3, History & Examination; SMD 2.D: Patient care in health systems]

Independently and routinely performs examinations that are time-efficient, focused on clinically relevant information, consistently adjusted to individual **and institutional** needs, and contain all details needed to guide a treatment that includes a **modified herb prescription**, even in complex or difficult cases. This includes all the following competencies:

- Uses sound judgement to fine-tune the Four Examinations to the individual patient's needs, **to the additional scrutiny needed for formula modification, and to the pace required of the institution**, skillfully gathering the necessary information while avoiding time with irrelevant or redundant details.
- Consistently reads pulse and tongue signs with a high degree of accuracy, even in difficult cases, and accurately contextualizes these with the overall clinical picture.

- Independently selects relevant biomedical examinations and performs them skillfully even in complex or difficult cases; routinely gathers all biomedical history needed for treatment, referral, or understanding of the overall condition, **including any additional history needed for modifying herb formulas.**
- Independently demonstrates prompt recognition of red flags that indicate need for urgent referral or emergency care, as well as conditions requiring referral according to Minnesota law.
- Scrupulously maintains privacy of patients; patients routinely made to feel safe and comfortable throughout the examination; recognizes and responds to special needs when necessary.
- Routinely communicates with patients on their own terms and with respect to cultural and personal needs, trauma-informed care, **and the rules and requirements of the institution.**

2. Outcome: Chinese Medical Diagnosis for Acupuncture and Herbs [ACAHM PCD 4 Diagnosis]

Independently and routinely forms Chinese medical diagnoses, even in complex or difficult cases, with sufficient detail and sophistication to guide a treatment plan that includes **modified herbal formulation** and acupuncture. This includes all the following competencies:

- Independently demonstrates sound professional judgement when interpreting and contextualizing examination findings, **including those that require sophisticated diagnostic skills, such as False Signs (假证候).**
- Independently identifies signs of potential side effects or rare adverse events potentially due to acupuncture or herbal treatment.
- Uses sound professional judgement when integrating biomedical findings into the overall clinical assessment, successfully maintaining the accuracy and conceptual integrity of the Chinese medical diagnosis.
- Independently uses classical and/or modern information sources **to expand the range of diagnostic possibilities and cogently argue for the best diagnosis out of several candidates**, even in complex or difficult cases.

3. Outcome: Treatment Plans for Acupuncture and Herbs [ACM PCD 5: Case Management]

Independently constructs treatment plans, even in complex or difficult cases, that closely comport with diagnostic findings and include acupuncture, **modified herbal formulas** and referrals for biomedical care where appropriate. This includes all the following competencies:

- Independently determines the need for acupuncture, accessory techniques, lifestyle counseling, **modified herbal formulas** and possibly biomedical referral, and works these into the plan when appropriate, even in complex or difficult cases.
- For all cases, including the most complex and difficult, independently constructs plans that accurately describe the Chinese medical treatment principles, outline the scope of the treatment, and **contain enough detail and sophistication to guide herbal formula modification.**
- For both acupuncture and herbal medicine, demonstrates independent judgement and experience in

determining the frequency of treatments, duration of treatment courses, and treatment goals and expectations—including benchmark signs of progress—all of which are routinely included in treatment plans, and does this in all cases, even the most complex and difficult.

- Demonstrates sound independent judgement, even in complicated and difficult cases, when integrating biomedical findings into plans, including lab markers, test results and any ongoing biomedical treatments that could interact with treatment, **including risks of herb-drug interactions obtained from database searches.**
- Independently updates plans, even in complex or difficult cases, based on new or changed diagnostic signs and/or response to previous treatment.
- Skillfully communicates plan to patients and other necessary caregivers and provides lucid instructions to patient on herb dosage and administration; independently demonstrating ability to negotiate adjustments to plans if this is needed to secure patient compliance.

4a. Outcome: Treatment Delivery Acupuncture [ACM PCD 6A-L: Acupuncture Treatment]

Independently selects useful points and safely, skillfully, and efficiently delivers advanced acupuncture and/or accessory treatments, even in complex, difficult or sensitive cases. This includes all the following competencies:

- Steadfastly follows all professional, legal, and institutional guidelines regarding safety, CNT and best practices when administering treatment and handling equipment; proactively works to improve safety practices and develop a culture of safety in the work environment.
- Consistently demonstrates advanced skill in all areas of acupuncture treatment, including point selection, positioning of patient, point location, insertion depth, angle of insertion and needle manipulation; and routinely adjusts patient positioning, point location, point selection and needling technique based on individual anatomy, the needs of the patient and the requirements of the treatment.
- Consistently demonstrates ability to needle all points, including hard-to-needle or highly sensitive points, with little or no lancinating pain and to gather appropriate quantity and quality of *dé qì* 得气.
- Quickly recognizes medical emergencies and adverse events (e.g. syncope); immediately implements action plans taught in training (e.g., management of syncope, performance of CPR); coordinates smoothly with supervisors and staff.
- Effectively maintains feedback loop throughout treatment and projects a manner that is calming and reassuring to the patient and inspires confidence the practitioner's skills.
- Scrupulously protects patients' dignity and privacy and provides care that is trauma-informed and sensitive to individual and cultural needs.

4b. Outcome: Treatment Delivery Herbs [ACM PCD 6M1-13, TCM Treatment Herbs]

Independently prescribes **modified formulas** that closely comport with the diagnosis and treatment principles, **are clearly articulated**, and are updated as needed based on the progress of the plan, the response to previous treatment and the potential for harmful herb-drug

interactions.

- Carefully avoids herbs or formulas that carry unnecessary risk based on both modern and classical knowledge and skillfully selects the appropriate substitutes.
- **Clearly differentiates between several candidate formulas and cogently argues for the one that is safest and best fits the diagnosis, treatment principles and individual needs, even in complex or difficult cases.**
- **Independently modifies formulas safely and effectively, adding or subtracting herbs to better suit the diagnosis, treatment plan, and unique presentation of the patient, even in complex or difficult cases.**
- Independently selects dosages of formulas and individual herbs that maximize safety, minimize risk, and takes into consideration both traditional and modern contraindications.
- Skillfully uses appropriate databases to identify herb-drug or herb-supplement interactions; independently modifies herb prescriptions as needed to minimize interaction risk.
- Quickly recognizes side effects when they occur and independently deploys strategies to manage these, including adjustment of formulas, dosages, preparations and/or administration processes.
- Independently uses classical and/or modern information sources **to develop new and unique formulations** to
improve outcomes in complex or difficult cases.

5. Outcome: Record keeping, privacy, collaboration (ACAHM PDD 1: Education & Medical Communication; also, PCD.5.M, Case Management, information systems)

Independently supplies accurate, thorough, and efficient documentation for all aspects of patient care using the institutional EHR, **including cases involving complex details**, and routinely follows all legal and institutional compliance requirements including HIPAA and Informed consent.

Demonstrates efficient use of herb interaction and herb formulation databases. This includes all the following competencies:

- Skillfully and efficiently uses the EHR to write herb formulas, including the building of formulas from single herbs.
- Scrupulously applies all the rules of HIPAA and informed consent.
- Consistently documents details such as TCM treatment principles, overall treatment plan, results of biomedical exams, referral to biomedical care and potential side effects or adverse events of treatment.
- Ensures that intake and consent forms are filled out properly and signed.
- Effectively communicates with other caregivers at the clinic site.
- Follows all institutional guidelines for facility management and patient flow.

6. Outcome: Integrative Care [ACAHM SMD1 A-I; SMD 2D; SMD 3B,3D; PDD 3E, 3F.]

Quickly adjusts to the environment, culture and unique demands of various integrative care settings. **Quickly acquires necessary cognitive skills** and faithfully complies with any rules, requirements, or additional layers of supervision at externship sites.

- Quickly achieves competency in any new EHR programs required at externship sites.
- Maintains professional communications and interactions with staff and health care professionals employed at clinic externship site.
- Where necessary, explains acupuncture and Chinese treatments and their expected outcomes using modern scientific terms and concepts.
- When interacting with biomedical staff, explains the patients' condition using the concepts and vocabulary of modern biomedicine.
- Effectively employs evidence-informed practice and uses appropriate evidence-informed resources to support clinical decisions.
- With the help of other caregivers in the integrative clinical site, interprets lab tests and imagery and integrates results into overall patient assessment and treatment plan.

7. Outcome: Personal conduct, compliance with rules, and professional judgement.

The following behaviors are required of all students in all clinical shifts:

Note: Special Rubric for this Outcome

- Acceptable conduct
- Unacceptable conduct
- Exercises sound ethical judgement in all circumstances
- Scrupulously follows all mandates of Minnesota law, including the statutory requirements for referral in 147B.06 Subdivision 6.
- Complies thoroughly with all HIPAA requirements
- Complies thoroughly with rules of the clinic site and/or institution
- Displays good teamwork and cooperates fully with supervisors and support staff
- Demonstrates a robust work ethic, including promptness and attendance
- Maintains professional attire and proper hygiene
- Accepts constructive criticism and learns from mistakes
- Prioritizes patient needs in all clinical activities
- Proactively works to advance a culture of safety in all clinical activities

- Takes advantage of all opportunities to learn and makes efficient use of time in clinic
- Promptly completes homework and/or additional studies to improve clinical performance
- Exercises good professional judgement in unique and/or challenging circumstances such as behavioral issues with patients
- If emergencies take place, immediately and effectively puts prior training into action

During all phases, clinic interns will be assessed on multiple clinical competencies.

Clinic Assignment 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.

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 can request one if additional shifts are available at the end of placement. If there is an extenuating circumstance related to program completion or special circumstances related to graduation progression, then the Dean can give an exception to this policy.

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

The CACM Clinical Coordinator may schedule make-up shifts over break. The CACM Clinical Coordinator will send out information prior to break to sign up.

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

Interns must be present for 80% of their regularly scheduled internship. Interns that miss more than 80% of their assigned shift may be removed from the shift and will be given a grade of Unsatisfactory and will be required to retake the clinical internship.

Interns that are removed from a shift due to attendance issues will receive a grade of Unsatisfactory and be required to retake the internship. The intern will forfeit any hours associated with that internship but will retain their patient numbers.

4-hour internships may miss a total of 3 scheduled shifts. An intern that misses 3 shifts is automatically placed on warning and will fail at their next missed clinic shift.

6-hour internships may miss a total of 2 scheduled shifts. An intern that misses 2 shift is automatically placed on warning and will fail at their next missed clinic shift.

A clinic absence is defined as an intern not being present for a clinic shift, no matter the reason.

Clinic and campus closures including snow days do not count as absences.

Documentation of Time

Interns are responsible for documenting their clinic time in Zoho. Interns are responsible for ensuring they have obtained the appropriate supervisor approval. Interns must document their clinic hours at the end of shift. Retroactive clinic documentation is not allowed. Pre and post clinic work may not be documented. Fraudulent documentation of clinical hours will lead to disciplinary action as outlined in the student handbook.

Clinical attendance will be documented each shift by the clinic supervisor. This is separate from the intern's documentation of clinic time.

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 patient assessment promptly at 8:30.

Pre-shift setup time is not to be documented by the intern.

Late Arrival to Clinic

Late arrival is defined as not being prepared to treat at the clinic shift start time. 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.

If an intern is late two times, the intern will be placed on warning, if the intern is late a third time, the intern will be removed from the shift and will be given a grade of Unsatisfactory and will be required to retake the clinical internship.

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

1. Contact the front desk of the clinic.
 - a. Contact information is given to the intern at the time of scheduling shifts.
2. Contact their clinical supervisor and CACM Clinical Coordinator.

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. Interns will need to coordinate dismissal from clinic with their supervisor. Frequent early departures from the clinic can result in a warning and potential dismissal from the shift.

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.

The intern must contact the CACM clinic coordinator to determine if the NWHSU sponsored event or field trip will be considered an absence or not.

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 (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. Successful completion of an internship is the completion of 60 hours.

Make-Up Shifts

If an intern needs to schedule make-up shifts due to campus closures or any unforeseen circumstances, that make-up shift must be assigned to a specific clinic shift when scheduling. Once that make-up shift is scheduled and assigned to a specific clinic shift, if the make-up clinic shift needs to be rescheduled, canceled, or changed, the shift will count against the intern just as a regularly scheduled shift.

No Show

A no show is when an intern does not show up to a clinic shift without any prior communication. An intern's first no show will result in an automatic warning. An intern's secondary no show in a term, no matter the shift, is an automatic dismissal from the shift. This includes make up shifts.

Disciplinary Actions

All NWHHSU 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:

- 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 NWHHSU 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.

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 and if exposed to a BBP, follow protocols in the Incident Exposure Incident Report. The incident report form can be found in the University Clinical Handbook. **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 hard 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), 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

Occasionally, 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 CACM Clinical Education Department. 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 NWHSU supervisor directly, or the NWHSU clinic to arrange a time for the phone conference.
 3. The NWHSU 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 Statute 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.

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 NWH SU 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 NWH SU 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 NWH SU 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.
- Local News
- Posting to the University website

Clinic Procedures

The following tasks are the responsibility of each intern during their clinic shift.

- 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 NWHSU'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 NWHSU'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.

Accessory Techniques in Clinic

Interns performing accessory techniques such as bleeding cupping or plum blossom they should be performed using the safety protocols taught in their technique's labs.

Use of Moxa

When moxa is used for a treatment in campus clinics, an air purifier must be turned on in the treatment room. 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 NWHSU 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

All CACM internships are pass/fail. 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 or failure of internship.

Assessment Forms:

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

CACM Clinic Assessment, MAc Phases 1-4 / DAc Phases 1-5

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.

Assessment is based on clinical outcomes.

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

MAc Phase 1 Rubric:

- Demonstrates readiness for Phase 2 on all competencies within this domain, even in complex and/or difficult cases.
- Demonstrates readiness for Phase 2 of all competencies within this domain, with some room for improvement in handling complex or difficult cases.
- Demonstrates readiness for Phase 2 in the performance of all competencies within this domain, but with significant room for improvement in complex or difficult cases: remediation is required.
- Unable to demonstrate readiness for Phase 2 on significant competencies within this domain;

remediation is required for initial or secondary assessment. Failure of internship at final assessment.

MAc Phase 2 Rubric:

- A. Demonstrates readiness for Phase 3 on all competencies within this domain, even in complex and/or difficult cases.
- B. Demonstrates readiness for Phase 3 of all competencies within this domain, with some room for improvement in handling complex or difficult cases.
- C. Demonstrates readiness for Phase 3 in the performance of all competencies within this domain, but with significant room for improvement in complex or difficult cases: remediation is required.
- D. Unable to demonstrate readiness for Phase 3 on significant competencies within this domain; remediation is required for initial or secondary assessment. Failure of internship at final assessment.

MAc Phase 3 Rubric:

- A. Demonstrates readiness for Phase 4 on all competencies within this domain, even in complex and/or difficult cases.
- B. Demonstrates readiness for Phase 4 of all competencies within this domain, with some room for improvement in handling complex or difficult cases.
- C. Demonstrates readiness for Phase 4 in the performance of all competencies within this domain, but with significant room for improvement in complex or difficult cases: remediation is required.
- D. Unable to demonstrate readiness for Phase 4 on significant competencies within this domain; remediation is required for initial or secondary assessment. Failure of internship at final assessment.

MAc Phase 4 Rubric:

- A. Demonstrates readiness for independent practice on all competencies within this domain, even in complex and/or difficult cases.
- B. Demonstrates readiness for independent practice of all competencies within this domain, with some room for improvement in handling complex or difficult cases.
- C. Demonstrates readiness for independent practice in the performance of all competencies within this domain, with significant room for improvement in complex or difficult cases: remediation is required.
- D. Unable to demonstrate readiness for independent practice of significant competencies within this domain; remediation is required for initial or secondary assessment. Failure of internship at final assessment.

DAc Phase 1 Rubric:

- A. Demonstrates readiness for DAc Phase 2 on all competencies within this domain, even in complex and/or difficult cases.
- B. Demonstrates readiness for DAc Phase 2 of all competencies within this domain, with some room for improvement in handling complex or difficult cases.
- C. Demonstrates readiness for DAc Phase 2 in the performance of all competencies within this domain, but with significant room for improvement in complex or difficult cases: remediation is required.

- D. Unable to demonstrate readiness for DAc Phase 2 on significant competencies within this domain; remediation is required for initial or secondary assessment. Failure of internship at final assessment.

DAc Phase 2 Rubric:

- A. Demonstrates readiness for DAc Phase 3 on all competencies within this domain, even in complex and/or difficult cases.
- B. Demonstrates readiness for DAc Phase 3 on all competencies within this domain, with some room for improvement in handling complex or difficult cases.
- C. Demonstrates readiness for DAc Phase 3 in the performance of all competencies within this domain, but with significant room for improvement in complex or difficult cases: remediation is required.
- D. Unable to demonstrate readiness for DAc Phase 3 on significant competencies within this domain; remediation is required for initial or secondary assessment. Failure of internship at final assessment.

DAc Phase 3 Rubric:

- A. Demonstrates readiness for DAc Phase 4 on all competencies within this domain, even in complex and/or difficult cases.
- B. Demonstrates readiness for DAc Phase 4 on all competencies within this domain, with some room for improvement in handling complex or difficult cases.
- C. Demonstrates readiness for DAc Phase 4 in the performance of all competencies within this domain, but with significant room for improvement in complex or difficult cases: remediation is required.
- D. Unable to demonstrate readiness for DAc Phase 4 on significant competencies within this domain; remediation is required for initial or secondary assessment. Failure of internship at final assessment.

DAc Phase 4 Rubric:

- A. Demonstrates readiness for independent practice on all competencies within this domain, even in complex and/or difficult cases.
- B. Demonstrates readiness for independent practice of all competencies within this domain, with some room for improvement in handling complex or difficult cases.
- C. Demonstrates readiness for independent practice in the performance of all competencies within this domain, with significant room for improvement in complex or difficult cases: remediation is required.
- D. Unable to demonstrate readiness for independent practice of significant competencies within this domain; remediation is required for initial or secondary assessment. Failure of internship at final assessment.

DAc Phase 5 Rubric:

- A. Demonstrates readiness for either independent **or integrative practice** in all competencies within this domain, even in complex and/or difficult cases.
- B. Demonstrates readiness for either independent **or integrative practice** in all competencies within this

domain, with some room for improvement in handling complex or difficult cases.

- C. Demonstrates readiness for either independent **or integrative practice** in the performance of all competencies within this domain, with significant room for improvement in complex or difficult cases: remediation is required.
- D. Unable to demonstrate readiness for either independent **or integrative practice** in significant competencies within this domain; remediation is required for initial or secondary assessment. Failure of internship at final assessment.

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.

When a clinical intern receives a clinical assessment rating of C in any clinical criteria during any of the clinical assessment periods, the clinical remediation process is activated and supported by the Clinical Remediation Team.

When a clinical intern receives a clinical assessment rating of D in any clinical criteria during the first two assessment periods, the clinical remediation process is activated and supported by the Clinical Remediation Team. When a clinical intern receives a clinical assessment rating of D in any clinical criteria during the final assessment period, the intern will receive a failing grade for the internship.

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. Once a remediation plan is created and the intern has been informed, the intern will have 4 weeks to complete the remediation.

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 Completion Readiness

Doctoral completion interns who are not NWHHSU graduates, or it has been more than 1 year since completion of an NWHHSU 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 NWSU 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. NWSU HIPPA training

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 NWHSU 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.