



**EMPEROR'S**  
COLLEGE

School of Traditional Oriental Medicine

Community  
Acupuncture  
Clinic

# CLINIC MANUAL

2017

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**THIS MANUAL DETAILS ACCEPTABLE BEHAVIOR IN THE CLINIC.**

**IF YOU ARE CONTEMPLATING AN ACTION THAT IS NOT  
COVERED, IT MUST BE CLEARED BY THE DEAN OF CLINICAL  
EDUCATION OR CLINIC MANAGEMENT.**

## Introduction

### **EMPEROR'S COLLEGE CLINIC**

Welcome to the Emperor's College clinic. Emperor's College clinic is a community-oriented teaching clinic. The primary objectives of the Emperor's College clinic are:

- Providing a professional setting for Emperor's College students to complete their internship training for the Masters degree of Traditional Oriental Medicine and Licensed Acupuncturists to complete their clinical training for the Doctorate degree of Traditional Oriental Medicine
- Providing affordable, high quality Traditional Oriental Medicine health care for the local community

### **CLINICAL TRAINING**

For the students, the clinic is where the theories and skills learned in the classroom portion of the program are applied to real life clinical situations; it is the central aspect of the Medicine and the Curriculum.

### **CLINICAL OBJECTIVES**

At the completion of the Clinical Training Program, Emperor's students will be able to demonstrate:

- The professionalism and ethical behaviors appropriate for patient care and effective collegial relationships
- Effective patient management and communication skills, including appropriate health education.
- Effective techniques of history taking, physical examination and patient assessment
- Appropriate skills in record-keeping including full and accurate charting
- The integration of the breadth of Traditional Oriental Medicine into effective diagnostic skills and treatment protocols
- Proficiency in a variety of methods of Acupuncture practice, including accurate point prescriptions, point location, needle insertion, manipulation, and removal techniques
- Proficiency in prescribing appropriate raw and processed Herbal medicines based on diagnosis
- The ability to practice clinically within the safety requirements of OSHA, CNT, HIPAA, and accepted standards for clinical practice including Acupuncture, Herbal prescriptions, and adjunct Treatment techniques (including Moxa, Cupping, Electrostim, Gua Sha, Tui Na, and Bleeding)

### **LEVEL OF CLINIC TRAINING**

The clinical training program at Emperor's College is divided into Clinic Observation and Clinic Internship.

**Observer:** The Observer level is the student's introduction to the clinic. The Observer's role is limited both per clinic and per legal requirements imposed by the State of California licensing law. The Observer is limited to observation of Interns and Clinic Supervisors and assisting the Intern or Supervisor with maintenance of the treatment environment and dispensary needs.

**Intern:** The Intern examines the patient, develops a diagnosis and treatment plan under the supervision of the Clinic Supervisor, and administers treatment to the patient. The Intern participates in a structured program of increasing responsibility, from Level 1, where the Intern is

closely supervised in all phases of clinic practice, to Level 4, where the Intern practices almost independently under generally minimal supervision of the Clinic Supervisor. Several principles guide this process.

The total hours of the clinic program for students who entered the program after 2010 are summarized below:

<u>SECTION</u>	<u>HOURS</u>
Pre-Clinical Courses	20
Observation	150
Internship	800
<b>Total</b>	<b>970</b>

**ECTOM CLINIC ACADEMIC STRUCTURE**

1. **Dean of Clinical Education:** Oversees development and implementation of institutional functions related to clinic procedures, processes, and operations; maintaining high educational standards in the clinical setting; developing and updating the Exposure Control Plan, Risk Management Plan and HIPAA Training; supervising the quality control of Clinic Supervisors, medical procedures, Interns and Clinic Staff, etc.
2. **Clinical Education Coordinator:** Assistant to the Dean of Clinical Education; coordinates, collects, and files all clinical assignments; maintains contracts, records, and manuals; ongoing research and development regarding self assessments and evaluation procedures.
3. **Clinic Supervisor:** The Clinic Supervisor provides guidance to the Interns in the development of clinical skills and the understanding of the medical principles needed to practice Acupuncture and Herbal medicine
4. **Technical Supervisor:** The Technical Supervisor focuses on monitoring and correcting Level 1 & II Interns' interviewing skills, point location, needle technique, clean needle technique (CNT), charting, and adjunct techniques such as cupping, moxa, etc. The Technical Supervisor also, when time allows, works with interns on improving diagnosis skills, time management and various procedural details.
5. **Dean of the Dispensary:** The Dispensary Manager keeps the dispensary room organized and operating smoothly during clinic hours and is available to assist and support teaching and education in the clinic.
6. **Clinic Manager:** Oversees clinical operations including front desk personnel, inventory managements, and monitoring time clock procedures.

As is true throughout the College, in order to make satisfactory progress in the MTOM Program students must meet requirements for satisfactory academic progress as well as requirements for professionalism. Professionalism is particularly important in patient care and clinical practice (both during training and after graduation). You will be expected to demonstrate professionalism in any clinical setting in which you train or work.

1. Passing a Clinical Course (for interns AND observers; some of the items below only apply to interns)
  - a. A clinical course is 12 weeks in length, but students are scheduled for 13 weeks each quarter (for those quarters in which there are 13 weeks present). It is the responsibility of the students to notify the Dean of Clinical Education in writing (using a Shift Change form) if they do not plan to work Week #13 as part of their regular clinical course (block).
  - b. To pass a clinical course students must:
    - i. Have full and complete attendance (as described below) for the full clinic shift each week and complete all hours required for the clinical course (block):
      - 50 hours for all clinical courses (blocks).
      - Complete patient treatments while demonstrating clinical and professional competencies (see Evaluations for a listing of professional competencies)
    - ii. Complete on time all homework or other assignments given during the clinical course.
    - iii. Demonstrate all clinical skills and professional competencies required at each level of training, including charting and all aspects of patient care.
    - iv. Receive a satisfactory evaluation from their Clinic Supervisors and Technical Supervisors at the end of the clinical course. Interns must also meet with Supervisors mid-quarter to track areas of strength and areas where interns need to strengthen their competencies.
    - v. Demonstrate professionalism in all activities and in all interactions while in Clinic; with patients, fellow students, Clinic staff and faculty; and meet all requirements and follow all Clinic rules.

## 2. Policies for Prompt and Full Attendance in Clinic:

### Absences and Late Arrivals

Clinic Students are expected to have full and prompt attendance in Clinic whether or not they have patients scheduled throughout their entire shift.

- a. All students must arrive on time to all clinic shifts and stay until the end of that shift. Students must arrive a minimum of 12 minutes early to receive full credit, and they must clock in for themselves. NOTE: Clinic Students are expected to have full and prompt attendance in Clinic regardless of their patient treatment schedule.

- b. The following times are the latest students can clock in without being assigned a “late” for that shift and the earliest a student can clock out to receive full credit for any shift (to receive “full credit,” a student would ALSO need to clock in early enough each shift to get 120 extra minutes over the course of an entire quarter— see description in paragraph below):

**Emperor’s Clinic Hours of Operation**

Monday	8am-9pm
Tuesday	8am-4:30pm
Wednesday	8am-9pm
Thursday	8am-9pm
Friday	8am-9pm
Saturday	8:30am-5pm
Sunday	12:30pm-9pm

Within the above stated operational hours, the Clinic Shifts are structured as follows:

WEEKDAYS & SUNDAYS	For maximum credit:
<b>AM = 8am-12pm</b>	*clock in by 7:48am
<b>PM = 12:30pm-4:30pm</b>	*clock in by 12:18pm
<b>EVE = 5pm-9pm</b>	*clock in by 4:48pm
<b>SATURDAYS</b>	
<b>AM = 8:30-12:30</b>	*clock in by 8:18am
<b>PM = 1:00-5:00</b>	* clock in by 12:48pm

Interns and Observers need to earn 50 hours per clinic block.

Each quarter of clinic runs for 12 weeks: 12 weeks x 4 hours/week = 48 hours. This will still leave students 2 hours short of 50 hours, so they will need to clock in up to 12 minutes early for each shift (an average 10 extra minutes early each shift over the course of the 12 weeks). This will equal an additional 120 minutes (2 hours) totaling 50 hours in a 12 week quarter.

Patient appointments are generally 1 hour and 15 minutes long. Students **may request** at the time of registration to sign up for 1 hour appointment time slots for a shift.

If any first quarter or 2<sup>nd</sup> quarter Level 1 interns feel that they need to have their middle appointment slot blocked out during their shifts until they become more experienced and faster with their patients, please contact the Dean of Clinical Education.

Clinic Students can miss no more than three clinic shifts during the first 12 weeks of the quarter. Students who miss more than a total of three (3) clinic shifts in a 12-week clinical course (block) will fail and be required to repeat the full clinic course. Students will receive a refund, if any, as if they had dropped the course voluntarily. Be advised that that may result in a refund of zero.

**Full Attendance and Satisfactory Academic Progress**

*DEFINITION:* Full and prompt attendance means that clinic students (interns and observers) are required to arrive on time and remain in the clinic through the entire shift.

Students are permitted no more than three (3) absences in the first 12-week clinic block in order to pass their Clinic Course. These absences must be formally requested from the Clinic Manager or Dean of Clinical Education by submitting a Shift Change Form at least 5 working days in advance.

While Clinic Students may miss up to 3 clinic shifts of their scheduled 12-week clinic course, **these hours must be made up** before the 3<sup>rd</sup> week of the following quarter in order for any student to pass the clinic course and earn the total hours for the full block.

Students who do not show up to any regularly-scheduled, make-up, or banking shifts and who do not call the clinic in advance must meet with the Dean of Clinical Education to discuss the circumstances surrounding that absence.

Students who arrive late, leave during the shift without permission, leave for longer than is permitted (about 5 minutes) or before the shift is over, will have to meet with the Dean of Clinical Education and may result in losing part or all of their hours for the shift during which the violation of policy occurred.

If an intern arrives 12 minutes or more late to his scheduled shift, that intern may be subject to disciplinary action, including but not limited to being put on probation. Additionally, when an intern is that late, that intern's patient may be assigned to another intern for treatment. If a late intern's patient is indeed given to another intern, the late intern will be clocked in at the 2<sup>nd</sup> 1.25 hour mark.

Students in violation of the above policy who have a legitimate, documented medical excuse must meet directly with the Dean of Clinical Education. This is not intended to cover simple doctor's appointments but rather for sudden serious medical conditions. These issues may be reviewed by the Academic Dean.

Interns are not permitted to ask the front desk to withhold scheduling patients for them on any shift for which they are present and getting credit.

If the intern is ill, that intern should clock out and go home once all of the intern's patients are rescheduled. The intern wishing to leave mid-shift should assist the front desk in rescheduling his/her patients by examining the clinic schedule and finding availability with other interns on shift.

Students who arrange to miss the first or third patient slot during a clinic shift can do so, but must block time out in increments of 1.25 hours and must do an entire make-up shift to compensate for the missed hours. Students are not permitted to block out 2 out of the 3 patient slots for one shift—if you wish to do that, you will have to take off the entire shift and give appropriate advance notice to the Clinic Manager or Dean of Clinical Education using a Shift Change Form.

If a student needs to leave the clinic for a short time during a shift, that student must inform the front desk before s/he leaves a. where s/he is going, and b. how long (no more than a few minutes) s/he will be gone for. Students are allowed to be gone no longer than about 5 minutes. **If a student does not inform the front desk prior to leaving and/or that student is gone for longer than 5 minutes, that student will be docked at least 1.25 hours.** It is an ethical and professional violation for students to leave the clinic without permission. As such, students in violation of this policy will be referred to the Dean of Clinical Education and/or Academic Dean. Students who violate requirements of professionalism can be placed on Probation and/or Dismissed Permanently from the MTOM or DAOM Program. **It is not permitted for a student to leave the clinic, even for 5 minutes, while the student still has a patient with needles in him/her.**

If a student forgets to clock in to a shift, that student may be clocked in when the student's first patient of the shift was scheduled to arrive (there will be NO inclusion of the extra 12 minutes before the shift starts). If a student forgets to clock out at the end of a shift, that student may be clocked out when her last patient was scheduled to leave (e.g., if the student's last patient was scheduled at 9:45 am, that

student should have finished with that patient by 11:15 am—that is the time at which that student may be manually clocked out). If the student had a patient in the last slot of the shift, the student will be clocked out at the end of the shift. The decision to clock a student in or out based on the time of the first or last patient the intern treated is up to the discretion of the Dean of Clinical Education.

Students must inform the clinic manager of any instances when s/he cannot clock in or out. This must be done by annotating the day and time of late arrival/early departure/forgotten time clock instance in the front desk log book and IMMEDIATELY emailing the clinic manager to request a manual time clock adjustment.

Students are encouraged to have full attendance and to avoid taking time off so that if they have a true emergency, they will not exceed the 3 allowed absences and will be able to meet course requirements for attendance and pass the course.

You must be a student in good academic standing (not on probation and holding the minimum required grade point average) to be permitted to buy back banked hours for use in moving through the clinic curriculum faster. This may be implemented only once through the entire internship.

***A side note from the Dean of Clinical Education:***

*There is a very important reason why full and timely attendance is emphasized so strongly in the clinic. In addition to providing patient treatments, Clinic Students are expected at all times to use their time in clinic to strengthen their professional and clinical knowledge and skills through additional clinic-related activities. Use all clinical hours wisely, maximize time spent with supervisors who are considered experts in the field. Discuss patient cases, diagnostic procedures, and formula writing. Simply talk with your supervisors; ask them about their most difficult cases/experiences, clinical advice they wish they had been given through school, techniques on needing difficult points, even good CEUs they have taken recently.*

**Make-up Shifts and Banked Shifts**

Clinic Students who have not met all course requirements for a Clinic Course and have no more than three (3) Absences will earn an “INC” for that course at the end of the 12<sup>th</sup> week. If they do not **complete** all make-up hours by the end of the 3<sup>rd</sup> week of the following quarter, they will fail that Clinic Course. You are strongly urged to complete all make up work as early as possible. Clinic Students must request make-up work in writing at least 5 working days in advance from the Clinic Manager.

A minimum of 75% of clinical blocks must be completed by the end of the quarter. An absence will not be erased from a student’s record when a make-up shift is completed. Completing one, two or three make-up shifts will replace the missing hours associated with those absences in a quarter, thus enabling a student to meet the requirement of completing a minimum of 50 hours to pass a Clinic Course (block). But that will not clear the student’s record of those absences for that quarter. If a student has incurred 3 absences and then does 3 make-up shifts, that student did not remove those 3 absences from his record—if he receives another absence, he will fail that Clinic Course despite having done the 3 make-up shifts.

Students are allowed to do a maximum of 3 make-up shifts per 12-week clinical course. Students may do those make-up shifts at any point during the 13 weeks of that quarter and during the 2<sup>nd</sup> and 3<sup>rd</sup> weeks of the following quarter (notice that the 1<sup>st</sup> week of the following quarter is generally NOT available for doing make-up shifts).

Make-up shifts can be done in advance of a known future absence.

Interns who cancel a make-up shift with the required 5 working-days notice will be allowed only one further opportunity to do the make-up work for that shift. Should the student then cancel the second scheduled make-up shift for that shift, even with the mandated 5 working days notice, he will fail that shift. Interns who provide less than 5 working days advanced notice to cancel a make-up shift will not be permitted to re-schedule unless there was a sudden, serious medical reason for the cancellation.

Although make-up shifts must generally be requested at least 5 business days ahead of time and must be approved by the Dean of Clinical Education/Clinic Manager, on rare occasions, make-up work may be allowed with less than 5 working days notice if and only if the Dean of Clinical Education perceives a need for additional interns on a particular shift. This is not done based on the needs of the students, but rather the needs of the patients. Therefore, do not count on the availability of a make-up shift with short notice.

Make-up time must be completed as a full shift no matter how few hours are outstanding.

If a student completely fails to show up for a scheduled make-up shift, that student may receive an additional absence against the shift to which the make-up work was assigned, at the discretion of the Dean of Clinical Education.

Make-up shifts scheduled for Level 1 Interns will generally be scheduled only for shifts where there are Technical Supervisors present. If a Level 1 intern wishes to be scheduled for a make-up shift that does not have a technical supervisor present, that intern must specifically request permission for that from the Dean of Clinical Education.

Students may do banking shifts at any point during the 13 weeks of the quarter. Interns who cancel a banking shift with the required 5 working-days notice will be allowed only one further opportunity to cancel a banking shift that quarter. Should the student then cancel a second scheduled banking shift, even with the mandated 5 working days advanced notice, he will not be given any additional banking shifts for that quarter. Interns who provide less than 5 working days advanced notice to cancel a banking shift will not be allowed to schedule another bank shift that quarter.

## **Evaluations**

Clinic Interns are evaluated formally at mid-quarter and at the end of the quarter by their Clinic Supervisor and, as applicable, their Technical Supervisor. The Mid-Quarter Evaluation should be scheduled as a time for Supervisor and Intern to discuss those areas of strengths and weaknesses of the Intern at that point in time and to plan for activities to strengthen the Intern's skills during the remainder of the quarter.

If an intern begins a new quarter at one level (even if the intern only needs a few hours to make it to the next level), that intern is evaluated later that quarter as if s/he is at that level of internship for that entire quarter. So, for example, if an intern is a Level 1 intern when s/he starts a quarter and will become a Level 2 intern sometime after that quarter has started, s/he is still assigned and must work with a technical supervisor for that quarter and s/he is still evaluated as a Level 1 intern for that entire quarter. Also, for the purposes of evaluation and supervision, banked hours will not be included in determining an intern's level; however, they will still be included in determining an intern's level for the lottery.

## **CLINICAL HOURS for INTERNS AND OBSERVERS**

### **TIME KEEPING RESPONSIBILITIES**

- It is recommended that you **keep copies of all time cards and treatment records**, these copies will be invaluable in case records are lost or there is a discrepancy between clinic records and your estimation of clinic hours
- Each Intern and Observer will be responsible for ensuring that they have completed the hours required for each observation and intern level. While the clinic computer system will be used to tally the hours, it is the sole responsibility of the Observer or Intern to confirm that the hours were properly completed and recorded. It is advised that students check with the Dean of Clinical Education towards the end of each quarter to make sure they are on track to complete their hours as needed.
- Clinic hours will be tracked using a computer-based bar code system. A card with a bar code is issued to Interns and Observers for the purpose of tracking clinic hours. At the beginning and end of each shift it is the responsibility of the Observer or Intern to clock herself in and out. In the event an Observer or Intern does not have her bar code card she must inform the front desk at the moment of arrival. Failure to check in with the bar code card or verbally check in at the beginning of the shift may result in a loss of hours for that shift. Such loss of hours will be recorded as a “no show” for that shift on the part of the Observer or Intern in question
- Each Intern and Observer is expected to be present in the clinic during the blocks for which he or she is signed up. Interns may not leave early or sign out late for their clinic blocks. Interns and Observers may only leave the clinic for 5 minutes at a time and must inform the front Desk Staff whenever they leave the clinic
- No Intern or Observer may rotate hours with other Interns or Observers without permission from the Dean of Clinical Education. You may exceed the 950 hour clinic requirement in order to transfer patients or to complete a series of treatments for a particular patient. You will not be charged for these additional hours
- Externship time cards must be signed by the attending Clinic Supervisor and turned in at the end of the quarter to the Dean of Clinical Education.

### **CLOCK-IN / CLOCK-OUT**

- Students can clock in up to 30 minutes before, and not later than 12 minutes past the block start time. Early arrival yields 12 minutes additional time credit and late departure yields no additional time credit.
- Any student beginning the shift more than 12 minutes late will be counted as late for that day
- Students can clock out no earlier than 59 seconds before the block end time and not later than 15 minutes after the block end time. If an intern misses the clock out time, s/he must request to be manually clocked out BEFORE his/her next clinic shift. Front desk personnel can assist with this request.
- REMEMBER to have your ID card with you at all times. Keep a spare ID card in your locker or elsewhere on/near campus.
- **Look at the computer screen as you clock in.** BE SURE it says “clock in successful” or you will not receive credit for the clinic hours. If you have difficulty with the scanner reading your card at any point in time, inform the Clinic Manager of the problem **right away**.

### **ACTUAL TIME COUNTING**

Students are allowed up to three clock-out or clock-in failures. After that, the Dean of Clinical Education will take necessary disciplinary actions including but not limited to those listed in the Clinic Manual.

Interns may arrange to miss up to three shifts in the first 11 weeks. Interns must make up all missed shifts. Missing more than 3 shifts within the first 12 weeks will result in a fail. Make-up shifts in no way alter the impact of missing further shifts. If this occurs, you will still receive a fail for that clinic block.

### **SURPLUS MINUTES**

1. Students may sign up for extra shifts at any time (bank shifts) and will be granted the shifts dependent upon availability
2. Students can still keep continuing to work their scheduled shift(s) through the 13<sup>th</sup> week. These extra hours will be saved in the time bank. When the accumulated hours come to 50, the student can request to buy those hours from the bank by filling out the "Bank Block Request Form" in the Administration office. Extra hours always count towards lottery standing.
3. Any hours from "Failed block(s)" or "Dropped block(s)" will not be added to the surplus.
4. Any block graded "Inc" (Incomplete) must be made up by the end of the 3<sup>rd</sup> week of the following quarter. If an incomplete is not completed by the end of the 3<sup>rd</sup> week of the following quarter, it will be turned into an "F" (Fail).
5. A failing grade, "F" (Fail), can't be changed. If an Intern or Observer receives an "F" the block hours must be repeated.

### **VACATION AND TIME OFF**

The following are the holidays observed by Emperor's clinic:

- The clinic is closed from December 24<sup>th</sup> until the first working day after New Year's Day.
- The clinic is closed through Thanksgiving weekend (Thursday through Sunday).
- The clinic is closed July 4<sup>th</sup>.
- The clinic will be closed on Easter Sunday.

To serve our patients in the true and honorable manner of a healthcare provider, and at the same time to provide our students with the best clinical education possible, a stable environment of healthcare must be established and maintained in our clinic. Therefore, each Intern must complete all blocks assigned. If you need to take time off between terms, you must request the time off (please see Shift Change form) in writing to the Dean of Clinical Education.

The first and last days of the active clinic quarter are posted on the emperor's website in the academic calendar:

<http://www.emperors.edu/masters-program/current-students/calendars-and-schedules/>

The clinic quarters have **13 weeks**. Time will be allowed for sick leave and days off. The Intern must arrange her/his days off with the consent of the Dean of Clinical Education. It is best if these off-days can be spread throughout the quarter. **Interns must not abandon their patients during the break between quarters. Patients do not stop needing care just because a term has ended. Continuity of patient care is crucial to good practice management. Try to arrange for your patients to book with an Intern you know will be here during your absence.**

If an Intern needs time off or wishes to do a make-up or banked shift, **5 days advance notice is required**. Considerations for vacation leave will be on a first come basis and the following must be completed:

1. Fill out the Time-Off Request Form
2. Give the form to the Dean of Clinical Education

3. Inform your patients promptly
4. Make arrangements for transfer of patients to another Intern to insure continuity of care

Interns have the responsibility to inform their patients if they will not be able to be present for an appointment. Transferring a patient to another Intern must be discussed with the patient, the other Intern, and the front desk prior to taking action. In case of absences due to illness or emergency, the Intern must call the front desk as soon as possible, and if necessary, leave a message. If you must leave a message when the clinic is closed or when the staff is too busy to answer the phone at that moment, make sure to call again shortly after 8:00 am in order to speak with front desk personnel directly. Excused absences are rescheduled with the Clinic Manager.

## CLINIC OBSERVATION

### PURPOSE

*Observation training:* The student observes the practice of clinical interns under the supervision of licensed Acupuncturists to gain exposure to patient/practitioner relations, diagnosis, evaluation, treatment and follow-up care. This includes observation of office procedure, clean needle technique and maintenance of the herbal Dispensary including storage, care and preparation of herbal formulas. Observation prepares students to perform their next stage of clinic training-internship.

### Observation Phases:

<u>Level</u>	<u>Hours</u>	<u>Outcome</u>
Clinical Observation Theater	50 hours	Prepare clinical setting
Clinical Observation Theater II	50 hours	Prepare clinical setting
Clinical Observation I	50 hours	Focus on knowledge, practice, and synthesis

### OBJECTIVES

- To become familiar with clinic set-up and understand routine clinic procedure
- To become familiar with the practical application of previously-learned theories and techniques
- To become familiar with the various facts of case management
- To begin developing patient diagnosis and treatment-planning skills
- To gain patient interviewing skills
- To gain familiarity with the herbal dispensary

### CLINICAL THEATER (100 hours)

- **Format:** Clinical Theater is conducted in a small classroom-like setting within the ECTOM Clinic. In each section, scheduled patients are interviewed, diagnosed and treated by a licensed and experienced practitioner as students observe. During and following each patient's intake, diagnosis and treatment, a general forum-discussion of the patient's case is conducted.
- **Goal:** To offer an opportunity for students to see how TCM theory and practice are combined, and to expose students to TCM diagnosis, treatment plans and treatment procedures.
- **Objectives:** After completing Clinical Theater, students will know how to create and maintain accurate clinical records, understand the basics of diagnosis, develop treatment plans, and begin to understand the practical process involved with writing herb formula prescriptions.

### CLINICAL OBSERVATION (50 hours)

- **Format:** Students will follow and assist a Senior Intern in the clinic to acquire practical knowledge of clinical, OSHA, HIPAA and CNT guidelines and procedures. Observers will also acquire practical training on how to work independently as an Intern. Clinic Observation should be completed **ONLY after completing both of the Clinical Theater sections.**
- **Goal:** Prepare students to conduct interviews and treatments independently.

- **Objective:** After completing the 3 Clinic Observations, students will have a basic proficiency in differential diagnosis through direct observation of approximately 100 patients. They will have practiced the formulation of treatment plans based on information they have gathered.

#### **PRE-REQUISITES FOR CLINICAL THEATER & CLINICAL OBSERVATION:**

**Remember** - the Pre-observation course **MUST** be taken and passed within **no more than two (2) quarters prior to starting Clinical Theater**. To see the pre-requisites for Pre-observation, Clinical Theater and Clinical Observation (Rounds) courses, go to [www.emperors.edu](http://www.emperors.edu), go to the Masters Program menu, Current Students, and choose Calendars and Schedules; scroll down the page until you see "Prerequisite Guide" and click on that link; then scroll down to page 3 of the guide to see "Department of Clinical Training."

#### **PREPARATION FOR ENTERING OBSERVATION**

1. Purchase of a white laboratory coat
2. A functioning student I.D. (PLEASE obtain this from the upstairs front desk **at least 1 month** prior to starting your Theater/Observation shifts)

#### **OBSERVER'S REGISTRATION**

Students will register and pay for clinical observation at the same time that they register and pay for their other coursework at ECTOM.

#### **OBSERVER'S RESPONSIBILITIES**

1. **Main responsibilities:** The Observer's main responsibility is to observe, assist, and learn how a professional clinic is organized and run. This experience will provide the knowledge necessary to run a practice once the student graduates. By assisting Interns, Observers are preparing to become Interns, and ultimately, highly trained Practitioners of Acupuncture. Please note that in a teaching clinic, the Intern is the primary health care provider; the Supervisor is there to provide information and guidance.
2. **Cleaning rooms:** The Observer is responsible for assisting Interns with the cleaning and maintenance of the treatment rooms.
3. **Preparing Herb Formulas:** When on duty, it is the responsibility of the Observer to prepare herb formulas at the request of Interns. This is an important priority. It is the responsibility of the Observer to clean the herb room after every herb formula preparation. The Pharmacist must review the prescription before the formula is wrapped up and given to the patient

#### **CLINIC RULES**

1. Arrive punctually for all assigned clinic blocks. Observers are required to stay for the entire shift regardless of patient availability.
2. Observers are not allowed in the clinic unless they are scheduled to be there.
3. Observers must maintain patient confidentiality and follow HIPAA rules the same as any Intern.
4. Observers must cooperate and work in a respectful and professional manner with the Supervisors, Interns and all Staff Personnel.
5. Observers must dress professionally as described in the Clinic Manual.
6. Observers are strictly prohibited from performing Acupuncture, Massage, Cupping, Moxibustion or any other active portions of treatment including needle removal; they are also prohibited from asking patients questions about their condition or discussing with or advising patients on

their diagnosis, treatments or any type of recommendations for their health—this is the intern’s and supervisor’s role.

## **PATIENT OBSERVATION PROCEDURES**

The following procedures are provided to guide Observers during the observation phases of internship:

1. Check and prepare treatment room: Observers have the responsibility of arriving 10 to 15 minutes before their scheduled block times. This helps to ensure that all the rooms are clean and properly equipped, which is absolutely essential to operating an efficient clinic
  - Make sure fresh clean paper is properly and neatly laid on the treatment table
  - Make sure cotton ball, anti-bacterial soap, table disinfectant, and alcohol dispensers are filled
  - Make sure pillow cases and linens are clean
  - Wipe down counter tops with disinfectant at the beginning of each shift
2. Check the clinic schedule, identify higher level interns and politely ask the Intern if you can observe the treatments. Intern levels are posted in the intern room. Request to follow before the Intern approaches the patient or begins treatment. Interns should always be willing to comply with this request; however, there are rare circumstances when an intern may refuse an observer:
  - If the patient is a student of Emperor’s College and has requested as a patient that no observers be present.
  - Regular patients may NOT refuse observers as they have chosen to come to a teaching clinic. Patients may refuse a second observer.
  - First quarter interns may refuse an observer.
  - Interns should NOT ASK the patient if they mind having an observer, but rather introduce the observer warmly and tell the patient he/she will be observing
3. There should never be more than one Observer per patient unless the patient knows and has complied
4. Review the patient file with the Intern
5. When the patient arrives, the front desk will page the Intern. The Observer accompanies the Intern to greet the patient, the Intern introduces the Observer to the patient, and both take the patient to the treatment room
6. During treatments, Observers are to observe Interns and Clinic Supervisor in all phases to treatment form beginning to end. It is recommended that each Observer work with one Intern unless that Intern is not currently seeing patients
7. During the physical examination, the Observer should, when possible, observe the Tongue, Pulse, and other objective findings
8. Listen to the Intern discuss the patient with the Clinic Supervisor
9. Follow the Intern and Clinic Supervisor to the treatment room where the Clinic Supervisor greets the patient and reviews the Intern’s findings
10. Observe the Intern and Clinic Supervisor develop an assessment and treatment plan, including all Acupuncture Prescriptions, Herbal Formulas and patient instructions
11. Observe the Intern administer the Clinic Supervisor-approved treatment
12. Observe the Intern remove the needles and give instructions to the patient
13. Observes how the Intern: Escorts the patient to the front desk; helps the patient arrange for a new appointment; reviews any instructions regarding Herbal Prescriptions with the patient
14. When raw or powder (granule) Herb Formulas need to be filled, Observers are required to help fill the Prescriptions, regardless of which Intern wrote the Formula
15. Fill out the Observer Assignment/Intake Form. This form must be **as complete as possible**. It should contain the same information that the Intern has recorded on the official chart; it should include:

- The patient's age and sex
  - The chief complain
  - The subjective findings, including the last visit's symptom progress, new symptoms, and the date of the last menstrual period for female patients
  - The objective findings, including Blood Pressure information if the Intern measures it, the Pulse Rate, Pulse Qualities, other physical signs, and the results of any additional physical exams by the Intern
  - The assessment, including diagnosis and change in status of the patient; the western diagnosis should be written, when applicable and only according to the rules written on the Observer Form
  - The Treatment plan, including treatment principle
  - Which Acupuncture points were used and why
  - The Herbal Formula used and why (the individual herbs in the formula must be included as well as the role each herb played in the prescription)
  - The ICD-9 Code(s) and the CPT Code – Observers should watch their Intern's process with this each time
  - The Observer's name, printed, and the Interns name, printed
  - The Supervisor's printed name and signature and the date of treatment
  - For any sections where you have no information to write down about the patient, Observers **must** write "NA" or a diagonal line in those sections – they cannot be left completely blank
  - Any cross-outs of information on the form should be crossed out with a **single** line only, and the Observer should write his/her initials and the date next to the crossed out information
16. During those periods when the Observer's initial Intern is not busy, the Observer should work with another Intern who is seeing patients
17. When the Intern is not directly involved with patient care, the Observer should question the Intern regarding any part of a treatment that the Observer is unclear about

#### **OBSERVERS – DURING OBSERVATION**

- **DO NOT** ask any questions inside treatment room **or** talk during patient intake or while an Intern is treating a patient. It may distract the Intern and may create anxiety in the patient. Any questions can be answered in between treatments
- **DO NOT** challenge the decision of the Intern or Clinic Supervisor in the presence of a patient
- **DO NOT** enter the treatment room without asking the Intern or after treatment has already started.
- **DO NOT** give the patient any advice or try to handle problems or complaints
- **DO NOT** touch the patient unless taking a Pulse or asked by the Supervisor or Intern to palpate or osculate the patient. This includes Moxibustion, Cupping, Massage, Tui Na, or any other types of treatment
- **DO NOT** tape record, video or photograph inside the treatment rooms without prior approval of the patient
- **DO NOT** include the patient's name on assignment forms

#### **OBSERVER EVALUATION**

##### **Quarterly Evaluation:**

1. Observers will receive a **"P"** passing grade for the **block** by the end of the quarter if they have completed **100% or more** of the hours required for their registered block

2. Observers will receive an **“Inc”** incomplete for the **block** by the end of the quarter if they have completed **80% or more** but less than 100% registered hours
3. Observers will receive an **“F”** failing grade for the **block** by the end of the quarter if they have completed **less than 80%** of registered hours
  - Failed to complete an “incomplete” from the previous quarter by the second week of the quarter
  - Violated ethical, OSHA, or professional standards

Clinic make-up work may be permitted if the Observer has finished at least 80% of each block by the end of the quarter. The make-up work must be completed by the end of the 3<sup>rd</sup> week of the succeeding quarter.

### **FINAL EVALUATION**

All Observers are evaluated before they finish the clinical observation training program based on the following parameters:

1. Completion of the required hours for each level of clinic observation training: 150 hours
2. At the end of each quarter (by the 12<sup>th</sup> week), 6 observer herb formula assignments must be completed and turned into the Dean of Clinical Education (the forms for this are in the forms cabinet in the back of the intern room—please do NOT use the herb assignment forms for interns)
3. Completion and accuracy of the required number of Observer assignments (70), which are to be turned in to the Dean of Clinical Education for review and approval after having completed 150 hours. The Dean of Clinical Education will reach out to the observers who have completed the sufficient hours to move onto internship to schedule a meeting.

## CLINIC INTERNSHIP

### PURPOSE

**(Level 1)** The Intern interviews, examines and treats the patient under the Supervision of the Clinic Supervisor and Technical Supervisor with minimal independence.

**(Level 2 and 3)** The Intern interviews, examines new patients under moderate supervision of the Supervisor, re-interviews and re/examines return patients occasionally independently, and presents the data to the Clinic Supervisor.

**(Level 4)** The Intern performs the entire diagnostic, therapeutic procedure, and formulates the diagnosis and treatment strategy almost independently (with minimal input from the Supervisor in most cases and moderate input with difficult cases). All these procedures are to be approved by the Clinic Supervisor.

### OBJECTIVES

The primary objective of clinical training is to prepare students for professional clinical practice. Upon completion of this training, students will possess the confidence to conduct patient interviews and examinations and be prepared to diagnose and offer safe and effective treatments utilizing acupuncture, adjunct techniques, and herbs to their patients.

The following clinical rubric will be used to assess the intern as s/he progresses through internship:

#### Clinical Rubric:

Unsatisfactory	Novice	Supervised	Guided	Collaborative
0	Level 1	Level 2	Level 3	Level 4
Requires continuous directive and supportive cues, performs in a disorganized unsafe manner	Requires frequent directive and supportive cues, performs safely, unrefined skill, fragmented knowledge of basic principles.	Requires frequent supportive and occasional directive cues, performs safely, understanding of basic principles, needs help applying theories	Requires occasional - infrequent supportive and directive cues, performs safely, able to apply theoretical knowledge with minimal assistance	Requires no directive cues, needs infrequent re-direction, assistance is focused on complex systems application or complex advanced skills, performs safely, demonstrates dexterity and comprehension
<b>Continuous</b> = more than 80% of the time	<b>Frequent</b> = 80% of the time or less	<b>Occasional</b> = less than 50% but more than 20%	<b>Infrequent</b> = less than 20%	<b>Directive cues</b> =specific instructions required to take action <b>Supportive cues</b> =encouragement/emotional support

- Interns are expected to demonstrate behavior **at their clinical level** or higher throughout the internship
- Quarterly evaluations will be structured around the above rubric
- Each level of internship consists of 200 clinical hours
- By the end of level-four internship, interns must have successfully treated **350 patients**, including **125 patients new to them, 10 patients new to THE CLINIC.**

### Intern Herb Assignments

- EXEMPTIONS:
  - First quarter interns are exempt from completing Herb Assignments – but are welcome to practice and submit any formulas for review with the DCE. Contact CEC, Janel, to schedule an appointment.
    - Korean Concentration Shifts with Jae Hoon Kim
    - Externships
    - Ear Clinic
- Otherwise – all interns are required to submit Herb Assignments for EACH registered clinic block.
- The checklist and signature page (available in the intern room) specifies how many Herb Assignments must be completed depending on the intern’s level.
- Interns are required to complete Herb Assignments under their registered supervisor. Exceptions can be made; however, require the DCE/CEC approval before hand.
- Detailed instructions are available on the student website syllabi tab
- **All herb assignments are due by the end of week 10** - failure to submit by week 10 will result in additional herb assignments being added to the current quarter, or possibly a failed clinic block. Any additional assignments will be reviewed and approved by the DCE in a one-on-one meeting. See DCE/CEC for details. The consequences for late submissions are as follows:
  - 2 additional assignments added per week until either assignments are submitted or new quarter begins
  - Once the new quarter has begun, one hour will be deducted from the previous quarter for each week the assignments are late – this means a make-up shift will be required
  - If assignments are not submitted by the end of the third week, the intern will receive a failing grade for that clinic block

## CLINIC INTERNSHIP REQUIREMENTS

### PRE-REQUISITES FOR CLINIC INTERNSHIP

To see a full list of the pre-requisites for Internship, go to [www.emperors.edu](http://www.emperors.edu), go to the Masters Program menu, Current Students, and choose Calendars and Schedules; scroll down the page until you see “Prerequisite Guide” and click on that link; then scroll down to page 3 of the guide to see “Department of Clinical Training.” Remember, one must fulfill Clinical Observation (see “Final Evaluation” heading under Observation section above)

### To be completed prior to or concurrent with first Internship block:

1. Advanced Acupuncture Techniques
2. Formula Writing

### Internship Recommended Pre-requisites:

3. Pathophysiology II-IV (these **must** all be completed by the end of Level 1 Internship)
4. Psychology of Patient Care

### Pre-Internship Course Pre-requisites:

Mid-Curriculum Exam successfully passed (both written and practical) within no more than two (2) quarters prior to the start of Clinical Internship. See the Mid-Curriculum Prep Guide, available in the Administration Office, for courses from which the Mid-Curriculum Exam content will be taken.

## **MALPRACTICE INSURANCE**

All Interns are required to maintain malpractice coverage for the duration of their clinic tenure. Malpractice insurance is provided through Emperor's College. A fee is paid each quarter when registering for the clinic. This premium must be paid in advance by all students, including those on Financial Aid. There are no refunds for this fee. The fee is assessed each quarter to cover only that quarter. Therefore, if an Intern needs to complete any hours in the following quarter, a new premium fee must be paid.

## **CPR CERTIFICATION**

All Interns are required to maintain current professional CPR AND First Aid certification during their Clinic tenure. ECTOM will **ONLY** accept CPR and First Aid courses that are certified by the American Heart Association (these courses are known as "Healthcare Provider CPR" or "BLS for Healthcare Providers" and "Heartsaver First Aid").

Red Cross trainings will **NOT** be accepted. No online classes will be accepted

New Interns to the Clinic must make sure to get their CPR and First Aid certifications in the hands of the Dean of Clinical Education no later than 10 days before the relevant quarter starts.

Returning Interns must make sure their CPR and First Aid certifications are renewed prior to expiration.

If an Intern's certification is going to expire in the middle of a quarter and the Intern fails to get it renewed in time, that Intern will not be allowed to continue treating patients or continue getting time credit. Furthermore, any shifts missed as a result of this will be considered an absence. Be reminded that 3 absences constitute a failing grade for any block in a quarter.

CPR and First Aid certifications are accepted as being good for 2 years.

If CPR/First Aid certifications expire while you are still an intern here, you must get your renewal done no later than 2 years from the SPECIFIC/EXACT date on which the training was actually completed.

For example, if you did your training on 8/11/10, you must do your renewal and get the card to the Dean of Clinical Education no later than 8/11/12..

ECTOM Associate Dean of the DAOM program conducts on campus training for BLS/CPR that meets ECTOMs requirements. Contact Dr. Chris Ruth Lac for available training dates [christopher.ruth.lac@gmail.com](mailto:christopher.ruth.lac@gmail.com) .

If you choose to have training done by another facilitator, be sure to get approval from the Dean of Clinical Education BEFORE receiving training – not all CPR/BLS classes meet our requirements.

## **CNT CERTIFICATION**

All students are required to complete the CNT course prior to clinic internship. Please see the [CCAOM website](#) for details on applying for the training. The certificate from the completed training must be shown to the Dean of Clinical Education prior to entering lottery choices.

## **INTERN LOTTERY AND CLINIC INTERN MEETING**

Each Intern is required to attend the **mandatory** clinic meeting each quarter. There are two meetings offered during or near the seventh week of the quarter – **only one must be attended**. Attendance directly

and powerfully affects lottery standing. Clinic blocks are assigned via lottery during the quarter prior to the quarter in which the clinic blocks are to take place.

The purpose of the **mandatory** clinic meeting is to provide Interns with upcoming clinic changes, current news, and to discuss issues between the students and the administration. This is the only opportunity to gather all Interns together. All Interns will be **checked in at the beginning of the meeting and out at the end of the meeting** to confirm attendance. *Lateness is considered an absence.*

Each quarter, a specific number of Interns and Observers are allowed on each block. Intern's slots are dependent on lottery results. Interns will fill out block request forms on the computers in the library up to one week prior to the Intern lottery meeting. The lottery will be conducted shortly after the second Intern meeting. First priority in the lottery is given to those who attend the meeting. Priority is also given to Interns based on their Intern level. Level IV Interns are assigned blocks first. Followed by Level III, Level II and finally Level I. the lottery results will be available shortly following the meeting. A maximum of two clinic blocks can be obtained through the lottery process.

### **ADDING CLINIC BLOCKS**

If you wish to add clinic blocks, you may input additional selections in the library during your registration appointment that follows the next week or two after the lottery (see the Academic Calendar for the exact date of registration each quarter). If you come late to or miss your registration appointment, any advantage you had from seniority during registration will be reduced or lost. If a clinic block you wanted to add during registration is full at that time, make sure to put your name on the Wait List on the computer right away for any desired shifts—you never know when someone will drop a shift and you will be next on the Wait List. **Please do not contact the administration about the Wait List.** If someone drops a shift, the administration will check the Wait List and call each person in order of their presence on the list. If you don't get called, it means either no one dropped any of the shifts you put your name on or there were people ahead of you on the Wait List for those shifts.

### **INTERNSHIP AND EXTERNSHIP REGISTRATION**

Internship and Externship blocks are 50 hour blocks.

As awareness and integration of Eastern and Western modalities continue to grow, Emperor's College is committed to providing students with as many opportunities as possible for more experience. Emperor's College has been a pioneer in this movement and has created externships in many western facilities. Externships provide acceptance of Eastern modalities in Western clinical settings and allow students to treat patients that they would not otherwise have access to. All Interns are mandated to participate in at least one externship (50hours). It is highly recommended that Interns participate in as many externships as possible for professional development purposes. However, priority for registering for externships goes to Level III and Level IV Interns. This is because all of the sites have patients being seen more quickly than at our ECTOM clinic. So Interns need to have developed faster treatment times with their patients in order to be prepared for externships. Occasionally, a Level II is permitted to sign up for an externship, but only with prior permission of the Dean of Clinical Education and only during the registration process after the lottery—not during the lottery itself. Interns are expected to attend **all** of the sessions scheduled with an externship. Absences from externship sessions are much less tolerated because there are no extra Interns around to be able to take over a missing Intern's patients.

Currently there are four externship programs available to Master's Interns at Emperor's College. They are:

1. Venice Family Clinic
2. Roy & Patricia Disney Family Cancer Center

3. Being Alive
4. Saban Clinic

All externships are 13 weeks per quarter, and require a TB test prior to start. Also, all Interns must attend the externship site's specific orientation meeting that is presented by the Intern Supervisor at that site – although the site's Supervisor will usually contact all of the Interns registered for that site, all Interns should make sure to contact the Supervisor soon after registration for clinic if they haven't heard from the Supervisor by them—see the Dean of Clinical Education for the Supervisor's contact information in that instance.

The Disney Family Cancer Center has additional requirements that must be completed prior to attending that site as an intern:

- Students must have reached LEVEL IV as an intern—lower level interns will not be accepted.
  - Students must obtain their own individual health insurance (no specific limits required)
  - Students must have a formal criminal background check done dated within the past 12 months—this is done through one of the staff at the Disney Family Cancer Center
  - Students must have proof of the following immunizations: up-to-date immunizations for Hepatitis B, Diphtheria and Tetanus; and demonstrate either a negative skin test or chest x-ray for Tuberculosis; and have records of a positive titer or of immunizations administered after 1967 for Rubella and Rubeola for any student born after 1956
- Hep B is a one time only immunization so just documentation of the immunization or antibody titers to the Hep B surface antigen.
  - A TB test is done once a year, so you must provide documentation of a negative PPD within a year's time. This can be done at any doc's office or county health clinic.
  - Tetanus/Diphtheria is once every ten years.
  - MMR is given in childhood. If you don't have documentation of the actual immunization you can document antibody titers to MMR. Those of you born before 1957 have assumed immunity.

Regarding health insurance, one option is Sentry Insurance and their Sentry Student Security Plan; their number is 800-426-7234; you can contact E.J. Smith & Associates, Inc. at [www.ejsmith.com](http://www.ejsmith.com) (they administer the Sentry plan).

Suggestions for fulfilling the requirements:

- Sentry Insurance.... super cheap.
- Health Department of the county you were born should have all immunization records for MMR or others
- Venice Family Clinic gives free Diphtheria/Tetanus shots with walk in hours 3 days per week

**No student will be allowed to work in the clinic unless his or her registration processes is complete – no exceptions.**

#### **EAR (AURICULAR) CLINIC**

If you wish to take the ear clinic shift as an internship, you need to **obtain prior approval from the Dean of Clinical Education**—notify the Dean that you are interested during the first 5-6 weeks of **the quarter before** you wish to be working in the Ear Clinic. You must be a Level II intern or higher and have taken

and passed the Microsystems course. If you meet those requirements, then you are eligible. Eligible interns are then chosen primarily on the basis of seniority as an intern.

**ADDING/DROPPING CLINIC SHIFTS**

The regular registration period (for didactic courses) will usually begin the following Monday or Tuesday after the lottery. Students will be assigned a date and time to add or drop classes for the next quarter.

**Interns may add/drop and put themselves on the waiting list for clinic shifts at this time.**

**POLICY FOR FEES FOR DROPPING CLINIC SHIFTS**

Because of the adverse consequences to patients, faculty and interns, the following policy has been implemented for interns who opt to drop clinic shifts after they are registered. During the College’s open registration period clinic shifts can be dropped without cost. After the open registration period, a \$25.00 drop fee will be assessed for each shift dropped.

**REFUND POLICY FOR LATE CLINIC SHIFT DROPS**

In addition to the \$25.00 drop fee, starting from the Monday of the first week of the quarter, there will also be a 10% reduction in the tuition refund every week thereafter, regardless of your clinic day (i.e. even if you are dropping a Wednesday shift on the Monday of the first week, you will still lose 10% of the tuition refund). The tuition refund will continue to be reduced by 10% each additional week that goes by in the new quarter. Please refer to the chart below for specific details:

Clinic Shift Dropped	Tuition Refund
1 <sup>st</sup> week of the quarter	90%
2 <sup>nd</sup> week of the quarter	80%
3 <sup>rd</sup> week of the quarter	70%
4 <sup>th</sup> week of the quarter	60%
5 <sup>th</sup> week of the quarter	50%
6 <sup>th</sup> week of the quarter	40%
7 <sup>th</sup> week and after	None

All hours earned during the shift(s) that is being dropped will be lost and may not be used towards bank hours or in any other ways. Dropping shifts after the 7<sup>th</sup> week will result in a “W” (withdrawal) grade and no refund will be given.

**EQUIPMENT REQUIREMENTS**

Each Intern is required to provide the equipment listed below. The required equipment must be brought to the clinic during each clinic block to which the Intern is assigned:

1. Approved hard-sided doctor’s bag
2. Moxa extinguisher
3. Lighter
4. Working Electro-acupuncture device
5. Sphygmomanometer
6. Stethoscope
7. Non-Halogen/Non-LED Examination Light
8. Forceps (non-serrated medical tweezers)

9. Cups (minimum 2)
10. Massage oil
11. Hemostatic Clamp
12. A watch or clock with second (sweep) hand or a digital display of the seconds
13. Working digital Thermometer
14. Gua Sha toll or Porcelain soup spoon with smooth edge
15. Photocopy of I.D. card with bar code x2
16. Plastic Rescue (Pocket CPR) Mask
17. Working Flashlight with Working Batteries (for power outages)\*\*
18. Clinic Handbook
19. Name Card (door sign)
20. Lab Coat

**RECOMMENDED:**

1. Ophthalmoscope
2. Otoscope – with disposable cones
3. Reflex hammer
4. Wan Hua oil
5. Woodlock oil
6. Po Sum On liniment

The Dean of Clinical Education will randomly do equipment checks of Interns. Any Intern found missing equipment will be required to obtain the missing items within 2 weeks of the equipment check. If the Intern is checked again and found to still be lacking the required equipment, the Intern may be put on probation and may possibly lose credit for a number of clinic hours

**MATERIALS AND SUPPLIES PROVIDED BY THE CLINIC**

1. Disposable Acupuncture needles
2. Cotton balls
3. 70% Isopropanol
4. Betadine
5. Linens
6. Table paper
7. Disposable Otoscope cones
8. Exam gloves
9. Surface Disinfectant

**Needle Requests**

- At the beginning of each quarter, the clinic will distribute disposable needles to all Interns.
- Submit **needle request** form to front desk by the **12<sup>th</sup> week** of the previous quarter. Any late submissions will be done as time permits and may not be ready by the beginning of the quarter. A second needle request may be submitted half way through the quarter.
- Free treatment cards are distributed at the beginning of the quarter with the initial needle request – NOTE – you can submit both needle requests at the same time! They won't be distributed, but it is actually EASIER for the staff if it is submitted earlier.
- Each intern receives 5 complimentary treatment cards with needle requests each quarter. These cards expire AT THE END OF THAT QUARTER. Use them to bring in as many new patients as you can.
- You get three boxes of needles per clinic block at the beginning of the quarter

- You may submit a second request mid quarter (week 4) for an additional 2 boxes per block (total 5 boxes per block).
- Submitting the forms on time is YOUR responsibility. If you are late, you won't get your needles on time. Don't be late or **you will need to supply your own needles** until the request is filled.
- If you don't know what size to request, ask around. It really is personal preference. A fail-safe to start with is a 36 gauge 1 cun, but it is advisable to build up a selection.
- See the needle request form for detailed instructions and Seirin exchange policies.

Students are NOT allowed to use blister pack needles (needles that come, for example, in a plastic package in groups of 5 or 10 needles together). Only needles that are individually packed are permitted.

## CLINIC EVALUATION METHODOLOGY

### QUATERNARY EVALUATION

Each quarter, the Clinic Supervisor evaluates Interns based on their performance during the quarter.

1. The Interns will receive a “P” passing grade for the block by the end of the quarter if they have:
  - Completed **100% or more** of the hours required for the block that they are in.
  - Received a satisfactory evaluation from their Clinic Supervisor(s)
2. The Interns will receive an “Inc” incomplete for the block by the end of the quarter if they have:
  - Completed **80% or more** but less than 100% of registered hours
3. The Interns will receive a “F” failing grade for the block by the end of the quarter if they have:
  - Completed **less than 80%** of registered hours
  - Failed to complete an “Inc” from the previous quarter by the end of the 2<sup>nd</sup> week.
  - Received an unsatisfactory evaluation from their Clinic Supervisor(s)

### GRADUATION EVALUATION

All Interns are evaluated by Clinic Supervisors each quarter regarding the following parameter:

1. The consistency of the Intern to remain in the clinic and be present for each entire shift
2. Completion of **350 patients**, including **125 patients new to them**, **10 patients new to THE CLINIC**
3. Level of diagnostic skills
4. Level of treatment/technical skills
5. Quality of charting skills
6. Professional appearance and behavior
7. Prescribing skills
8. Interpersonal skills and bedside manner

The above criteria are rated based on the following rubric:

Unsatisfactory	Novice	Supervised	Guided	Collaborative
0	Level 1	Level 2	Level 3	Level 4
Requires continuous directive and supportive cues, performs in a disorganized unsafe manner	Requires frequent directive and supportive cues, performs safely, unrefined skill, fragmented knowledge of basic principles.	Requires frequent supportive and occasional directive cues, performs safely, understanding of basic principles, needs help applying theories	Requires occasional - infrequent supportive and directive cues, performs safely, able to apply theoretical knowledge with minimal assistance	Requires no directive cues, needs infrequent re-direction, assistance is focused on complex systems application or complex advanced skills, performs safely, demonstrates dexterity and comprehension
<b>Continuous</b> = more than 80% of the time	<b>Frequent</b> = 80% of the time or less	<b>Occasional</b> = less than 50% but more than 20%	<b>Infrequent</b> = less than 20%	<b>Directive cues</b> =specific instructions required to take action <b>Supportive cues</b> =encouragement/emotional support

Note: Interns are expected to demonstrate behavior **at their clinical level** or higher throughout the internship

## CLINIC REGULATIONS AND OPERATION

### SCOPE OF PRACTICE

A Licensed Acupuncturist may prescribe and / or perform Acupuncture, Moxibustion, Cupping, Acupressure, oriental Massage and Bodywork, Herbs, Nutrition, Dietary supplements, Breathing therapy, and Exercise therapy. As primary healthcare providers, Licensed Acupuncturists can perform physical examinations and may order Lab tests, X-rays and other imaging procedures. Licensed Acupuncturists are defined as “physicians” in the Labor Codes governing Workers Compensation, and may be certified as “Qualified Medical Evaluators” by the State Department of Industrial Relations.

### CLINIC RULES

1. The Intern must arrive punctually for all assigned clinic blocks. In the event of an emergency the clinic must be called in advance of the assigned block so that scheduled patients can be reassigned. In the event that an Intern is late more than 15 minutes two times. The front desk personnel may reassign patients to another Intern when the patients approve of such reassignment; other recourse may be necessary to ensure continuity of patient care. Two late arrivals will equal an absence for grading purposes. Lateness is defined as an inability to clock oneself in manually or any time a patient is kept waiting due to tardy arrival on the student’s behalf
2. Interns are required to stay for the entire shift independent of patient availability
3. More than three absences per block in one quarter will result in a failed clinic block
4. If Interns are in the dispensary or Intern Room when they are not scheduled to be in the clinic, they may be asked to leave if conditions require it (e.g., if it is too crowded or it is too noisy)
5. Interns must comply with all instructions of the Clinic Supervisor. Interns may provide only those acupuncture and herbal medicine services that are approved by the Clinic Supervisor
6. Interns must participate in one of the two Intern meetings each quarter and clinic lottery. Interns are responsible for all information and policies discussed at the Intern meetings.
7. Interns are responsible for insuring that all patient charts are completed in an appropriate manner and signed by both the attending Intern her/himself and the Clinic Supervisor
8. Interns must provide patients with instructions that are approved by the Clinic Supervisor
9. Interns must provide Observers with information regarding the treatment methodology and other information required by the Observer as time allows. Observers are always allowed in the room. This is a reaching facility and the patient signs a form that says an Observer may be present. Introduce the Observer to your patient. One Observer in the room at a time is acceptable. Any more than one, and you may ask the patient if it is all right
10. Interns may only treat patients assigned by the Clinic Staff
11. Interns may treat patients only in assigned treatment rooms unless front desk personnel approve another room
12. It is the responsibility of the Intern to keep the treatment room clean and ready for patient care. Regardless of whether there is an Observer assigned to the Intern or not. **Disinfection of the room is to take place prior to each shift as well as after**
13. Interns and Observers may be treated only with approval of their Supervisor and only when they have appointments or appointments can be made for them. Regular charting requirements apply.
14. For the purposes of legal duplication, the Dean of Clinical Education shall serve as the Custodian of Records. The Dean of Clinical Education shall handle all subpoenas. No inquiry regarding any pending action, whether a personal injury (PI) case or a worker’s compensation case, may be responded to without the prior permission of the Dean of Clinical Education

15. All Interns are expected to have clean white lab coats and professional attire. All Interns should wear an identification badge during their block in the clinic and should have a name card placed in the plastic holder on the outside of their treatment room door
16. Prior to the patient arrival, all Interns are required to review the patient charts for that day and ask their Supervisor any relevant questions
17. At the end of each treatment, prior to the patient leaving the clinic, each Intern is required to complete his or her charts. This includes complete Intake information, Tongue, Pulse and Pulse Rate, Blood Pressure (for patients who are new to the clinic or new to the Intern or who are hypertensive), Temperature (for new patients or patients who may have an infection / fever), Diagnosis, Treatment principle, Points used, Herb Formula or patent medicine prescribed, both CPT and ICD-10 codes, the patient name, the date, and the Intern's and Supervisor's printed names and signatures. If a custom raw or granule Herb Formula is prescribed, a copy of that formula needs to be in the patient chart by the time they (the patient) leave the building
18. It is the responsibility of the Intern to make the formula. The Intern can ask the Observer or dispensary staff for help if they are running short on time
19. You must wash your hands before and after each patient, and as necessary per CNT regulations. Alcohol is not an anti-septic and can not be substituted for soap and water
20. No pets or food are allowed in the clinic working area
21. All Interns and Clinic Observers must clock in and out of their scheduled shifts and are required to remain in the clinic during the entire shift
22. Interns are not permitted to go into their assigned rooms and place their equipment in their rooms prior to 30 min before their clinic shift starts.
23. At the start of a shift, all interns must complete a room inventory and report any missing/damaged items to the front desk immediately

#### **CLINIC ROOM ASSIGNMENTS**

- **Room assignments** are determined at random by the clinic booking system. Front desk staff is trained to remove interns from rooms with special designations (Dr. Kim, Stroke clinic, ear clinic, DAOM, etc.) and assign them an alternate open room.
- Inform the front desk of any room assignment changes you make to ensure the room is available; make sure the change is recorded in the posted schedule AND in the intern room. Supervisors rely on the schedule print-out to find their interns!
- Do not take a second room. In the rare event you need an alternate room, have the front desk tell you which one to use.

#### **DISCIPLINARY ACTIONS**

Disciplinary actions will be taken for the following reasons:

1. There is an additional \$25 fee for each block dropped after the beginning of the quarter.
2. Not showing up for assigned clinic blocks
3. Leaving an assigned block early
4. Making changes in the clinic schedule without written approval of the Clinic Manager
5. Providing treatments not in the scope of practice recognized by the Clinic Staff of Emperor's College
6. Providing a treatment not recognized as part of the scope of practice by the California Acupuncture Committee
7. Providing a treatment not approved by the attending Clinic Supervisor
8. Providing any treatment explicitly prohibited by the Clinic Staff

9. Providing treatment to a patient assigned to another Intern without the permission of the Intern assigned
10. Performing any unsafe procedure
11. Not maintaining your assigned treatment room in an appropriate condition
12. Insubordination in dealing with the Clinic Supervisor, Dean of Clinical Education or Clinic Manager
13. Unprofessional behavior with the Clinic Staff, Clinic Supervisor or Administration Staff
14. Disrespectful, unprofessional or inappropriate behavior with patients
15. Violation of OSHA standards for biohazard materials
16. Violation of HIPAA compliance

#### **ENFORCEMENT POLICY**

Any infraction of the above policies will result in disciplinary action. These actions can include but are not limited to the following sequence:

1. A verbal warning from the Clinic Supervisor
2. A written warning from the Dean of Clinical Education, with a copy in the student file
3. Loss of Intern status for subsequent lotteries
4. Loss of clinic privileges for the remainder of the clinic term in which the problem took place
5. Loss of clinic privileges
6. Expulsion from the clinic program. If an Intern presents danger to a patient's health, or repeatedly fails to comply with clinic regulations, expulsion may be a result. Normal appeal processes may be followed according to the Student Manual

#### **GRIEVANCE PROCEDURE**

1. In the event that an Intern or Observer believes that she or he has not been treated fairly by the Clinic Staff of faculty, she or he may file a grievance with the Dean of Clinical Education. In the event that the Intern or Observer has a complaint regarding her or his Clinic Supervisor or a member of the Clinic Staff, she or he may file a grievance in writing with the Dean of Clinical Education
2. If the Intern or Observer feels that she or he is not being fairly treated by the Dean of Clinical Education, she or he may file a grievance in writing to the Academic Dean, the Chief Executive Officer, and / or the Clinic Steering Committee. She or he must attempt to resolve the conflict with the Dean of Clinical Education first
3. All grievances will be given serious consideration at each level of the grievance appeal system. A written response will be provided within two weeks from receipt of the grievance submission

## **PROFESSIONAL BEHAVIOR IN THE CLINIC**

The clinic is a medical setting that relies upon the Interns, Observers, Faculty and Staff to reflect our high standards of care and inspire confidence in the medical services that are provided. Licensed acupuncturists are primary health care providers in California, so to assure our credibility, it is important that we convey a visual image which represents our high level of expertise and professionalism.

Your goal should be to draw attention to your trustworthiness as a health care provider, your knowledge of and skill with the medicine you are practicing and your caring and compassion for your patients' conditions and circumstances.

To this end, it is required that each of us, as Emperor's College clinic students, faculty and staff, exhibit good taste and sensible judgment in all aspects of our appearance, use of verbiage, and actions.

### **ECTOM DRESS CODE:**

#### **NAME TAGS**

All Interns, Observers, Supervisors, Dispensary staff and Employees must wear their student ID while in the clinic. These ID's must be clearly visible and without markings or defacement. Failure to bring the ID two times will result in a citation for non-professional behavior.

#### **PERSONAL HYGEINE**

Clean hair, nails and clothing are basic and very important in the health care setting. All personnel should employ appropriate use of cosmetics and deodorant such that all involved are comfortable. Also, avoid excessive use of perfume, cologne and aftershave lotion as many patients are environmentally/chemically sensitive. Fingernails must be clean, neatly-trimmed and not longer than ¼ inch.

#### **LAB COAT**

Students, faculty and staff must provide their own white lab / clinic coat and must wear it at all times while attending and working in the various clinical formats. Lab coats are an expression of professionalism and hygiene. Students are responsible for cleaning and maintaining their lab coat in a neat fashion. If a faculty member or a clinic student perceives that she/he will not get her/his coat cleaned and ready for use in time for the faculty's or student's shift, that individual must purchase a second coat to use regularly when the other coat is being cleaned and pressed. White and long sleeve lab coats are required at Emperor's College.

Lab coats MUST be removed when using the bathroom, before going to eat any food, and before leaving the clinic; lab coats should ONLY be worn when in the intern room, in the dispensary (when it is clinically relevant to be present in the dispensary), in the treatment room, and in the hallways of the main clinic area.

Neither Interns, Observers, Dispensary Staff, Dispensary lab students, nor Clinic Supervisors can work in the clinic without a lab coat. If you forget to bring one, you will be required to either rent one from the Front Desk or forfeit the shift.

#### **CLOTHING**

These standards are required to ensure our diverse patient population is comfortable being seen in our Clinic and that Students and Staff present a professional and non-intimidating appearance to this culturally diverse patient population. All dress must suggest a professional demeanor. Clean, well-fitting, wrinkle-free clothing is required. The Dean of Clinical Education has the final word regarding any discrepancies regarding appropriate clinic attire. Enforcement of student and staff compliance with these standards is the responsibility of the Clinic Supervisors, the Dean of Clinical Education and the Academic Dean. Students, Faculty and staff found in non-compliance with the dress code standards may be sent home without being credited for their hours.

The following forms of apparel also are not approved for use in the clinic:

- No jewelry allowed in facial piercing (i.e. nose studs or rings, eyebrow rings, etc.)
- Hair color must be a natural color (i.e. not pink, green, blue, etc.); no dangling earrings
- If your hair is long to enough to brush over a patient's skin when you are treating that patient, you must tie your hair back so it cannot touch the patient's skin
- No cowboy boots, UGG boots or knee-high boots outside of clothing (i.e. visible)
- Skirts and dresses must be no higher than 2 inches above the knee. Similarly, skirts and dresses with slits that go up higher than 2 inches above the knee are not allowed
- Women must wear tops that cover their shoulders – as such, halter tops, low cut blouses, abbreviated tops and similar clothing are not permitted
- No clothing is permitted that reveals the mid-section or back
- Only white lab coats are acceptable – no colored lab coats
- Neckties are not longer required for men to wear in Clinic. Neckties can be sources of microorganisms that can be transmitted from patient to patient. If you wish to wear a necktie, it must be clipped or pinned tightly against your shift (so the tie doesn't brush against the patient during treatment or on countertops or treatment tables)
- Whether or not men choose to wear a necktie (clipped/pinned tightly to their shirt), all men must wear a dress shirt with a collar and the shirt must be tucked into the Intern's pants. Additionally, only the collar button on the dress shirt is allowed to be open – not any lower buttons. Polo shirts are not allowed
- Per OSHA/CNT rules – only simple finger rings are allowed to be worn, Rings that are bulky, rings with stones and/or intricate work must be removed when needling
- No denim (blue or black or any color of denim) shirts or pants
- No leggings or shorts
- No evening wear, no platform shoes or high-heel shoes over two inches
- No gym clothing or T-shirts (this means that tennis shoes are not permitted as well)
- No extremely tight-fitting garments or spandex
- No caps or hats or scarves
- Nothing deemed inappropriate by the Dean of Clinical Education

## **FOOTWEAR**

Shoes must be polished, comfortable, and secure for mobility. Shoelaces, stockings or socks must be clean. Stockings or shoes must be worn at all times. Thongs, beach shoes, clogs, jellies, tennis shoes and slippers are NOT acceptable. Shoes must be closed-toed according to OSHA regulations. Again, NO boots unless pants are worn that cover them down to the ankles.

Enforcement of student compliance with these standards is the responsibility of the Clinic Supervisor, Dean of Clinical Education and Clinic Manager. Students found in non-compliance with the dress code standards may be sent home without being credited for clinic hours.

### **BEDSIDE MANNER**

Interns are involved in the treatment of patients. Patients deserve courteous, respectful consideration of their needs. Treatment procedures are to be clearly explained. Should problems or questions arise that the Intern cannot resolve, a Clinic Supervisor or the Dean of Clinical Education will intercede.

Be mindful that petroleum products such as candles – esp. scented ones – can be problematic for environmentally sensitive patients.

If you hear a patient is requesting assistance, knock on the door and ask how you can help her/him. If the patient needs her/his assigned intern, go to the intern room or the front desk to page the intern. Do not interject in a treatment unless absolutely necessary. Always report any communications with a patient not of your own to the assigned intern.

### **TIME MANAGEMENT**

Interns must arrive before their patients, review their files and consider treatment. Interns must finish the treatments on time. If an Intern is running late, it is their responsibility to notify their next patient of any delay. **Do not let patients wait too long.**

**Students must retain an attitude of professionalism and collegiality.**

## Treatment Procedures

### **APPOINTMENTS**

#### 1) Appointments

Front Desk Personnel make all appointments. No Clinic Faculty, Intern or Observer may make changes in the appointment book. Any Clinic Faculty, Intern or Observer wishing to arrange for changes in the appointment book must do so with the assistance of the Front Desk Personnel. New patient appointments will not be scheduled consecutively for the same intern. All appointments for Interns at any level will be 1 hour 15 minutes.

Once a patient has been assigned to an Intern, it is the responsibility of that intern to maintain continuity of care for that patient.

In the event that an Intern cannot treat a patient, it is the Intern's responsibility to arrange for the patient to see another Intern that that patient feels comfortable with.

At the end of a treatment episode, the Intern should specify when she or he would like to see the patient for the next appointment and help the patient make the new appointment with the Front Desk Personnel.

When the Intern is running behind schedule, it is the responsibility of the Intern to go to the reception area and inform the patient of the delay.

New patients, whether call in or walk in, will be assigned to interns on the basis of availability and recent assignment history. An effort will be made to assign patients to all Interns equitably.

### **NEW PATIENT PROCEDURE**

A new patient will be assigned to a specific Intern by the Front Desk Personnel.

On the day of the appointment, the patient will be given a new patient packet to fill out.

Each patient has the responsibility to sign the Arbitration Agreement Form, the Dean of Clinical Education will also sign each Agreement Form.

On completion of the new patient packet, the patient returns the packet to the front desk and the Intern is paged to the front desk to greet the patient.

The Intern will come out and obtain the chart, greet the patient and take her or him to the assigned treatment room. When the Intern is behind schedule, it is the responsibility of the Intern to go out to the new patient in a timely manner and greet the patient, informing her or him of the length of the delay.

The new patient is taken to the treatment room and a history and physical are performed. Interns at Level I: The Clinic Faculty is informed and the history and physical are performed in the presence of the Clinic Faculty or technical supervisor.

The Intern goes to the intern room and discusses the patient with the Clinic Faculty.

The Intern and Clinic Faculty return to the treatment room where the Clinic Faculty greets the patient and reviews the Intern's findings.

The Intern, with the assistance of the Clinic Faculty develops an assessment and treatment plan, including all acupuncture and herbal formulas, and patient instructions, which are approved by the Clinic Faculty.

The Intern administers the treatment plan approved by the Clinic Faculty. Interns at Level I: The Clinic Faculty or Technical supervisor is present during all phases of the treatment.

At the completion of the treatment, the intern removes the needles and reviews the post treatment instructions with the patient. Interns at Level I: The Clinic Faculty or Technical supervisor is present during all phases of the treatment, including the removal of needles and follow up care.

The Intern escorts the patient to the front desk, and helps the patient arrange for a new appointment and reviews any instructions regarding herbal prescriptions needed.

The Intern makes a final review of the chart to insure that the chart is completed appropriately.

**It is the Clinic Faculty's responsibility to be sure that the chart is completed in an appropriate manner before you sign it.**

The Intern returns to the treatment room and prepares for the next patient.

#### **RETURNING PATIENT PROCEDURE**

The patient presents at the appointed time for the follow up treatment.

The Front Desk Personnel page the Intern.

The Intern goes to the front desk, obtains the chart from the Front Desk Personnel and takes the patient to the treatment room.

The Intern performs a brief review of changes in the subjective findings and does a brief examination as necessary. Intern Level I: The Clinic Supervisor must be present for all phases of the treatment episode.

The Intern goes to the intern room and discusses the current status of the patient with the Clinic Supervisor.

The Intern and the Clinic Faculty returns to the treatment room and the Clinic Faculty reviews the Intern's objective findings.

The Intern, with the assistance of the Clinic Faculty, develops an assessment and treatment plan, including all acupuncture and herbal formulas and patient instructions. The Clinic Faculty prior to treatment must approve all decisions regarding the patient.

The Intern administers the treatment plan approved by the Clinic Faculty. Interns at Level I: The Clinic Faculty is present during all phases of the treatment.

At the completion of the treatment, the intern removes the needles and reviews the post treatment instructions with the patient. Interns at Level I: The Clinic Faculty or technical supervisor is present during all phases of the treatment, including the removal of needles and follow up care.

The Intern escorts the patient to the front desk, and helps the patient arrange for a new appointment and reviews any instructions regarding herbal prescriptions needed.

**The Intern makes a final review of the chart to insure that the chart is completed appropriately.** It is the Intern's responsibility to be sure that the chart is completed in an appropriate manner

Clinic Faculty has the responsibility to make sure that the chart is completed appropriately and in an appropriate manner before they sign off on it.

The Intern returns to the treatment room and prepares for the next patient.

Because this is a teaching clinic, Observers and Interns other than the attending Intern may be present during some phase of the treatment. Such intrusions should be handled with diplomacy, in order to assure a maximum level of comfort for the patient.

## **PROCEDURE FOR ORDERING LABORATORY TESTS**

### **1. Procedure for Ordering Laboratory Tests**

All laboratory tests are ordered only with the prior permission of the Clinic Faculty.

After the Intern and the Clinic Faculty agree on what laboratory tests are necessary, intern fills out the laboratory test order form available at the front desk. The order form must include the following

The name of the patient

The age of the patient

The sex of the patient

What tests are needed

Where the test results should be sent

That the results should go to the attention of the Intern ordering the test

Clinic Faculty or intern must inform the patient prior to order the lab tests that all laboratory tests are the financial responsibility of the patient. Note: the lab work may be covered by insurance if the patient's standard care physician orders it.

### **2. Diagnostic Imaging**

When an Intern feels that diagnostic imaging such as X ray, MRI, or CAT scan is required, the Intern, with the prior approval of the Clinic Faculty should refer the patient to the appropriate primary provider, usually a Chiropractor or Medical Doctor, to order such imaging procedures. Due to limitations regarding insurance payment, no imaging procedures should be ordered directly by the Intern. When such imaging procedures have been completed, the clinic should receive a report of the imaging findings rather than the films themselves.

## CHARTING

Patient charts are a legal document and as such serves as a validation for services rendered. Inadequate charting can result in improper treatment or poor documentation of treatment rendered. So charting must be done in an accurate, concise, legible and well-ordered manner. Avoid subjective statements. See the appendix for appropriate shorthand for documents.

It is the Clinic Faculty's responsibility to train intern and observer charting skill. The Clinic Faculty must check to see that interns fill out all charts completely and thoroughly. The Clinic Faculty will **sign all charts** and make sure that treating interns have also signed the charts. **The Clinic Faculty should not sign the chart until it is properly filled out.** Following are guild line for proper charting:

1. All chart entries must be made in black ink on the appropriate form (Do not use ink colors other than black. Do not use pencil or erasable ink.)
2. Never destroy or rewrite and replace a prior record. All corrections or changes made in a chart of the original entry are to be made as follows:
  - Draw one line through the entry to be changed.
  - Write the new entry next to the old entry.
  - Initial and date the change, even if it is the same day.
  - Do not use white-out.
3. No patient may be treated without the following:
  - An arbitration agreement signed by both the Clinic Faculty and the patient or the patient's designated signatory.
  - A consent-to-treatment form signed by the patient or the patient's designated signatory.
  - A completed history form.
4. Each treatment episode is charted in the form of "SOAP" notes.
  - **S:** Subjective findings, the history portion of the treatment episode.
  - **O:** Objective findings, the observation of tongue and pulse, blood pressure, and heart beat per minutes as well as other observations, orthopedic tests, and palpation.
  - **A:** Assessment, the diagnosis, change in status, or other conclusions.
  - **P:** Plan, treatment principle, acupuncture prescription, herbal formulas, other modalities used, referrals made to other providers, and patient instructions.
5. No mark or designation reflecting the nature of the history or diagnosis may appear on the outside of the chart.
6. Only authorized abbreviations may be used.
7. Make sure entries can be interpreted in only one way (no ambiguous statements).
8. All box blanks or checklists must be completed. If there are no unusual findings, simply put a theta (o) in the space.
9. All acupuncture prescriptions should include points and type of needles used
10. When electro-stimulation is provided, the chart notes should include which points were stimulated in the format of from point A to point B, what mode was used (continuous, discontinuous, mixed), and what frequency was used in Hz. Where the frequency was mixed, both frequencies should be noted.
11. When moxibustion is used, the location, type of moxibustion and duration should be noted.
12. When cupping is part of the treatment, the location of the cupping and whether walking cups were used should be noted.
13. When acupressure is used, the location and type of procedure should be noted.
14. Any additional procedure, such as tui na or gau sha, must be charted in the plan section of the chart notes.
15. Document evidence of patient non-compliance.
16. Record all recommendations that intern made, including diet, exercise, or telling intern's patient to go see their medical doctor.
17. Record the concerns of intern's patient or their family.

18. A record must be made of every telephone call with the patient. Log the time, date, nature of their concerns, and your or intern's recommendations to the patient.
19. Always document mishaps or unusual occurrences such as fainting during acupuncture, moxa burns, or even bruises from the needles. Intern should always report these to Clinic Faculty or Dean of Clinical Education as soon as possible.

Periodically, the Dean of Clinical Education will inspect patient files, chosen at random. If the notations in a chart are found to be inadequate, the Intern must attend a lecture given by the Dean of Clinical Education or Clinic Faculty on proper charting techniques. A test will be given at the end of this lecture. If there are further cases of improper charting involving the same Interns, they may require retaking the Pre-Clinic course.

## THE HERBAL DISPENSARY

The Emperor's College Clinic has an extensive Herbal Dispensary, which includes dried raw herbs of the Traditional Chinese Pharmacopoeia, Herbal Powder preparations from various manufacturers and producers, and patent medicines of various types. The process of learning the properties, functions and indications of single herbs and the process of learning how to write and appropriately prescribe herbal medicines is generally a lifetime one and usually takes much patience and a great amount of practice. Interns are **strongly** encouraged to regularly try to create a mock formula for some of their patients and then present it to their Supervisors for comments and suggestions. Interns can do this while their patient has needles in him / her or when there is no patient scheduled during a slot in a shift or even at home during the week in between 2 weeks of the quarter.

**It is the Intern's responsibility to make sure that the patient is definitely desiring herbs and that the patient is clearly aware of the approximate cost of the herbs before they are ordered.**

**HERBAL PRESCRIPTIONS** (THE DESCRIPTIONS IN THIS SECTION ONLY APPLY TO FORMULAS THAT ARE BEING PRESCRIBED TO INDIVIDUALS WHO HAVE JUST BEEN TREATED IN THE CLINIC AS SCHEDULED PATIENTS)

### **RAW HERBAL PRESCRIPTION PREPARATION PROCEDURE**

1. The herbs are located in the various drawers of the herbal storage cabinet
2. They are arranged by traditional category
3. They are labeled with Chinese Characters, the Pin Yin English translation, and pharmacological (Latin) name
4. There is a notebook in the dispensary with all of the herbs listed in alphabetical order according to Pin Yin name in order to facilitate location the herb
5. The herbs are combined according to the herbal prescription which was approved by the Clinic Supervisor
6. Herbal prescriptions are written on "Herbal Formula Request" forms. The Clinic Supervisor and the Intern who wrote the formula must sign these. The original is used to enter the formula into the computer system in the dispensary, and then goes into the patient's file. Raw herb formula refills can be written no more than 4 times on the original formula form. Each time, the order must include how many packs are desired, the date, and the signature of the Intern's Supervisors. Refills that are requested by patients over the phone have their own set of restrictions – speak to the Dispensary Manager or Clinic Manger for details
7. Interns **must** find out from their Supervisors which herbs in the prescribed formula should have special cooking instructions and the Interns then **must** write the specific cooking instructions next to the relevant herb(s) **on the Formula Request Form** in addition to checking the appropriate boxes on the Patient Instruction Form
8. The Pharmacist checks the Herbal Formula after it has been filled to make sure that all herbs and dosages are correct according to the request form and then signs off on the formula sheet
9. The herbs and substances are packaged in white sheets and placed into paper bags, which are labeled with **the patients name, intern name, date, and the number of packages prepared**
10. The formula is then taken to the front desk with any special price considerations clearly marked (some herbs are particularly expensive and cost extra)
11. Herbal preparation instructions for the patient are located in the Dispensary and should be included with the formula – this instruction form must be filled out by the Intern and submitted to the dispensary at the same time as the formula form is submitted, it is also the responsibility of each Intern to verbally present the information on the Patient Instruction form to each patient before the patient leaves the clinic
12. The Dispensary formula preparation area should be cleaned after preparation of each formula

13. Dispensary staff will assist in making raw formulas; however, interns should ALWAYS offer to help pull herbs, put away herbs, or fold packets whenever possible.

#### **PATENT HERBS**

1. The clinic maintains a stock of Chinese herbal patent medicines that can be prescribed for patients. This also must be done under the direction of the Interns Clinic Supervisor
2. Fill out the prescription slip and find the item number from the patent formula list, located outside the Front Desk Door, give the prescription form to the Front Desk Staff and they will find the patent herbal medicine. **Interns are not allowed to enter into the front desk area** unless they are doing their Dispensary lab hours and are delivering a custom formula to the front desk personnel
3. The Intern is responsible for instructing the patient on how to take the patent pills
4. Other preparations may be requested for order by submitting the request to the Dispensary Manager – the determination as to whether to order the requested item rests with the Dispensary Manager and the Dean of Clinical Education

#### **POWDERED (GRANULE) HERBS**

1. The powdered herbs are located in bottles on the shelves at the far end of the Dispensary room.
2. They are alphabetized according to their Pin Yin names
3. A “Herbal Formula Request” form must be completed by the Intern and signed by the Clinic Supervisor
4. The completed Herbal Formula Request form, a **completed** Patient Instruction Form, and a completed prescription slip is submitted directly to the Dispensary Staff who then calibrates the correct ratio of individual herb doses according to how many total grams have been ordered
5. Refills for a powdered formula require the Clinic Supervisor to date, sign, and specify the refill amount on formula request to the Dispensary Manager, who will generate a new dispensary copy of the formula to be refilled from the dispensary computer. **No photocopied copy** is required for refills of powdered formulas. As with raw formula refills, powder formula refills that are requested by patients over the phone have their own set of restrictions – speak to the Dispensary Manager or Clinic Manager for details. The Intern is also responsible for checking with her / his patient to find out if the patient desires the powder formula to be put into capsules. If the patient wishes to have capsules made up, it is also the Intern’s responsibility to make sure the patient is aware of the added cost for the capsules and is in agreement with that added cost; Interns should also ask the Dispensary how long it will probably need to encapsulate the powder formula and then let the patient know that information
6. The process of creating a powdered formula involves the use of scales, careful measuring techniques, and close attention to herb organization. Please see the Dispensary Manager for details regarding the correct procedure for assembling a powdered formula

**It is the Intern’s responsibility to make sure that patients receive the herbs and take them correctly.**

#### **DISPENSARY HOURS**

The Dispensary is open on Monday, Wednesday, Thursday and Friday 8:15 a.m.. to 8:45 p.m., on Tuesday from 8:15 am to 4:15 pm, on Saturday from 8:45 am to 4:45 pm, and on Sundays from 1:15pm to 8:45pm.

#### **PROCEDURE FOR SPECIAL ORDERING HERBS**

Herbs are not to be sold directly to patients under any circumstance. All herb orders must be placed through the clinic front desk. Custom Formulas require the signature of a Licensed Acupuncturist.

#### **DISPENSARY ROOM POLICY**

- Wash hands before and after preparing herbal prescriptions
- No Herbal Formulas are to be sold without a prescription signed by one of ECTOM's Clinic Supervisors. Students may not purchase custom raw or powder Herb Formulas for themselves or their family without such a prescription. There is a way in which raw or powder formulas can be ordered for and purchased by students, their family members or anyone from the general public when the formula order is not in connection with a scheduled visit in the ECTOM clinic. Any California Licensed Acupuncturist with a current license can order a formula for an individual in this situation as long as that Licensed Acupuncturist fills out and returns our application form to be an official "Outside Practitioner" in our Outside Practitioners program **and** the formula is written on the Outside Practitioner herb order form for a raw formula or the one for a powder formula and completely filled out. To clarify, any student here at ECTOM who asks a Teacher or Supervisor to write a formula for that student separate from the student being seen in an official visit should be aware that the formula will **not** be filled by the dispensary unless the Teacher / Supervisor is on file as part of our Outside Practitioners program and the formula is written on one of the Outside Practitioner herb forms
- As described above, herbs, whether raw or powder, are usually sold to clinic patients, but can be sold to the general public, to students from other schools, and to Licensed Acupuncturists if they are prescribed by a Licensed Acupuncturist who uses one of our two Outside Practitioner Herb Formula Forms and is on file with us in our Outside Practitioners program. However, patent herbs are available to the public and are sold over the counter without a prescription of the customer knows and asks for what she / he wants – no advice should be given to them about what to order.
- Formula refills must be signed by one of our Clinic Supervisors
- No one is allowed in the Dispensary except on-duty Supervisors, Interns, Observers, and Dispensary lab students
- Food and drink are not allowed in the Dispensary Room or Dispensary Room Refrigerator.
- Any samples or snacks taken from the Dispensary should receive prior approval by the Dispensary Manager and **must** be paid for
- All people working in the Dispensary Room must wear a lab coat, hair covering and maintain good personal hygiene
- Gloves and bouffant hair nets must also be worn when preparing raw or powder formulas

#### **HERB PRICES:**

#### **RAW HERBS, POWDERED HERBS, PATENT HERBS**

The list of raw, powder, patent herbs will change over time because the cost of herbs depends on market prices. Please see the dispensary manager for details.

There are some discounts for students, staff and outside practitioners.

#### **DISPENSARY CLEAN UP**

- Wipe the worktable and scales
- Make sure all herb drawers are closed
- Close the cabinets and drawers

## **ETHICS**

The Intern Clinic at Emperor's College provides health care and as such is bound by the ethical requirements of such and institution. The principles of informed consent, privacy and continuity of care are essential parts of all procedures performed in the Intern clinic.

### **Informed Consent**

No patient may be treated without informed consent. This means that the patient is fully informed of the nature of all procedures that are to be performed in connection with their care, and understands the potential side effects of these procedures. All patients, including students and Clinic Faculty, must sign informed consent forms prior to the administering any procedure, including acupuncture, herbal prescription, acupressure, cupping, tui na, gua sa, electro-acupuncture or massage.

### **Arbitration Agreement Form**

No patient may be treated without sign arbitration agreement form. According malpractice insurance company, both parties (health care provider and patient) should sign arbitration agreement form prior to the administering any procedure, including acupuncture, herbal prescription, acupressure, cupping, tui na, gua sha, electro-acupuncture or massage. At ECTOM clinic, Clinic Faculties are the health care providers.

### **Privacy**

All patient files are confidential records. No patient file may be duplicated except when a record release is signed by the patient and then only for the purposes described in the signed release, or when the Custodian of Records (Dean of Clinical Education) is presented with a valid subpoena from an attorney or attorney record service. No patient file may leave the Intern Clinic. While this is a teaching clinic, and some discussion of patient care must take place in the course of Intern training, no patient may be discussed outside of the clinic and case review environment. For the purposes of case review, notes may be taken about cases to be presented. *Copies of patient records may not be made for the purposes of case presentation.*

### **Under no circumstances are patient files to leave the clinic area.**

The only exception to the above policy on privacy is in the event of child abuse, rape or battery. Any patient that is believed to be the subject of sexual abuse, child abuse or battery should be reported to the appropriate authority. No such report should be made without the prior approval of the Clinic Faculty and the Dean of Clinical Education. All such reports should be made in a timely manner and after careful consideration of the need and consequences of such a referral.

### **Continuity of Care**

Any individual that enters into a relationship with the Emperor's College Intern Clinic where the clinic provides acupuncture services to the individual, the clinic must provide continuity of care. When the Clinic Faculty, Dean of Clinical Education, or the Intern, with the approval of the Clinic Faculty, deems it necessary to terminate this therapeutic relationship, the patient must be provided with three referrals for acupuncture services that have been approved by the Dean of Clinical Education.

## **Nondiscrimination**

No patient may be denied patient care at the Emperor's College clinic due to race, religion, gender, sexual orientation, handicap or diagnosis. A patient that presents with a condition that the Clinic Faculty or Dean of Clinical Education feels should best be treated elsewhere must be referred to the appropriate treatment facility, including the emergency room (including when calling 911) with the prior permission of the Clinic Faculty. All such referrals are to be made with the approval of the Clinic Faculty or Dean of Clinical Education.

## **The Incompetent Patient**

When a patient is deemed incompetent, no services should be provided without a competent caregiver being present. The competent caregiver must be expressly designated as a custodial caregiver. All services provided to the incompetent patient must be with the prior permission of the caregiver.

## **Hardship and the Right to Care**

While the fees charged at Emperor's College are low in comparison to the fees charged in the local acupuncture market, it must be recognized that some patients may be unable to afford even these low fees. In order to facilitate making acupuncture services available to those who can not otherwise afford them, some flexibility in fees for service may be made for these patients on a case by case basis. The Intern is encouraged to discuss fee flexibility with the Dean of Clinical Education or Clinic Manager when the inability to pay warrants.

Please refer all questions of financial matters to the front desk or Dean of Clinical Education. The Dean of Clinical Education can authorize discounts for patient in need. Interns, by themselves, must never give patients discounts.

## **Promoting the Clinic**

Emperor's College requires that students must give acupuncture treatments to a minimum of 350 patients (125 new patients) during their internship.

The more patients an intern treats the more experience he/she will gain. Therefore it is very important that interns actively participate in bringing patients into the clinic. Clinic card, Coupons, brochures, and flyers are available for interns to distribute.

## **SEXUAL HARASSMENT POLICY**

### **Sexual Harassment Policy**

#### **Prohibited Behavior**

##### **1. Sexual Harassment**

Unsolicited and unwelcome contact that has sexual overtones is considered sexual harassment and is prohibited. This includes:

- 1) Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to such conduct is made either explicitly or implicitly a term or condition of: an individual's employment; academic performance or grading. Submission to or rejection of such conduct by an individual is used as the basis for: employment decisions affecting such individual; grading or evaluations. Such conduct which has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work, educational or treatment environment.
- 2) Verbal harassment: epithets, derogatory comments or slurs.
- 3) Physical harassment: assault, impeding or blocking movement, or any physical interference with normal work or movement, when directed at an individual.
- 4) Visual harassment: derogatory posters, cartoons, drawings, letters, notes, invitations, leering or staring at another's body, gesturing, displaying sexually suggestive objects.

Sexual harassment also includes continuing to express sexual or social interest after being informed directly that the interest is unwelcome.

##### **2. Sexual Assault**

Sexual assault means, but is not limited to, rape, forced sodomy, forced oral copulation, rape by a foreign object, sexual battery, or threat of sexual assault.

### **Reporting Procedures and Disciplinary Action**

#### **Sexual Harassment**

Any knowledge of sexual harassment must be in writing and reported immediately to the Dean of Clinical Education or CEO. The Dean of Clinical Education or CEO will investigate all complaints. These two positions will be responsible for consulting with each other regarding the accusation. Based upon the information received from the involved party(ies), a determination will be made regarding the appropriate disciplinary action. Any student, or Clinic Faculty found to be in violation of this policy is subject to appropriate disciplinary action, including warnings, reprimand, suspension, and/or discharge.

#### **Sexual Assault**

Any knowledge of sexual assault either by the victim or a third party should be immediately reported to either the Dean of Clinical Education or CEO. If necessary, the Dean of Clinical Education or CEO will designate someone to transport the victim to a hospital. Only with the consent of the victim will law enforcement authorities be notified. As soon as the victim is possibly able, he/she will be requested to complete a written complaint form. A listing of counseling centers is kept on file in the administration offices. The victim will be encouraged to make contact with one of the centers.

All complaints will be investigated by the Dean of Clinical Education or CEO. They will consult with each other regarding disciplinary action. This investigation will be for internal institutional purposes as well as aiding any investigation undertaken by law enforcement authorities.

**Any employee, student, or Clinic Faculty found to be in violation of this policy is subject to discharge.**

### **Complaint Forms**

A complaint form may be obtained from the Dean of Clinical Education or CEO, a copy of which is attached hereto.

### **Liability**

If an investigation reveals that sexual harassment or assault has occurred, the perpetrator may be held legally liable and personally liable for monetary damages for his or her actions under state and federal laws or in separate legal actions. The College will not pay damages assessed against an employee, student or faculty personally.

### **Retaliation**

Any employee, student or faculty member who files a sexual harassment or sexual assault complaint, or assists in such activity, will not be adversely affected in any of the following situations, neither will they be discriminated against or discharged because of the complaint:

1. Employment
2. Educational Evaluation
3. Educational Status

Complaints of such retaliation will be promptly investigated and dealt with.

### **Confidentiality**

College investigations and the results thereof will be conducted in confidence. Requests for information from the press, concerned students and parents will be referred to the CEO of the College.

### **Advisement**

Upon registration, and annually thereafter, all students and Clinic Faculty will be advised as to ECTOM's policy regarding sexual harassment/assault.

(Adapted from Consulting and Education Unlimited (303) 457-3288. Permission required.)

## **Examination & Treatment Ethics**

During the treatment at ECTOM clinic, no Intern may examine or treat any patient in a manner that results in exposure or palpation of the breasts of the female patient or the genitals of female or male patients without:

1. The prior permission of the patient for such procedure
2. The prior permission of the Clinic Faculty
3. Carefully explaining to the patient the necessity of performing such a procedure
4. Draping the patient as much as possible during the procedure
5. The presence of an observer of the same sex of the patient for the duration of such exposure or palpation  
It is the Clinic Faculty's responsibility to arrange the same sex of the patient inside treatment during the treatment procedure.
6. Take care to assure the comfort of the patient during the procedure

## **Regulation**

To prevent unnecessary misunderstanding, and to prevent any litigation at ECTOM clinic:

- 1) No Intern may enter into a sexual relationship with any person they treat in the Intern Clinic at Emperor's College.
- 2) No Intern may sexually harass any patient, any other Intern or Observer, or any Clinic Faculty in the Intern Clinic.
- 3) No Clinic Faculty may date or enter into sexual relationship with any intern or observer, while they are training in the Intern Clinic at Emperor's College.
- 4) No Clinic Faculty may date or enter into sexual relationship with any patient while they treat in the Intern Clinic at Emperor's College.
- 5) No Clinic Faculty may sexually harass any patient, any other intern or observer, or any Clinic Faculty in the Intern Clinic.

**If any intern, observer or Clinic Faculty is found guilty of sexual misconduct in the Emperor's College Clinic, they will be immediately expelled from the clinic.**

## Safety and Public Health

### Universal Infection Precautions

1. Wash hands before and after all patient or specimen contact.
2. Handle the blood of all patients as potentially infectious.
3. Wear gloves for potential contact with blood and body fluids.
4. Wear protective eyewear and mask if splatter with blood or body fluids is possible.
5. Wear gowns when splash with blood or body fluids is anticipated.
6. Handle all linen soiled with blood and/or body secretions as potentially infectious.
7. Wear mask for TB and other respiratory organisms. HIV is not airborne.
8. Place emergency equipment where emergencies are likely to occur.

### Acupuncture Needle Safety

1. Use only approved pre-sterilized, disposable acupuncture needles.
2. Do not reuse needles.
3. Use a new needle for each insertion. Do not reuse needles.
4. Use the appropriate needle for the planned procedure.
5. Do not place used acupuncture needles in trays at the treatment table. Place all used needles directly into the Sharps container.
6. Do not hand used acupuncture needles to an Observer or other Intern.
7. Do not insert an acupuncture needle into the patient up to the handle. Always leave some needle between the skin and the handle.
8. Do not exceed needle insertion depths.
9. Do not needle at an angle or depth where the patient's lungs can be injured.
10. Be sure that the patient is stable and comfortable before beginning needle insertion.
11. Be sure that the patient has had food within a few hours of being needled.
12. Be sure that the patient is not fearful prior to needling. Reassure the patient about the procedure before beginning to needle the patient.
13. Do not wear gloves during the needle insertion procedure. The gloves will not protect you from a needle stick accident and will make handling the needles more difficult. Gloves are only needed when there is the risk of exposure to blood or body fluids.

### Accidental Needle Stick Procedure

When an accidental needle stick has taken place, that is the Intern has been injured by a used needle, the following procedure must be done:

1. Inform the Clinic Faculty and Dean of Clinical Education of the incident.
2. Disinfect the area with Betadine or other povadyne solution. Do not use an ethanol swab.
3. Obtain baseline hepatitis and HIV blood tests.
4. Obtain follow-up hepatitis tests at one and two month intervals.
5. Obtain follow-up HIV test at six months.

### Electro-Acupuncture Safety

1. Use only approved electro-acupuncture devices.
2. Do not use an electro-acupuncture device on a patient with a cardiac pacemaker.

3. When applying an electro-acupuncture device, do not cross the patient's midsagittal line.
4. Limit the current intensity to the level required to treat the patient.
5. Use only battery powered devices.

### **Stuck Needle Accident**

When there is a needle stuck during a treatment episode:

1. Reassure the patient.
2. Request that the patient remain still.
3. Massage the muscle in which the needle is stuck.
4. Needle points in the region that will relax the spasm.
5. Rotate the needle in the opposite direction that was used to stimulate the needle.

### **Broken Needles**

1. Contact the Clinic Faculty immediately.
2. With the Clinic Faculty's assistance, attempt to remove the needles.
3. If the needle can not be removed, call 911 to transport the patient to the emergency room.

### **Moxibustion Safety**

1. Perform only moxibustion approved by the Clinic Faculty.
2. Do not perform scarring moxibustion.
3. Do not burn the patient.
4. When performing moxibustion, regularly remove the ash from the moxa, in order to prevent the hot ash from falling on the patient.
5. Do not moxa hot conditions.
6. Do not moxa patients who are sensitive to the moxa.
7. Do not moxa patients with respiratory disorders that are exacerbated by the moxa smoke.
8. Be aware of the patient's tolerance to heat, especially the elderly or young patient.
9. Do not moxa the face, breasts, or over large blood vessels.
10. Moxa the pregnant patient with caution.

Interns must remain inside treatment room during any moxa treatment. If any intern breaks this policy, he/she will be dismissed from the clinic.

### **Fainting**

1. Prevent fainting by not needling patients who are in a hypoglycemic period, that is have not eaten and are sensitive to blood sugar drop.
2. Do not needle an extremely fearful patient.
3. When needling a patient, if the patient feels faint, or faints:
  - Remove all the needles.
  - Apply pressure at Du 26 with the fingernail.
  - If the patient is in a sitting position, place her or his head between their knees.
  - If the patient is lying down, place the patient on her or his back and elevate their feet.

### **Sharps Containers**

1. Do not overfill Sharps containers.

2. Do not attempt to remove objects from the Sharps container.
3. Do not attempt to remove the lid from a Sharps container. If the container lid has been placed on the container, get a new container.
4. Do not attempt to transfer used needles from one Sharps container to another.
5. Notify Front Desk Personnel if a Sharps container requires attention, see below:

**Full sharps containers**

- A sharps container requires replacement if it is **2/3 filled**.
    - If your room's sharps container is filled 2/3 or more, notify the front desk immediately – they will change it out for you
    - DO NOT remove/empty/shake/tamper with any sharps container
  - Removable biohazard bags are attached to the wall of the treatment rooms near the sharps bins.
    - If you use the biohazard bag, **YOU MUST REMOVE IT FROM THE WALL AND TAKE IT TO THE FRONT DESK**
    - Front desk staff will then get you a new one to place on the wall
6. At no point should any item be placed in a biohazard bag and left on the wall

**Biohazard Disposal**

- All treatment rooms are equipped with both a SHARPS container, a BIOHAZARD disposal bag, and a TRASH bin
  - SHARPS = needles only (this includes the head of a seven star/plum blossom needle)
  - BIOHAZARD BAGS = material **soaked** with blood or body fluids.  
\*NOTE: should you have an amount of material that does not fit in the wall mounted biohazard bags, the front desk staff has access to large biohazard disposal bags. If for some reason you require one of the large bags, there is a very high likelihood an incident report should be filled out.
  - TRASH = cotton balls (even if there is drops of blood on them), needle wrappers, guide tubes, seven star/plum blossom handles, table paper, paper towels, used tissue, etc. – *the only exception to any of these is if they are **soaked** with blood or body fluids to the point where it could be squeezed and drip out.*

## **REFERRALS**

Referrals should be made for the following reasons:

- When the patient is not progressing satisfactorily or is worsening
- When the patient is experiencing signs or symptoms that indicate a life threatening condition
- When the Intern or Clinic Faculty is unable to adequately clarify the nature of the disorder
- When the patient has not had a routine procedure such as pap smear or mammogram within the recommended interval
- When the Intern or Clinic Faculty believes that the patient suffers from a reportable disease that was not diagnosed by another primary health care provider. Reportable diseases are listed in table 3.

Important: Any health care provider is responsible to report any unusual disease to the Public Health Department, whether or not it is listed in Appendix 1.

## Appendix 1

Reportable diseases per *California Code of Regulations*, Title 17, Section 2500, Public Health, 1966:

Amebiasis	Non-Gonococcal rethrotis excluding laboratory confirmed chlamydial infections
Anisakiasis	Measles
Anthrax	Meningitis
Babesiosis	Meningococcal infections
Botulism (Infant, Foodborne, Wound)	Mumps
Brucellosis	Non-Gonococcal rethrotis excluding laboratory confirmed chlamydial infections
Campylobacteriosis	Paralytic Shellfish poisoning
Chancroid	Pelvic inflammatory disease
Chlamydial Infections	Pertussis (Whooping Cough)
Cholera	Plague
Ciguatera Fish Poisoning	Poliomyelitis
Coccidioidomycosis	Psittacosis
Colorado Tick Fever	Q Fever
Conjunctivitis, Acute Infections of the Newborn	Rabies
Cryptosporidiosis	Relapsing fever
Cysticercosis	Reye Syndrome
Dengue	Rheumatic Fever, Acute
Diarrhea of the Newborn	Rocky Mountain Spotted Fever
Diphtheria	Rubella
Domoic Acid Poisoning (Amnesic Shellfish Poisoning)	Rubella Syndrome, Congenital
Echinococcosis	Salmonellosis, Non-Typhoid
Ehrlichiosis	Scabies
Encephalitis	Scombroid Fish Poisoning
<i>Escherichia Coli</i> 0157:H7	Shigellosis
Foodborne Disease	Streptococcal infections
Giardiasis	Swimmers itch (Schistosomal Dermatitis)
Gonococcus	Syphilis, Primary and Secondary cases and cases in pregnant woment
Haemophilus influenzae	Tetanus
Hantavirus	Toxic Shock Syndrome
Hemolytic Uremic Syndrome	Toxoplasmosis
Hepatitis A	Trichinosis
Hepatitis B	Tuberculosis
Hepatitis C	Tularemia
Hepatitis D	Typhoid Fever
Hepatitis, other, acute	Typhus
Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome)	Vibrio infections
Legionellosis	Viral Hemorrhagic Fevers (Crimean-Congo, Ebola, Lassa, Marburg)
Leprosy	Water associated diseases
Leptospirosis	Yellow Fever
Listeriosis	Yersiniosis
Lyme DiseaseLymphocytic Cheriomeningitis	
Malaria	

## APPENDIX 2

### PROFESSIONAL COMPETENCIES BY ACAOM AND ECTOM

After students finish clinical training at Emperor's College, the following professional competencies must be achieved:

1. Collecting data and using the following examinations of the patient in order to be able to make a diagnosis:
  - Observation – noting the Spirit, Color, Body Structure, Tongue, Symptom site and Complexion of the patient
  - Olfactory examination – noting the general Odor of the patient's body and of the patient's Secretions, Discharges and Breath
  - Audio examination – listening to the Sound of the patient's Voice, Abdominal Sounds, Sounds of Respiration and Cough quality
  - Palpation – noting the Temperature, Moisture, Texture, Sensitivity, Tissue Structure, Rhythms and Qualities of the Abdomen, the Chest, the Ear, the Channels and Points, and the radial and regional Pulses
  - Inquiry – Asking general Questions, Questions about Medical History, Chief and Secondary Complaints, Sleep patterns, Excretions, Thirst and Appetite, Digestion, Nutritional levels and patterns, Medications, Chills and / or Fever, Perspiration, Pain, Emotional state, Lifestyle, Exercise, use of Alcohol, Tobacco and Drugs, Reproductive Cycles and Menstruation, Leucorrhea, Sensations of Heat, Cold, Dizziness, Tinnitus, Palpitations and Chest Constriction
  - Physical examination adjuncts such as Akabane and Electrical stimulation
2. Formulating a diagnosis by classifying the data collected and organizing it according to traditional oriental medical theories of physiology and pathology. This skill implies comprehensive understanding of the following fundamental theories and concepts:
  - Five Phases Theory
  - Yin – Yang Theory
  - Channel Theory
  - Organ Theory
  - Causes of disease, including the Exogenous, Endogenous and Independent Factors
  - Stages of disease progression, including the Six-Stage and Four-Aspect disease progressions
  - Triple Warmer Theory
  - The natural progression of untreated disease
3. Determine treatment strategy based on the diagnosis formulated:
  - The availability of additional appropriate modalities for patient referral
  - The ability to communicate with other health professionals regarding patient care, utilizing commonly understood medical terminology
  - The functions of the Acupuncture points
4. Performing treatment by applying appropriate techniques, including needles, moxa, manipulation, counseling, and the utilization of skills appropriate for preparation of tools and instruments:
  - Proper sterilization and aseptic procedures
  - Preparation of the patient, including proper positioning for application of techniques
  - Effective communication with the patient regarding the nature of the illness and the treatment plan
  - Accurate location of Acupuncture points

- Safe and effective needle insertion techniques based upon the function of the point, the recommended needling depth, the underlying anatomy at the site, the desired effect of needling, and the nature of the illness
  - Accepted clean needle insertion practices, including protocols adequate to allow compliance with NCCAOM guidelines on sanitation, asepsis, and clean needle handling
  - Safe and effective application of adjunctive techniques, including Moxibustion, Electrical stimulation and manipulation
  - Effective control of emergency situations
5. Assessing the effectiveness of the treatment strategy and its execution:
- By re-examination of the patient
  - By comparison with previous conditions and expectations
  - By modification of the treatment plan, if required, based upon that assessment
6. Complying with practices as established by the profession and society at large through:
- Application of a code of ethics
  - Practice of responsible record keeping and patient confidentiality
  - Maintenance of professional development through continuing education
  - Maintenance of personal development by continued cultivation of compassion
7. In order to be able to:
- Recognize situations where the patient requires emergency or additional care or care by practitioners of other health care (or medical) modalities, and to refer such patients to whatever resources are appropriate to their care and well-being
  - Appropriately utilize relevant biomedical clinical science concepts and understanding to enhance the quality of Oriental medical care provided
  - Protect the health and safety of the patient and the health care provider related to infectious diseases, sterilization procedures, needle handling and disposal, and other issues relevant to blood-borne and surface pathogens
  - Communicate effectively with the biomedical community
8. The student must have an adequate understanding of:
- Relevant concepts related to pathology and the biomedical disease model
  - The nature of the biomedical clinical process including history taking, diagnosis, treatment and follow-up
  - The clinical relevance of laboratory and diagnostic tests and procedures, as well as biomedical physical examination findings
  - Relevant pharmacological concepts and terms including knowledge of relevant potential medication, herb and nutritional supplement interactions, contraindications and side effects
9. Making a diagnosis / energetic evaluation by:
- Identifying location, nature and cause of the dysfunction, disorder, disharmony, vitality and constitution. This evaluation is based on the 13 concepts below plus knowledge of distinctive patterns of herbal combinations and recognition of medical emergencies
10. Planning and executing an herbal treatment using the following knowledge:
- Identification of most commonly used raw and prepared substances in Materia Medica
  - Use of common foods as healing modalities
  - Properties of substances in Materia Medica: Taste, Temperature, entering Meridians, Actions and clinical Applications; identification of common biochemical constituents and common dosage guidelines
  - Contraindications of individual herbs: Toxicity, both traditional and biochemical; rules of combination, effect of preparation, dosage variance, and possible side effects
  - Traditional strategies of herbal formulation
  - Composition of formulas: Hierarchy of ingredients, internal dynamics of ingredients, changes in hierarchy of ingredients by modification of ingredients or dosage

- Preparation and administration of formulas: Dosage, timing, frequency, duration, extraction times, etc.
  - Indications and function of representative Herbal Formulas
  - Selection, modification and development of appropriate formulas consistent with the pattern of disharmony and treatment plan
  - Current types of prepared formulations available (pills, powder, tincture, etc.)
  - Dosage variances, side effects and toxicity associated with usage, timing, frequency, duration, extraction times, etc.
  - Understanding the issues surrounding non-traditional additives to prescriptions
  - Selection of the appropriate modality or modalities for treatment: Acupuncture, Herbs, Oriental manual Therapy, Exercise, Breathing Therapy, and Diet counseling
  - Consultation with patient regarding treatment plan, side effects, outcomes, and healing process
  - Biomedical considerations of Herbal preparations: Contraindications, Drug interactions, etc.
11. Understanding professional issues related to Oriental Herbs:
- The ethical considerations with respect to prescribing and selling herbs to patients
  - How and when to consult and refer with appropriate biomedical or allied health practitioners regarding drug interactions and herbal therapy
  - The appropriate management, care, and storage of herbs and herbal products

**APPENDIX 3**

**IMPORTANT TELEPHONE NUMBERS**

Emergency	911
Police Dispatch	310-458-8491
Fire Dispatch	310-458-8660
Santa Monica Hospital / ER	310-319-4765
St. John's Hospital / ER	310-829-8212
Poison Information Center	800-777-6476
Suicide Prevention Line	213-381-5111 and / or 310-391-1253
California HIV / AIDS Hotline	800-367-2437
National HIV / AIDS Hotline (English)	800-342-2437
(Spanish)	800-344-7432
Mental Health Referral Service	800-843-7274
National Child Abuse Hotline	800-422-4453
Elder Abuse Hotline	800-992-1660
L.A. County Child Abuse Hotline	800-540-4000
L.A. Rap & Battering Hotline	310-392-8381
L.A. Free Clinic	323-653-1990
Venice Family Clinic (English)	310-392-8630
(Spanish)	310-664-7909
Center for Disease Control (CDC)	800-277-8922
Domestic Abuse Hotline	800-978-3600
Alcoholic Anonymous Hotline	800-993-3670
AA West L.A.	310-474-7339
AL-ANON Family Groups	818-760-7122
Cri-Help	818-985-8323

## Appendix 4

### ECTOM CLINIC FEES

Please check with the front desk for current prices. Students and Staff receive discounted treatments as do their immediate family members (“immediate family members” means spouses, children, siblings, parents, and grandparents). Students who are currently scheduled and clocked in for a particular clinic shift can treat each other for free; i.e., an observer or intern who is currently clocked in for her/his shift can obtain a free treatment from another intern on that shift **if the schedule allows it and the observer or intern does not have a patient** to observe/treat. The treatment must be placed on the schedule with the front desk and an official SOAP form filled out—in other words, the process should be the same as if an outside patient was being treated.

### ECTOM Clinic Shift Schedule

	A.M.	P.M.	EVE
Monday	7:30-12:00pm	12:30pm-4:30pm	5pm-9pm
Tuesday	7:30-12:00pm	12:30pm-4:30pm	
Wednesday	7:30-12:00pm	12:30pm-4:30pm	5pm-9pm
Thursday	7:30-12:00pm	12:30pm-4:30pm	5pm-9pm
Friday	7:30-12:00pm	12:30pm-4:30pm	5pm-9pm
Saturday	8:00-1pm	1:30pm-5:00pm	
Sunday		12:30pm-4:30pm	5pm-9pm

### ECTOM Clinic Event Schedule

Pre-Clinic Examination      Refer to current academic calendar posted online see link below  
 Clinic Lottery                      Refer to current academic calendar posted online see link below

<http://www.emperors.edu/masters-program/current-students/calendars-and-schedules/>

### ECTOM Clinic Fees

Standard Treatment:	\$40.00
Faculty	\$10.00
Students	\$15.00
Walk-in students (current shift)	\$5.00
Student direct family member	\$20.00

**APPENDIX 5****MEDICAL ABBREVIATIONS**

The following medical abbreviations may be used in documentation in the Emperor's College clinic. Un-approved abbreviations should not be used.

Acu	acupuncture	L 4	4 <sup>th</sup> lumbar vertebrae, etc.
AIDS	acquired Immune Deficiency Syndrome	Lu	lung
Bid	2 times a day	Liv	liver
BM	bowel movement	mg	milligram
BP	blood pressure	min	minute
BW	body weight	mm	millimeter
C2	2 <sup>nd</sup> cervical vertebrae, etc.	MRI	magnetic Resonance Imaging
CBC	complete blood count	MS	multiple Sclerosis
CC	chief complaint	N/A	not applicable
CNS	central nervous system	N&V	nausea and vomiting
c/o	complains of	OB	obstetric
COPD	chronic obstructive pulmonary disease	od	once daily
CPR	cardiopulmonary resuscitation	oz	ounce
CSF	cerebrospinal fluid	P	pulse
CVA	cerebrovascular accident	Pc	pericardium
/d	per day	PE	physical exam
D/C	discontinued	PID	pelvic inflammatory disease
DDx	differential diagnosis	PMS	premenstrual syndrome
DOB	date of birth	Pt	patient
Dx	diagnosis	q	every
EBV	epstein barr virus	q4h	every 4 hours, etc.
ECG	electrocardiogram	qAM	every morning
ENT	ear, nose and throat	qh	every hour
GA	general appearance	qid	4 times a day
Gb	gall bladder	qod	every other day
GI	gastrointestinal	Rx	prescription
gm	gram	SI	small intestine
GYN	gynecology	SJ	san jiao
H	hour	SLE	systemic lupus erythematosus
HAV	hepatitis A virus	SOB	shortness of breath
HBP	high blood pressure	Sp	spleen
HBV	hepatitis B virus	St	stomach
HIV+	HIV positive	T	tongue
HSV	herpes simplex virus	TB	Tuberculosis
Ht	heart	tid	3 times a day
Hx	history	TMJ	temporomandibular joint
ICS	intercostals space	TP	temperature
Kg	kilogram	Tx	treatment
Kid	kidney	Ub	urinary bladder
lb	pound	URI	upper respiratory infection
LBP	low blood pressure (not low back pain)	UTI	urinary tract infection
LI	large intestine	wk	week
LMP	last menstrual period	Wt	weight



## CLINIC MANUAL

2017

### STUDENT RECEIPT AND ACKNOWLEDGEMENT

(ORIGINAL SIGNED AND PLACED IN STUDENT FILE)

I HAVE RECEIVED MY EMPEROR'S COLLEGE OF TRADITIONAL ORIENTAL MEDICINE CLINIC MANUAL 2017.

I UNDERSTAND THAT I AM RESPONSIBLE FOR READING AND FOLLOWING ALL INFORMATION AND POLICIES CONTAINED IN THIS CLINIC MANUAL THROUGHOUT MY TRAINING AT EMPEROR'S COLLEGE.

I ADDITIONALLY UNDERSTAND THAT THE INFORMATION AND POLICIES IN THE ECTOM CLINIC MANUAL MAY BE UPDATED AT ANY TIME AND THAT I WILL BE RESPONSIBLE FOR READING AND FOLLOWING ANY SUCH REVISIONS.

I AGREE TO PROVIDE EMPEROR'S COLLEGE WITH CURRENT CONTACT INFORMATION INCLUDING MY CURRENT EMAIL ADDRESS, MAILING ADDRESS AND TELEPHONE CONTACT.

\_\_\_\_\_  
STUDENT NAME (PRINTED)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE