

Portfolio Requirement: For students who began internship fall 2013 and beyond

Students in the MAcOM program must complete a portfolio in order to graduate. The portfolio will contain items that span the length of the program and will include works from clinic rotations as well as from various courses, practical exams, professional development, and intern meetings. Each student will have periodic reviews to monitor progress and contents. Upon completion of the program and final review, the portfolio is retained by the student.

Some of the portfolio contents were revised in winter 2014 to response to changes in the clinical education portion of the MAcOM program as a result of AOMA's quality enhancement plan for reaffirmation of accreditation by Southern Association of Colleges and Schools. Any student who began internship as a level 1 intern in fall 2013 are to follow this revised portfolio packet.

Reflections

A fundamental feature of the clinical education portfolio is the reflection requirement. Researchers identify benefits of reflection for learners such as: increased awareness of different perspectives, depth, and professional expertise.¹ Through reflective practice, the student is able to learn about their own personal values and professional attitudes.

Reflective practice has been identified as particularly essential for health care practitioners. It has been shown to help develop critical thinking skills and clinical judgment, as well as improve diagnostic accuracy.¹ Through reflection, the student is able to assess knowledge with their own values and beliefs, resulting in improved empathy and effective care.¹

A study in postgraduate medical education found that reflection plays a vital role in helping junior doctors to learn from clinical experiences.² Reflecting on clinical experiences resulted in the student's identification of their learning needs. This encouraged learning focused on comprehension and understanding.²

1. Wald, Hedy, et. al., *Reflecting on Reflections: Enhancement of Medical Education Curriculum With Structured Field Notes and Guided Feedback: Academic Medicine*, 2009. 84(7): p. 830-837.

2. Driessen, Erik, et. al. *The Self-Critical Doctor: Helping Students Become More Reflective. Teaching Rounds*, 2008. 336: p.827-829.

3. Sandars, John. *The Use of Reflection in Medical Education: AMEE Guide No. 44. Medical Teacher*, 2009. 31: p.685-695.

How to Reflect

Reflection takes time and effort. It is a cognitive process for viewing mental and emotional states and behaviors. Reflection is more than reciting the events as in a narrative. Reflection involves awareness of self on many levels, including values, beliefs, attitudes, behaviors, and emotional state at any given moment in time. Reflection involves awareness of others including listening to their perspectives, acknowledging other opinions and experiences as valuable, observing their emotional reactions, and connecting acquired information back to oneself. Reflection involves deeply thinking about lessons learned, and most importantly, how this changes one's own future behavior, attitudes, and beliefs.

In the sections that follow on the portfolio content, sample questions are provided to use as a springboard for reflective writing. Written submissions that are narratives showing no depth of reflection will not be accepted as a portfolio entry. Not all portfolio entries require a reflection.

Portfolio Contents

A checklist of the portfolio items is at the end of the portfolio section.

Intern Meetings and Reflections

The Intern meetings are scheduled every term to provide regular communication between clinic leadership and interns and to ensure on-going training and dialogue on topics of professionalism, ethics, interpersonal communication skills, patient-centered care and cultural competency, evidenced-based practice, self-reflection, self-improvement, and life-long learning.

Over the course of a minimum of 13 terms, interns would be required to produce an artifact from at least 5 of these sessions. Each intern meeting has a portion of the agenda devoted to communication, emerging issues, and needs within the clinic. Each meeting will also have a training segment devoted to a clinically relevant topic. **Each topic session would generate a specific reflective portfolio item, such as a commitment to act, a learning plan, or other such artifact appropriate for the topic.**

Observation SOAP Notes and Reflections

Students will spend a minimum of 144 hours as an observer prior to beginning internship, in clinic theater courses as well as in the student clinic. Toward the end of the program, students will enroll in advanced clinic theater or observe clinic in China on the China Study Trip. The Follow-Up form used to record patient visits is AOMA's standardized SOAP note (SOAP stands for subjective, objective, assessment, and plan.), and the form used for the observation SOAP and reflection are in the Clinic Manual and Portfolio Packet.

The portfolio requires five SOAP notes from observation at the pre-internship level (Level 1) and five from observation at the advanced level (Level 3). Observers will use their notes from a patient visit to replicate a SOAP note, and write a reflection on the visit. HIPAA compliance is an absolute requirement. Suggested questions to stimulate reflection are listed after the next section.

Internship SOAP Notes and Reflections

Students will spend a minimum of 720 hours as an intern in the student clinics and community clinics. **Interns will use their notes from a patient visit to replicate a SOAP note, and write a reflection on the visit. HIPAA compliance is an absolute requirement.** A specific form is used for the internship SOAP and reflection and is in the Clinic Manual. Suggested questions are listed after the next section.

The portfolio requires 3 types of SOAP notes from internship patient visits for a total of 18 SOAP notes and 12 reflections.

- **5 patient visits of which at least 2 must be patients new to AOMA clinics with a reflection on each**
- **4 patient visits when the intern was an herbal-only intern (level 3) with a reflection on each**
- **3 patients who the intern saw at least 3 times in less than 3 months (total of 9 visits). These SOAPS must include pre- and post- assessments with analysis of patient outcomes. Student is to write one reflection for each set of 3 SOAP notes.**

Suggested questions for the SOAP Notes to stimulate deep reflection

- 1) Reflect on this patient's presentation, prior treatments, today's treatment plan, prognosis, anticipated number of future visits, outcome of today's treatment, education and instructions for patient on self-care, reasons for condition, suggested treatment option, involvement of patient in decision making on treatment options, possible referrals, seriousness of condition, need or benefits for biomedical diagnostic testing, necessary referrals, and evidence search for possible other treatment strategies.

What was the atmosphere during this treatment encounter? What was the nature of the interpersonal relationships, the environment, and other factors at play and how did they influence this encounter?

If this visit was part of several visits with this patient, reflect upon the success or lack of success of prior treatments. How was today's treatment modified as a result? What have these successive treatments taught you? Were all effects a result of treatment visits or has the patient's life, actions, or behaviors in between been a large factor(s)? What research could you do to improve outcomes?

What assessments were used to gauge treatment outcomes? How valid do you think these assessments are? Do they provide reliable information concerning treatment outcomes?

- 2) Reflect on your professionalism, interpersonal and communication skills in regards to this patient visit. Consider your presentation of self to patient: on-time, neat/clean, polite, respectful, attentive and present, non-judgmental, accepting, empathetic, caring, committed to healthcare outcomes.

Intern: How open were you to this patient? Did you take this patient's beliefs and attitudes about wellness and disease into account in developing treatment plan and providing options? How respectful were you about this patient's attitudes and beliefs? What did you learn about yourself as a result of this patient encounter?

What were the dynamics of the clinical team (self, partner, observer, supervisor, other intern teams in rotation, staff, etc.)? If there were conflicts, what role did you play? How could you have improved the team interactions?

Observer: How open were you/the interns to this patient? Were patient's beliefs and attitudes about wellness and disease taken into account in developing a treatment plan and providing options? How respectful were you/the interns about this patient's attitudes and beliefs? What did you learn about yourself as a result of this patient encounter?

What were the dynamics of the clinical team (self, partner, observer, supervisor, other intern teams in rotation, staff, etc.)? If there were conflicts, what role did you play? How could you have improved the team interactions?

Be sure to answer: What is your commitment to action or change as a result of your reflection?

Checklist of Procedures and Skills

Another clinical requirement of the portfolio is completion of several checklists of procedures and skills accomplished in clinic. These lists are composed of wide variety of skills taught in the program and utilized during patient visits, such as needling, moxa, cupping, physical assessments, and so forth. For the complete lists please refer to the checklist forms at the end of this packet. Most of the procedures and skills on the checklist will be assessed in the student clinics while being performed on patients. When an intern competently demonstrates the procedure or skill on a patient while a supervisor observes, the supervisor will sign the intern's checklist for that item. If the intern requires assistance or correction, or in any way does not perform competently, the supervisor uses the opportunity to train the intern and will not sign the checklist. For level 1 interns who have an assigned resident, the resident will sign the checklist when an intern is performed competently.

Formative Evaluations, Self-Assessments, and Learning Goals

At the end of each term, interns are to do a self-evaluation on themselves using the clinical evaluation form appropriate for their level (1, 2 or 3) and role (acupuncture intern, herbalists, medical qigong, tuina). This form is then presented to the supervisor (or resident) for conference and comments. A summary form is created, signed, and handed in. The intern keeps the complete self-evaluation form.

For this portfolio requirement, students select 5 terms of practice to reflect:

- Self-reflection of strengths and weaknesses,
- Self-identification of learning goals and learning plan, and
- Self-reflection of goal achievement.

Practical Exam Scores (OSCEs) and Reflections

Interns take the level 1 practical exam when total observation and internship hours are between 288-324, and take the second level practical exam when total hours are 576-720. This portfolio requirement is to write a one page reflection for each exam on what was learned and commitment to improve as a result of the exam.

Advance Clinical Rotations Reflections

Students who began internship under the 2014 QEP advance through three levels of internship. In Level 3, interns complete two advanced level rotations of their choice (refer to Level 3 Checklist of Procedures and Skills). Students must reflect on each of these rotations and answer questions such as:

- what two different advanced clinics did you do
- what did you *want* to get from each
- what did you *get* from each
- how did each prepare or not prepare you for professional practice?

These rotation offerings may vary, but include integrative clinical settings, specialty practice, and fast-paced practice.

Coursework

Students are to select a minimum of five (5) works from classes for their portfolio. Coursework requirements do change over time. The following are possibilities:

- Case Management class, such as Philosophy of Practice, Plan of Care
- Evidence-Based Practice class, such as individual project
- Acupuncture & herbal treatment of disease research paper(s)
- Practice Management (business plan); Ethics (essay)
- Other clinically relevant coursework

Professional Development

Students are to create a resume or CV. In addition, students are to select a minimum of four (4) other examples of professional development that were not required for the degree. The following are possibilities:

- Non-curricular training related to AOM practice (seminars, symposiums, etc.).
- Professional memberships (TAAOM, AAAOM, etc.)
- Attendance to National Meetings, activities, etc.
- Participation in AOMA Tutoring Program as a tutor, ASA as an officer, active member of the Clinic Leadership Team, or in the clinical Mentoring Program as a mentor in clinic.
- Volunteer work at Health Fairs, Great American Smoke-out, etc.

1 Written Case Study – Advanced Clinic Theater, Case Management, or other course and scores for the 4 PLO points

Inclusion of the written case study with scores for the follow program learning outcomes:

- Utilize biomedical knowledge in context of Oriental medical practice
- Perform literature reviews
- Record and compare initial assessments and outcome measures
- Utilize evidence and experience to inform clinical decision making

Personal Final Review and Retrospective Reflection

As the final item in the portfolio, this is to be completed at the end of the final term of the program. Each student does a personal review of all reflections and portfolio entries and writes a final reflection.

This reflection is on personal growth and transformation during journey of becoming a practitioner of acupuncture and Oriental medicine, future learning goals, personal insights on strengths and weaknesses, and level of commitment to the ideals of professionalism. Typically this reflection is typed, single spaced, 10-11 font size, and about two pages in length.

A copy of this item is to be handed in to be filed in the student file. It will also be used in assessment of the MAcOM program.

Formative and Summative Portfolio Reviews and Evaluation

Formative portfolio reviews will be conducted to assess progress of content and depth of reflection. These will be conducted by the MAcOM program director, the director of clinical education, and academic advisors.

Review	Timing and completed coursework	Content Expectation
1 st Formative Review	During the term prior to internship; see internship application for coursework. Completion of Benchmark Exam.	5 Observation SOAP notes with written reflections; completion of observation checklist – to become intern
2 nd Formative Review	During term of level 1 practical exam (usually 2 nd term of internship). Acupuncture Treatment of Disease 2, 3 Advanced Needling 1 Chinese Herbology and Labs 2, 3 Pharmacology OR Biomedical Diagnostics	At least two internship SOAP notes with reflections, thinking about what course work might be included, draft of CV, 1 self-reflection and learning goals, and at least 1 intern meeting reflection. Completion of level 1 checklist. Completion of 1 st practical exam.
3 rd Formative Review*	During the term of level 2 practical exam (usually ~3 terms before graduation). Herbal Formulas 1-3; Syndromes Herbal Treatment of Disease 1 Case Management; Evidence-Based Medicine; Clinic Communications 1	At least 1 internship SOAP and reflection, one 3-sets-of-3 patient visit SOAPs with reflection, reflection on level 1 practical exam, deciding most coursework to be included, additions of professional development to CV, 2-3 self-reflections and learning goals, and 2-3 intern meeting reflections. Completion of level 2 checklist. Completion of 2 nd practical exam.
Summative Review	After completion of the exit practical exam. All items of the portfolio including the Personal Final Review and Retrospective Reflection must be complete. The portfolio is assessed for completeness of contents and quality of the reflections.	Completion of entire portfolio. Completion of level 3 and herbalist checklists. A summative review occurs during the final term.

**A student may elect to have additional formative reviews throughout the program.*

Portfolio Grading

Two measures are used to grade a portfolio: 1) completeness, and 2) quality of reflections. The reflections are scored according to this scale:

- Not acceptable
- Minimal, Needs Work
- Average, Possible Discovery
- Reflective, Some Discovery
- Deeply Reflective with Self Discovery

After successful completion of the portfolio, the portfolio checklist is signed by the reviewer and handed in to the registrar for the student's academic records.

Portfolio Maintenance

Students are required to maintain their portfolio themselves, in hard copy, electronically, or a combination of both. They must bring the portfolio to reviews. The portfolio should be organized in an orderly fashion for easy access and review, and all handwritten artifacts must be legible. Files must be readable from PC computers utilizing Microsoft ® Office software or Adobe ® Reader.

It is recommended that learners use multiple locations to store their electronic copies, such as Google ® Documents.

Portfolio Tips

1. Hard Copy
 - a. Use a hard 3-ring binder with a plastic slip covers to display materials.
 - b. Create a Table of Contents.
 - c. Use dividers and tabs to separate all sections.
 - d. Maintain a copy of everything in separate location.
2. Electronic Copy
 - a. Use Google Documents for safe storage, or keep in multiple locations.
 - b. Use the scanner available in the library to scan documents and e-mail to yourself.
 - c. Bring to a review on a thumb-drive

The checklist for procedures and skills must be maintained in hard copy for supervisor signatures. To safeguard against loss, it is highly recommended that this form periodically be scanned and saved electronically, or photocopied and kept in a separate location from the original.

MAcOM Portfolio Contents Checklist – QEP Version (Those who start internship FA-13 and later)

Name: _____

Intern / Observer Meetings	5 reflections, commitments to act.					
Procedural Checklists)	Completion of checklist(s) – For students beginning QEP internship FA-13 and later have three checklists – one for each level of internship plus a checklist for level 3 herbalist	Level 1	Level 2	Level 3	Herbal	
Level 1 Practical Exam	Reflection after completion	R:				
Level 2 Practical Exam	Reflection after completion	R:				
10 Observation SOAPs and reflections	5 pre-internship SOAPs with reflections (level 1)					
	5 advanced observation SOAPs with reflections (level 3)					
18 Treatment SOAPs and reflections	5 patient SOAPs with reflections (minimum of 2 patients that are new to the AOMA clinics).					
	4 herbal patient SOAPs with reflections (minimum 2 patients that were seen when enrolled as an herbal-only intern).					
	3 sets of 3 – 3 patients who were seen at least 3 times in the same term. Include pre and post assessments and outcomes analysis in reflection.					
Advanced Clinical Rotations Reflections	QEP Level 3 interns complete two different advanced level rotations (see Level 3 Checklist of Procedures and Skills). Students must reflect on each of these rotations (see packet description).					
Formative Self-reflections and Learning Goals	5 self-reflection of strengths and weaknesses, and self-identified learning goals (minimum of 1 at level of internship [1-3]), and commitment to act.					
Coursework	Student to select five pieces of course work with explanation of why chosen. Essays, business plan, research papers, case presentations, etc.					

Portfolio Contents Checklist *(continued)*

Name: _____

Professional Development	CV or resume (required); Student to select a minimum of 5: Certificates of completion/ achievement from non-curricular training (informal series, seminars, symposium, etc.); Professional memberships; Attendance to State/ National Meetings, etc. Tutor in AOMA Tutoring Program, active in ASA or Clinic Leadership Team, Mentoring, etc.; Volunteer work at Health Fairs, Great American Smoke-out, etc.	CV or resume.		
Written Case Study from Advanced Clinic Theater, Case Management, China Study or other course – scores for the 4 PLOs	Utilize biomedicine in TCM context Perform literature reviews Record/compare outcomes measures Use evidence/experience for decisions			
3 Formative	Formative Academic Evaluation (date and initials)			
Personal Final Review and Retrospective Reflection	Retrospective reflection on growth, transformation, strengths and weaknesses, commitments to act.			
Summative Review	Final Academic Evaluation (date and signature)			

Review	Timing and completed coursework	Content Expectation
1 st Formative Review	During the term prior to internship; see internship application for coursework	5 Observation SOAP notes with written reflections
2 nd Formative Review	During term of level 1 practical exam (usually 2 nd term of internship). Acupuncture Treatment of Disease 2, 3 Advanced Needling 1 Chinese Herbology and Labs 2, 3 Pharmacology OR Biomedical Diagnostics	At least two internship SOAP notes with reflections, thinking about what course work might be included, draft of CV, 1 self-reflection and learning goals, and at least 1 intern meeting reflection. Completion of level 1 checklist.
3 rd Formative Review*	During the term of level 2 practical exam (usually ~3 terms before graduation). Herbal Formulas 1-3; Syndromes Herbal Treatment of Disease 1 Case Management; Evidence-Based Medicine; Clinic Communications 1	At least 1 internship SOAP and reflection, one 3-sets-of-3 patient visit SOAPs with reflection, reflection on level 1 practical exam, deciding most coursework to be included, additions of professional development to CV, 2-3 self-reflections and learning goals, and 2-3 intern meeting reflections.
Summative Review	After completion of the exit practical exam. All items of the portfolio including the Personal Final Review and Retrospective Reflection must be complete. The portfolio is assessed for completeness of contents and quality of the reflections.	Completion of entire portfolio.

Name: _____

All items must be witnessed and evaluated by the supervisor, clinical residents, or interns signing off. These are to be done in clinic during regular treatment sessions.

Competency – Demonstrated in Clinic	Date	Supervisor OR Resident OR Intern (print name)	Supervisor OR Resident OR Intern Signature	Comments
Assist Interns in Room Set-up and Tear-Down (i.e. sheets & gowns set-up and disposal, cleaning surfaces, collecting charts, etc.)				
Assist Interns in Safety Check Before and After Session, unplugging heat lamps, and other safety issues.				
Assist Interns Filling Patent Herbal Rx. under supervision				
Assist Interns Filling Powder or Bulk Herbal Rx. under supervision				
Assist Interns in Cleaning of Cups.				
List of Clinical Pearls gained Clinical Pearl definitions: <ul style="list-style-type: none"> • A short, straightforward piece of clinical advice • A tip about how to make examination, documentation, diagnosis, or treatment more effective. • Something precious or choice: <i>pearls of wisdom.</i> 				

Manage patient filling out of Patient Centered Outcomes Surveys and data input <i>- this is pending the selection of NIH PROMIS tools and protocol for data collection in REDCap</i>				

Checklist of Procedures and Skills - Level 1

Name: _____

All items must be witnessed and evaluated by the supervisor or resident is signing off. These are to be done on patients during regular clinic treatment sessions. Sign-off only if item was demonstrated safely and competently without assistance. CNT must be demonstrated for competency. CNT, clean hands, clean fields, skin prep, needling, and proper disposal of contaminated items of expected every treatment session.

Competency – Demonstrated in Clinic	Date	Supervisor or Resident Intern (print name)	Supervisor or Resident Intern Signature	Comments
Palpation of points or along channels or abdomen for tenderness				
Tongue and Pulse; All Vitals Measurements				
Perform and record Range of Motion Measurements, muscle strength				
Perform and record peripheral neurologic system exam (PNS) (peripheral pulses, reflexes, dermatomes, myotomes)				
Needle insertion and obtaining arrival of Qi; needle withdrawal				
Accurate point location, angle, depth of insertions				
Safe technique (insertion, angle, manipulation, withdrawal) of front and back thoracic points.				
Safe technique (insertion, angle, manipulation, withdrawal) of neck points.				
Safe technique (insertion, angle, manipulation, withdrawal) of points near/around eyes (ST1, taiyang, yintang, etc.)				

Checklist of Procedures and Skills - Level 1

Perform cupping effectively and safely				
Perform gua sha effectively and safely				
Safe and appropriate use of moxa				
Safe therapeutic use of heat lamp				
Dispense herbal remedies with resident.				
Review patient special needs/requests and discuss with resident/supervisor.				

Checklist of Procedures and Skills - - Level 2

Name: _____

All items must be witnessed and evaluated by the supervisor signing off. These are to be done on patients during regular clinic treatment sessions. Supervisor is to sign-off only if item was demonstrated safely and competently without assistance. CNT must be demonstrated for competency.

Competency – Demonstrated in Clinic	Date	Supervisor (print name)	Supervisor Signature	Comments
Bleeding with lancet or 3-edge needle				
Therapeutic Use of Heat Lamp				
Plum Blossom Needling or Seven-Star Needling				
Scalp Acupuncture				
Auricular acupuncture				
Tacks, seeds, or magnets				
E-Stim				
Discuss benefits, side-effects, and cost of herbal remedies with patient, and achieve patient agreement before dispensing.				
Prescribe and discuss dietary and lifestyle changes with patient (on 2 separate occasions)				
Dispense patents, tinctures, powders and/or bulk remedies				
Teach patient benefits of mind-body exercises such as taiji or qigong; provide information on AOMA informal classes				
Review patient needs/request and apply for reduced fees/herbs (herbal outreach)				
Review assessments for patient-centered outcomes and discuss patient-centered prognosis and/or outcomes with supervisor				
Assess medications and supplements for potential interactions with manual and herbal therapies				

Checklist of Procedures and Skills Level 3

Name: _____

All items must be witnessed and evaluated by the supervisor signing off. These are to be done on patients during regular clinic treatment sessions. Supervisor is to sign-off only if item was demonstrated safely and competently without assistance. CNT must be demonstrated for competency. In the case of written items and case presentations, must fulfill elements of requirement and will be rubric graded. See clinical manual for details.

Competency – Demonstrated in Clinic	Date	Supervisor (print name)	Supervisor Signature	Comments
Write patient referral to another practitioner				
Write patient progress to referring practitioner				
Written patient self-care individualized plan (dietary, exercise, mind-body, etc.).				
Written and presented case presentations (presented in advanced clinic theater and/or clinic)				
Body-Work Tuina or Medical Qigong				

Complete 2 rotations from level 3 as available: Solo practice seeing 3 patients in 3 hours. Dual room practice seeing 4-5 patients in 3 hours. Specialized clinic (pediatrics, sports injury, etc.) Specialized style (Tung, Japanese, neoclassical pulse, etc.) Integration rotations at Austin Recovery Center, Austin Pain Associates, etc. (excluding community clinics, Cureville, festivals, etc.)				

Name: _____

All items must be witnessed and evaluated by the supervisor or AHM Staff (for dispensing only) during regular clinic treatment sessions.

Competency – Demonstrated in Clinic or AHM Dispensary	Date	Supervisor / (print name)	Supervisor / Signature	Comments
Herbal safety application: ask patient food allergy, check herb-drug interaction, religious considerations (animal parts)				
Discussing herbal remedies with patient along with cost of remedies and achieving patient agreement before filling order.				
Educating patient on why herbal prescription is recommended and possible side effects				
Dispensing powder Rx's				

Competency – Demonstrated in Clinic or AHM Dispensary	Date	Supervisor / (print name)	Supervisor / Signature	Comments
Prescribing patent, tincture, and/or topical RXs – appropriate for patient case with minimal change by Faculty Supervisor.				
Prescribing Bulk and/or Powder Rx's appropriate for patient case with minimal change by Faculty Supervisor, and providing administration instructions.				
Writing and discussing TCM Nutrition and Dietary recommendations in lieu of herbal prescription.				
HIPAA compliant communication with patient 2-4 days after prescribing TCM herbal Rx to monitor patients response and reaction (effectiveness, side-effects, etc..				