2016-17 Student Clinic Manual

- MASTER OF ACUPUNCTURE AND ORIENTAL MEDICINE
- FIRST PROFESSIONAL DOCTOR OF ACUPUNCTURE AND ORIENTAL MEDICINE
- CLINICAL SPECIALTY DOCTOR OF ACUPUNCTURE AND ORIENTAL MEDICINE
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MAcOM Clinical Internship Statement of Purpose
The student clinic at AOMA offers a setting in which students can experience and learn the clinical practice of Oriental medicine under the guidance of a licensed clinic supervisor.

MAcOM Clinical Internship Goals
We see the intern-supervisor relationship as a learning partnership, with the supervisor in the role of mentor. Students are encouraged to prepare for both commendation and critique from their mentors and peers as they strive to achieve their learning goals in the clinic. The goals of the clinical internship are:

1) To provide students with the practical complement to the theoretical and technical skills acquired in the didactic coursework;
2) To provide students with a professionally-supervised setting in which to practice efficient routines, and improve interpersonal communication skills and demeanor;
3) To provide opportunities and assessment of tiered competencies through the three levels of internship;
4) To help students attain proficiency at physical assessment, clinical diagnostics, acupuncture techniques, and Chinese herbal treatments;
5) To help students understand the skills of marketing and business management in an acupuncture clinic setting;
6) To serve the Austin community by offering low-cost, effective healthcare.
7) To provide a variety of alternative and integrative clinic settings outside of AOMA managed student clinics.
8) To identify and prevent potential risk associated with acupuncture and Chinese herbal treatments.

Doctoral Internship Goals
- Provide advanced clinical experience in the care and management of pain and associated psychosocial phenomena.
- Provide a variety of clinical experiences in collaborative settings for both pain and psychosocial care.
- Provide guided practice in the advanced care of patients with pain and psycho-social phenomena.
- Produce practitioner expertise in assessment, care, and evidence-based practice in systems-based environments.
- Produce leaders as collaborative practitioners and clinical teachers.
- Inculcate the need and desire to pursue lifelong learning through inquiry and analysis.

Doctoral Externship Goals
- To provide advanced clinical experiences in the care and management of pain and associated psychosocial phenomena.
- To practice in a variety of clinical experiences in collaborative settings for both pain and psychosocial care.
• To develop collaborative relationships with a variety of healthcare professionals within learner’s community of practice for the care of pain and associated psychosocial phenomena.
• To integrate TCM principles and practices with other medical modalities.
• To do research on clinical TCM trials.

Clinic Hours of Operation
The AOMA North Student Clinic is open Monday through Friday during session, and various evenings. The South clinic is open Monday through Friday. The number of clinic sessions held each day varies depending on student registration from term to term. Clinic begins and ends promptly according to the clinic schedule for that term. Student clinic rotations are also offered throughout the Austin area such as Peoples, Seton Topfer and Seton McCarthy community clinics, Austin VA Outpatient Clinic, and Austin Recovery Center; please see schedules for complete list in any given term. Select student clinics at various locations, days, and times are open on break weeks for patient continuity of care. This also provides opportunity to make-up missed clinic hours and to accumulate additional hours within limitations. In addition, other unique clinical training is provided throughout the year such as at the Kerrville Folk Festival and other area events.

Patient Recruitment
When building a professional practice, personal acquaintance and referrals are two of the most important methods for recruiting new patients. Consequently, student interns are encouraged to recruit new patients or request referrals from existing patients during their clinical internship.

Treatment Fees
The current treatment fee in the North Student Intern Clinic (on Anderson Lane) and at the South Student Intern Clinic (on Westgate Blvd) is $30. Fees vary at the other sites and are subject to change, and there are other discounts from time to time. Current AOMA students and personnel are charged $15 for treatments in the student clinic (regularly $30). Patients must pay in full at the time of service. Patients being treated in the classroom as part of a clinic theater course are not charged for this service.

Clinic Supplies
AOMA supplies cotton balls, tissues, rubbing alcohol, clean field sheets, cleaning/disinfecting supplies, gloves, face masks, pillows, sheets and pillow cases, massage tables, contaminant receptacles, patient gowns, and paperwork, such as herbal prescription forms and follow up forms for students’ use. The Clinic Business Director is responsible for reordering all clinical supplies and making sure that there are sufficient copies of the forms. Students should notify the clinic receptionist when supplies or forms are running low (preferably before they have run out).

Changes to the Student Clinic Manual
While the clinic manual is revised annually, the AOMA administration and the Director of Clinical Education reserve the right to amend clinic policies and procedures at any time. Any changes or additions will be distributed to students in memo form, announced at intern meetings held each term, and/or posted on the student portal. The most current version of the Student Clinic Manual is available on the AOMA website, in the library, and in the student clinic.
Emergency Procedures

Evacuation Plan
AOMA’s evacuation plan is described later in this manual.

Emergency Phone Numbers

<table>
<thead>
<tr>
<th>Emergency – Sheriff/Police/Fire/Ambulance (If you even THINK you should call, CALL.)</th>
<th>911</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-emergency – Fire/police</td>
<td>311</td>
</tr>
<tr>
<td>Poison Control</td>
<td>800-222-1222</td>
</tr>
<tr>
<td>Facility Department</td>
<td>512-492-3079</td>
</tr>
<tr>
<td>Evening Escort to your car</td>
<td>512-563-6941</td>
</tr>
</tbody>
</table>

Clinic Incidents
In the event of an incident including, but not limited to, needle stick, acupuncture shock, or any other incident, interns must immediately report the incident to the clinic supervisor. Acupuncture shock usually manifests with symptoms such as fainting, vertigo, nausea, and/or trembling. Students who have reason to believe that a patient is in acupuncture shock should immediately remove all needles, let patient lying down and bring the incident to the attention of their clinic supervisor. The supervisor and the student(s) must complete an “Incident Report”, or, in case of a needle-stick injury, a “Sharps Injury Log” form, available in the Student Clinic Consultation Room and at the clinic reception desk, in order to record the details of the incident. An Incident report form must be filed within 24 hours with the AOMA safety officer, in human resources. The form must be turned in to the clinic receptionist, who will immediately turn the form into the safety officer and the Clinic Business Director. The Sharps Injury Log must be filled out and turned into the clinic receptionist, as soon as the incident happens or within 24 hours of the incident. Refer to these forms for additional instructions.

The Role of Clinical Supervisors
Licensed acupuncturists, with at least five years of clinical experience, supervise interns in the student clinic. Clinic supervisors at AOMA assume roles as both educators and healthcare providers. As educators, the clinic supervisors facilitate the intern’s transition from student to practitioner, and help each student to focus on the integration and application of his/her knowledge within the internship. As licensed healthcare providers, clinic supervisors have a direct responsibility to the patients who come to AOMA student clinics seeking healthcare.

Among other duties, AOMA clinic supervisors provide intern education, measure clinical competence, ensure the provision of high-quality patient care, fulfill administrative duties for their individual clinic shifts, and support the operation of a service-oriented community clinic.

Clinic supervisors perform the following tasks:
- Check for interns arriving and preparing room before patient appointments begin
- Evaluate the patient’s progress to date
- Confirm collection of diagnostic indicators: vital signs, symptoms, pulse, tongue, palpation, range of motion (ROM), etc.
- Discuss and approve the intern’s assessments and diagnoses
• Discuss and approve the intern’s treatment strategy (including signature on herbal prescriptions before compounding and dispensing)
• Discuss and approve prognosis, recommendation for future treatments, and type of assessment(s) to evaluate treatment outcomes
• Confirm point location and needling techniques
• Confirm completion of intern’s treatment strategy and herbal prescriptions
• Observe, assess, and critique the intern’s clinical techniques
• Assure safe treatment for all individuals involved
• Ensure complete and accurate charting of all required information in the patient chart including recording of vitals, IDC-9 and CPT codes, physical assessment and history data, treatment provided, needles in-out, herbs prescribed (with # of refills and expire date), intern signatures, and then supervisor signature, etc. Verify other charting requirements such as problem list and medication list are completed.
• Ensure all needles are removed from patients and properly disposed of before leaving the shift.
• In a timely and accurate manner, complete and submit student attendance via tally sheets and evaluation sheets, including procedures and skills checklist at the end of shift, as well as other administrative paperwork.
• Do a final check of each treatment room for safety (fallen/proper disposal of needles, unplug heat lamps, etc.).
• Ensure interns and observers adhere to professional standards, behaviors, policies and procedures of the clinic and of professional practice.

The Role of Clinical Residents and Teaching Assistants (TA)

In the fall of 2013, AOMA piloted a new role in the clinic – the clinical resident and clinical TA. Residents and TAs are recent graduates of AOMA’s MAcOM program who are licensed or in the licensure process. Both are Teaching Assistants (TAs) and they work directly under the licensed faculty supervisor to provide extensive one-on-one, hands-on training of beginner interns during actual patient visits, in support of the supervisor.

Supervisors oversee patient care of all the treatment rooms assigned to their rotation (typically 3-4 rooms with 6-12 patient visits). No treatment or intervention for the patient begins until the supervisor meets the patient, hears the summary of findings from the intern, consults on the diagnosis, and approves the treatment plan. However, with four rooms, the supervisor cannot be in all rooms throughout the entire patient visit (interview, physical assessments, and treatment delivery). Residents are full-time employees and have other duties in addition to the TA work. TAs are part-time and generally do not have other duties.

As part of AOMA’s 2014 quality enhancement plan (CAMS Success!) residents and TAs will oversee the patient care of a single room (2 patient visits). Residents and TAs are in the room throughout the entire patient visit (interview, physical assessment, diagnosis, differentiation, presentation of findings to the supervisor, treatment planning, consultation with supervisor, and delivery of treatment). Residents and TAs observe, guide, role model, instruct as needed, and assess all phases of patient care and the intern’s development.

Faculty supervisors are responsible for the diagnosis, syndrome differentiation, and treatment plan, and periodically check-in during the treatment phase. Residents and TAs are responsible for all
other aspects of patient care, including but not limited to, safety, thoroughness, appropriateness, and professionalism.

The purpose of direct one-on-one supervision of beginning interns (first term of level 1 internship) is to promote confidence and competence faster than has occurred for many students in the pre-QEP method. The residents and TAs signs off on procedures and skills performed competently by the level 1 interns. The supervisor completes the end-of-term evaluation of the intern. The residents and TAs are evaluated at end-of-term by both the level 1 interns and the supervisor (See forms in the back of this manual).

The clinical resident initiative improves on an earlier clinic mentoring program. Clinic mentoring was an informal arrangement whereby a level 3 intern could pair with a beginner intern to guide him/her in the first term in the clinic. However, AOMA was not able to guarantee every beginner intern had a level 3 mentor, beginner interns were limited to one rotation through the mentoring process, and mentors were often distracted by their own learning needs.

**Student Evaluation of Supervisors**

Students are expected to evaluate their clinic supervisors, or residents if this is their first term in clinic, at the end of each term, using the “Student Evaluation of Clinical Supervisor” or “Evaluation of Clinical Resident” form. Student evaluations are reviewed by the dean of faculty and the director of clinical education.
## Treatment Protocol and Procedures

### Personal Clinic Supplies and Equipment
Students are responsible for providing the following personal clinic supplies:

#### Mandatory Supplies
- lab coat (clean, pressed)
- name tag
- needles: .5”, 1”, 1.5”, 2”, and 3” in various gauges
- tweezers and hemostats
- moxa materials
- lighter
- cups in multiple sizes for cupping
- travel kit for carrying equipment
- notebook for personal clinic notes
- physical assessment devices: blood pressure cuff, stethoscope, goniometer or bubble inclinometer, measure tape, thermometer

#### Optional Supplies
- clean, pressed scrubs
- ear tacks, seeds, or metal balls
- ear probe
- herbal liniments
- massage oils
- small flashlight/penlight
- point location book/chart
- personal reference materials
- electric acupuncture machine
- moxa box
- smart phone apps
- CDs

### Equipment
Students are expected to possess their own equipment. AOMA maintains some equipment in order to measure vital signs and to perform other treatment preparations should the student not have them for some reason. Such equipment includes:

- Manual blood pressure cuffs in 3 different sizes
- Stethoscopes
- Thermometers
- Goniometer, bubble inclinometers
- Scale
- Lighters
- Cupping therapy equipment (limited availability)
- Emergency items such as: First Aid Kit, AED, Fire Extinguisher
- Snacks**

Students are required to provide collateral in exchange for any clinic equipment borrowed. Collateral items must have inherent value or identification information, i.e. car keys, cell phone, Driver’s license, credit card, etc. Clinic nametags cannot be collateral as they must be worn at all times while in clinic. Equipment must be returned to the clinic in good working order, which means that cups should be clean and dry.

**The North and South clinic staff each maintains a supply of snacks for patients to consume prior to receiving treatment in order to prevent acu-shock. Student interns should ask the receptionist for a snack for their patients rather than transfer or purchase one from AHM.

### References
AOMA also provides a Clinic Reference Library which is developed and maintained at each AOMA managed clinic facility. The Clinic Reference Library is inventoried annually to meet the changing needs of the institution. Requests for specific reference materials should be sent to the Clinic Business Director.

**Daily Clinic Responsibilities**

Students are expected to arrive 15 minutes prior to the start of the clinic rotation to prepare for the scheduled patient appointment time. Please check posted schedules before and during clinic shifts to ensure accuracy, as changes frequently occur. Before each clinic treatment, interns and observers are expected to prepare their treatment rooms. To “set-up” for each treatment, students must disinfect all work surfaces, straighten the room, check the floor for needles, set up the clean field, and ensure that the treatment tables are appropriately adjusted and have clean sheets arranged on the treatment table.

After each clinic treatment, interns and observers are expected to straighten and clean their treatment rooms in preparation for the next patient. To “take-down” after each treatment, students must place used sheets in laundry bags, dispose of waste materials, clean and sanitize cupping supplies, return clinic supplies to their proper place, check the floor for needles, remove personal items from the treatment room, arrange chairs neatly, turn off lights, return any borrowed items from clinic receptionist, turn off fans, and unplug heat lamps. **Items may not be borrowed from the professional clinic.**

Students must also ensure that the herbal dispensary is in proper order, and should return herbs and jars to their appropriate places, return reference materials to their appropriate places, wash and put away dispensary utensils, wipe down the counters, and remove all personal belongings. See AOMA Herbal Medicine (AHM) policies and procedures section and posted notices for more details.

**Students are required to keep accurate and complete records of all treatments in HIPAA compliant manner, and should refer to the Maintaining Patient Charts section in this manual for detailed instructions.**

**Clinic Tally Sheets**

For each registered clinical rotation or clinic theater course, students must submit a tally sheet as record of attendance and hours completed. The tally sheet includes the student’s name, day and time of the registered clinical segment, the assigned supervisor, and the term in which the clinic was completed. Tally sheets are produced by administrative staff prior to the start of each term; any student who does not have a tally sheet must contact the registrar’s office to get a tally sheet. It is the responsibility of each student to ensure they have a tally sheet with their name and correct information listed for each registered rotation or clinical theater course as **altered tally sheets will not be processed and will delay processing at the end of the term.** Students must date each clinic session attended, indicate the number of hours, list the initials of the patients treated, mark if the patient is new for the intern, and have the clinic supervisor sign the tally sheet verifying that the hours were completed as described. Tally sheets should be legible and any mistakes should be initialed and dated so that administration can easily decipher what transpired. **Make-up clinics are not entered onto this tally sheet; instead a make-up form is used and placed in the binder for the**
rotation that the make-up is being completed. All tally sheets and make-up forms are kept in the tally binder for the supervisor of the rotation at each clinical location.

The total number of hours recorded on each individual tally sheet must not exceed those registered per rotation; 36 hours for a long term clinic rotation, 24 hours for a summer clinical rotation, and varied for other clinical opportunities as available. Students will be charged for additional hours spent in clinic at the current clinical hourly tuition rate in excess of those registered.

Tally sheets are maintained on site at each clinic location in binders for each supervisor. Administrative staff collects these binders to calculate clinic hours and credits earned during each post-term break week to update each student’s academic record and return a refreshed binder for the next term to each clinical location. It is during this time that each registered clinical rotation will receive a ‘P’ if the tally sheet submitted is completed in its entirety. Clinical hours incomplete for a rotation will result in the credits earned being reduced from 1.5 credits, 1 credit for summer clinical rotations, to the equivalent credit reflecting hours actually completed in the rotation (1 credit=24 hours) and a grade of ‘P’ recorded. **Tally sheets will not be processed if supervisor signatures are missing, the tally sheet contains inaccurate information, i.e. printed name is not that of the student who has completed the form throughout the term, incorrect term, form has been altered from original printing in some manner, or in any other way the tally sheet is not complete in its entirety.** If this occurs, the individual will be emailed to alert them of the issue with a copy of the tally sheet in question, attached as a pdf, with instructions on how to submit the lacking information so that their record may be updated and reflect correctly the clinical work completed.

A student may at any point contact administrative staff with questions in regards to their clinical hours if their transcript does correctly reflect clinical hours completed, and are urged to check their transcript at the end of each term to ensure it correctly reflects work completed. Students may wish to keep a personal copy of each tally sheet submitted, and should track their own progress in the clinical program as it is each individual’s responsibility to ensure that they are completing all necessary clinical graduation requirements.

**Greeting Patients**

Patients are to be greeted with kindness and sensitivity. Patients entering the clinic are seeking help because they do not feel well; consequently, cultivating a compassionate attitude towards patients is important. Assist your patients with completing the appropriate forms if necessary. **All legal and consent forms must be completed by the patient prior to beginning treatment.** Development of empathic listening skills is critical to becoming an effective healthcare practitioner. Slow, deliberate motions, eye contact, and a firm handshake will help you to appear confident to your patients. Pay close attention to the patient’s mannerisms, posture, facial color, and other physical characteristics, as these are all clues about comfort level and health. Patients are not to wait more than a few minutes in the clinic reception area. If a patient seems to be waiting longer than usual, the student intern must reassure the patient that he/she will be accommodated shortly. Being late, having poor time management skills, or missing clinics directly impacts patient care and your responsibility in the care of patients.

**Patient Intake**
During the first moments of introduction, students learn much about the genuine nature of the patient’s symptoms or reasons for coming. It is the intern’s job to make patients feel confident that they are in capable hands. It is also at this time that the intern’s behavior and demeanor will affect the patients’ perspective of the clinic, intern, and treatment.

Student interns are to be courteous and receptive when dealing with patients' questions. Offering remarks that indicate to the patient that the intern understands his/her condition will help the patient feel safe with providing more information. Avoiding any judgmental comments or expressions will help gain the patient’s trust.

**Assessment Guidelines**

*Initial Assessment*

The initial assessment should be completed within 20-30 minutes depending on the intern’s level of clinical experience. Supervisors may be present for at least part of the interview. When the student reports to the supervisor, he/she should offer a summary of the patient interview, including the following information:

- The patient’s chief complaint and accompanying symptoms
- Current assessment and related history
- Traditional Oriental medicine physical assessment (pulse, tongue, etc.)
- Biomedical physical assessment (vital signs, range of motion, etc.)
- Changes in conditions (referring to previous treatments)
- TCM Diagnosis and differentiation of syndromes
- Treatment plan
- Prognosis
- Point prescription (methods/energetics)
- Herbal formula (if applicable)

*Pulse Diagnosis and Vital Signs*

Approach patients gently and confidently. For each procedure or touch: inform the patient of what you are doing i.e., “I am going to take your pulse.” Time should be taken to notice the overall pulse as well as each individual pulse and the appropriate notations should be made in the patient’s file. In addition to the pulse diagnosis, all vital signs (including but not limited to blood pressure, body temperature, and respiratory and heart rates) must be taken and recorded in the patient chart for all new patients, once a year, and on any other occasion that is clinically necessary for returning patients. For example, if a patient has had a blood pressure reading that is pre-hypertensive or higher, blood pressure should be taken on every visit. In addition, for each new patient, students should perform other physical examinations appropriate for the chief complaints and document all significant findings in the patient’s chart.

The supervisor should confirm the intern’s tongue and pulse assessments as well as biomedical physical assessments, and approve the diagnosis, differentiation, treatment plan modalities, and point prescription proposed by the student. The treatment plan must be approved by the supervisor before commencing treatment. The supervisor and intern discussions should include etiology, pathology, and prognosis.

**Treatment Guidelines**
After questioning, the patient is positioned on the table with pillows and appropriately draped. Patients should be draped at all times either with gowns, sheets, or pillowcases. If the patient is still noticeably nervous or uncomfortable after the patient interview, students may offer medical qigong, tuina, or acu-pressure to help their patient relax.

Once the supervisor has approved the diagnosis and treatment plan, the intern should swab the necessary points with a cotton ball and rubbing alcohol (following CNT protocol). The intern should time the insertion of needles for tonification or sedation, and ensure that qi sensation is attained. The supervisor must check and correct the point location, the needle technique, and the bedside manner of the intern. Interns must use clean cotton to swab blood or close the point when removing needles.

Proper clean needle technique (CNT) must be followed regardless of the clinical setting (AOMA student clinics, community clinics, festivals, health fairs, etc.).

It is the student’s responsibility to complete the treatment within the time allotted, and to remove the needles at the appropriate time. If the patient is late (late is 15 minutes after the appointment time starts) or if the session starts after the scheduled time, the intern must inform the patient that the treatment is to end as scheduled.

Maintaining Patient Charts
At the start of each clinic session, student interns will pick up the patient charts at the Student Clinic Consultation Room (location may vary with off-site clinics); if there is paperwork for the patient to sign, the chart will be in the reception area until the patient checks in and completes all necessary paperwork. Patient charts are the property of AOMA. Student interns are not permitted to access AOMA’s file shelves and must request charts from the front desk staff.

Under no circumstances should patient charts leave the clinic. Should you need to follow up with a patient and read their chart, get the necessary information and call from phones in the clinics. Charts are not allowed in the AOMA Herbal Medicine stores or dispensing rooms. Disciplinary action may be enforced if charts are removed from the Student Clinic.

It is highly recommended that interns NOT contact patients from their personal phones. In the South Clinic a phone is available in the charting area. In the North Clinic a phone is available in the kitchen beyond the professional clinic treatment rooms.

When recording information in a patient chart, it is critical that the intern clearly and legibly print and sign his/her name, and print the name of the clinic supervisor and the date and time of the treatment on the Patient Follow-up form. The intern must take detailed notes on the patient’s health, symptoms, pulse and tongue diagnoses, treatment plans, and progress at each visit. Any herbal formulas prescribed must also be clearly and legibly noted, including method - raw/powder/tincture/pills, brand, English name (if available), pinyin name of each herb, the dosage and duration of the course of herbal therapy, and allowed number of refills & refill expiration date. This is critical to the continuity of patient care. No areas of the follow up form are to be left blank. Entries must be made. For example, if herbs are not prescribed, then a zero with a line through it or the words “none prescribed” should
be entered. **Errors (even typos) must have a single line strike through and be initialed.** All entries must be in black or blue ink.

**All patient charts must be presented to the clinic supervisor for approval and signature before students leave.** Students will be evaluated on the content of the records they keep. Clear, legible entries must be made for each patient visit and must be signed and dated by both the student intern and the clinic supervisor. All HIPAA rules and regulations must be adhered to at all times. (Students should consult the AOMA HIPAA standards for additional charting requirements.) **Interns and observers who use notebooks, iPads, and other means to keep details of patient visits for educational purposes must never retain patient identifiable information, in particular the patient’s name.**

Students must review each patient’s file before each treatment and ensure that the file contains current copies of all required documents, signed and dated by the patient. Texas state law requires that the following information be documented and/or contained in each patient’s file:

- the patient’s name and address,
- the chief complaint,
- vital signs (to include blood pressure, temperature, and respiration and heart rates on the first visit and subsequent visits when deemed medically necessary; in addition, AOMA requires an annual collection of vitals),
- a patient health history,
- a treatment plan for each patient visit or consultation,
- a notation of any herbal medications, including amounts and forms, and other forms of treatment, with corresponding dates for such treatment,
- a system of billing records which accurately reflects the patient’s name, services rendered, the date of the services rendered, and the amount charged or billed for each service rendered (this is handled by the clinic staff),
- a written record regarding whether a patient was evaluated by a physician or dentist, as appropriate for the condition being treated, within one year of the date of the acupuncture treatment,
- a written record regarding whether or not a patient was referred to a physician after the acupuncturist performed acupuncture 20 times or after 2 months, whichever comes first;
- in the event that a doctor, licensed to practice chiropractic medicine by the Texas Board of Chiropractic Examiners, refers a patient to the AOMA clinic, the acupuncturist shall record the date of the referral and confirm the most recent date of chiropractic treatment prior to the acupuncture treatment was within 30 days of the acupuncture treatment; and referrals back to a physician (M.D. or D.O.)

Patient charts must also include the following information:

- an “**Informed Consent**” form signed by the patient. All patients must complete an “Informed Consent” form **before** treatment can be administered. This informs patients that their practitioner is a student intern, summarizes the process of acupuncture, and notes possible side effects;
- **HIPAA** documents, including the “Acknowledgement,” “Appointment Reminders,” and “Healthcare Information Authorization” forms,
- medical records from other practitioners, if provided, including laboratory or radiological reports, and
• **Arbitration agreement and Clinic Policies and Procedures.**
• A Problem List that shows the various conditions for which the patient has sought treatment.
• A Medication List that shows the patient’s current medications.

After each treatment, the intern must turn in the completed chart to the clinic supervisor. Students must not leave patient charts lying around the clinic. Students whose charts are found to be incomplete or inaccurate will receive a notice and are to immediately complete and/or correct the chart and have the clinical administrator initial the correction. Repeated instances of incomplete charts may result in temporary loss of clinic privileges.

**Chart Audits**
Every few weeks, the Director of Clinical Education and/or an assigned representative will conduct audits of patient files to evaluate completeness of follow up forms, problem lists and medication and supplement lists. Chart audit forms will be placed in the files that were audited to indicate completeness or deficiencies. These forms must remain in the files. Interns who are found to be consistently lacking in proper and complete charting will receive remediation.

**Patient Confidentiality - HIPAA**
As a healthcare provider and as an employer, AOMA is required to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Congress passed HIPAA in an effort "to protect the privacy and security of individually identifiable health information." AOMA’s HIPAA policy is posted in all clinics. All AOMA employees and students are required to receive training on HIPAA. All parties must be respectful of patient confidentiality. Information regarding a patient should never be discussed outside the clinic without omitting the protected health information of the patient. Identification information must always be deleted from all forms and documents when presenting a case outside of the clinic (as in Clinic Theater). Clinic staff, clinic supervisors, interns, observers, and visitors in the patient treatment and consultation areas must adhere to confidentiality requirements.

The identity of, or information pertaining to, any patient seen in the AOMA clinic may not be revealed to any source without specific written permission from the patient. Texas law states that the patient must sign a written consent indicating his/her permission to release medical records to an insurance company, another practitioner, or an attorney. In cases where the patient may be mentally unable to give permission or is deceased, the patient’s legal representative may sign for the release of the patient’s records. Minors must have their parent’s or guardian’s signature on file. Patient information must NEVER be given over the phone. All students should be familiar with HIPAA principles and procedures as described in the HIPAA training. In addition, interns, observers, and clinic supervisors should never discuss with the patient outside of a private treatment room their conditions, treatments including herbal prescriptions, or other confidential health information.

**Special Considerations Within Clinic Protocol**
Students will also be evaluated on their attention to the following clinical protocol:
• A clean sheet and pillow case must be placed on the table before each treatment, after using sanitizing wipes on the surfaces.
• Interns must wash their hands before and after each treatment and before inserting needles. Use of hand sanitizer may be used prior to needle insertion, but hand washing must still be done before and after treatments.
• A clean field must be set up for every treatment.
• Needles and other treatment equipment should be placed in the clean field according to CNT guidelines.
• Lights must be kept on for the physical examination, tongue diagnosis, and needling. They may be turned down after the needles have been inserted and while the treatment is in process. At least one intern or observer should remain in the treatment room with the patient while the session is in progress.
• Cotton balls soaked in alcohol must be used to swab points.
• Interns may not use treatment methods in which they have not been adequately trained to administer as part of the Oriental medicine core curriculum at AOMA (i.e. homeopathy, chiropractic, etc.).
• Interns must notify the clinic supervisor immediately if a patient is pregnant, and the supervisor must authorize the treatment.
• Herbal prescriptions must be approved by the clinical supervisor and noted explicitly in the patient’s file. Bags and bottles should also be dated. Patients should receive a copy of their herbal prescription form which contains all products and ingredients of raw and powder formulations. Forms are available to instruct patients on how to take tinctures and how to prepare herbal decoctions. See AOMA Herbal Medicine (AHM) policies and procedures section for more details.
• Interns must not fill herbal prescriptions without first gaining approval from patient. Intern-patient discussion must include what the prescription is, what it is intended to treat, its form (patent, etc.), cost, duration, and possible side effects.
• To prevent incidents of accidental needle stick, students should help enforce the policy that shoes are to be worn in clinic at all times by everyone. This includes patients en route from the treatment room to the bathroom, children of patients, students, practitioners, supervisors, and administrators. Interns and supervisors must wear closed-toe shoes. Sandals and flip-flops will not be tolerated.
• The Biohazard containers are to be used for the disposal of biohazard sharps materials only (needles, tacks, 7 star needle heads, etc.). Do not put unused or blood-dotted cotton balls, paper, or any other substances in them. Use the trash receptacle provided. Blood soaked cotton-balls and other disposable clean-up materials should be double wrapped and placed in the biohazard boxes in each clinic (cardboard boxes with red plastic liner).
• All forms in patients’ files must be signed and dated properly.
• Students must demonstrate environmental and economic awareness, displaying an appropriate use of materials that is not in excess of what is necessary for a safe, healthy, and comfortable treatment.
• Students, residents, and supervisors may not solicit products and services to patients for personal gain.
• Cup cleaning procedures: All contaminated cups must FIRST washed to remove any residues (blood, oils, etc) and then soaked in germicide solution prior to any handling. Cups must be taken out WITH gloves on. Cups must then be completely cleaned (washed and rinsed) a second time then dried before returning to front desk staff. Cup cleaning details are posted at the cup cleaning stations. Unclean cups, or cups containing residue, will be returned for
Treatment Protocol and Procedures

proper handling. If there is not a receptionist there to hand out the cups, or, receive the clean dry cups, please wait until they have returned. Do not leave cups in the bleach solution or in the drying racks.

AOMA Herbal Medicine (AHM) Policies and Procedures

Preparing herbal formulas
Interns are expected to fill herbal prescriptions for their patients. Pre-internship observers who are not yet intern status (level 1, 2, or 3) may not dispense formulations (bulk, powder or patent) by themselves, nor are they allowed to prescribe for themselves or others. Observers should frequently assist level 1, 2, and 3 interns dispense prescriptions to become accustomed with the procedures of the herbal dispensaries.

Some of the AHM procedures guidelines include, but are not limited to:

When dispensing (filling) bulk or powder formulations:
- Pull only one bottle at a time to avoid confusion and misplacement.
- Write the lot numbers of each ingredient on the prescription form. Each powder and bulk herb has a lot number located on the side of the bottle or lid of the jar. This number must be recorded on the Rx form. Please include the 2 letter vendor code in front of the lot # (Ex: EG for Evergreen, KP for KPC, EF for E-fong, etc.).
- For safety and accuracy, every prescription filled for anyone other than for the intern him/herself, must be “checked by” another intern to verify that the ingredients of the powder or bulk formula dispensed match the prescription. Having two interns fill a formula speeds the process by having one pull and replace each ingredient back on the shelf while the other measures and writes the lot number. Observers may assist in as the secondary. When no other intern or observer is available to assist, the intern should see if the supervisor can assist. If no one is able, the intern may request assistance with checking from AHM staff.
- Clean up after filling the prescription. When filling a powder prescription, please clean bowls and spoon with alcohol and paper towels to prevent cross-contamination of herbs. When filling a bulk prescription, please wipe down bowl and laminated sheets with alcohol after use. Always keep the herb tables clean and tidy and free of unnecessary items.
- Staple each bulk bag shut and staple all bags together with the prescription form folded so that the patient name is showing.
- For powder and patent bags, staple the prescription form folded so that the patient name shows, leaving the bag open.
- Place the completed prescription bag on the designated location of the checkout counter. AHM staff will store it appropriately.

Herbal Dispensing Protocol
Approved by Clinic Oversight Committee February 2, 2012

Patents, Tinctures, Powders
Pre-Internship observers and Level 1-3 treating-interns may assist in dispensing of herbal prescriptions and sign the checked-by on Student Clinic Herbal Prescription forms to confirm that the labeling of the herbal products dispensed are the same as the prescription form. This applies to:

- Patents
- Tinctures
- Powders (individual ingredients)

Pre-internship observers are not allowed to sign the checked-by of bulk materia medica prescriptions. Pre-internship observers cannot dispense any product by themselves even for themselves.

**Bulk Materia Medica**

Pre-Internship observers and Level 1-3 treating-interns may assist in dispensing of bulk materia medica herbal prescriptions (“Raw”), but only staff, supervisors, and treating interns who have finished the herb lab series for substance identification can sign the checked-by line when bulk herbs are being dispensed.

**Prescription-only herbs**

While Level 1-3 treating-interns may prescribe for their own use, the following herbs can only be purchased for patients, friends, relatives, and pre-internship observers with a valid, current prescription from a licensed acupuncturist:

- Bulk herbs
- Powder herbs
- Golden Flower patents
- Evergreen patents
- Chinese brand patents

The following herbs are toxic and require a prescription from a licensed acupuncturist. Interns may prescribe these herbs in student clinic under the supervision of a licensed acupuncturist. Students cannot purchase these herbs for personal use without a prescription.

- Ma Huang
- Quan Xie
- Wu Gong
- Tu Bie Chong

**Students buying herbs for personal use**

Students who have reached intern level 1 may prepare bulk and powder formulas for themselves, as well as purchase prescription-only patents. These students must fill out an Herbal Prescription form, including lot numbers and dosage information; however, they do not require supervision by an AOMA Herbal Medicine employee. These students cannot prescribe or fill herbal prescriptions for others without supervision and signature of a licensed acupuncturist.

Students who have not yet reached intern level 1 will need a prescription from a licensed acupuncturist to purchase bulk, powder, and prescription-only patents; also they cannot dispense prescriptions for themselves. They may purchase any non-prescription patents or tinctures without a prescription.
OSHA Blood-borne Pathogens Standard
In compliance with the OSHA Blood-borne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed for the purpose of eliminating or minimizing employee occupational exposure to blood or other potentially infectious materials. For clarification, please refer to the OSHA coordinator in the human resources office.

Exposure Determination
OSHA requires employers to determine the risk of exposure to blood and other potentially infectious materials for employees. AOMA has established that student interns will follow the same policies and procedures as those for employees. Please note that OSHA requirements are only for employees. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). In this exposure determination, AOMA is required to list all clinical job classifications in which employees may be at risk of occupational exposure, regardless of frequency. The following table illustrates the job classifications, locations, and activities that are considered to be at risk of exposure to blood-bone pathogens or other infectious materials.

<table>
<thead>
<tr>
<th>Job Classifications</th>
<th>Locations</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Licensed acupuncturists as clinic supervisors</td>
<td>• Desks</td>
<td>• Treatments &amp; classroom practice involving needling, cupping, bodywork, etc.</td>
</tr>
<tr>
<td>• Licensed acupuncturists in the professional clinic</td>
<td>• Needle tables</td>
<td>• Physical contact with patients</td>
</tr>
<tr>
<td>• Licensed acupuncturists teaching acupuncture technique classes</td>
<td>• Biohazard units</td>
<td>• Removing needles from patients</td>
</tr>
<tr>
<td>• Student interns treating patients in the student clinic (Not OSHA required.)</td>
<td>• Floors</td>
<td>• Handling contaminated waste</td>
</tr>
<tr>
<td>• Student observers in the clinic (Not OSHA required.)</td>
<td>• Trash cans</td>
<td></td>
</tr>
<tr>
<td>• Students participating in acupuncture technique classes (Not OSHA required.)</td>
<td>• Bodywork tables</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Treatment rooms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Classrooms</td>
<td></td>
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</tbody>
</table>

OSHA requires a listing of job classifications, locations, and tasks in and at which staff may be at risk of exposure to blood-borne pathogens or other potentially infectious materials. Not all individuals who perform these tasks may be aware that they are at risk of exposure. AOMA has created a list so that the individuals performing such tasks may clearly understand the job classifications, locations, and tasks that present a risk for occupational exposure. The following table lists the support functions that present a risk of exposure to blood-borne pathogens and other infectious materials.

<table>
<thead>
<tr>
<th>Job Classifications</th>
<th>Locations</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Clinic staff, receptionists</td>
<td>• Desks</td>
<td>• Vacuuming the clinic &amp; classroom floors</td>
</tr>
<tr>
<td>• Facilities staff</td>
<td>• Countertops</td>
<td>• Cleaning and arranging work surfaces, desks, counters, etc.</td>
</tr>
<tr>
<td>• Housekeeping staff</td>
<td>• Floors</td>
<td></td>
</tr>
</tbody>
</table>
By performing the tasks listed, it may reasonably be anticipated that an employee may be occupationally exposed to blood or other potentially infectious materials by one or more of the following routes: skin, blood, mucous membranes, and bodily fluids.

**Implementation Schedule and Methodology**
OSHA requires that the AOMA Infection Control Plan includes a schedule and method of implementation for the various OSHA requirements and standards. For AOMA’s full implementation schedule and methodology for adherence to OSHA requirements, please see AOMA’s Safety and Security Manual.

<table>
<thead>
<tr>
<th>Laundry staff</th>
<th>Trash cans</th>
<th>Removing/replacing sharp’s containers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trash cans</td>
<td>Bodywork tables</td>
<td>Picking up and putting away laundry</td>
</tr>
<tr>
<td>Bodywork tables</td>
<td>Restrooms</td>
<td>Cleaning restrooms</td>
</tr>
<tr>
<td>Restrooms</td>
<td>Treatment rooms</td>
<td></td>
</tr>
<tr>
<td>Treatment rooms</td>
<td>Classrooms</td>
<td></td>
</tr>
</tbody>
</table>
MAcOM Clinical Requirements for Graduation
These are current clinical requirements for students who began their MAcOM program of study in summer 2004 through spring 2015. In order to be eligible to graduate from the Oriental medicine program, the following must be completed.

**Summer 2010 – Spring 2011 Matriculation**

<table>
<thead>
<tr>
<th>Observation Hours (minimum)</th>
<th>Internship Hours (minimum)</th>
<th>Student’s Focus Choice</th>
<th>Total Required Clinic Hours</th>
<th>Checklist of Procedures and Skills (Pre-2011-2012 form)</th>
<th>2nd Level Practical Exam</th>
<th>Exit Practical Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 hours must be pre-internship clinic theater (CT111 and CT112)</td>
<td>588 must be acupuncture clinic hours (CL 1xxI)</td>
<td>May be observation (professional, student clinic, theater, or China Study Tour), or additional clinic treatment (community, acupuncture, bodywork, or herbal)</td>
<td>Students must treat at least 450 patients (in acupuncture or herbal clinic treatments).</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>36 hours must be advanced clinic theater (CT311)</td>
<td>60 must be community clinic hours (CL2xxI) e.g., People’s Clinic, Seton Topfer, Seton McCarthy, or other designated clinic</td>
<td></td>
<td></td>
<td>Form</td>
<td>When total clinic hours are between 550-600 hours</td>
<td>During last term of the program</td>
</tr>
<tr>
<td>72 hours student clinic observation (CL1xxO or CL2xxO)</td>
<td>72 must be herbal clinic hours (CL1xxH)</td>
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</tbody>
</table>

**Summer 2011 and Later Matriculation**

<table>
<thead>
<tr>
<th>Observation Hours (minimum)</th>
<th>Internship Hours (minimum)</th>
<th>Student’s Focus Choice</th>
<th>Total Required Clinic Hours</th>
<th>Checklist of Procedures and Skills *(2011-2012 and later form) – included in portfolio requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 hours must be pre-internship clinic theater (CT111 and CT112)</td>
<td>588 must be acupuncture clinic hours (CL 1xxI)</td>
<td>May be observation (professional, student clinic, theater, or China Study Tour), or additional clinic treatment (community, acupuncture, bodywork, or herbal)</td>
<td>Students must treat at least 450 patients (in acupuncture or herbal clinic treatments).</td>
<td></td>
</tr>
<tr>
<td>36 hours must be advanced clinic theater (CT311)</td>
<td>60 must be community clinic hours (CL2xxI) e.g., People’s Clinic, Seton Topfer, Seton McCarthy, or other designated clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>72 hours student clinic observation (CL1xxO or CL2xxO)</td>
<td>72 must be herbal clinic hours (CL1xxH) – level 3 interns only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>72 hours must be advanced rotations* – see each term’s clinic schedules for rotations that fulfill this requirement (i.e. fast-paced, specialty, or integrated rotations) – level 3 interns only</td>
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</tbody>
</table>

*Portfolios contain a listing of learners’ experiences that are to be included in the Clinical Portfolios.
Clinical Financial Information

<table>
<thead>
<tr>
<th>2nd Year Practical Exam</th>
<th>- when total clinic hours are between 500-600</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Clinical Practical Exam*</td>
<td>- when totals clinic hours are between 288-324</td>
</tr>
</tbody>
</table>

Exit Practical Exam - when student is in last term of program
2nd Clinical Practical Exam* - - when total clinic hours are between 576-684
During last term of the program

* Students who begin internship in fall 2013 and later follow the requirements as indicated by the asterisks.

DAcOM Clinical Requirements for Graduation

<table>
<thead>
<tr>
<th>All of the MAcOM hours</th>
<th>972</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Credits</td>
<td>24 hours internship = 1 credit = 36 hours externship</td>
</tr>
<tr>
<td></td>
<td>18</td>
</tr>
<tr>
<td>1 Case Presentation</td>
<td></td>
</tr>
<tr>
<td>One practical exam (OSCE objective structured clinical exam)</td>
<td></td>
</tr>
</tbody>
</table>

DAOM Clinical Requirements for Graduation

<table>
<thead>
<tr>
<th>Internship (17 credits)</th>
<th>408</th>
</tr>
</thead>
<tbody>
<tr>
<td>Externship Hours (minimum) (7 credits)</td>
<td>252</td>
</tr>
<tr>
<td>Case Presentations</td>
<td></td>
</tr>
<tr>
<td>Portfolio Requirement</td>
<td></td>
</tr>
<tr>
<td>Two practical exams (OSCE objective structured clinical exams)</td>
<td></td>
</tr>
</tbody>
</table>

Clinic Tuition*

Students who started the MAcOM before SU-16
Clinic Observation and Internship $422/credit (24 hours)
Make-up and additional clinics cost is $17.58/hour

Students who started the MAcOM SU-16 and later
Clinic Observation and Internship $594/credit (24 hours)
Make-up and additional clinics cost is $24.75/hour

DAcOM/DAOM students
Clinic Internship and Externship $433/credit
(1 credit is 24 hours internship/ 36 hours externship)
Make-up and additional clinics cost is $18.04/hour
Clinic Financial Information

Other Fees

- **Add/Drop Fees**: See Student Academic Manual
- **Practical Exams**: $40/exam
- **Clinic Insurance**: approximately $75/term
- **Lab Coat (1 provided)**: approximately $35
- **Acupuncture Supplies**: approximately $50/term
- **Replacement Nametag**: $5 (2 business day turn-around)

Lab coats (or set of matching solid-colored scrubs) and nametags are required at all times while in the student and professional clinics. One lab coat is provided at new student orientation. Only official AOMA ID tags are acceptable. Students are issued a nametag upon enrolling in the graduate program. Replacement nametags may be requested by visiting the admissions office, or by emailing admissions@aoma.edu.

*Tuition rates and fees are subject to change.*
Clinic Policies and Procedures

Clinic Attendance Policy
Students must arrive 15 minutes before the scheduled clinic session and remain present throughout the entire treatment. Supervisors will take attendance for each clinic session and will also keep a record of any late arrivals or early departures.

Students are expected to honor their commitment to their clinic schedule. No clinic in which a student is registered may be dropped the day a student is scheduled to treat. If a student wishes to drop a clinic, they must go through the proper drop procedure. This drop should be requested at least 72 hours prior to the scheduled clinic shift so that all clinical information can be updated and any affected patients rescheduled. Arriving late, calling at the last minute to cancel, or frequently asking for time off is unacceptable and will affect the student’s clinic evaluation and standing. Repeated instances may result in loss of clinic privileges. Midterms or final exams are not justifiable reasons to take time off from internship. Under no circumstances may the student intern leave the clinic during a session without approval from the clinic supervisor.

Tardiness
Students must notify the AOMA Student Intern Clinic reception desk if they will be late for clinic. If a student misses more than 15 minutes of a treatment segment, they will be considered absent and credit will not be given for that segment. (E.g. if a student is late or leaves early, they will not receive credit for 1.5 hours of that treatment segment.) Repeated tardiness will result in cancellation of clinic privileges.

Absences
In case of illness or absence, MAcOM students must notify the clinic receptionist by calling the North Clinic (Anderson Lane and Community Clinics) at (512) 467-0370, or South Clinic (West Gate Blvd) at (512) 693-4373 as soon as possible; this can be followed by sending an email to clinic.absent@aoma.edu to ensure the message was received. Interns are responsible for notifying their clinic partners [and responsible for getting their partners phone numbers] to alert them of their absence. Any informal notice of absence to the clinic reception desk such as asking partners to notice the clinic staff will lead to patient issues. Students whose partner did not show up without prior notice must inform the supervisor of the situation. For off-site clinics (such as community, pain, or addiction clinics), students must notify the supervisor directly – via the supervisor’s preferred manner (email or phone), and should find a replacement for shift being missed.

Doctoral students must notify the program director and the clinic director immediately in event of an absence.

If a patient has requested a specific intern, a line is drawn from the patient’s name to the intern’s name on the appointment book. If an intern gives 24-hour advance notice (during business hours) of an anticipated absence, the clinic staff will make attempt to contact the patient to inform him/her of the absence and to allow re-scheduling or to accept a different intern.
Students may miss two clinic sessions per clinic rotation during the term and made-up without a fee. Missed clinic sessions should be made up by consulting with the clinic front desk to find openings in the schedule during which a makeup may be scheduled or by completing hours during scheduled break week shifts throughout the term (break-week scheduling happens via the registrar). Should a student miss a third clinic session, he/she will be charged at the current hourly tuition rate for these hours to makeup, and must obtain advance approval from the Director of Clinical Education in order to make up the missed clinic segment. If a student misses more than three sessions during a term, they will be removed from that clinic segment for the remainder of the term with no tuition refund.

**Make-up Clinics**

Missed clinic rotations may be made up by consulting with the clinic front desk to find openings in the schedule during which a makeup may be scheduled or by completing hours during scheduled break week shifts throughout the term. Each term during each break week, a few shifts are available for make up clinics. The scheduled dates for these shifts are made available prior to registration each term. Because these shifts are also available for students who wish to accumulate additional hours, it is advised that students sign up for these shifts as soon as possible. This registration is maintained through the registrar’s office. However, should a student miss a clinic during the last week of the term, or after the make-up clinics shifts have occurred, they must consult with the Director of Clinical Education for approval of an extension of the clinic make-up deadline.

**Clinic Theater Make-Ups**

A student may miss up to two Clinic Theater classes and make them up during the term. There is no additional fee to make up one missed class; however, a student will be charged a three-hour clinic make-up fee for a second make-up. If a student misses three classes, they will be dropped from the course without the opportunity to make up the missed hours. They will have to re-take Clinic Theater in order to be eligible to treat in the Student Clinic or to complete the advanced clinic theater hour requirement. To complete make up hours for Clinic Theater, a student must contact the instructor directly for availability and schedule completion of these lacking hours.

**Student Clinic Conduct Policy**

Students should review all rules and regulations regarding misconduct outlined in the Student Manual, as these polices also apply to internship in the student clinic.

It is essential that students understand treatment procedures, and questions are encouraged; however, students should hold questions regarding a patient’s treatment to discuss with the supervisor in private. **Students may not challenge the supervisor in the presence of the patient.**

Students must maintain a professional demeanor in clinic, AOMA herbal medicine, and throughout campus. Students are expected to continually develop their emotional intelligence including self-awareness, self-regulation, social-awareness, and relationship management with fellow students, faculty, and staff. Please refer to the Student Manual on professionalism policy.

Students in clinic are expected to speak quietly and to encourage others to maintain a peaceful atmosphere in the clinic. Conversation with other interns should be kept at a minimum when
patients are present, and non-clinical matters should be avoided. In addition, **students must knock and receive permission to enter a treatment room.** Students are asked to limit the number of personal items (coats, books, handbags) brought into the treatment room. Please store personal items in the student lounge or lockers.

All AOMA students are expected to act in ways that foster AOMA’s primary functions of teaching and public service. Any violation of AOMA’s student conduct policies outlined in the manuals will be dealt with as described in the Student Manual. In addition to the student conduct policy outlined in the Student Manual, both observers and interns in the student clinic should be aware of the following:

- Students will be sent home if inappropriately dressed and will not receive credit for clinic hours that day.
- Disregard for clean needle guidelines, as described by CCAOM’s Clean Needle Technique Manual, constitutes grounds for suspension.
- Any level of gross negligence in patient care and management, including non-removal of needles, or bodily injury that results from negligence, constitutes grounds for suspension.
- Disregard for established clinical protocols as stated in this manual or in circulated memos, especially regarding issues where public safety and/or AOMA liability is involved, constitutes grounds for suspension.
- Excessive absences, tardiness, or early departures constitutes ground for suspension.

**Student Clinic Dress Code**

Interns and observers in AOMA’s student and professional clinics must be dressed in a professional manner and must wear a clean, white lab coat or solid color scrubs and an AOMA issued name tag, identifying the student’s name and clinic status at all times. All clothing must be clean, pressed, and buttoned. The dress code for clothing under a lab coat is business casual, that is to say that students are expected to wear dress slacks or skirts, shirts with a collar, and dress shoes or clean athletic shoes. Excellent personal hygiene and professional appearance are expected at all times. Hands and nails must be clean and nails well trimmed. Long hair must be tied back.

OSHA (Occupational Safety & Health Agency) guidelines stipulate the following requirements regarding student dress:

- Clean, white lab coats over business-casual attire or medical scrubs must be worn at all times in clinic since there is a potential for soiling clothes with blood or other potentially infectious materials.
- Closed-in shoes, with socks or stockings must be worn at all times, during all seasons in the clinic. No sandals are allowed. Clean athletic shoes are allowed.

Interns **may not wear** any of the following items in the student clinic:

- Jeans of any kind
- Mini-Skirts
- Shorts
- Sandals, flip-flops or open-toed shoes
- Shirts with printed messages, logos, images, political or religious statements, or wording that may be offensive to patients, peer, supervisors, or staff.
- High heels
- Hard-soled shoes (noise consideration)
Clinic Policies and Procedures

- Excessive jewelry on hands or wrists
- Perfumes or colognes
- Heavily scented body-care products

Students who arrive for clinic not properly dressed according to the above policy may not receive clinic credit for the session, and may be sent home.

Professionalism begins with the first visual contact with the patient. Part of the dress code addresses safety and the rest is about professional appearance.

**Legal Issues**
The AOMA internship program follows the rules and regulations established by the Accreditation Commission for Acupuncture and Oriental Medicine and the Texas State Board of Acupuncture Examiners regarding acupuncture clinic education. Students interested in applying for licensure in states other than Texas should consult with those states regarding their particular requirements before commencing clinical studies at AOMA.

**It is illegal to practice acupuncture without a license in the state of Texas.** Learners may only insert needles penetrating the skin of themselves or others under the direct supervision and presence of an authorized AOMA faculty member. No treatments may be administered unsupervised. Acupuncture treatment without a license or without supervision by a licensed practitioner on people or animals outside of the clinic is grounds for expulsion and legal prosecution. Further, such activity could make gaining licensure difficult or impossible.

For further information on laws regulating the practice of acupuncture in Texas, students may contact the Texas State Board of Acupuncture Examiners (see Acupuncture Resources for contact information).

**Fairness Process**
AOMA encourages honest communication among all members of the community. When difficulties arise, the normal, first-line process is to go directly to the individual who is responsible for the concern. Most situations are resolved at this level.

If the situation is not resolved at that level, students are instructed to follow the procedures outlined in the Student Manual.

**Patient Termination Procedure**
Patients may be dismissed from the student clinic if it is deemed necessary to do so. Reasons for termination include but are not limited to inappropriate behavior with staff and/or students, excessive cancellations, and failure to comply with treatment. In order to dismiss a patient from the student clinic, the following procedure must be followed:

1) A request to dismiss a patient may be initiated by staff, a supervisor, and/or a student. (Note: If the request is based on any form of sexual harassment, the procedures for submitting a complaint for sexual harassment as outlined in the student and employee manuals are to be followed, rather than the steps outlined, below.)
Clinic Policies and Procedures

2) If the student initiates the request, the student will discuss the issues with the clinic supervisor. If the supervisor agrees, the request moves forward as outlined below.

3) A request for dismissal of a patient is to be submitted in writing to the Clinic Business Director.

4) The Clinic Business Director is responsible for engaging the evaluation of the incident. Evaluators include the supervisors who have seen the patient during the past six months, as well as the Director of Clinical Education and the program director.

5) Once the facts and circumstances have been evaluated, a determination will be made whether to dismiss the patient, with the final decision resting with the Director of Clinical Education.

6) If it is determined that dismissal is appropriate, the Clinic Business Director will send a certified letter (with return receipt request) to the patient, dismissing the patient from the clinic, and referring the patient to two equivalent care options to maintain continuity of care for the patient along with a copy of the patient's records. The letter will go out under the signature of the Director of Clinical Education.

7) A copy of the letter will be maintained in the patient’s file.

If a student intern feels that they are unable to continue treating a patient for any reason they should consult with their clinic supervisor. Supervisors can make an initial determination if the patient should be referred to a different student intern or if the situation warrants a case for patient termination.

MAcOM and DAcOM Externship

Purpose
Externship provides opportunities for students interested in gaining clinical experience in settings not available through the AOMA internships. An externship focus may be on:

• a particular patient population (e.g. pediatrics, geriatrics, veterans, etc.)
• an area of clinical specialty (e.g. cancer, sports medicine, infertility, etc.)
• a form of AOM treatment (e.g. Toyohari, motor point therapy, etc.)
• developing a collaborative or integrative practice.

Externship Preceptor Qualifications
MAcOM externship must be in the Austin area. DAcOM externship may occur outside of Austin, or even outside of Texas, provided the student has complete all requirements of the MAcOM program. The preceptor for any externship must meet most of the same requirements as AOMA clinical faculty. Some of these requirements include:

• a current medical license for profession
• current liability insurance
• a current complete CV (curricula vitae) on file at AOMA
• minimum of five years in professional practice
• adequate number of weekly patient visits to accommodate the externship.

DAcOM preceptors must also have:

• doctoral education in medical profession (DAOM, MD/DO, PhD, DC, ND, DPT, DNP, etc.) – if foreign, it must be US equivalent
Clinic Policies and Procedures

Any additional requirements are on the most-current extern preceptor application form. The extern preceptor candidate must submit the application and all required details. If the qualifications are met, the director of clinical education will do a site visit for final determination for MAcOM externships, and may do periodic site visits as well. Preceptor and director of clinical education must sign Extern Preceptor Affiliation Agreement prior to start of student’s externship experience.

Externship sites standards should be equivalent to AOMA’s internship standards. Preceptors should provide an orientation for each extern. AOMA will provide the preceptor with AOMA’s Preceptor Manual.

There is no compensation from AOMA for externship supervision.

Preceptors’ and Externs’ Responsibilities

After becoming qualified, the externship preceptor is responsible for the student’s education in the same manner as internship supervisors.

- MAcOM students are qualified for externship opportunities after reaching level 3 internship).
- Observing externs are to be in the treatment room with the preceptor during the interview, assessment, and treatment. The preceptor should explain the findings, diagnosis, differentiation, and treatment strategy to observers.
- Treating externs are to be observed in interviewing, assessing and treating patients. Prior to treating any patient, externs are to have a consultation with the preceptors to clarify diagnosis, differentiation, and treatment strategy.
- Both observing and treating externs must maintain detailed SOAP notes for each patient encounter, complying with HIPAA requirements.
- Preceptors are to provide feedback on externs’ activities and behaviors, and should hold a debrief session after each daily externship encounter.
- Preceptors may sign-off on competently performed skills on the extern’s Clinical Procedure and Skills Checklist.
- Externs must log their externship hours in the same manner as internship hours on tally sheets.
- Externship preceptors are to confirm each day’s completed hours and initial the extern’s tally sheet.
- Preceptors are to complete an evaluation of the extern at the end of the externship period using AOMA’s standard form and evaluation conference process.
- Externs are to complete AOMA’s externship evaluation form.
- Tally sheets and evaluations must be submitted to the registrar before the student will receive academic credit for the externship.

Externs are not to work on non-treatment activities such as front desk duties, laundry, and so forth.

Externship Hours

MAcOM externship hours are limited to 1.5 credits. Externship hours, whether observing or treating, will count towards the “Focus Choice” clinical hours. Tuition fee is based on credits earned not actual hours completed. DAcOM Externship hours are limited to 16.75 credits and must be completed after all MAcOM requirements are completed.
Three hours of externship must be completed to equate with two hours of internship. 1 credit of internship equals 24 treatment or observation hours. 1 credit earned via externship equals 36 hours.

**DAOM Externship**

*Purpose*

The DAOM program requires 650 clinics hours (24 credits) which are divided between internship (408 hours/17 credits) and externship (252 hours /7 credits). The purpose of the externship is multi-dimensional and includes, but certainly not limited to:

- Provide advanced clinical experiences within the DAOM’s clinical focus in collaboration with other healthcare professionals.
- Develop collaborative professional relationships within the community of the DAOM learner’s professional practice that will extend beyond the DAOM program.
- Develop the DAOM learner’s leadership within their healthcare community.
- Advance the medicine within the global medical community.

**Externship Preceptor Qualifications**

DAOM externships are to be in the same region as the DAOM learner’s professional practice. The preceptor for any externship must meet the same requirements as AOMA DAOM faculty and must have a professional license to practice. Some of these requirements include the following list. Any additional requirements are on the most-current extern preceptor application form.

- doctoral education in medical profession (DAOM, MD, PhD, DC, ND, DPT, DNP, etc.) – if foreign must be US equivalent
- a current medical license for profession current liability insurance
- a current complete CV (curricula vitae) on file at AOMA
- current CE status
- minimum of five years in professional practice
- adequate number of weekly patient visits to accommodate the externship.

**Externship Plan**

The DAOM learner must create his/her own externship plan and gain faculty approval before commencing with the externship. During the SP6031 Case Management and SP6035 Specialty Practice Management courses, DAOM students will learn why and how to create appropriate externship opportunities. Students will create an externship plan in SP6035, and gain faculty approval of the final plan in order to complete the course and begin externship.

As part of the plan, the student must collect all required details (i.e. CV with licensure numbers, length of practice, etc.). If the qualifications are met, the DAOM director of clinical education, faculty advisor, and other faculty assigned by the DAOM program director will review the externship plan, make recommendations for changes and accept or reject the plan. Once a plan has been accepted, the preceptors and director of clinical education must sign Extern Preceptor Affiliation Agreement prior to start of student’s externship experience.

Externship sites standards must be equivalent to AOMA’s internship standards. Preceptors should provide an orientation for each extern. AOMA will provide the preceptor with AOMA’s Preceptor Manual.
Clinic Policies and Procedures

There is no compensation to preceptors from AOMA for externship supervision.

_preceptors’ and externs’ responsibilities_

After becoming qualified, the externship preceptor is responsible for the student’s education in the same manner as internship supervisors.

- Students are qualified for externship opportunities after completion of the first year of DAOM study and after gaining approval of the externship plan. Externs must have license to practice medicine in the state in which the externship is conducted.
- When the extern is observing the preceptor during the interview, assessment, and treatment phases of patient visits, the preceptor should explain the findings, diagnosis, differentiation, and treatment strategy to the extern.
- When the extern is treating a patient in the preceptor’s facility, the preceptor should observe the extern interview, assess, and treat the patients. Prior to treating any patient, externs are to have a consultation with the preceptors to clarify diagnosis, differentiation, and treatment strategy.
- Externs must maintain detailed SOAP notes for each patient encounter (as observer or as treating practitioner), complying with HIPAA requirements.
- Externs are expected to make case presentations of their externship patient encounters during residency weeks 8-14.
- Preceptors are to provide feedback on externs’ activities and behaviors, and should hold a debrief session after each daily externship encounter.

Externs must log their externship hours in the same manner as internship hours on tally sheets. Externship preceptors are to confirm each day’s completed hours and initial the extern’s tally sheet.

Preceptors are to complete an evaluation of the extern at the end of the externship period using AOMA’s standard form and evaluation conference process.

Externs are to complete AOMA’s preceptor evaluation form. Tally sheets and both evaluations must be submitted to the registrar before the student will receive academic credit for the externship.

Externs are not to work on non-treatment activities such as front desk duties, laundry, and so forth.

_externship hours_

DAOM externship hours are required and are limited to 7 credits (252 hours). Tuition fee is based on credits earned not actual hours completed.

Three hours of externship must be completed to equate with two hours of internship. 1 credit of internship equals 24 treatment or observation hours. 1 credit earned via externship equals 36 hours.
MAcOM Clinical Studies

MAcOM Clinical Studies Overview
Clinical education at AOMA is structured in two phases: clinic observation and clinic internship. Students must complete 144 hours of clinic observation in order to move into the clinic internship phase of their education, usually at or near the beginning of their second year of study. Two segments of Clinic Theater (72 hours) must be completed. The first Clinic Theater (CT111), which should be taken in the first or second term of the first year and will consist primarily of student observation of a professional at work; the second Clinic Theater (CT112) must be taken the term before a student begins treating in the clinic and is structured as a clinical readiness course. Two rotations of observing and assisting senior interns in the student clinic (72 hours) must be completed. Students must also pass the First-Year Comprehensive Benchmark Exam, the Pre-Internship Observation Checklist of Procedures and Skills, the Clean Needle Techniques (CNT) course by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM), and a healthcare providers Cardio-Pulmonary Resuscitation course (CPR) before they will be eligible to begin their clinic internship. Please refer to the application for clinic internship for the complete list of requirements.

Students register for all student clinics (including observation) in units of 36 hours per term, scheduled in one three-hour block per week. Students earn one-and-a-half credits for each 36 hours of clinical study. (Exception to this is the summer sessions, in which clinics are offered in 24-hour/one-credit units.) Students must keep their tally sheet in the clinic for each session, and clinic supervisors must initial entry on the tally sheet on the day of treatment or no credit will be given for those hours. The total number of observation or treatment hours recorded on each individual tally sheet must not exceed 36 hours. (Again, the exception would be summer session tally sheets, which must not exceed 24 hours.) Students should keep a personal copy of each tally sheet submitted to administration, and should track their own progress in the clinical program to ensure completion of all clinical graduation requirements. Make-up clinic hours are not recorded on these tally sheets; a specific makeup form is used.

Ultimately, the clinic internship program should produce skilled, confident practitioners, capable of operating professional, private practices. Graduates will be able to intelligently discuss their patients’ biomedical diagnoses and prescription medications; give a patient a complete physical assessment using tongue and pulse readings, collecting vital signs, and using other TCM and Biomedical diagnostic techniques; discuss sensitive health issues with compassion and understanding; move easily from one Oriental medical modality to another; confidently and accurately apply needles in all locations, and manipulate qi as needed to restore inner balance and harmony; prescribe herbal remedies, nutritional therapies, and exercises; respond to clinic emergencies; treat patients of all ages; and act responsibly, professionally, and ethically. In providing patient-centered care, interns must about learn the patient’s personal beliefs, values and attitudes about health and wellness and disease. The treatment plan should be structured with the patient’s beliefs and values in mind and with their agreement and cooperation on the plan proposed.

For Students Beginning Internship Fall 2013 and Later:
Beginning interns are level 1 interns. During the first term as interns, level 1 interns are paired together and assigned a clinical resident. Residents are recent graduates of the MAcOM program and work one-on-one with level 1 interns. Residents are Teaching Assistants (TAs), for the faculty supervisor. Residents are in the room throughout the entire patient visit (interview, physical assessment, diagnosis, differentiation, presentation of findings to the supervisor, treatment planning, consultation with supervisor, and delivery of treatment). Residents observe, guide, role model, instruct as needed, and assess all phases of patient care and the intern’s development. Faculty supervisors are responsible for the diagnosis, syndrome differentiation, and treatment plan, and periodically check-in during the treatment phase. Residents are responsible for all other aspects of patient care, including but not limited to, safety, thoroughness, appropriateness, and professionalism.

Typically in their second term in the clinic Level 1 interns have progressed well enough to pair with other level interns to begin practice independently of a resident. However, a level 1 intern may continue with a resident in their second term if he/she requests or if a resident and supervisor decide it is in the best interest for the intern to continue with a resident.

To advance to level 2, level 1 interns must complete 144-180 treatment hours, complete the level 1 Checklist of Procedures and Skills, pass specific course work (see table below), and pass the 1st level clinical practical exam. Most level 1 interns will be ready in the second term of internship for this practical exam.

To advance to level 3, level 2 interns must complete 288-360 treatment hours, complete the level 2 Checklist of Procedures and Skills, pass specific course work (see table below), and pass the 2nd level clinical practical exam. Most level 2 interns will be ready after 3-4 terms of level 2 internship for this practical exam.

Level 3 interns have a level 3 checklist and an herbalist checklist to complete at this level, but there is not a third clinical practical exam.

### Advancing through the Clinical Levels

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### Pre-Internship Observation Objectives

Pre-Internship observation is to accustom new learners with the settings and routines of the student clinics; become familiar with routine procedures and clinical ethics; and learn how to interact with patients, peers, and clinic supervisors with a professional demeanor. Clinical observation is a student’s first formal participation in the clinical application of Oriental medicine. This provides students with the opportunity to observe first-hand how the practitioner arrives at and implements diagnostic and assessment procedures, and formulates and carries out treatment strategies. Students will observe practitioners working with basic Oriental medical equipment (e.g., needles, moxa, and herbs), and develop a familiarity with the proper handling, care, and applications of these tools. Chinese herbal remedies are often part of the treatment protocol, as such observers also develop familiarity with this aspect of Oriental medicine and conversing with patients on these remedies. The student observer experience also provides an opportunity for students to observe how a wide variety of patients respond to Oriental medicine.

Upon completion of pre-internship observation, students should be able to:

1. Interact in a professional and ethical manner with patients, peers, supervisors and clinic staff.

2. Quietly employ active observation and empathic listening skills in the treatment and consultation rooms.
3) Skillfully make detailed notes concerning patient histories, physical findings, diagnoses, differentiations, treatment planning, treatment execution, and other related patient care activities.

4) Identify the different legal and medical forms in a patient file and articulate the reason for each of the forms.

5) Demonstrate knowledge of clinical routine including but not limited to finding room and patient assignments, locating patient files, greeting patients, notifying supervisor of readiness for patient presentation, consultation and treatment planning, treatment execution, herbal prescribing and dispensing, patient file completion and signatures, and patient check-out.

6) Properly complete sample problem lists, medication and supplement lists, and follow up forms required in the patient files.

7) Locate and obtain necessary supplies for re-stocking the treatment room (i.e. cotton balls, sheets, forms, and so forth).

8) Assist the other interns in “house-keeping” chores (i.e. room set-up, restocking, and close-down).

9) Assist level 2 and 3 interns in filling herbal prescriptions including patents, powders and raw formulations.

10) Reflect on patient visits, patient-centered outcomes, and the interpersonal interactions within the clinical environment.

Observers must complete the Pre-Internship Observation Checklist of Procedures and Skills prior to becoming a treating intern. In addition, SOAP notes for 5 observed patient visits with written reflections is a portfolio requirement and expected to be completed for the first portfolio review prior to internship. Please see Portfolio Packet for details.

As observers, AOMA students become members of a working clinical staff. As such, they are expected to assume the professional standards of patient care and clinical protocol practiced by their teachers and colleagues. One objective of the clinical observation experience is for students to become confident and comfortable with those standards in order to apply them appropriately when they enter clinical internship. These standards also apply to business and ethical procedures that are part of the clinical experience.

The well-trained observer will have developed an attention to detail and an open mind. The care with which observations are recorded and the student’s ability to compare their observations to their understanding of Oriental medical theory and practice is critical to a successful first year in the student clinic.

At times, student observers may see techniques and approaches that vary from those that they have learned in class. Points may be located with subtle differences, or chosen according to differing logic. A treatment protocol considered obscure by one practitioner may be performed as daily therapy by another. One practitioner may be particularly sensitive to the emotional components of a diagnosis, while another focuses on a more somatic interpretation of signs and symptoms. Students should not be dismayed by apparent inconsistencies; observation is an opportunity to discover how alive and flexible this medicine can be in practice.
Clinical Studies

Student observers are required to keep a notebook of the treatments that they observe. The format of the notebook is not prescribed; however, an AOMA observation notebook is provided during New Student Orientation, which has the various legal and medical forms, and includes numerous copies of the follow up forms (AOMA formatted SOAP note form) to use to practice charting. Students should keep the information in a style and form that is most useful to them; however, notebooks should be detailed and complete. Student notebooks may be checked periodically for thoroughness and accuracy.

Student observers do not participate in the process of diagnosis and treatment in the student clinic. Also, student observers do not ask questions of either the patient or the intern unless invited by the intern. Observers should restrain questions and comments during the consultation phase with the supervisor until the supervisor has time to attend to them.

Pre-Internship Observation Clinical Plan
Pre-internship observers may progress through their clinical studies at their own pace, although 144 hours of observation must be completed before they begin their internship in the student clinic.

Clinical Observation
The student will learn basic observation skills and assist in the flow of the various tasks of the student clinic. Student observers who complete at least three levels of bodywork training may, at the intern’s request, assist in that area. Observation hours may also be earned off-site at an AOMA-approved Oriental medical clinic; however, the student must complete at least one observation unit (36 hours) at the either of the two primary AOMA student clinics (the North clinic on Anderson Lane or the South clinic on West Gate Blvd). It is during these observation rotations that students must complete the Pre-Internship Observation Checklist of Procedures and Skills.

Clinical Theater
Two courses of Clinic Theater (72 hours) must be completed before a student becomes eligible for clinical internship. Clinic Theater 1 (CT111) consists primarily of student observation of a professional at work (interview techniques, questions, pulse/tongue analysis, diagnosis, and treatment strategies). At the conclusion of the treatment, the instructor will discuss the diagnosis, differentiation and the development of the treatment strategy. Clinic Theater 2 (CT112) must be taken the term before a student begins treating in the clinic as it is a clinical readiness course.

Students must make up any missed clinic theater sessions during the term in which the session was missed. Under no circumstances can a regular clinic observation or treatment be substituted for a clinic theater session without written authorization by the director of clinical education. For detailed information regarding make up policy for Clinic Theater please refer to the instructor of the course.

Clean Needle Technique
In order to begin clinic internship, students must take and pass the Clean Needle Technique (CNT) course. The CNT is a one-day course offered by the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) 2-4 times a year in the Austin area (at an additional cost to the student of approximately $125). Students should check the CCAOM website for dates, times, and locations of the current CNT course offerings. No student may treat in the AOMA Student Clinic without taking and passing the CNT course. For more information about the CNT course and exam, visit
Students must turn in proof of CNT and CPR (adult, child, and infant, and use of AED) certification to the administration before they will be eligible to begin their internship. Please refer to the application for clinical internship form for a complete current list of requirements.

**Off-site Clinical Observation - Externship**

Students must observe at least one clinic segment (36 hours) at AOMA. However, in order to provide students with the highest quality clinical education and to encourage professional contact, AOMA allows students to earn clinical observation hours at off-site Oriental medical clinics. Students are strongly encouraged to visit and familiarize themselves with a variety of professional clinical settings. All off-site observation must be performed according to the following provisions:

- Professional practices of faculty who do not practice at the AOMA professional clinics automatically qualify for internship hours.
- All off-site practices of non-AOMA faculty must go through externship approval, when for used for observation or treatment hours. Please see the externship policy for details. The following are highlights from the policy:
  - All sites must be pre-approved by the director of clinical studies through a personal review at the prospective clinic.
  - The off-site supervisor with whom the student is observing must have at least five years’ clinical experience or be vetted by the AOMA faculty.
  - The off-site clinic must meet the same health, safety, and sanitation requirements as outlined in the AOMA Clinic Manual.
  - The off-site supervisor must read and comply with the AOMA Clinic Manual.
  - Students observing in off-site clinics must actually observe the Oriental medical treatment of patients, and not spend their observation time providing reception support or performing other non-clinical duties.
  - Student observers must turn in tally sheets, signed by their off-site supervisors, to the administration by the last day of the term.
  - The off-site supervisor must be willing and able to evaluate the treating interns according to the AOMA Clinical Performance Evaluation form appropriate for that student’s clinical level and turn in all evaluations by the end of the term.
  - Off-site observation with supervisors who are not current faculty members of AOMA is considered as externship. 1.5 hours of externship must be earned to equal 1 hour of internship.

**Clinic Internship Requirements**

To begin clinical internship, students must successfully complete the following requirements.

**Coursework for students matriculated spring 2011 and earlier**

- Foundations of TCM: AT0101, AT0102
- Diagnostics Skills 1 & 2: AT0103, AT0200
- Point Location & Meridian Theory: AT0111, AT0112, AT0113
- Meridian & Point Energetics: AT0121, AT0122, AT0123
- Acupuncture Techniques: AT0131, AT0132
- Anatomy, Physiology & Histology: WS0101, WS0102, WS0103
- Introduction to Chinese Herbs: HT0102
- Biomedical Terminology: WS0110
Clinical Studies

- Microbiology & Pathophysiology 1: WS0132
- Pathophysiology 2: WS0133
- Physical Assessment 1: WS0310

Coursework for students who matriculated summer 2011 and later:
- Foundations of TCM: AT0101, AT0102
- Diagnostics Skills 1 & 2: AT0103, AT0200
- Point Location & Meridian Theory: AT0111, AT0112, AT0113
- Meridian & Point Energetics: AT0191, AT0192
- Acupuncture Techniques: AT0131, AT0132
- Anatomy, Physiology & Histology: WS0101, WS0102, WS0103
- Biomedical Terminology: WS0110
- Microbiology & Pathophysiology 1: WS0132
- Systemic Pathophysiology: WS0133
- Physical Assessment 1 & 2: WS0310, WS0311
- Acupuncture Treatment of Disease I: AT0211
- Chinese Herbology I: HT0103
- Chinese Herbal Study Lab: HL01

Other Requirements
- The Clean Needle Technique course (Students must have a certificate of completion and provide a copy of the certificate to administration.)
- CPR training and use of AED (including adult, child, and infant)
- HIPAA training (with a passing grade on the training quiz)
- OSHA Infection Control training (Students must have read and fully comprehend the plan.)
- Passing grade on First-Year Benchmark Exam
- Clinical internship orientation
- Minimum of 144 hours of clinical observation, including CT111 and CT112.
- Completion of the Pre-Internship Observation Checklist of Procedures and Skills
- Completion of 5 Observation Soap Notes and Reflections and have 1st Portfolio Review

Please note: Occasionally requirements change. Please refer to the current application for clinical internship for the most up-to-date requirements.

Level 1 Internship Clinical Plan
Prior to Fall-2013, new interns were call Level 2 Interns. Effective with Fall-2013, new interns are called Level 1 Interns. During the first term as interns, level 1 interns are paired together and assigned a clinical resident. Residents are recent graduates of the MAcOM program and work one-on-one with level 1 interns. Residents are Teaching Assistants (TAs), for the faculty supervisor. Residents are in the room throughout the entire patient visit (interview, physical assessment, diagnosis, differentiation, presentation of findings to the supervisor, treatment planning, consultation with supervisor, and delivery of treatment). Residents observe, guide, role model, instruct as needed, and assess all phases of patient care and the intern’s development. Faculty supervisors are responsible for the diagnosis, syndrome differentiation, and treatment plan, and periodically check-in during the treatment phase. Residents are responsible for all other aspects of
patient care, including but not limited to, safety, thoroughness, appropriateness, and professionalism.

Typically in their second term in the clinic Level 1 interns have progressed well enough to pair with other level interns to begin practice independently of a resident. However, a level 1 intern may continue with a resident in their second term if he/she requests or if a resident and supervisor decide it is in the best interest for the intern to continue with a resident.

To advance to level 2, level 1 interns must complete 144-180 treatment hours, complete the level 1 Checklist of Procedures and Skills, pass specific course work (see table below), and pass the 1st Level Clinical Practical Exam. Most level 1 interns will be ready in the second term of internship for this practical exam. Dates and details of the clinical practical exams are posted on each term’s course schedules and on the academic calendar on the AOMA website. The exam fee is $40.

### Advancing through the Clinical Levels

<table>
<thead>
<tr>
<th>Level</th>
<th>Practical Exams and Hours to Advance</th>
<th>Other Requirements</th>
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<tr>
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<td></td>
<td>(8-10 rotations)</td>
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<tr>
<td>(~3 terms)</td>
<td>(8-11 rotations)</td>
<td></td>
<td>Exit Written Exam</td>
</tr>
</tbody>
</table>

In addition to the skills mastered during observation, learners upon completing level 1 internship will be able to:

- Demonstrate and perform routine basic diagnostic methods for collecting clinical information, including but not limited to patient interview skills to obtain history and findings pertinent to the chief complaint(s), vital signs, tongue and pulse, and palpation, as well as focused assessments necessary for a specific chief complaint (including range of motion, muscle strength testing, and neurologic assessment).
- Provide summary of chief complaint and findings to the supervisor.
- Identifies basic disease diagnosis and syndrome differentiation.
Clinical Studies

- Develops and explains a basic treatment strategy (plan) based on the assessment and analysis, and constructs systematic cohesive point formulation.
- Demonstrate competent execution of acupuncture treatment including accurate point location, CNT skills, and basic acupuncture techniques; maintain awareness and monitor patient reactions during treatment.
- Chart professionally and completely.
- Establishes rapport with patients and shows empathy; respects patients’ belief systems and attitudes.
- Complete herbal prescription forms, dispense the herbal prescriptions, and educate patients of the preparation and administration of their herbal prescription.
- Provide patient centered care safely and ethically.
- Discuss prognosis and follow up treatments with supervisor and patients.
- Recognize abnormal findings, identify red-flags, and make appropriate referrals.

A complete list of evaluation criteria are contained in the Clinical Performance Evaluation Level 1 form used each term by interns to self-evaluate and supervisors to evaluate the interns.

**Intern Meetings Every Term**
All level 1, 2 and 3 interns, as well as pre-internship observers in Clinic Theater 2, are required to attend the Intern Meeting held every term. These meetings offered at several times towards the beginning of each term so that all interns will be able to find a time convenient to attend. These meetings provide a venue for communication of new items of interest, on-going training, and other matters as they arise.

**Level 2 Clinical Plan**
At level 2, students at the AOMA Student Clinics work in clinic teams with partners alternating in assuming the primary responsibilities for each treatment. For instance, while one team member interviews the patient and performs the treatment, the other will provide assistance where needed, taking notes, applying moxibustion, dispensing herbal prescriptions, and completing other related tasks. Both interns will discuss the diagnosis and treatment strategy with the clinic supervisor and must remain present throughout the entire treatment in order to receive full credit. Both are also responsible for teaching and mentoring any observers that may be with them.

**2nd Level Clinical Practical Exam**
To advance to level 3, level 2 interns must complete 288-360 treatment hours at level 2, complete the level 2 Checklist of Procedures and Skills, pass specific course work (see previous table Advancing through the Clinical Levels, and pass the 2nd level clinical practical exam. Most level 2 interns will be ready after 3-4 terms of level 2 internship for this practical exam. Dates and details of the clinical practical exams are posted on each term’s course schedules and on the academic calendar on the AOMA website. The exam fee is $40.

In addition to the skills mastered during observation and level 1, learners upon completing level 2 internship will be able to:
- Conduct meaningful interview and assessments in an efficient and timely manner.
- Provide clear succinct summary of pertinent current and historical data in a logical manner.
- Provide assessment and analysis of patient conditions including etiology, pathology, disease diagnosis, syndrome differentiation, and prognosis.
Clinical Studies

• Track patients’ problems longitudinally and assess patient-centered outcomes.
• Create a cohesive treatment strategy (plan) based using multiple treatment modalities.
• Skillfully demonstrate more advanced and complex treatment techniques.
• Confirm the patient is willing to purchase an herbal prescription before dispensing it for the patient.
• Complete herbal prescription forms, dispense the herbal prescriptions, and educate patients of the preparation and administration of their herbal prescription.
• Provide patient centered care safely and ethically.
• Discuss prognosis and follow up treatments with supervisor and patients.
• Assist and mentor observers in their initial clinical education of routines in the clinic.

A complete list of evaluation criteria are contained in the Clinical Performance Evaluation Level 2 form used each term by interns to self-evaluate and supervisors to evaluate the interns. A copy of the current form is at the end of this section.

Intern Meetings Every Term
All level 1, 2 and 3 interns, as well as pre-internship observers in clinic theater 2, are required to attend the Intern Meeting held every term. These meetings offered at several times towards the beginning of each term so that all interns will be able to find a time convenient to attend. These meetings provide a venue for communication of new items of interest, on-going training, and other matters as they arise.

Level 3 Clinical Plan
Level 3 interns are expected to become more independent in their patient treatments, and will focus developing additional skills for a future professional practice. Level 3 interns may seek opportunities for solo rather than partnered practice, have hourly rather than 1.5 hour appointment times, and in their final term they may opt to run a dual-room practice, thereby treating 4-5 patients in a 3-hour time period. At level 3, interns must complete two herbal-only rotations in which their focus is purely on herbal, nutritional, and lifestyle approaches to patient care. At level 3, interns are also required to take the Advanced Clinic Theater which is detailed below. These interns may also choose a specialized focus, whether it be a particular acupuncture style practiced by certain faculty supervisors, a particular patient population (such as pediatrics, geriatrics, etc.), or a specific disease/disorder (women’s health, sports medicine, pain, addiction, etc.). AOMA maintains student clinics at area community clinics to provided AOM treatments to under-served and under-insured populations. Both level 2 and level 3 interns must complete a minimum of 60 hours at these clinics. AOMA also seeks to build new opportunities in the community for level 3 interns. At this time, level 3 interns may choose to treat chronic pain patients at Austin Pain Associates or addiction-recovery patients at Austin Recovery Center’s residential clinic at the Hicks Family Ranch in nearby Buda. Level 3 interns may also opt for professional observation with faculty in their professional clinic.

Herbal Clinical Practicum
Herbal clinics are restricted to treatment through the use of Chinese herbal medicine, dietary therapy, and lifestyle choices only. Students must have successfully completed HT0203, HT0311, and HT0332 and be a level 3 intern to register for herbal clinics. Herbalists accompany the
supervisor to all the rooms in the rotation and devise herbal and nutritional prescriptions for each case in conjunction with the secondary intern of each room.

**Third-Level Professional Observation**

Level 3 interns may earn clinical observation credits by observing AOMA professionals in their private practices at AOMA. Students must receive approval from the professional of their choice and arrange for the professional observation prior to registration. AOMA professionals will evaluate students on the same criteria as in student clinic. Students may wish to observe a non-AOMA faculty professional which is considered an externship. Please refer to the externship policy for details. **Students are limited to one professional observation unit (36 hours) per term and the hours must be completed within two terms. Failure to complete the 36 hours during this time-frame will result in forfeiture of those hours not completed.**

**Advanced Clinic Theater**

Level 3 interns who started the program during the summer 2010 term or later (2010-2011 catalog) are required to complete the advanced clinic theater. This clinic course is similar to clinic theater 1, except not only does the learner have advanced knowledge in acupuncture, herbal medicine, and biomedical sciences, the course will be taught by practitioners with both TCM and biomedical perspectives. Students will have the opportunity to see advanced practitioners’ approaches to patient care – practitioners they may not ordinarily get to see “in action.” As part of this course, students will compile, write, and present case studies of patients they have been treating, and evaluate case studies presented by their peers.

Level 3 interns extend skills acquired in previous years, prepare to establish their private practices, and apply herbal knowledge gained during prior study and practice. Third-year students study basic business procedures; begin to build their own patient-base through the AOMA clinic, becoming increasingly confident in their ability to diagnose and treat common complaints; and broaden their understanding and experience of biomedical pathologies. Level 3 interns also serve as formal and informal mentors to observers and level 1 and 2 interns.

In addition to the competencies reflected in the objectives of level 1 and level 2 interns, upon completion of level 3 internship, learners should be able to:

- Demonstrate advanced clinical skills, including but not limited to professionalism, interpersonal and communication skills, patient-centered care, teamwork, clinical data gathering, assessment and analysis, treatment planning, acupuncture point formulation, and skillful application of acupuncture and other modalities in treatments.
- Formulate herbal treatment plans, select appropriate herbal administration (patent, powder, raw, etc.), select base formulations, modify formulations, and prescribe correct dosages with safety and herb-drug interactions taken into consideration.
- Develop familiarization with marketing skills and business management;
- Demonstrate use of biomedical terminology, knowledge of etiology and pathology of commonly-treated diseases, and use biomedical assessment and diagnostic knowledge to inform acupuncture and herbal treatment plans;
- Assess patient-centered outcomes longitudinally and adjust case management accordingly.
- Demonstrate competence in identifying conditions that may require referral to physicians and/or other medical practitioners.
• Demonstrate an inquisitive mind and lifelong learning skills to seek improved patient outcomes.

A complete list of evaluation criteria are contained in the Clinical Performance Evaluation Level 3 form used each term by interns to self-evaluate and supervisors to evaluate the interns. A copy of the current form is at the end of this section.

Level 3 interns have a level 3 checklist and an herbalist checklist to complete at this level; there is not a third clinical practical exam.

**Intern Meetings Every Term**
All level 1, 2 and 3 interns, as well as pre-internship observers in clinic theater 2, are required to attend the Intern Meeting held every term. These meetings offered at several times towards the beginning of each term so that all interns will be able to find a time convenient to attend. These meetings provide a venue for communication of new items of interest, on-going training, and other matters as they arise.

**Clinic Evaluations Overview**
Clinical instruction is competency-based and students must demonstrate the clinical skills outlined for their level of internship before moving on to the next level. Four types of tools are used to track their competencies: the Checklists of Procedures and Skills according to levels, the 1st and 2nd clinical practical exams, written and oral case study presentations, and end-of-term evaluations.

**Checklists of Procedures and Skills**
At the end of each term, clinical supervisors complete an evaluation form for each student under their supervision. The evaluation allows the supervisor to review the student’s overall clinical performance and assess the student’s growth and improvement. Evaluations function as a guide for both supervisors and interns throughout the course of the clinical studies, and allow the clinic faculty to review the effectiveness of the curriculum, making revisions where necessary. In the case of level 1 interns assigned a resident, the resident performs this evaluation and shares this information with the supervisor. The evaluation tool used to assess the interns by their supervisors each term has the following ratings.

**Unsatisfactory and Needs Work**
A rating of “unsatisfactory” or “needs work” indicates that the student has skill level falls below acceptable standards for his/her level of internship for the area being assessed. It is given to emphasize those particular areas of clinical studies in which the student needs to concentrate their efforts. One or more “unsatisfactory” ratings will be brought to the attention of the director of clinical education and may be considered grounds for the student to undergo clinical remediation before being granted credit.

**Competent**
A “competent” rating indicates that a student’s performance level meets AOMA’s learning outcomes goals and is satisfactory to the supervisor. This should be the standard rating for students who are progressing well in their clinical studies.
Proficient and Excellent
A “proficient” or “excellent” rating indicates that the student’s skill level, attitude, and conduct surpasses the expectations of the clinic supervisor and is reserved for those particular areas in which a student demonstrates exceptional ability. Supervisors should use the “excellent” rating to communicate to the director of clinical education and the program director that this student shows remarkable gifts in a particular area. For this reason, this rating should be used sparingly and with due consideration on the part of the supervisor.

Students will be evaluated on their attention to and/or competence of clinical requirements, according to their clinic level. While formal evaluations will be completed at the end of each term, severe violations of clinic rules must be reported to the director of clinical education immediately.

Evaluation of Pre-Internship Observers
Pre-Internship observers will be not be formally evaluated using the same system of self-evaluation and intern-supervisor conference that is used to evaluate interns. Observers have a Checklist of Procedures and Skills to fulfill prior to internship and a minimum of 72 hours of clinic-based observation to complete. Informally, their clinical performance based on the following criteria:

- **Attendance:** Students must arrive 10-15 minutes before the scheduled clinic session and observe the entire treatment process. Students are not permitted to leave before the treatment is complete, and supervisors will report all absences on the tally sheet.
- **Dress and Conduct:** Students must dress professionally for clinic, and maintain personal hygiene as outlined in this manual.
- **Room Preparation:** Observers should help set up the treatment room before, and clean up after, each appointment.
- **General Observation Skills:** Student observers should take this time to develop an understanding of the appropriate course of an acupuncture treatment—starting with the intake and interview, and through the discussion of the diagnosis and treatment plan, providing the treatment itself, and finally to the checkout procedure.
- **SOAP Notes and Patient Charting:** Student observers should write complete and comprehensive notes for each patient visit. These notes must include all major areas of the patient follow-up form.
- **Participation:** Student observers are expected participate in case discussions with interns and supervisors in an appropriate manner that does not interfere with delivery of quality patient care.
- **Treatment Interruptions:** In the treatment room, student observers may not ask questions of the intern, patient, or supervisor without invitation. This rule is not to exclude observers from the treatment process, but to help interns become comfortable with dealing with patients in the clinical setting during the interview, diagnosis, and treatment processes. Interruptions make it difficult for practitioners to maintain their train of thought, and also confuse patients who are trying to establish trust in the intern. Violation of these rules may result in the observer losing their clinic privileges.

Formal Evaluation Process
Near the end of each term, interns are to complete a self-evaluation using the evaluation form for their level. They then present this to their supervisor (or resident for first-term interns) for an end-of-term discussion and comments. A summary form is used to hand in to administration. Interns...
should keep their copy of the detail evaluation form. Please refer to the portfolio section of the Student Manual for portfolio requirements for catalogs beginning with 2011-12.

Evaluation of Level 1 Interns
In addition to the requirements listed above for pre-internship observers, level 1 interns will be evaluated on the following criteria:

- **Diagnostic Skills**: Students must be able to develop a complete diagnosis and syndrome differentiation using Oriental medical diagnostic techniques such as tongue and pulse diagnosis, channel palpation skills, patient observation skills, and theoretical skills pertaining to diagnoses.
- **Treatment Plan**: Students must be able to formulate a treatment plan that is appropriate to the diagnosis and differentiation, implement suitable strategies, select pertinent therapeutic methods, and treat 15–20 common diseases in clinic.
- **Techniques and Manipulation**: Students should be familiar with and able to implement a variety of Oriental medical healing techniques, demonstrating adequate aseptic CNT technique, accurate point location, proper needle insertion, manipulation, and removal, as well as application of moxibustion, electricity, cupping, and bloodletting.
- **Record Keeping**: Students are expected to make thorough, accurate, and legible entries in patients’ charts and ensure that the clinical supervisor has signed off in the appropriate places.
- **Biomedical Knowledge and Skills**: Students should be able to demonstrate a sufficient understanding of biomedical terminology and pathophysiology, and skill at gathering vital signs and other relevant physical assessments.

Evaluation of Level 2 Interns
In addition to the requirements listed above for level 1 observers, level 2 interns will be evaluated on the following criteria:

- **Diagnostic Skills**: Students must be able to develop a complete diagnosis and syndrome differentiation using Oriental medical diagnostic techniques such as tongue and pulse diagnosis, channel palpation skills, patient observation skills, and theoretical skills pertaining to diagnoses.
- **Treatment Plan**: Students must be able to formulate a treatment plan that is appropriate to the diagnosis and differentiation, implement suitable strategies, select pertinent therapeutic methods, and treat 15–20 common diseases in clinic.
- **Techniques and Manipulation**: Students should be familiar with and able to implement a variety of Oriental medical healing techniques, demonstrating adequate aseptic CNT technique, accurate point location, proper needle insertion, manipulation, and removal, as well as application of moxibustion, electricity, cupping, and bloodletting.
- **Record Keeping**: Students are expected to make thorough, accurate, and legible entries in patients’ charts and ensure that the clinical supervisor has signed off in the appropriate places.
- **Biomedical Knowledge and Skills**: Students should be able to demonstrate a sufficient understanding of biomedical terminology and pathophysiology, and skill at gathering vital signs and other relevant physical assessments.

Evaluation of Level 3 Interns
In addition to the evaluation criteria for first- and second-level interns, level 3 interns are expected to demonstrate refined and advanced clinical skills, including extensive herbal formulation knowledge and application. Third-year interns are also evaluated on their performance in the following areas:

- **HERBAL FORMULATIONS**: Students should be able to formulate herbal remedies that address each aspect of a diagnosis and are expected to be able to articulate their reasons for choosing the particular formula. Students should be familiar with all aspects of the traditional formulas, including preparation methods, ingredients, and amounts and dosages.

- **SINGLE HERBS**: Students should be able to use single herbs to modify the selected traditional formulas and are expected to be skillful in adjusting the dose of the single herbs to fit different cases. In addition, they should be cognizant of herb-drug interactions and herbal safety when prescribing herbal remedies.

- **NUTRITIONAL, EXERCISE, AND HOME CARE RECOMMENDATIONS**: Students should be able to make appropriate recommendations on diet, nutrition, exercise, and home care.

- **BIOMEDICAL KNOWLEDGE AND SKILLS**: Students should understand the significance of commonly seen lab test results, relate biomedical assessments and findings to the disease process, and use this knowledge to inform the TCM treatment plan.

- **GENERAL PHYSICAL ASSESSMENT**: Students should be able to skillfully perform general physical assessment techniques, and gather data for treatment outcomes.

- **BUSINESS SKILLS**: Students should be able to maintain a patient base and recruit new patients for their own practice in the student clinic with a familiarity of marketing skills.

**Competency-Based Clinical Practical Examinations**

At AOMA, clinical education progresses through three levels of increasing responsibility and competency in order to provide interns with the highest level of clinical education. At the end of levels 1 and 2 of internship, students must pass a competency examination to advance to the next level. (For students who began internship prior to the fall 2013 term, these exams occur at end of level 2 and in their final term as an exit exam.)

- **PRE-INTERNSHIP OBSERVATION**: Student observers must take and pass a comprehensive written benchmark examination in order to be eligible for clinic internship.

- **LEVEL 1 INTERNSHIP**: Level 1 interns must pass a clinical practical competency examination to proceed to the second level of internship. If a student fails the 1st Clinical Practical Exam, they will be permitted only to observe in the clinic until they are remediated and able to retake and pass the 1st Clinical Practical Exam. This practical exam is formatted as an Objective Structured Clinical Exam (OSCE) with stations students move through to demonstrate the basic competencies of level 1.

- **LEVEL 2 INTERNSHIP**: Level 2 interns must pass the 2nd Clinical Practical Exam in order to progress to level 3. The format of the 2nd Clinical Practical Exam is similar to that of the 1st Clinical Practical Exam, OSCE format, but the content is specific to the competencies of level 2.

**Checklist of Clinical Procedures and Skills**

Effective with the 2011-12 catalog, interns are required to complete the checklist of clinical procedures and skills throughout their internship years. Effective for all students who began internship in fall 2013 and later, there are checklists specific for each of the three levels. Level 1 checklist must be completed to advance to level 2, level 2 checklist must be completed to advance...
to level 3, and level 3 checklist must be completed to graduate. In winter 2014, two checklists were piloted and will become required in spring 2014. Pre-internship observers must complete an observation checklist to become an intern (among other requirements for internship), and level 3 herbalists must complete an herbalist checklist to graduate.

Clinical Evaluation
Students should expect to receive direction, guidance and support from the faculty overseeing their clinical education. While engaged in the observation and practice of traditional Chinese medicine in the clinical setting, students are provided by faculty with formative feedback and constructive criticism regarding their performance on an informal routine basis. Upon completion of a clinical rotation, each student is evaluated by their clinical supervisor. This summative evaluation provides detail to the student that a pass/fail grade must be consistent with the feedback provided to the student during the clinical experience.

If in the judgment of faculty a student is performing below expectations in the clinical area, the supervisor and student will meet and discuss the performance issues and design a plan to correct performance problems that includes identifying the problem/issue, learning experiences to correct the problem/issue, a timeframe for correction of problems/issuses, and evaluation methods to assess progress. Failure to make satisfactory clinical progress will be reported by faculty to the director of clinical education and the MAcOM program director and a grade of “fail” assigned to the clinical rotation. Students who do not demonstrate competency of clinical skills in the minimum required number of clinic hours and receive a “fail” in any clinical course/rotation will be required to undergo further clinical remediation at their own expense until they have achieved competency.

Students are certified for graduation and to take the licensure exam when they have demonstrated mastery of the knowledge and skill required for the safe and effective practice of traditional Chinese medicine. The clinical curriculum is designed to provide both the experience and support required to become an acupuncture/TCM professional. It is the express purpose of the clinical portion of the curriculum to assure that students receive the clinical education and experience necessary to function in the American health care system as a provider of alternative, complementary, and primary health care.
Clinical Studies

Doctoral Clinical Studies

Doctoral Clinical Studies Overview
The clinical education in AOMA’s DAOM program is structured in two phases: internship and externship. Internship begins in the second residency week. Externship does not begin until the second year and requires the completion of SP 6031 Case Management in Specialty Practice and SP 6035 Specialty Practice Management, as well as faculty approval of the learner’s externship plan.

The clinical education in the DAcOM may be entirely internship or a combination of internship and externship. A minimum of 1.25 credits must be internship (30 hours). The doctoral case management and practice management courses are not required for DAcOM students to begin internship.

Clinical instruction will include supervised internship in a variety of clinical settings at AOMA clinics as well as clinics in collaborative relationships, such as with biomedical/allopathic, chiropractic, physical therapy, and psychiatric and psychotherapy practices. AOMA faculty will supervise the internship portion of the clinical curriculum and oversee the externship portion. Externship is intended to broaden and deepen each learner’s clinical experiences within their own community of practice.

Upon entry into the DAOM program, learners must have completed an accredited master’s program in acupuncture and Oriental medicine. By the end of the first year, all learners must have a valid license to practice acupuncture in their own state of residence in order to begin externship.

With AOMA’s new campus, clinic facilities were expanded to include eight additional treatment rooms, charting space, consultation room, reception/waiting room, file storage and restrooms. All rooms are equipped with a treatment table, wall-mounted biohazard disposal facilities and hand sanitizer, heat lamp, exhaust fans, CD players, and so forth. Equipment is available for assessing and treating patients, such as electro-stimulation devices, cupping, gua sha, bubble inclinometers, goniometers, janometer, and so forth. Both AOMA clinic locations (one in south Austin on the main campus, and the other north location) have retail stores with other acupuncture supplies and full herbal pharmacies with bulk, powder, patent, tinctures, and topical products.

Internship
The clinical curriculum begins in the second week of residency with internship. There are eight hours of internship per week in residency weeks 2 and 3. It is in these first three weeks that advanced instruction in TCM and biomedical theory, assessments, and treatment techniques take place, as well as a focused look at the etiology, pathology, and treatment strategies for disorders of the specialty such as the musculoskeletal system, neurology, and eco-psycho-social disorders. In residency weeks 4-14, internship hours range from 34-42 per week.

In every clinic encounter, interns are expected to apply theory, assessment, and treating techniques to each case, and treat appropriately. These expectations include but are not limited to:

- Professional patient-centered culturally-sensitive interviewing skills.
- Using full range of case-appropriate TCM and biomedical assessments.
- Advanced analysis of etiology and pathology.
• Utilization of biomedical knowledge and diagnostics to inform TCM diagnosis.
• Advanced application of TCM theory for differentiation and treatment planning.
• Synthesis of treatment plan to include, as appropriate, acupuncture, electro-stimulation, laser, gua sha, cupping and other manual techniques, herbal remedies, nutrition and dietary therapies, mind-body exercises such as taiji and qigong, Asian body-work such as tuina
• Assessment and evaluation of prior treatments and patient outcomes.
• Advanced collaboration, consultation, and referral strategies.
• Treat patient professionally in patient-centered manner.

During internship, learners will be under the direct supervision of AOMA’s clinical faculty supervisors and preceptors. Internship will include some rotations within AOMA’s student clinics while the master’s of acupuncture and Oriental medicine (MACOM) students are on break. Many of the internship rotations will be done off-site in collaboration with AOMA’s affiliate partnerships. These include the Seton hospital’s community clinics and Austin’s People’s clinics. Supervised patient care at current collaborative clinical settings include (see letters of affiliation):

  Austin’s Peoples Community Clinic: 2909 N IH 35, Austin, TX 78722
  Seton-Topfer Community Clinic: 8913 Collinfield Road, Austin, TX 78758
  Seton-McCarthy Community Clinic: 2811 E. 2nd St., Austin, TX 78702
  Seton-Kozmetsky Community Clinic: 3706 South 1st Street, Austin, TX 78704

Although the majority of the internship experiences are designed for direct patient contact with provision of providing treatment, due to the nature of the specialty and the variation of collaborative affiliations, certain rotations will be observation rotations. For instance, a rotation at an orthopedic clinic may be focused on pre- and post-operative assessment, or a rotation with a psychologist may be participation in group therapy on posttraumatic stress disorder among veterans.

By the beginning of the 2nd year, each learner will be expected to make case presentations each residency week for review and analysis by the faculty and the learner’s cohort. The presentations will be evaluated by faculty and learners alike for depth and breadth of knowledge and application, treatment planning, outcomes, evidence-based inquiry, and learning needs. Formative in nature, each case presentation will also have a portfolio entry with a reflection on the case and the feedback. This additional 21 hours dedicated to case presentations and discussions during residency weeks 8-14 is in addition to the 408 clinical hours.

In the second year, DAOM learners will be guided in clinical supervision of MACOM learners in AOMA’s student clinics.

The goals for the internship portion of the clinical curriculum are:

**Internship Goals**

• Provide advanced clinical experience in the care and management of pain and associated psychosocial phenomena.
• Provide a variety of clinical experiences in collaborative settings for both pain and psychosocial care.
• Provide guided practice in the advanced care of patients with pain and psycho-social
phenomena.

- Produce practitioner expertise in assessment, care, and evidence-based practice in systems-based environments.
- Produce leaders as collaborative practitioners and clinical teachers.
- Inculcate the need and desire to pursue lifelong learning through inquiry and analysis.

The competencies for the internship portion of the clinical curriculum are staged according the completion of each of the four terms:

**Internship Learning Objectives**

By the end of the instructional period, the student will be able to:

**Term 1: Year 1 residency weeks 1-3 (16 hours of internship)**

1. Utilize a variety of techniques and tools necessary for thorough assessment of patients with pain and psychosocial phenomena.
2. Apply advanced TCM theory of etiology and pathology of each patient’s condition.
3. Create advanced treatment plans including but not limited to acupuncture and related methods, herbal and nutritional, mind-body techniques such as taiji and qigong, body work techniques, and patient education as appropriate for each patient case.
4. Demonstrate advanced depth and breadth in knowledge and skills of assessment, diagnosis and treatment in area of specialty.
5. Skillfully demonstrate advanced techniques of treatment plans.
6. Demonstrate professionalism and emotional intelligence in all encounters with patients, peers and near-peers, staff, colleagues, collaborators, and faculty.

**Term 2: Year 1 residency weeks 4-7 (132 hours of internship)**

1. Competencies of Term 1, plus
2. Compare initial assessments with progressive outcomes to evaluate efficacy of treatments.
3. Identify existing and emerging conditions that require referral to other appropriate healthcare practitioners and facilities.
4. Make referrals and follow-up communication for informed case management.
5. Use technology and other resources to access classic and current evidence in TCM and other medical modalities.
6. Engage in scholarly inquiry to critically examine and creatively address clinical issues in advanced specialty practice.
7. Synthesize knowledge from multiple sources to address issues in advanced specialty practice.
8. Demonstrate patient-centered culturally-sensitive behaviors and attitudes in the care of patients.

**Term 3: Year 2 residency weeks 8-10 (102 hours of internship)**

1. Competencies of Terms 1 & 2, plus
2. Routinely evaluate own skills, knowledge, and attitudes and identify learning needs.
3. Create own learning plans and commitments to act.
4. Present detailed cases from internship sessions to peers, faculty and preceptors.
5. Accept critique and feedback in open positive manner.
6. Critique of peers’ cases and provide feedback to peers and near-peers in constructive
manner.

Term 4: Year 2 residency weeks 11-14
1. Competencies of Terms 1-3, plus
2. Supervise junior learners in clinical settings.

Externship
Since the DAOM design is an “executive” format, allowing learners to avoid relocation and retaining their professional practice, one of the purposes of the externship is to develop integrative collaborative relationships with other healthcare practitioners within the learners’ own communities. This will serve the learners while in the program and after completion of the DAOM, and is expected to positively influence his/her career more than a pure internship experience.

The specialty practice management course helps each learner develop an externship plan to be completed within the community of their professional practice. Faculty provide oversight and guidance for the externships, and approve externship plans based on a number of factors, including relevance to clinical specialty, a variety of healthcare modalities, and qualifications of the community practitioners of the planned externship.

The specific location of these are entirely dependent upon the learner’s home locale, but are to include a combination of hospitals, pain management clinics, chiropractic, physical therapy, psychotherapy clinics, and other clinical settings appropriate for the doctoral specialty of care and management of pain and associated psychosocial phenomena. The externship preceptors must have a doctoral level degree within their field of practice (e.g. MD, PhD, DC, ND, DPT, DRN, DAOM, etc.). At least three different clinical practices must be incorporated in the plan (e.g. allopathic specialties (internist, pain management, orthopedic), psychiatric, chiropractic, naturopractic, Oriental, etc.). (See the DAOM Externship Policy in this manual and the Extern Preceptor Manual for more details).

Learners are not ready to begin externship until after the first year, which includes all of the specialty didactic course work as well as 1/3 of the internship hours.

The complete set of goals and competencies for the externship portion of the clinical curriculum is:

Externship Goals
- To provide advanced clinical experiences in the care and management of pain and associated psychosocial phenomena.
- To practice in a variety of clinical experiences in collaborative settings for both pain and psychosocial care.
- To develop collaborative relationships with a variety of healthcare professionals within learner’s community of practice for the care of pain and associated psychosocial phenomena.
- To integrate TCM principles and practices with other medical modalities.

Externship Learning Objectives Externship Spans Weeks 8-12 (252 hours)
Upon completion of this course (2 terms), the student will be able to:
1. Create collaborative relationships with a variety of healthcare professionals who care for patients with pain and psychosocial disorders.
2. Discuss and describe the various techniques of assessment and treatment used by other healthcare modalities.
3. Compare and contrast TCM treatment plans and outcomes with those of other healthcare modalities.
4. Integrate TCM plans of care with those of the collaborative practices.
5. Utilize a variety of techniques and tools necessary for thorough assessment of patients with pain and psychosocial phenomena.
6. Apply advanced TCM theory of etiology and pathology of each patient’s condition.
7. Create advanced treatment plans including but not limited to acupuncture and related methods, herbal and nutritional, mind-body techniques such as taiji and qigong, body work techniques, and patient education as appropriate for each patient case.
8. Demonstrate advanced depth and breadth in knowledge and skills of assessment, diagnosis and treatment in area of specialty.
9. Compare initial assessments with progressive outcomes to evaluate efficacy of treatments.
10. Identify existing and emerging conditions that require referral to other appropriate healthcare practitioners and facilities.
11. Make referrals and follow-up communication for informed case management.
12. Engage in scholarly inquiry to critically examine and creatively address clinical issues in advanced specialty practice.
13. Synthesize knowledge from multiple sources to address issues in advanced specialty practice.
14. Demonstrate professionalism and emotional intelligence in all encounters with patients, peers and near-peers, staff, colleagues, collaborators, and faculty.
15. Demonstrate patient-centered culturally-sensitive behaviors and attitudes in the care of patients.
16. Routinely evaluate own skills, knowledge and attitudes and identify learning needs.
17. Create own learning plans and commitments to act.
18. Present detailed cases from externship sessions to peers, faculty, and preceptors.

**DAOM Clinical Evaluation**

Assessments of the internship include evaluations by clinic supervisors and preceptors after each residency week; self-assessments and learning goals each residency week; periodic assessment by OSCE style clinical exams; chart reviews once a term; peer evaluations each term; and MACOM students’ evaluation and faculty evaluation of DAOM learner’s role as clinic supervisor for MACOM interns. In addition, the SP 6031 Case Management in Specialty Practice course prepares learners for creating and making case presentations for faculty and peer review. Learners will make case presentations detailing case SOAP notes, challenges, difficulties, evaluation of outcomes achieved, additional learning required, collaborations, consultations, and referrals in weeks 8-14. Portfolio entries will include reflections of each case presented and feedback received.

For each site/preceptor, students should have a minimum of three learning goals articulated. Assessments of the externship include evaluations by preceptors at end of each externship experience; reflection on the site/preceptor experience and the achievement of the learning goals; and self-assessments and for each externship period.
The evaluation forms used to assess MAcOM interns at the various levels are on the following pages:

- **Level 1 – Internship** (beginning intern and prior to 1\textsuperscript{st} clinical practical exam)
- **Level 2 – Internship** (intermediate intern prior to 2\textsuperscript{nd} clinical practical exam)
- **Level 3 – Internship** (advanced intern after 2\textsuperscript{nd} level practical exam)
- **Level 3 – Herbal Intern**
- **Medical Qigong Intern**
- **Tuina Intern**

The Checklists of Procedures and Skills follow the evaluation forms.

- **Checklist for catalogs starting with 2011-2012 and later, for students who started internship prior to fall 2013.**
- **Checklist for catalogs starting with 2011-2012 and later, for students who started internship fall 2013 and later**

**OSPA Notes**

- **Observation SOAP Note Form with Reflection**
- **Internship SOAP Note Form with Reflection**
Clinic Forms

MAcOM Performance Evaluations

Performance evaluations are based on level of internship – level 1, 2, and 3, as well as herbal-only level 3, tuina, and medical qigong. As specialty clinics are added, separate level 3 evaluations will be added to assess specialty competencies. Evaluations for levels 1-3 and level 3 herbal-only are shown below.

**Level 1 Intern**

<table>
<thead>
<tr>
<th>Clinical Performance Evaluation: LEVEL 1 Intern</th>
<th>Clinical Performance Evaluation: LEVEL 1 Intern</th>
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<td>Term &amp; Year: Clinic Rotation Day &amp; Time: Location:</td>
</tr>
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<td>Purpose: To perform a summative evaluation of interns regarding their performance of program level outcomes (PLOs) to the 1st level of clinic.</td>
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**Acupuncture Planning & Treatment (LO3)**

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**Clinical Performance Evaluation: LEVEL 1 Intern (beginner intern only) 90 clinic hours between 1/4 - 5/31)**
## Level 2 Intern

**Clinical Performance Evaluation: LEVEL 2 Intern**

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**Purpose:** To perform a comprehensive evaluation of interns regarding their performance of program level outcomes (PLCs) of the 2nd level of clinic.

**Instructions:** Review the scale below to self-evaluate and hand in to supervisor. Use the comments section to provide constructive feedback that will assist the intern to clarify the evaluation. Sign and hand in form.

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| Patient’s response to treatment  |   |   |   |   |   |     |
| Patient’s response to pain       |   |   |   |   |   |     |
| Patient’s response to education  |   |   |   |   |   |     |
| Patient’s response to support    |   |   |   |   |   |     |
| Overall rating                   |   |   |   |   |   |     |

**Theory and Application (20%)**

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**Additional Comments:**

**Supervisor Comments:**

**Intern Signature:** Date

**Supervisor Signature:** Date

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## Level 3 Intern

**Clinical Performance Evaluation: LEVEL 3 Intern**

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<tr>
<th>Term &amp; Year</th>
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**Purpose:** To perform a comprehensive evaluation of interns regarding their performance of program level outcomes (PLCs) of the 3rd level of clinic.

**Instructions:** Review the scale below to self-evaluate and hand in to supervisor. Use the comments section to provide constructive feedback that will assist the intern to clarify the evaluation. Sign and hand in form.

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<th>Interviewing &amp; Charting (25%)</th>
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</table>
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demonstrated                        |   |   |   |   |   |     |
| Patient’s response to treatment  |   |   |   |   |   |     |
| Patient’s response to pain       |   |   |   |   |   |     |
| Patient’s response to education  |   |   |   |   |   |     |
| Patient’s response to support    |   |   |   |   |   |     |
| Overall rating                   |   |   |   |   |   |     |

**Theory and Application (20%)**

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**Acupuncture Planning & Treatment (20%)**

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**Herbal Planning & Treatment (20%)**

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**Additional Comments:**

**Supervisor Comments:**

**Intern Signature:** Date

**Supervisor Signature:** Date
# Level 3 Herbal-Only Intern

## Clinical Performance Evaluation: LEVEL 3 Herbal Intern

**Intern:**  
**Term & Year:**  
**Clinic Rotation Day & Time:**  
**Location:**  
**Supervisor:**

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**Patient Centered Care:**

1. | Not Good enough | Good | Excellent |
2. | 1 | 2 | 3 |

**Evidence and Experience Based Practice:**

1. | Not Good enough | Good | Excellent |
2. | 1 | 2 | 3 |

**Participate in Teamwork and Collaborative Care:**

1. | Not Good enough | Good | Excellent |
2. | 1 | 2 | 3 |

**Intern Reflection:**

DID YOU LEARN WHAT YOU EXPECTED? YES / NO

**Supervisor Comments:**

---

**Date:**

---

**Intern Signature:**

---

**Supervisor Signature:**
MAcOM Checklists of Procedures and Skills

In the 2011-2012 academic year, a requirement of completing a checklist of procedures and skills in front of supervisors during routine patient care was implemented. Depending upon which catalog a student was under, there were two different checklists (for catalogs prior to 2011-2012 and for catalogs beginning with 2011-2012 and later). These were subsequently replaced by five checklists with the implementation of the quality enhancement plan (QEP) in 2014 (see the following forms).

Prior to 2011 – 2012

<table>
<thead>
<tr>
<th>Competency – Demonstrated in clinic</th>
<th>Date</th>
<th>Supervisor (print name)</th>
<th>Supervisor Signature</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed needle insertion and obtaining arrival of Qi (on 2 separate occasions with different supervisors)</td>
<td></td>
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<tr>
<td>Reducing and reinforcing (on 2 separate occasions with different supervisors)</td>
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<tr>
<td>Retention &amp; manipulation of needles (on 2 separate occasions with different supervisors)</td>
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<tr>
<td>Insert/needle risky pts: back shu</td>
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</tr>
<tr>
<td>Cupping</td>
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<tr>
<td>Moxibustion : type:</td>
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<tr>
<td>Therapeutic Use of Heat Lamp</td>
<td></td>
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<tr>
<td>Scalp Acupuncture</td>
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<tr>
<td>Auricular acupuncture</td>
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<tr>
<td>E-Stim</td>
<td></td>
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<tr>
<td>Needle withdrawal</td>
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<tr>
<td>Body-Work</td>
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<tr>
<td>Ear seeds</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Palpation of points or along channels or abdomen for tenderness (on 2 separate occasions with different supervisors)</td>
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</tr>
<tr>
<td>All Vitals Measurements</td>
<td></td>
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<tr>
<td>Range of Motion Measurements</td>
<td></td>
<td></td>
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<tr>
<td>Discussing herbal remedies with patient along with cost of remedies and achieving patient agreement before filing order</td>
<td></td>
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<tr>
<td>Discussing nutritional remedies with patient</td>
<td></td>
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</tr>
<tr>
<td>Teaching patient movement / exercises such as taiji or qigong</td>
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</tbody>
</table>
### Forms

#### 2011 – 2012 and Later – PRE-QEP ONLY

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.

<table>
<thead>
<tr>
<th>Competency – Demonstrated in clinic</th>
<th>Date</th>
<th>Supervisor (print name)</th>
<th>Supervisor Signature</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed needle insertion and obtaining arrival of Qi (on 3 separate occasions with different supervisors)</td>
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<tr>
<td>Reducing and reinforcing (on 3 separate occasions with different supervisors)</td>
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<tr>
<td>Retention &amp; manipulation of needles (on 3 separate occasions with different supervisors)</td>
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<tr>
<td>Insert/needle risky pts: back shu</td>
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<tr>
<td>Insert/needle risky pts: neck</td>
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<tr>
<td>Insert/needle risky pts: around eyes</td>
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<tr>
<td>Cupping</td>
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<tr>
<td>Moxibustion: type:</td>
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<tr>
<td>Bleeding with lancet or 3-edge needle</td>
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<td>Guasha</td>
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<tr>
<td>Therapeutic Use of Heat Lamp</td>
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<tr>
<td>Plum Blossom Needling or Seven-Star Needling</td>
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<tr>
<td>Scalp Acupuncture</td>
<td></td>
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<tr>
<td>Auricular acupuncture (on 2 separate occasions with different supervisors)</td>
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<tr>
<td>E-Stim (on 2 separate occasions with different supervisors)</td>
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<tr>
<td>Needle withdrawal (on 2 separate occasions with different supervisors)</td>
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<tr>
<td>Body-Work (on 2 separate occasions with different supervisors)</td>
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<tr>
<td>Ear seeds</td>
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<tr>
<td>Tacks</td>
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<tr>
<td>Palpation of points or along channels or abdomen for tenderness (on 3 separate occasions with different supervisors)</td>
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<tr>
<td>All Vitals Measurements (on 3 separate occasions with different supervisors)</td>
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<tr>
<td>Range of Motion Measurements (on 3 separate occasions with different supervisors)</td>
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<tr>
<td>Discussing herbal remedies with patient along with cost of remedies and achieving patient agreement before filling order</td>
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<tr>
<td>Discussing nutritional remedies with patient</td>
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<tr>
<td>Teaching patient movement / exercises such as taiji or qigong</td>
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<tr>
<td>Complete interview and intake (on 2 separate occasions with different supervisors)</td>
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</tbody>
</table>
**QEP Checklists**

With the implementation of the Quality Enhancement Plan (QEP) in 2014, the single checklist for interns was transformed into 5 checklists. The first is for pre-internship observers, followed by one for each of the three levels of internship, and the final is for the herbal-only interns. These are shown on the following pages.

### Pre-Internship Observer Checklist – QEP

<table>
<thead>
<tr>
<th>Competency – Demonstrated in Clinic</th>
<th>Date</th>
<th>Supervisor OR Resident OR Intern (sign here)</th>
<th>Supervisor OR Resident OR Intern Signature</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assist Interns in Room Set-up and Tear-Down (i.e., sheets &amp; gowns set-up and disposal, cleaning surfaces, collecting charts, etc.)</td>
<td></td>
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<tr>
<td>Assist Interns in Safety Check Before and After Session, unplugging heat lamps, and other safety issues.</td>
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<tr>
<td>Assist Interns Filling Patent Herbal Rx. under supervision</td>
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<tr>
<td>Assist Interns Filling Powder or Bulk Herbal Rx. under supervision</td>
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<tr>
<td>Assist Interns in Cleaning of Cups.</td>
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</tbody>
</table>

List of Clinical Pearls gained

Clinical Pearl definitions:
- A short, straightforward piece of clinical advice
- A tip about how to make examination, documentation, diagnosis, or treatment more effective
- Something precious or choice, pearls of wisdom.

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## Level 1 Internship Checklist – QEP

### Checklist of Procedures and Skills - Level 1

<table>
<thead>
<tr>
<th>Competency – Demonstrated in Clinic</th>
<th>Date</th>
<th>Supervisor or Resident Intern (print name)</th>
<th>Supervisor or Resident Intern Signature</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palpation of points or along channels or abdomen for tenderness</td>
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<td></td>
</tr>
<tr>
<td>Tongue and Pulse; All Vitals Measurements</td>
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<tr>
<td>Perform and record Range of Motion Measurements, muscle strength</td>
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<tr>
<td>Perform and record peripheral neurologic system exam (PNSI) (peripheral pulses, reflexes, dermatomas, myotomes)</td>
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<td></td>
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<tr>
<td>Needle insertion and obtaining arrival of Qi; needle withdrawal</td>
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<tr>
<td>Accurate point location, angle, depth of insertions</td>
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</tr>
<tr>
<td>Safe technique (insertion, angle, manipulation, withdrawal) of front and back thoracic points.</td>
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<tr>
<td>Safe technique (insertion, angle, manipulation, withdrawal) of neck points</td>
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<tr>
<td>Safe technique (insertion, angle, manipulation, withdrawal) of points near/around eyes (ST1, tiaoyang, yintang, etc.)</td>
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<tr>
<td>Perform cupping effectively and safely</td>
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<tr>
<td>Perform gua sha effectively and safely</td>
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<tr>
<td>Safe and appropriate use of moxa</td>
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<tr>
<td>Safe therapeutic use of heat lamp</td>
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<tr>
<td>Dispense herbal remedies with resident.</td>
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<tr>
<td>Review patient special needs/requests and discuss with resident/supervisor.</td>
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</tbody>
</table>
### Level 2 Internship Checklist – QEP

**Checklist of Procedures and Skills - Level 2**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Date</th>
<th>Supervisor (print name)</th>
<th>Supervisor Signature</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bleeding with needle or 1-edge needle</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Therapeutic Use of Heat Lamp</td>
<td></td>
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<tr>
<td>Plan Blossom Needling or Seven-Star Needling</td>
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<tr>
<td>Scalp Acupuncture</td>
<td></td>
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<tr>
<td>Auricular acupuncture</td>
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<tr>
<td>Tacks, seeds, or magnets</td>
<td></td>
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<tr>
<td>E-Stim</td>
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<tr>
<td>Discuss benefits, side-effects, and cost of herbal remedies with patient, and achieve patient agreement before dispensing.</td>
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<tr>
<td>Prescribe and discuss dietary and lifestyle changes with patient (on 2 separate occasions)</td>
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<tr>
<td>Dispense patent, tinctures, powders and/or bulk remedies</td>
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<tr>
<td>Teach patient benefits of mind-body exercises such as taiji or qigong, provide information on AOMA informal classes</td>
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<tr>
<td>Review patient needs/request and apply for reduced fees/herbs (herbal outreach)</td>
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<tr>
<td>Review assessments for patient-centered outcomes and discuss patient-centered prognosis and/or outcomes with supervisor</td>
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<tr>
<td>Assess medications and supplements for potential interactions with manual and herbal therapies</td>
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</table>

### Level 3 Internship Checklist – QEP

**Checklist of Procedures and Skills - Level 3**

<table>
<thead>
<tr>
<th>Competency</th>
<th>Date</th>
<th>Supervisor (print name)</th>
<th>Supervisor Signature</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Write patient referral to another practitioner</td>
<td></td>
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<tr>
<td>Write patient progress to referring practitioner</td>
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<tr>
<td>Written patient self-care individualized plan (dietary, exercise, mind-body, etc.)</td>
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<tr>
<td>Written and presented case presentations (presented in advanced clinic theater)</td>
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<tr>
<td>Body-Work</td>
<td>Tuina or Medical Qigong</td>
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</tr>
<tr>
<td>Complete 2 rotations from level 3 as available: Solo practice seeing 5 patients in 3 hours. Dual noon practice seeing 5-5 patients in 3 hours. Specialized clinic (pediatrics, sports injury, etc.) Specialized study (Tung, Japanese, needleless, pulse, etc.) Integration rotations in Austin Recovery Center, Austin, Plan, Associates, etc. (including community clinics, Careville,伏法等)</td>
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</tbody>
</table>
# Level 3 Herbalist Checklist – QEP

## Competency – Demonstrated in Clinic or AHM Dispensary

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervisor / (print name)</th>
<th>Supervisor / Signature</th>
<th>Comments</th>
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</tbody>
</table>

- Herbal safety application: ask patient food allergy, check herb-drug interaction, religious considerations (animal parts)

- Discussing herbal remedies with patient along with cost of remedy and achieving patient agreement before filling order.

- Educating patient on why herbal prescription is recommended and possible side effects.

- Dispensing powder Rx's

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervisor / (print name)</th>
<th>Supervisor / Signature</th>
<th>Comments</th>
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<tbody>
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## Competency – Demonstrated in Clinic or AHM Dispensary

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervisor / (print name)</th>
<th>Supervisor / Signature</th>
<th>Comments</th>
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</table>

- Prescribing tincture, and/or topical Rx's – 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.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Supervisor / (print name)</th>
<th>Supervisor / Signature</th>
<th>Comments</th>
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<tbody>
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</tbody>
</table>
Doctoral Clinical Internship Performance Evaluation

Intern: ______________________________ Supervisor: ____________________________________

Term & Year: _____   Clinic Rotation Day & Time: _______________  Location: _________________

Purpose: To perform evaluation of interns regarding their performance of clinical competencies during DAOM internship at the end of each residency week.

Instructions: **Intern:** Use the scale below to self-evaluate and hand in to supervisor.

**Supervisor:** Use the scale to evaluate the intern. Use the comments section to provide constructive feedback and meet with the intern to clarify the evaluation. Sign and hand in form.

<table>
<thead>
<tr>
<th>1 – Unsatisfactorily</th>
<th>2 – Needs Work</th>
<th>3 – Competently</th>
<th>4 – Proficiently</th>
<th>5 – Mastery</th>
<th>N/A – not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- Unsatisfactory – not good enough; not satisfactory</td>
<td>2- Needs Work – marginal; not very good</td>
<td>3- Competent – having adequate ability or qualities; legally qualified or adequate</td>
<td>4- Proficient – well advanced in an art, occupation, or branch of knowledge</td>
<td>5- Excellent – superior; very good of its kind; eminently good</td>
<td>N/A – not applicable</td>
</tr>
</tbody>
</table>

Utilized a variety of techniques and tools necessary for thorough assessment of patients with pain and psychosocial phenomena.

Apply advanced TCM theory of etiology and pathology of each patient’s condition.

Created advanced treatment plans including but not limited to acupuncture and related methods, herbal and nutritional, mind-body techniques such as taiji and qigong, body work techniques, and patient education as appropriate for each patient case.

Demonstrated advanced depth and breadth in knowledge and skills of assessment, diagnosis and treatment in area of specialty.

Skillfully demonstrated advanced techniques of treatment plans.

Demonstrated professionalism and emotional intelligence in all encounters with patients, peers and near-peers, staff, colleagues, collaborators, and faculty.

Compared initial assessments with progressive outcomes to evaluate efficacy of treatments.

Made referrals and follow-up communication for informed case management.

Used technology and other resources to access classic and current evidence in TCM and other medical modalities.

Engaged in scholarly inquiry to critically examine and creatively address clinical issues in advanced specialty practice.

Demonstrated patient-centered culturally-sensitive behaviors and attitudes in the care of patients.

Routinely evaluated own skills, knowledge, and attitudes and identify learning needs.

Accepted critique and feedback in open positive manner.

Critiqued of peers’ cases and provided feedback to peers and near-peers in constructive manner.

**Intern Reflection:** Discuss your learning goals you met this term in clinical rotation.
### Intern Reflection

Discuss your learning goals **for the upcoming interim period**.

---

### Intern Reflection

Discuss your learning goals in clinic **for next internship for residency week**.

---

### Supervisor Comments:

---

**Intern Signature:**

**Date:**

**Supervisor Signature:**

**Date:**
# MAcOM Student Evaluation of Clinic Supervisor

<table>
<thead>
<tr>
<th>Class Climate</th>
<th>Student Evaluation of Clinic Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Mark as shown: [ ] [ ] [ ] [ ] Please use a ball-point pen or a thin felt tip. This form will be processed automatically.
Correction: [ ] [ ] [ ] [ ] Please follow the examples shown on the left hand side to help optimize the reading results.

This survey is intended to help us improve your clinical education. Your input matters!

## 1. Student Information

1.1 Please tell us your clinic role:
   - Observer
   - Intern
   - Herbal Intern

1.2 Please tell us the number of clinic hours you had completed at the BEGINNING of this term:
   - 0-36
   - 37-143
   - 144-300
   - 551-700

## 2. For Observers and Interns

2.1 How would you rate this supervisor overall?
   - Excellent
   - Poor
   - N/A

2.2 The supervisor encouraged me to think and act confidently.
   - Strongly Agree
   - Strongly Disagree
   - N/A

2.3 The supervisor maintained a high level of professional conduct.
   - Strongly Agree
   - Strongly Disagree
   - N/A

2.4 The supervisor answered my questions effectively.
   - Strongly Agree
   - Strongly Disagree
   - N/A

2.5 The supervisor treated me with respect.
   - Strongly Agree
   - Strongly Disagree
   - N/A

2.6 The supervisor helped me assimilate information from my academic education and my clinical experience.
   - Strongly Agree
   - Strongly Disagree
   - N/A

2.7 The time spent with this instructor deepened my understanding of OM and my ability to work with patients.
   - Strongly Agree
   - Strongly Disagree
   - N/A

## 3. For Interns Only. Observers, please continue to the open response section.

3.1 The supervisor effectively balanced supervising time for each individual clinic room.
   - Strongly Agree
   - Strongly Disagree
   - N/A

3.2 The supervisor taught me to follow OSHA and HIPAA regulations and Clean Needle Technique.
   - Strongly Agree
   - Strongly Disagree
   - N/A

3.3 The supervisor effectively observed, assessed, and critiqued my clinical techniques.
   - Strongly Agree
   - Strongly Disagree
   - N/A

3.4 The supervisor gave me useful feedback and suggestions.
   - Strongly Agree
   - Strongly Disagree
   - N/A

3.5 The supervisor encouraged me to take vital signs, including blood pressure, breath, and pulse rate.
   - Strongly Agree
   - Strongly Disagree
   - N/A

3.6 The supervisor responded to and taught notations of special issues such as pregnancy, HIV/HBV, and allergies to herbs or drugs.
   - Strongly Agree
   - Strongly Disagree
   - N/A
### Class Climate

#### Student Evaluation of Clinic Supervisor

<table>
<thead>
<tr>
<th>3. For Interns Only. Observers, please continue to the open response section. [Continue]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
</tr>
<tr>
<td>3.7 The supervisor effectively confirmed all OM diagnostic indicators (pulse, tongue, palpation, observation), and discussed my diagnosis.</td>
</tr>
<tr>
<td>3.8 The supervisor confirmed point locations and needle placement</td>
</tr>
<tr>
<td>3.9 The supervisor instructed specific needling techniques for putting needles into risky points.</td>
</tr>
<tr>
<td>3.10 The supervisor helped with herbal formulations, including the name of the formula, any modifications, type of herbs (loose, powder, patent), dosage, instructions, and refills.</td>
</tr>
<tr>
<td>3.11 The supervisor reminded me about precautions for drug/herb interactions.</td>
</tr>
<tr>
<td>3.12 The supervisor encouraged referral to an MD or other healthcare provider as needed, according to the patient’s condition.</td>
</tr>
<tr>
<td>3.13 The supervisor encouraged me to finish the treatment in time, and assisted me in developing time management skills.</td>
</tr>
</tbody>
</table>

#### Free Response - For Intern and Observers

<table>
<thead>
<tr>
<th>4.1 Please elaborate on any items you rated “disagree” or “strongly disagree.”</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4.2 What suggestions would you make to the supervisor to enhance his/her abilities?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4.3 In your opinion, what areas of clinical practice were not adequately addressed?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4.4 What are the most important things you have learned from this supervisor?</th>
</tr>
</thead>
</table>
# Doctoral Student Evaluation of Clinic Supervisor

<table>
<thead>
<tr>
<th>Class Climate</th>
<th>DAOM Student Evaluation of Clinic Supervisor</th>
<th>SCANED BY</th>
</tr>
</thead>
</table>

Mark as shown: □ □ □ □ Please use a ball-point pen or a thin felt tip. This form will be processed automatically.
Correction: □ □ □ □ Please follow the examples shown on the left hand side to help optimize the reading results.

This survey is intended to help us improve your clinical education. Your input matters!

## 1. Student Information

1.1 Please indicate which DAOM year/Term you are in: □ Year 1 Term 1 □ Year 1 Term 2 □ Year 2 Term 1 □ Year 2 Term 2

## 2. Overall

<table>
<thead>
<tr>
<th>Question</th>
<th>Excellent</th>
<th>Poor</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>How would you rate this supervisor overall?</td>
<td>□ □ □ □</td>
<td>□ □ □</td>
<td>□</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>□ □ □ □</td>
<td>□ □ □</td>
<td>□</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>□ □ □ □</td>
<td>□ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor encouraged me to think and act confidently.</td>
<td>□ □ □ □</td>
<td>□ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor maintained a high level of professional conduct.</td>
<td>□ □ □ □</td>
<td>□ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor answered my questions effectively.</td>
<td>□ □ □ □</td>
<td>□ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor treated me with respect.</td>
<td>□ □ □ □</td>
<td>□ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor helped me assimilate information from my academic education and my clinical experience.</td>
<td>□ □ □ □</td>
<td>□ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The time spent with this instructor deepened my specialty of practice.</td>
<td>□ □ □ □</td>
<td>□ □ □</td>
<td>□</td>
</tr>
</tbody>
</table>

## 3. Clinical Application

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The supervisor effectively balanced supervising time for each individual clinic room.</td>
<td>□ □ □ □</td>
<td>□ □ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor effectively observed, assessed, and critiqued my clinical techniques.</td>
<td>□ □ □ □</td>
<td>□ □ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor gave me useful feedback and suggestions.</td>
<td>□ □ □ □</td>
<td>□ □ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor encouraged me to take initial and ongoing assessments to determine patient outcomes.</td>
<td>□ □ □ □</td>
<td>□ □ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor responded to special issues such as emergency red flags, pregnancy, infectious blood borne issues such as HIV/HBV, and allergies to herbs or drugs.</td>
<td>□ □ □ □</td>
<td>□ □ □ □</td>
<td>□</td>
</tr>
<tr>
<td>The supervisor effectively confirmed all OM diagnostic indicators, and discussed my diagnosis and differentiation.</td>
<td>□ □ □ □</td>
<td>□ □ □ □</td>
<td>□</td>
</tr>
</tbody>
</table>
### DAOM Student Evaluation of Clinic Supervisor

<table>
<thead>
<tr>
<th>Class Climate</th>
<th>DAOM Student Evaluation of Clinic Supervisor</th>
<th>Electric Paper</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. [Continue]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Strongly Disagree</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7</td>
<td>The supervisor confirmed point locations, needle placement, and manual techniques.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.8</td>
<td>The supervisor instructed specific needling techniques and other manual therapies for specific cases.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.9</td>
<td>The supervisor helped with herbal formulations, including the name of the formula, any modifications, type of parts (loose, powder, paste), dosage, instructions, and refills.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.10</td>
<td>The supervisor reminded me about precautions for drug/herb interactions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.11</td>
<td>The supervisor encouraged complete patient care with lifestyle education, nutritional therapies, mind-body exercises, disease prevention, and health and wellness promotion.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.12</td>
<td>The supervisor encouraged referral to an MD or other healthcare provider as needed, according to the patient's condition.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.13</td>
<td>The supervisor encouraged me to research emerging evidence on therapies and conditions.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Free Response - For Intern and Observers

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 4.1 | Please elaborate on any items you rated "disagree" or "strongly disagree."

```plaintext

```

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
</table>
| 4.2 | What suggestions would you make to the supervisor to enhance his/her abilities?

```plaintext

```

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 4.3 | In your opinion, what areas of clinical practice were not adequately addressed?

```plaintext

```

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 4.4 | What are the most important things you have learned from this supervisor?

```plaintext

```

Thank you for your feedback!
## Clinic Supplies

### North Clinic – Anderson Lane

<table>
<thead>
<tr>
<th>Forms/Supplies</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Report</td>
<td>In file sorter cubbies in Conference Room</td>
</tr>
<tr>
<td>Sharps Report</td>
<td></td>
</tr>
<tr>
<td>Herbal Prescription Form</td>
<td></td>
</tr>
<tr>
<td>Reduce Rate Program Application</td>
<td></td>
</tr>
<tr>
<td>Alphabetical Patent List</td>
<td></td>
</tr>
<tr>
<td>Make Up Clinic Sheets</td>
<td></td>
</tr>
<tr>
<td>Tally Sheets</td>
<td></td>
</tr>
<tr>
<td>Clinic Theater Consent Form</td>
<td></td>
</tr>
<tr>
<td>Problem List</td>
<td></td>
</tr>
<tr>
<td>Medication &amp; Supplement List</td>
<td></td>
</tr>
<tr>
<td>Name Badge Request Form</td>
<td></td>
</tr>
<tr>
<td>Business Card Order Form</td>
<td></td>
</tr>
<tr>
<td>Fire/Work Hazard Form</td>
<td></td>
</tr>
<tr>
<td>Intern Needs Attention Form</td>
<td></td>
</tr>
<tr>
<td>Scrap Paper</td>
<td></td>
</tr>
<tr>
<td>Referral to Physician</td>
<td></td>
</tr>
<tr>
<td>Clinic Rubrics</td>
<td>Cubbies on bookshelf in Conference Room</td>
</tr>
<tr>
<td>Performance Evaluations</td>
<td></td>
</tr>
<tr>
<td>Herb Safety Manual</td>
<td>Conference Room/Reception</td>
</tr>
<tr>
<td>Clinic Manual</td>
<td></td>
</tr>
<tr>
<td>Tally Binders</td>
<td>Supervisor boxes - In Conference Room</td>
</tr>
<tr>
<td>Electrical stimulators for acupuncture</td>
<td>In Reception Area - Will be required to give collateral (i.e.; ID, keys, phone, etc.)</td>
</tr>
<tr>
<td>CD (Music for Treatment)</td>
<td></td>
</tr>
<tr>
<td>Glass Cups – For cupping</td>
<td></td>
</tr>
<tr>
<td>Plastic Cups – For cupping</td>
<td></td>
</tr>
<tr>
<td>Lighters / 91% alcohol</td>
<td></td>
</tr>
<tr>
<td>Thermometers</td>
<td></td>
</tr>
<tr>
<td>X-large &amp; Child BP cuffs</td>
<td></td>
</tr>
<tr>
<td>Cup bath</td>
<td>Cup washing station near bathrooms.</td>
</tr>
<tr>
<td>Blankets</td>
<td>Drawers of cup washing station near bathrooms.</td>
</tr>
<tr>
<td>Gait Belts</td>
<td></td>
</tr>
<tr>
<td>Bolsters, face mask</td>
<td>On top bookshelves in conference room and in drawers of cup washing station near bathrooms.</td>
</tr>
<tr>
<td>Blood Pressure cuff, standard size Scales</td>
<td>Vitals stations</td>
</tr>
<tr>
<td>Scales</td>
<td></td>
</tr>
<tr>
<td>Tissues, Clorox wipes, clean fields, alcohol, cotton balls</td>
<td>Supplied in each treatment room – for more, please see receptionist</td>
</tr>
<tr>
<td>Other size BP cuffs (adult lrg or child sm)</td>
<td>Reception area, collateral needed</td>
</tr>
</tbody>
</table>

### South Clinic - West Gate Blvd.
## Clinic Supplies

<table>
<thead>
<tr>
<th>Forms/Supplies</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Follow up Forms</td>
<td>File sorter in reception area charting space</td>
</tr>
<tr>
<td>Herbal Script Sheets</td>
<td></td>
</tr>
<tr>
<td>Tally Sheets</td>
<td></td>
</tr>
<tr>
<td>Scratch Paper</td>
<td></td>
</tr>
<tr>
<td>Excuse Slips</td>
<td></td>
</tr>
<tr>
<td>Reduce Rate Packets</td>
<td></td>
</tr>
<tr>
<td>Referral To MD</td>
<td></td>
</tr>
<tr>
<td>Cooking Instructions</td>
<td></td>
</tr>
<tr>
<td>Incident Report/Sharps Report</td>
<td></td>
</tr>
<tr>
<td>Biomedical Intake</td>
<td></td>
</tr>
<tr>
<td>Raw Herb Cooking Instruction</td>
<td></td>
</tr>
<tr>
<td>Reference Books</td>
<td>Bookshelves in consultation room</td>
</tr>
<tr>
<td>Patient Files</td>
<td>Reception area</td>
</tr>
<tr>
<td>Bio Hazard waste box</td>
<td>See clinic receptionian</td>
</tr>
<tr>
<td>Cotton</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>Supplied in each treatment room – see receptionist for more</td>
</tr>
<tr>
<td>Hand Sanitizer</td>
<td></td>
</tr>
<tr>
<td>Clean Fields</td>
<td></td>
</tr>
<tr>
<td>Tissues</td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td>Wall-mounted dispensers on both Professional and Student sides of clinic</td>
</tr>
<tr>
<td>Cups</td>
<td>Vital station</td>
</tr>
<tr>
<td>BP Cuff</td>
<td>See receptionist, collateral needed</td>
</tr>
<tr>
<td>Stethoscope</td>
<td></td>
</tr>
<tr>
<td>Electrical stimulators for acupuncture</td>
<td></td>
</tr>
<tr>
<td>Clorox wipes</td>
<td>Treatment rooms, cabinets in reception area</td>
</tr>
<tr>
<td>Sheets</td>
<td></td>
</tr>
<tr>
<td>Pillowcases</td>
<td>Cabinets reception area</td>
</tr>
<tr>
<td>Gowns</td>
<td></td>
</tr>
<tr>
<td>Linen bags</td>
<td></td>
</tr>
<tr>
<td>Pillows</td>
<td></td>
</tr>
<tr>
<td>Cup bath</td>
<td>Bathroom on student clinic side</td>
</tr>
<tr>
<td>Clinic Rubrics</td>
<td>Cubbies on bookshelf in Conference Room</td>
</tr>
<tr>
<td>Performance Evaluations</td>
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<tr>
<td>Clinic Manual</td>
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<tr>
<td>Tally Binders</td>
<td>Supervisor boxes - In Conference Room</td>
</tr>
</tbody>
</table>