Clinic Internship Manual
2020-2021
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INTRODUCTION

This Clinic Internship Manual has been designed to provide SBU’s Interns with current and updated information, Policies, and Regulations that are related to their academic endeavor. The information, Policies, and Regulations are essential for students to meet their educational goals. Although this Manual contains essential information, additional and detailed information are found in the SBU Policy and Regulation Manual, available in the Libraries, Front Desk, or Administrative offices for references.

It is important for the student to note that students of South Baylo University must comply with all current Policies and Regulations as published in the SBU Policy and Regulation Manual. New Regulations are generally reviewed, approved by the Executive Council, and ratified by President. Once approved, they are released and placed in the SBU Policy and Regulation Manual and Online P&R.

The SBU Administration

FOUNDING PHILOSOPHIES

South Baylo University was founded on three principal objectives: values, peace, and professionalism.

VALUES: The University encourages critical examination of one’s own value judgments, and the discovery of the true values upon which acquisition of knowledge is based. The educational values of South Baylo University rest upon guiding the student to discover these values, and to institute them in the acquisition of knowledge.

PEACE: The University has adopted the policy of making itself the meeting place for different cultures and values. In this way, a mutual understanding and synthesis may occur. For this reason, the University encourages the enrollment of international students who aspire to learning about diverse cultures and understanding the beliefs of others. The University educational programs offer an environment where cultures blend together to create an internationally recognized educational experience.

PROFESSIONALISM: The University endeavors to help its students achieve professional excellence by offering highly specialized courses in allied health care fields. The University offers an opportunity for professional growth, chances to achieve professional excellence, and the groundwork for establishing a satisfying professional life of commitment and contribution to society.

MISSION, VALUE & PURPOSE

MISSION: The Mission of South Baylo University is to expand professional, clinical and scientific knowledge of Acupuncture and Oriental medicine among students, faculty, staff, and the general public through effective teaching, scholarly activity, and quality patient care.

VALUE: The Value of South Baylo University is to view Harmony as being its eminent value as it exemplifies Harmony of Bodily Functions, Harmony of Mind and Body, and Harmony of Life and Nature, being the foundation of Acupuncture and Oriental Medicine (AOM).

PURPOSE: The Purpose of South Baylo University is to promote good health and Wellness through education, research and practice.
EDUCATIONAL OBJECTIVES

In order to fulfill its mission, South Baylo University is committed to the following objectives:
1. To prepare students with knowledge and skills to succeed in today’s healthcare environment and to contribute to the community with their leadership, business insight, and professional skills.
2. To promote excellence in scholarly teaching, effective student learning, outstanding oriental medicine and holistic healthcare programs.
3. To provide effective patient care through oriental medicine and other holistic approaches.
4. To stimulate and promote research, scholarly activities and professional development.
5. To create opportunities and an environment for students to gain experience in academic and clinical skills.
6. To provide and promote timely and pertinent educational opportunities to strengthen the competence of those who enter into careers in the acupuncture and Oriental medicine and its related healthcare areas.
7. To prepare students to become competent and successful working healthcare professionals.

SBU PROGRAM OUTCOMES

South Baylo University has established program outcomes for the Master of Science in Acupuncture and Oriental Medicine (MSAOM) degree program. These outcomes represent the knowledge, attitudes, values, and skills each graduate must possess and demonstrate. Each student will achieve these program outcomes upon the successful completion of required courses, laboratory, clinical experiences, and passing of the Comprehensive Competency Examinations (CCE) I & II.

The program outcomes for the MSAOM degree program are listed as follows:

| 1. Graduates apply the knowledge of conventional Medicine in the practice of AOM. | 1.1 Graduates will be able to understand the basic theories of biomedical science, and apply the knowledge of conventional medicine in the practice of AOM.  
1.2 Graduates will be able to have diagnostic knowledge and awareness of treatment protocols of conventional medicine. |
| --- | --- |
| 2. Graduates demonstrate competency in the practice of Acupuncture and Oriental medicine. | 2.1 Graduates will be able to explain the major concepts and theories of Acupuncture and Oriental medicine.  
2.2 Graduates will be able to perform AOM diagnostic methods and assessment criteria, and formulate, implement, monitor, and adapt treatment plans.  
2.3 Graduates will be able to perform Acupuncture treatments.  
2.4 Graduates will be able to practice herbal medicine and provide advisement on nutritional and dietary supplements. |
| 3. Graduates demonstrate competencies in patient care in compliance with ethical, legal, and safety guidelines and communicate effectively in diverse settings. | 3.1 Graduates will be able to identify medical emergency situations and conduct standardized procedures, including referrals to other primary health care professionals, emergency actions, and compliance with legal regulations.  
3.2 Graduates will be able to adapt to multicultural environments and practice in diverse community contexts. |
| 4. Graduates can develop and implement effective treatment plans, maintain standardized medical records, conduct case reviews, and manage their clinical practice. | 4.1 Graduates will be able to develop treatment protocols for individual patients and record patient medical information and treatment according to standardized guidelines.  
4.2 Graduates will be able to present case reviews and communicate with other primary health care professionals, write medical/legal reports, as well as bill for services using appropriate codes. |
| 5. Graduates understand basic research concepts and utilize scientific methods related to the AOM clinical practice. | 5.1 Graduates will be able to critically review research data and studies, and relate findings to their clinical practice.  
5.2. Graduates will be able to interpret clinical research protocols |
STATEMENT OF COMPLIANCE AND LIABILITY

1. **Enrollment, Tuition and Fees**
   Enrollment in the SBU Clinic Internship Program or the payment of tuition and/or fees in advance does not constitute a contract beyond any single quarter or term. SBU and its clinics reserve the right to change internship requirements, syllabi, schedules, tuition, fees, and regulation at any time with proper notice.

2. **Non-Discrimination Policy**
   In compliance with federal, state, and local government requirements South Baylo University School of Oriental Medicine does not discriminate against any individual on the basis of age, gender, race, color, religion, national and ethnic origin, marital status, sexual orientation, disability, medical condition, or veteran's status, as determined under California employment laws.

3. **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**
   South Baylo University and its clinics guarantee privacy and confidentiality of all patient medical records. Patients’ records are maintained and kept in safe areas and retained for a period of time in accordance with established regulations.

4. **Occupational Safety & Health Administration (OSHA)**
   South Baylo University and its clinics operate in strict compliance with OSHA regulations and CNT criteria.

5. **Accessibility of Facilities**
   South Baylo University and its clinics are accessible to the mobility-impaired based on applicable state and federal laws and regulations at the time of construction and/or subsequent modifications. The facilities include handicapped parking areas and with easy access from parking lots and handicapped restrooms.

6. **CPR and First Aid Certification, Licensures**
   Clinic Administrative staff, clinic supervisors, clinic faculty, and interns must be current holders of CPR and First Aid Certification. Clinic Supervisors must have their current Acupuncture Licenses displayed at a conspicuous place and also visible to the public. Site licenses must be displayed and, locations of emergency equipment be known to all constituents.
CHAPTER 1

Internship Description

Clinic Internship is the highlight of the Acupuncture & Oriental Medicine Program curriculum. It offers a challenging clinical experience designed to guide students, known as interns, through their transition into professional practice. This is accomplished through rigorous, professionally supervised internship where interns further develop their skills in clinical assessment, treatment, monitoring, and making necessary recommendations for Patients with various pathological conditions. During Clinic Internship, each intern is guided directly by his/her clinic supervisor through regular conferences regarding symptomatic assessment, treatment protocols, patient recommendations, documentation of treatments, the use of specific acupuncture points, techniques, and other treatment modalities, herbal prescriptions, and the progress of the patient.

During the first 280 hours of clinical training, the clinic supervisor shall be physically present at all times during clinical observation, diagnosis and treatment. During the second 280 hours of clinical training, the clinic supervisor shall be physically present at the needling of the patient. The clinic supervisor shall otherwise be in close proximity to the location at which the patient is being treated so that the student shall be able to consult with the clinic supervisor during the training. Prior to graduation, all interns must demonstrate competency in the following categories: acupuncture and Chinese herbal medicine knowledge, patient intake, AOM examination and required physical examination, formulating a diagnosis and developing treatment protocol, performance of proper treatment skills in needling and other treatment modalities, herbal prescribing, patient care and management in safe manner, patient communication and interpersonal skills, professionalism.

Internship Requirements

Clinical Internship Phase OB (160 Hours)

a. During Observation Phase, each intern will be required to spend 40 hours of training in the Herbal Pharmacy.
b. To demonstrate competency in future patient management, each intern is required to observe management and treatment protocol for a minimum of twenty five (25) patients treated by SP or IP level interns and Clinic Supervisors. OB interns are required to maintain and complete a Learning Patient File or LPF for each of the twenty five (25) patients' observations. The LPF for each patient must be reviewed, approved by the appropriate Clinic Supervisor, and is to be kept in the Internship Learning Packet or ILP until graduation.
c. To demonstrate competency in patient examination skills, each intern is required to assist patients in filling out all necessary clinic forms, including the Consent Form, and complete patient history taking, physical exam, and all necessary paper works.
d. To demonstrate competency in patient examination skills, each intern is required to accurately perform and record the vital statistics and vital signs of at least eight (8) new patients they must see, and to post this information in the ILP, and patient’s file. Vital signs of returning patients must also be posted accordingly, and physical assessment will be performed as needed.
e. To demonstrate competency in future patient management, each intern is required to review existing patient’s files regularly for a complete understanding of the patient’s progress, treatment, and assessment protocol.
f. To demonstrate competency in facilitating maintenance and management, each intern is required to assist in preparing and cleaning of the treatment rooms. Attendance of OSHA Workshop and compliance with OSHA regulations are required as well.
g. To demonstrate competency in communication skills and patient management, each intern is required to know clinical procedures associated with the scheduling of the patient’s next visit or the discharge procedures of the patient. Attendance of HIPAA Workshop and compliance with HIPAA regulations are required as well.
h. To demonstrate competency in insurance billing, each intern is required to fill-out four (4) HCFA billing forms. A copy of each form will be kept in the ILP until graduation.
i. To demonstrate professionalism and good behavior, a positive attitude, appropriate befitting manner in welcoming, and assisting patients during his/her time at the Clinic are required.
j. To demonstrate competency in future patient recruitment, each intern is required to participate in Health Fairs, and contacting patients for their follow-up visits.
k. To demonstrate satisfactory achievement, each intern must successfully complete all phase exams and evaluation steps.
   • OB I, subjects of exam on Clinic Manual materials
   • OB II, subjects of exam on single herbs
   • Practical Exam on vital signs
   • Weekly assignment on Basic clinical differentiation patterns
   • Pre test evaluation to know how much do the interns know on Basic knowledge of TCM, Acupuncture and herbal formulas
   • Post test evaluation to know do the interns learn from the clinical Training
l. To familiarize with treatment protocols for various pathological conditions, each intern is required to attend Clinic Case Presentation Conferences. Each intern must completely record six (6) case studies presented in the conference by using the Case Study Form or CSF.
Others:

a. Interns may not progress to the next clinic internship level unless they have successfully completed quantitative and qualitative clinic requirements by the end of the quarter.

b. Clinical instruction is competency based. Therefore, the student must successfully demonstrate the clinical skills outlined for that level before moving to a subsequent phase. All the interns are evaluated upon their attendance and performance according to a number of parameters by the clinic supervisors.

c. This internship phase may not begin during the quarter break period because the Clinic Orientation Session is only scheduled during the 1st week of the quarter.

d. Interns may not begin internship until they have attended the Clinic Orientation Session.

e. Punctuality and accurate time card punching is to be observed.

f. Absence reports must be filed when an OB intern is missing from his/her shift.

g. All incidents/accidents must be reported to the Clinic Supervisor or the Director of Clinics immediately, and a report must be filed on the same day.

Clinical Internship Phase SP (400 Hours)

a. Each intern must demonstrate competency in patient management. Each intern is required, under direct and close supervision by the Clinic Supervisor(s), to manage and treat a minimum of one hundred eighty (180) patients with thirty four (34) different case of patients.

b. Each intern is required to maintain and complete a Treatment Protocol and Assessment Form for each patient. The Treatment Protocol and Assessment Form must be reviewed, approved by the assigned Clinic Supervisor, and is to be kept in the ILP until graduation.

c. Demonstrate competency and knowledge in patient management by filling out necessary clinic forms including the Consent Form, and properly record all SOAP notes, daily progress notes, and treatment procedures as approved by the Clinic Supervisor(s).

d. To demonstrate competency in patient examination skills, each intern is required to accurately perform and record the AOM inspection and general physical examination include vital signs of the thirty four (34) new cases of patients they must see, and to post this information in the ILP, and patient's file. Vital signs of returning patients must also be posted accordingly, and physical assessment will be performed as needed.

e. To demonstrate competency in facilitating maintenance and management, each intern is required to assist in preparing and cleaning of the treatment rooms, and its compliance with OSHA regulations is required.

f. To demonstrate competency in communication skills and patient management, each intern is required to regularly review the files of patients assigned to him/her for a complete understanding of the patient's progress, treatment, and assessment protocol. Compliance with HIPAA regulations is required.

g. To demonstrate competency in communication skills and patient management, each intern is required to know clinical procedures associated with the scheduling of the patient's next visit or the discharge procedures of the patient.

h. To demonstrate professionalism and good behavior, a positive attitude, appropriate befitting manner in welcoming, and assisting patients during his/her time at the Clinic are required.

i. To demonstrate competency in future patient recruitment, each intern is required to participate in Health Fairs, and contacting patients for their follow-up visits.

j. To demonstrate high achievement, each intern must successfully complete all phase exams and evaluation steps.
   • SP I, subjects of exam on Yin channels
   • SP II, subjects of exam on Yang channels and Extra channels
   • Practical exam on General Physical Examination
   • Case presentation (4 clinical cases)
   • Weekly assignment on acupoints location, indications and functions
   • Pre test & post test evaluation to know how much do the interns know and learn before and after clinical training.

k. To familiarize with treatment protocols for various pathological conditions, each intern is required to attend Clinic Case Presentation Conferences. Each intern must completely record sixteen (16) case studies presented in the conference by using the Case Study Form or CSF.

l. To demonstrate competency in patient management for various pathological conditions, each intern is required to present four (4) Case Presentations, which will be a complete, detailed documentation of the intern's clinic treatment experience. For each case, one Patient of a particular pathology is chosen about which the presentation is written.

Others:

a. Interns may not progress to the next clinic internship level unless they have successfully completed quantitative and qualitative clinic requirements by the end of the quarter. A grade shall be given for completion "P" of all clinic requirements for that phase. Incomplete grades or failure grades will be issued if all work is not successfully completed.

b. Clinical instruction is competency based. Therefore, the student must successfully demonstrate the clinical skills outlined for that level before moving to a subsequent phase. All the interns are evaluated upon their attendance and performance according to a number of parameters by the clinic supervisors.
c. Interns may not begin internship until they have attended the Clinic Orientation Session.
d. Punctuality and accurate time card punching is to be observed.
e. Absence reports must be filed when an SP intern is missing from his/her shift.
f. All incidents/accidents must be reported to the Clinic Supervisor or the Director of Clinics immediately, and a report must be filed on the same day.

Clinical Internship Phase IP (400 Hours)

a. Each intern must demonstrate competency in patient management. Each intern is required to secure approval of treatment protocol from his/her Clinic Supervisor(s) and, independently manage and treat a minimum of one hundred eighty (180) patients with thirty four (34) different patients.
b. Each intern is required to maintain and complete a Treatment Protocol and Assessment Form for each patient. The Treatment Protocol and Assessment Form must be reviewed, approved by the appropriate Clinic Supervisor, and is to be kept in the ILP until graduation.
c. Demonstrate competency and knowledge in patient management by filling out necessary clinic forms including the Consent Form, and properly record all SOAP notes, daily progress notes, and treatment procedures as approved by the Clinic Supervisor(s).
d. To demonstrate competency in patient examination skills, each intern is required to accurately perform and record the AOM inspection and general physical examination include vital signs of the thirty four (34) new cases of patients they must see, and to post this information in the ILP, and patient's file. Additionally, IP interns are required to properly demonstrate neurological, orthopedic and dermatome examination skills if it is needed. Vital signs of returning patients must also be posted accordingly, and physical assessment will be performed as needed.
e. To demonstrate competency in facilitating maintenance and management, each intern is required to assist in preparing and cleaning of the treatment rooms and its compliance with OSHA regulations is required.
f. To demonstrate competency in communication skills and patient management, each intern is required to regularly review the files of patients assigned to him/her for a complete understanding of the patient's progress, treatment, and assessment protocol. Compliance with HIPAA regulations is required.
g. To demonstrate competency in communication skills and patient management, each intern is required to know clinical procedures associated with the scheduling of the patient's next visit or the discharge procedures of the patient.
h. To demonstrate competency in writing Medical/Healthcare Reports, each intern is required to fill out two (2) medical/ progress report. A copy will be kept in the ILP until graduation.
i. To demonstrate professionalism and good behavior, a positive attitude, an appropriate befitting manner in welcoming, and assisting patients during his/her time at the Clinic are required.
j. To demonstrate competency in future patient recruitment, each intern is required to participate in Health Fairs, and contacting patients for their follow-up visits.
k. To demonstrate satisfactory excellence, each intern must successfully complete all phase exams and evaluation steps.
  • IP I, subjects of exam on Case studies / management
  • IP II, subjects of exam on Case studies / management
  • Practical Examination on Neurological tests and Orthopedic exam
  • Case Presentation (4 clinical cases)
  • Weekly assignments on case studies and management
  • Pre test & post test evaluation to know how much do the interns know and learn before and after the clinical training.
l. To familiarize with treatment protocols for various pathological conditions, each intern is required to attend Clinic Case Presentation Conferences. Each intern must completely record sixteen (16) case studies presented in the conference by using the Case Study Form or CSF.
m. To demonstrate competency in patient management for various pathological conditions, each intern is required to present four (4) Case Presentations, which will be a complete, detailed documentation of the intern's clinic treatment experience. For each case, one Patient of a particular pathology is chosen about which the presentation is written.

Others:

a. Interns may not progress to the next clinic internship level unless they have successfully completed quantitative and qualitative clinic requirements by the end of the quarter. A grade shall be given for completion “P” of all clinic requirements for that phase. Incomplete grades or failure grades will be issued if all work is not successfully completed.
b. Clinical instruction is competency based. Therefore, the student must successfully demonstrate the clinical skills outlined for that level before moving to a subsequent phase. All the interns are evaluated upon their attendance and performance according to a number of parameters by the clinic supervisors.
c. This internship phase may begin during the quarter break period with prior mandatory Clinic Orientation Session.
d. Interns may not begin internship until they have attended the Clinic Orientation Session.
e. Punctuality and accurate time card punching is to be observed.
f. Absence reports must be filed when an IP intern is missing from his/her shift.
g. All incidents/accidents must be reported to the Clinic Supervisor or the Director of Clinics immediately, and a report must be filed on the same day.
**Missing/Failure to Complete All Clinic Requirements:**

a. Missing clinic internship hours must be completed during the quarter break. They may not be made-up beyond this period. The intern will forfeit missing hours and have to pay for make-up internship hours in future quarters.
b. Failure to complete all clinic internship requirements for each internship phase will result in the delay of enrollment for the next internship level or phase. (See Regulation 7030.00 R – Intern Evaluation and Phase Evaluation)

**Case Presentation Reports**

Due: To be presented at the 10th Week of Clinic Internship

The Case Presentation Report, a complete detailed documentation of the intern's clinic treatment experience of a patient with a particular pathology, will be written using the Case Presentation Form.

Qualifications for a Case Presentation Report:
The intern must treat the same patient for a minimum of four (4) sessions, with three (3) minimum subsequent follow up visits.

Contents of Case Presentation Report

- Research of the pathology – diagnosis according to both Oriental and conventional perspectives. Use of the library is encouraged.
- Introduction of the Patient: Identification and vital statistics such as occupation, sex, age, residence (not address), and Supervisor for the case. (For confidentiality, the Patient’s real name should NOT be used). This must include: Patient’s medical history, Chief Complaint (C.C.), Present Illness, Past and Personal History Family and Occupational History, Current medications, Treatments the Patient has already sought for condition with results of said treatments, General impressions of Patient’s health, work and personal habits, which may be related to the pathology
- TCM assessment, including tongue and pulse diagnosis. (TCM Diagnosis according to the Eight Principles, Zang Fu Differentiation, Six Channels, Four Levels ,Etc.)
- Conventional Medical Diagnosis if applicable.
- Treatment principle, including the rational behind it.
- Treatment protocol and patient progress, including extraordinary treatments, changes observed in patient’s condition, and other recommendations.
- A description of any outstanding or exceptional characteristics of the Patient, or of the subjective clinical experience.
Chapter 2

Standards For Completion

A “P” or passing grade is based on the completion of Quantitative and Qualitative Clinic Requirements in a timely manner.

Quantitative Clinic Requirements

To meet quantitative clinic requirements, each intern, upon meeting all prerequisites for internship, is required to complete 960 clinic internship hours or the equivalent of 48-quarter units. These 960 clinic internship hours are distributed as follows:

- CI410: Clinic Internship OB (160 hours)
- CI510: Clinic Internship SP (400 hours)
- CI610: Clinic Internship IP (400 hours)

Interns are required to attend a mandatory Clinic Orientation Session before beginning Clinic Internship.

Interns may register for the Clinic Internship Program in the following manner:

Standard Internship Program: Total 960 hours
- CI410 or OB Level: 160 hours
- CI510 or SP Level: 400 hours
- CI610 or IP Level: 400 hours

The Conditions for the Standard Internship Program is as follows:

- Compliance with SAP (Satisfactory Academic Progress) Regulations
- Compliance with OSHA & HIPAA Regulations
- Total enrolled instructional hours can not exceed 35 hrs/week
- Successful completion of qualitative and quantitative clinic internship requirements

The Conditions for the Extended Internship Program is as follows:

- Compliance with SAP or Satisfactory Academic Progress Regulations
- Compliance with OSHA & HIPAA Regulations
- The maximum time to complete the Master’s Degree program shall not be extended beyond twenty six (26) quarters or six and a half calendar years
- Successful completion of qualitative and quantitative clinic internship requirements

Qualitative Clinic Requirements

1. Compliance with rules and regulations of the Division of Clinics
2. Duties and performance in the Herbal Pharmacy
3. Observation of Patients’ cases
4. Compliance with OSHA & HIPAA Regulations
5. Proper use of CNT (Clean Needle Technique)
6. Proper maintenance of LPF (Learning Patient Files)
7. Proper processing of Treatment Protocol & Assessment Forms
8. Management of patients’ cases
9. Preparing reports for Case Presentation and Case Study Conferences
10. Proper maintenance of patients’ files
11. Proper processing of insurance billing forms (HCFA)
12. Proper processing of Medical/Healthcare Reports
13. Successfully pass all the CAPE (Clinic Assessment Phase Exams)
14. Proper maintenance of ILP (Internship Learning Packet)
15. Participation in the patient recruitment program

Qualitative clinic requirements for each level of internship are found in the Clinic Requirements section.

For those interns who select the Accelerated Internship Program, or the Extended Internship Program, qualitative clinic requirements will be calculated proportionally to reflect total quantitative clinic requirements for the internship program.
Deficiency or Failure to Meet Clinic Requirements

Interns who are unable to complete clinic requirements (either qualitative or quantitative) may only make up deficiencies during the quarter break, so that the internship phase grade can be changed from an “I” to “P” grade. A Request to Make-Up Internship Hours form must be submitted to the Director of Clinics for approval. Make-up deficiencies in clinic requirements may be subject to a fee. (See SBU Regulations 7034.01 R Making-up Clinic Deficiencies, 7034.03 R Clinic Internship Phase Exam)

Inability to correct deficiencies in clinic requirements in a timely manner will result in an “F” Failure grade for the internship phase. The internship phase must be repeated in its entirety with payment of appropriate tuition and fees. (See Regulation 7034.04 R Grades for Completion of Clinic Requirements)

Add/Drop & Change of Clinic Internship Hours

All add/drop or change of internship schedule must be requested in writing by submitting a Request To Add/Drop/Change Internship Schedule Form to the Director of Clinics. No interns may add/drop, change or modify his/her clinic internship schedule without the Director’s written approval. The intern is responsible for keeping track of all changes regarding their clinic internship schedule. (See Regulation 7021.07 R Add/Drop of Clinic Internship)

Internship Grading System

At the end of each quarter, interns are evaluated and graded based upon his/her performance upon completion for each phase of the internship program.

“P” Passing grade:
(a) Complete all the qualitative and quantitative clinic requirements for the quarter.
(b) Successfully pass all phase examinations.
(c) Complete all clinic hours for which the intern has registered.

“I” or Incomplete grade:
(a) Do not complete all the qualitative and quantitative clinic requirements for the quarter due to legitimate emergency/situation.
(b) Do not successfully pass all phase examinations.
(c) Do not complete clinic hours for which the intern has registered.

To replace the “I” grade with a “P” grade, the intern must complete all deficiencies during the quarter break. Failure to complete these discrepancies will result in a failing grade for the quarter.

Official registration for subsequent clinic internship phase will not be allowed with an incomplete “I” grade.

“F” or Failure grade:
(a) Do not complete all the qualitative and quantitative clinic requirements by the end of the quarter break.
(b) Failed any phase exam more than three (3) times during the quarter.
(c) Violated the Division of Clinics Rules and Regulations, especially patient health and safety.

The intern must repeat the clinic internship phase he/she registered for in its entirety and pay for all applicable tuition/fees. The intern must also repeat and re-complete qualitative and quantitative clinic requirements.

“W” or Withdraw grade:
(a) Missed 30% or more of registered clinic hours.
(b) Submitted a WITHDRAWAL REQUEST for special circumstances by the 6th week of the quarter (In this case, SBU refund policies will follow).

The intern must repeat the clinic internship phase he/she registered for in its entirety and pay for all applicable tuition/fees. The intern must also repeat and re-complete qualitative and quantitative clinic requirements.
Chapter 3

Educational Objectives

The objective of clinical internship is to provide students with an arena to apply theoretical knowledge gained in the classroom to a wide variety of clinical situations. The ultimate aim is to prepare the interns as thoroughly as possible for the rigorous demands of professional practice in the field of Acupuncture and Oriental Medicine.

The significance of expert clinical internship cannot be overstressed. It involves a broad range of education in the clinical sciences, including various clinical and interpersonal skills. Future success as a professional practitioner of Acupuncture and Oriental Medicine will depend as much on a practitioner's skill in handling the Patient and his/her response to illness, as it will on clinical treatment abilities. Clinical Internship, therefore, involves a process of self-development and maturation in addition to proficiency in the chosen discipline.

The intern is encouraged to broaden his/her perspective on health and disease by learning the many holistic approached to treatment. In the clinic, this process translates directly into treatment protocols, which will encompass recommendations regarding nutrition, lifestyle, and exercise.

OB Level Internship

a. To learn and be knowledgeable about all clinic rules and regulations as published in the Clinic Internship / Clerkship Manuals, or as posted on the Bulletin Board
b. To demonstrate Clean Needle Technique (CNT) and comply with OSHA and HIPAA regulations
c. To observe and learn clinical management by assisting in filling out necessary forms and HCFA insurance billing
d. To take the conventional and TCM medical history of patients, and to perform complete patient's physical examination and record vital statistics and vital signs of patients
e. To attempt to arrive at conventional and OM clinical impressions
f. To learn and be knowledgeable about the Herbal Pharmacy rules and regulations, and demonstrate competency in the preparation of the Herbal Formulae under supervision
g. To observe treatment protocol and procedures in the Oriental Medical treatment of patients
h. To observe accurate acupuncture point location and needling techniques under supervision
i. To observe the evaluation of patient's condition for referral to other healthcare practitioners, and the consult with other healthcare practitioners, when necessary
j. To observe professionalism, a befitting attitude, and the psychomotor skills needed to enter SP Level Clinical Internship
k. To demonstrate introductory competency in written and oral communication skills with patients, colleagues, Clinic staff and other healthcare providers, or attend health fairs for patient recruitment

SP Level Internship

a. To be knowledgeable about all clinic rules and regulations as published in the Clinic Internship / Clerkship Manuals, or as posted on the Bulletin Board
b. To demonstrate Clean Needle Technique (CNT) and comply with OSHA and HIPAA regulations
c. To exhibit introductory competency in patient management by filling out necessary forms
d. To take the conventional and TCM medical history of patients, and to perform complete patient's physical examination and record vital statistics and vital signs of patients, if needed
e. To tentatively arrive at conventional and OM clinical impressions
f. To provide rational for acupuncture treatment, herbal prescription, and other treatment modalities, if necessary
g. To perform procedures in the treatment of patient under direct guidance by the Clinic Supervisor
h. To demonstrate competency in acupuncture point location and needling techniques
i. To tentatively evaluate patient's condition for referral to other healthcare practitioners, when necessary
j. To demonstrate professionalism, a positive attitude, and appropriate befitting manner in welcoming and assisting patients during the times at the Clinic.
k. To demonstrate competency in written and oral communication skills with patients, colleagues, Clinic staff, and other healthcare providers, or attend health fairs for patient recruitment
IP Level Internship

a. To uphold all clinic rules and regulations as published in the Clinic Internship / Clerkship Manuals, or as posted on the Bulletin Board
b. To demonstrate Clean Needle Technique (CNT) and comply with OSHA and HIPAA regulations
c. To exhibit proficiency in patient management by filling out necessary forms
d. To take the conventional and TCM medical history of patients, and to perform complete patient’s physical examination and record vital statistics and vital signs of patients, if needed
e. To arrive at conventional and OM clinical impressions
f. To prescribe and provide acupuncture treatment, herbal prescription, and other treatment modalities, if necessary
g. To perform procedures in the treatment of patient independently
h. To demonstrate mastery in acupuncture point location and needling techniques
i. To evaluate patient’s condition for referral to other healthcare practitioners, and consult with other healthcare practitioners, when necessary
j. To demonstrate professionalism, a positive attitude, and appropriate befitting manner in welcoming and assisting patients during the times at the Clinic.
k. To demonstrate fluency in written and oral communication skills with patients, colleagues, Clinic staff, and other healthcare providers, or attend health fairs for patient recruitment
l. To complete one Healthcare Report
Prerequisites for Internship

In order to enter the Clinic, students must meet the following criteria:

<table>
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<tr>
<th>Phase</th>
<th>Pre-requisites</th>
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| CI 410 OB (160 Hrs) | CCE I EXAM (All 4 sections)  
                  | CNT (Clean Needle Technique)  
                  | CPR & First Aid (CM301)  
                  | TOEFL & TSE (iBT 45+; Listening 15+; Speaking 18+)  
                  | Biology (BS101),  
                  | Chemistry (BS102),  
                  | Organic Biochemistry (BS103),  
                  | Physics (BS104),  
                  | Psychology (BS105)  
                  | Medical Terminology (BS301)  
                  | Anatomy/Physiology A, B (BS321, BS322)  
                  | Physical Diagnosis (CM321)  
                  | Acupuncture Principles (AC301)  
                  | Acupuncture A, B, C (AC321, AC322, AC323)  
                  | Herbal Principles (HM301)  
                  | Herboology A, B, C, D (HM 321, HM322, HM323, HM324)  
                  | OM Principles (OM301)  
                  | OM Diagnosis A, B, C (OM321, OM322, OM323) |
| CI 510 SP (400 Hrs) | OB Phase completion  
                  | Herbal Prescription A, B, C, D (HM431, HM432, HM433, HM434)  
                  | Neuroscience and Endocrinology (BS323)  
                  | Special Acupuncture Modalities (AC344)  
                  | Acupuncture Techniques (AC421, AC422)  
                  | Acupuncture Anatomy (BS331) |
| CI 610 SP (400 Hrs) | SP Phase completion  
                  | Nutrition & Diets (BS341)  
                  | Acupuncture Theory & Therapy A, B (AC521, AC522) |

Dress Code

1. All interns are required to wear a school uniform full length lab coat OR school uniform scrubs. The lab coat and scrubs must always be in spotless condition.
2. Casual clothing such as jeans, stretch pants, shorts, short skirts, sandals, and open-toed shoes are not acceptable.
3. Heavy perfumes, colognes, after shave lotions, or scented hair sprays are not acceptable.
4. Jewelry must be limited to lightweight watches and unobtrusive neck chains and earrings.
5. Men who have beards and mustaches must keep them well trimmed.
6. Each interns is expected to be physically clean and attired in a freshly laundered and pressed lab coat.
7. Intern’s hands must be immaculately clean with nails cut short. All interns are expected to wash their hands with soap and water before and after treatment.

Failure to comply with dress code will result in two verbal warnings and may lead to clinic probation.
**Signing Up For Clinic Hours**

1. All new OB interns must sign-up for clinic internship hours with the Offices of the Director of Clinics or the Associate Clinic Director. An emergency contact number must be submitted, in case you are not feeling well in the Clinic, and you need assistance. Your emergency contact will be called in order to ensure your well being. Forms to schedule clinic hours and emergency contact are available in the Director’s office.

2. The registration process should be completed first through computer registration with the Clinic, and then payment of fees to the Registrar’s Office. A copy of the receipt indicating the payment of internship and malpractice insurance fees, and a passport size picture are to be submitted to the Offices of the Director of Clinics or the Associate Clinic Director.

3. Incoming observation level interns and progressing interns into higher subsequent phase must make SBU Clinic nametag at the IT department. While interns are in the Clinic, they are required to wear the nametag on their coats at all times.

4. Space in each clinic internship time block is limited, and all requests for clinic internship hours are met on a first come first serve basis. No student will be allowed to attend the clinic internship program unless his/her registration process is complete. There are NO EXCEPTIONS to this requirement.

5. “TBA” with up to 120 hours is for internship during the 11th week to 13th week (from final exam week to the end of quarter break time). Please do not sign up for “TBA” for regular internship shifts.

6. Permanent clinic internship hour changes will be accepted until the second Sunday of the new quarter without a fee. Changes made during the rest of the quarter will incur a $25.00 fee.

**Credit Hours for the Clinic Internship**

Credit hours for the clinic internship may be earned by participating in student/patient recruitment and public education when attending approved health fairs or community services, and by assisting the Clinic in disseminating AOM knowledge by providing lectures and seminars in house, or on location.

In general, earned credit hours in a particular quarter may be utilized or applied in the same quarter, unless specified otherwise by the Director of Clinics. A maximum of 30 % of the registered internship hours per quarter may be satisfied by the earned credit hours. For example, an intern who registered for 80 internship hours may apply a maximum of 24 credit hours toward satisfying his/her 80 internship hour-quantitative requirement.
Chapter 5

Professionalism and Rules of Conduct

Dress: Refer to Dress Code in Chapter 4. An intern that reports to Clinic wearing inappropriate attire will be given a verbal warning. Two (2) violations of Clinic Dress Code may result in Clinic probation.

Conversation: Noise and chatting in the clinic area and the interns lounge must be avoided, as these are disturbing to Patients and disruptive in general. Exteraneous conversation in the treatment rooms should be avoided.

Patient confidentiality: All Patient information is confidential. All discussions about patients must therefore be confined to the Clinic. Individual cases are not to be discussed with other Patients. Interns may speak in general terms, but Patient names should not be mentioned.

Treatment Rooms: Cleanliness and order of the treatment rooms are the responsibility of all interns.

Patient Appointments: Interns are responsible for scheduling all appointments with approval verification from the front desk staff. Patients are given fifteen (15) minutes after the hour before their appointments are given to a stand-by Patient. If a Patient arrives late for the appointment, he/she is told that the appointment is not extended.

Schedule Changes: The Clinic Director must be notified one (1) week in advance of any clinic schedule changes.

Patient Files: Patient files will be pulled by the office staff and handed to the appropriate intern treatment team according to the scheduled treatment hour. After treating the Patient and recording the date, the designated treating interns should sign his/her name and record the treatment modality in the Patient file. All patient files must be returned to the front desk personnel after treatment is completed. No Patient files should be held in the intern's folder or Clinic Intern File. Patient files are legal documents. Under no circumstances are patient files to leave the Clinic area. Taking patient files off premises is forbidden by law and is cause for immediate dismissal from Clinic.

Attendance: As professionals in training, interns must arrive and leave the Clinic as scheduled. Smooth functioning of the Clinic and good patient relations are dependent upon regular attendance and punctuality. Unexcused / undocumented absence from, or tardy to, a scheduled Clinic internship time block is considered a serious breach of professionalism. Earned Clinic hours may be deducted. Interns must be aware that patients come to South Baylo University Clinic expecting to be treated in a timely and courteous manner. Tardy and absence are discourtesies to patient, fellow intern, and Clinic staff. Interns must adhere to their arranged schedules. Any unforeseen changes must be discussed with the Director of Clinics one (1) week in advance. Absences due to illness, death in the immediate family, jury duty, or any unforeseen personal emergency may be excused if the intern calls the front desk and leaves a message no later than 9:10 am. Documentation will be required. The direct number to the Clinic is (714) 535-3886 for Anaheim, and (213) 738-1974 for Los Angeles. If your call is picked up by voicemail, then please leave a message.

At the convenience of the Clinic, the Clinic staff may reschedule missed time due to documented absence. It may not be possible to reschedule hours according to intern's preference.

* One (1) undocumented absence will result in a verbal warning.
* Two (2) undocumented absences will result in Clinic probation and deduction of earned Clinic hours.

All exams and treatments, whether they include range of motion, reflex, acupuncture, herbal prescription, or nutritional advice, must receive prior approval by the Clinic supervisor on duty. No exam or treatment is to be given without this prior approval.

* The first offense will result in a written warning placed in the intern's file.
* A second offense will result in possible suspension or dismissal from Clinic.

All interns are required to have their own medical instruments: Stethoscope, blood pressure cuff, pen-light, hammer, forceps or tweezers, and a school uniform white lab coat and scrubs.
Chapter 6

Daily Clinic Schedule

1. At the beginning of each shift, all interns must check the daily schedule and let the Clinic staff know that you are present.
2. All interns are to report to their scheduled treatment hour on time.
3. Interns should check the daily schedule ahead of time so they can anticipate the arrival of the next patient. Interns should remain in the intern lounge when not actively treating. If an intern must leave the Clinic, he/she must inform the Clinic staff of his/her whereabouts so the interns may be reached.
4. The assigned treatment room must be cleaned and organized prior to the patient's treatment. Treating intern must locate the patient file, greet the patient, escort him/her to the assigned treatment room, and wait outside the door while the patient undresses.
5. Interns should take a brief account of the patient's subjective assessment of his/her condition and progress after the previous treatment. Pertinent information should be noted in the patient's chart.
6. Prior to the treatment, the treating intern (SP & IP levels) must review patient files and complete the Treatment Protocol Assessment Form. The Clinic Supervisor must approve all treatment protocol and proposed treatment modalities prior to actual patient treatment.
   **Note:** Interns must review the patient's chart prior to treatment to review previous medical treatments or recommendation information. This rule also applies to treatment of fellow interns. Failure to do so constitutes unprofessional practice and may endanger the patient.
7. Interns should not make the patients wait more than 10 minutes in the waiting room.
8. Interns should not introduce themselves to patients as "doctors".
9. Interns should take no more than 30 minutes for a new patient's history recording, and no more than 15 minutes for returning patient's history intake.
10. During the treatment, all interns must speak English.
11. During the treatment, the Clinic Supervisor must be present at all times to provide direct guidance if the treating intern is in the SP level; the Clinic Supervisor should be nearby (within the Clinic premise) if the treating intern is in the IP level.
12. Interns must control the time of each patient's treatment. New patient treatment time should be approximately 1&1/2 hours, while returning patient's treatment time should be approximately 1 hour.
13. For the safety and comfort of patients, no patients shall be left unattended while receiving treatment at the SBU Clinic. One intern is required to remain in the treatment room with the patient while the patient is undergoing treatment.
14. In the unfortunate situation where a Clinic patient has sustained an injury during his/her treatment, the treating intern must file an incident report immediately with the Clinic Supervisor and the Director of Clinics.
15. Following the treatment, the intern will leave the room, wash his/her hands, collect any handouts/information to be given to the patient, and begin to record the treatment on the treatment sheet/files.
16. The intern will return to his/her assigned room and clean it thoroughly.
17. The patient must be reminded to schedule another treatment. All appointments are to be made at the Front Desk by the treating intern.
18. Interns may not switch rooms without asking the Clinic staff. No changes are to be made on the schedule/appointment book by an intern.
19. Interns should check the Bulletin Board daily for new announcements.

Promoting the Clinic

The more patients an intern treats, the more experience he/she will gain. Therefore, it is very important that interns actively recruit patients for treatment in the Clinic. Clinic brochures are available for distribution. Of course, quality treatments by the interns will certainly attract more patients. Please keep in mind that patients come to the Clinic to see particular interns for treatments, not the Clinic Supervisor. Therefore, it is the responsibility of the interns to recruit patients for treatment. Intern who recruits 20 patients or assign 20 treatment sessions per patient in a quarter will entitle an award at the end of the quarter for the outstanding performance of clinic patient recruitment.
Patient Follow-Up

1. Interns must be sure to reschedule continuing patients for their next visit. It is important that interns follow-up with the patients to insure that they are getting good and consistent treatment.

2. Ideally, patients are encouraged to have weekly treatments subject to available Clinic time. The treatment plan should be discussed with the Clinic Supervisor as well as the patient.

3. Sometimes patients fail to show up for their appointments. If a patient is a no show or cancels without rescheduling, the Clinic staff will call the patient, or instruct the treating intern to call the patient to determine the reason for absence or cancellation. This follow-up procedure is important to maintain consistency of treatment. Interns are required to communicate the Clinic cancellation policy with the patient.

4. Keep in mind that although the registered number of internship hours for the quarter may have been satisfied, and that the quarter breaks are usually for make-ups of deficiencies in the internship, interns are responsible for providing care to their patients for the whole duration of thirteen (13) weeks. Interns must inform the patients, Clinic Staff and Clinic Supervisors of the intended absence, and arrange for another intern to provide treatment for the patient, or reschedule the patient to a time when the original treating intern is available.

Inappropriate Patient Behavior

If a patient at any time during a treatment demonstrates behavior that is inappropriate, the intern should terminate the treatment, and immediately notify the assigned Clinic Supervisor or the Director of Clinics.
Chapter 7

Standards For Charting Patient Files

Because the patient’s chart is a medical record and a legal document, charting must be done in an accurate, concise and orderly manner.

Inadequate charting can result in improper treatment or poor documentation of treatment rendered, both of which leave the Clinic, Supervisor, and interns in a vulnerable position in the case of a legal investigation.

More importantly, the patient may receive inadequate or improper treatment and care through oversight or inconsistency.

Patient Chart Standards

1. All material should be charted in black or blue ink.
2. All entries must be legible.
3. Record all data, positive and negative, that contributes to your assessment.
4. Make sure entries cannot be interpreted more than one way.
5. Record all recommendations that you made, including diet, exercise, lifestyle modifications, and medical referral.
6. Never destroy or rewrite and replace a prior record.
7. If a notation must be corrected, draw a single line through the part that must be changed. Do not use white out. The corrected item must remain legible. Initial and date the change.
8. Quality of proper charting will be reflected in your final grade.

Intern Record Keeping

Each intern will be issued a student folder for each internship level. Folders are to be kept in the proper order as indicated below.

Patient Intake Form “SOAP”

Subjective: Pertinent complaints and past history elicited form the patient.
Objective: Current physical findings collected by intern/clinician.
Assessment: Analysis and synthesis of date collected; interpretation and evaluation of the problem with possible implications. This is a place for opinions, guesses, and “rule-outs”.
Plan: Therapeutic regimen and patient evaluation. This is a place where what was done and told to the patient regarding his/her health, recommendations, etc., are recorded. An outline of a program for further management should be included here.

Intern File Content

1. Time Cards
2. Learning Patient Files for OB Level Interns
3. Learning Activity Record for OB Pharmacy Interns
4. Treatment Protocol Assessment Forms for SP & IP Level Interns
5. Case Study Records for OB Level Interns
6. Case Presentation & Case Study Records for SP & IP Level Interns
7. HCFA Insurance Billings for OB Level Interns
8. Medical Reports for IP Interns
9. Extra Credit / Community Service Records
10. Student Record of Clinical Experience Form
11. Clinical Internship Record / Check List
12. Clinic Schedule Change Request Form, if applicable
13. Intern Request for Time Off Form, if applicable
Chapter 8

Treatment Room Clean Up Procedures

One intern from every treatment group is responsible for cleaning the treatment room after every patient treatment. In most cases, the OB level intern is designated clean-up person. However, keeping the treatment rooms clean is every intern's responsibility.

Clean up Procedures:
Discard used table paper, change dirty pillowcases, and spray/scrub down treatment table with disinfectant, alcohol, or hospital grade cleaner, if necessary.

Check and restock all supplies:
Dry cotton balls, Patient exam gowns, Pillow Cases, Table Paper, Gloves, Basin trays, Waste bowl, Candle, Soap, Tissue, Paper Towel, Pillows, Alcohol, Iodine solution, Massage oil

1.  Clean counter and all equipment on the tray.
2.  Wipe down sink and counter area and treatment table with hospital grade cleaner after every patient. The cleaner is available on the cart.
3.  All used towels must be removed from the treatment room and placed in the hampers of the decoction room.
4.  Return all clean towels to the front desk.
5.  Make sure that all heaters, fans, and lamps are turned off when not in use.
6.  At the end of every day, make sure the following is done:
   - The room is cleaned.
   - The patient's treatment table should be sanitized the hospital grade cleaner.
   - The holder for body support pillows is cleaned, and the count of pillows is correct.
   - All heater, fans, and lamps are turned off and unplugged.
   - All lights are turned off.
   - Check the floor for guide tubes and other trash (nothing should be on the floor).
   - Leave the door open after completion of check-up.

Note: Keeping a clean clinic is everyone's responsibility. If you pass a messy room, please clean it up.

At the beginning of the day, and at the end of the day, the Herbal Pharmacy Supervisor must make sure that the pharmacy interns and work-study students check the condition of the treatment rooms. The treatment room clean up procedures must be followed.
Chapter 9

Intern Objective and Role / Supervisor’s Role

OB Level

1. Intern Objective and Role
   a. OB Level interns observe clinical supervisor and SP & IP Level interns in clinical management, treatment protocol, and procedures in the Oriental Medical treatment of patients.
   b. OB Level interns practice to interview new patients, perform history taking, and physical exam.
   c. OB Level interns assist SP & IP Level interns in assessing patient's general condition, and measure patient's body weight, temperature, heart rate, respiratory rate, and taking patient's blood pressure.

2. Supervisor’s Role
   a. Supervisor provides the demonstration in diagnostic and treatment procedures with Eastern and Western measures.
   b. Supervisor discusses the patient's case and intern's findings with the interns.
   c. Supervisor makes sure that interns understanding the procedures of clinical management and patient treatment.

SP Level

1. Intern Objective and Role
   a. SP Level intern (in the absence of OB level interns) interviews new patient with supervision.
   b. SP Level intern (in the absence of OB level interns) takes Western and OM medical history of patients with supervision.
   c. SP Level intern (in the absence of OB level interns) performs complete patient's physical examination, including the Four Pillars of OM Diagnosis & OM Standard of Care with supervision.
   d. SP Level intern makes assessment, tentatively completes the Treatment Protocol Assessment Form, and relates this information to the Supervisor.
   e. SP Level intern tentatively formulates treatment plan and communicates information to Supervisor.
   f. SP Level intern secure approval from the Supervisor for patient's final diagnosis, treatment protocol, and herbal prescription prior to initiation of the treatment.
   g. SP Level intern treats patient under direct and close guidance of the Clinic Supervisor.

2. Supervisor’s Role
   a. Supervisor discusses the intern's findings with interns.
   b. Supervisor approves intern's final diagnosis, treatment protocol, and herbal prescription.
   c. Supervisor provides direct guidance to interns during patient treatment.
   d. Supervisor observes and supervises intern's complete patient treatment.

IP Level

1. Intern Objective and Role
   a. IP Level intern (in the absence of OB & SP level interns) interviews new patient independently.
   b. IP Level intern (in the absence of OB & SP level interns) takes Western and OM medical history of patients independently.
   c. IP Level intern (in the absence of OB & SP level interns) performs complete patient's physical examination, including the Four Pillars of OM Diagnosis & OM Standard of Care independently.
   d. IP Level intern makes assessment, completes Treatment Protocol Assessment Form, and relate this information to the Supervisor.
   e. IP Level intern formulates treatment plan and communicates information to Supervisor.
   f. IP Level intern secure approval from the Supervisor for patient's final diagnosis, treatment protocol, and herbal prescription prior to initiation of the treatment.
   g. IP Level intern treats patients independently.

2. Supervisor’s Role
   a. Supervisor discusses the intern's findings with interns.
   b. Supervisor approves intern's final diagnosis, treatment protocol, and herbal prescription.
   c. Supervisor remains in close proximity to the location at which the patient is being treated during the clinical instruction.
Chapter 10

Medical Record & Medical History

The medical record is a written document containing the following information:

- Patient's medical records
  - Findings from the physical exam and general condition
  - Reports of laboratory tests performed
  - Findings from special examinations
  - Findings from other consultations
  - Assessment / impressions
  - Notes on how the patient will be treated
  - Progress Notes

Purposes of the Medical Record

Medical purpose:
- To assist in making assessment / impression
- To assist in proper patient treatment
- To serve as a teaching / research record

Legal purpose:
- Documentation for insurance claims
- Legal proof in case of malpractice

Medical Record in SOAP Note Format:

S: SUBJECTIVE
Subjective complaints given by the patient (What patient tells you.)

O: OBJECTIVE
Objective information such as exam findings, labs, etc.
Obtained by the practitioner (Physical test, palpation)

A: ASSESSMENT
Assessment based on above information or initial history-diagnosis
(Tongue Dx, Pulse Dx, Range of Motion, Goniometer Reading, etc.)

P: PLAN
Plan of treatment (Acupuncture, Herbal Rx, Moxa, Cupping, Tuina, Ear seed, etc.)

The Medical History

It is an account of the events in the patient’s life that have relevance to his/her physical and mental health.
When taking the history, you are looking for:
- Symptoms
- Accurate descriptions
- Precise chronologies of events

The components of a Medical History

1. Identification and Vital statistics
   N: NAME; ADDRESS/AGE
   S: SEXO; OCCUPATION
   M: MARITAL STATUSsand birth date, birth place, nationality, race.

2. Chief Complaint – one or more symptoms that are presently causing major discomfort. These are usually written in the patient’s own words.

3. Present Illness – probably the most important part of the medical history. It should be written in a clear concise manner that accurately describes the patient’s present problem. It must be clear enough so that when another reads it, they understand exactly the problem with that patient.
Certain “pain” related questions should always be asked in reference to this section. They are as follows:

L: Location of pain
   Can you point to me where your pain is?

O: Origin of pain
   When did it begin? How did it happen? Have you had this before?

P: Palliative / provocative
   What makes the pain better? What makes the pain worse?

Q: Quality of pain
   Can you tell me the type of pain you have?
   Describe the pain (sharp, burning, aching, numbness, throbbing, stabbing, lightening-like)

R: Radiation
   Does the pain travel? Do you feel the pain anywhere else?
   Is it shooting down to your toes? To your fingers? Can you tell me exactly where?

S: Severity of pain
   Can you tell me how severe your pain is?
   On a scale of 0 to 10, rate your pain (10 being worst).

T: Timing
   Is the pain constant? Does it change with time of day? Worst in the AM? Worse in the PM? Is pain only at night? Is pain only with movement?

Ph: Phases
   Acute (<1 week in duration), sub-acute (>1 week but less than 4 weeks in duration), chronic (>4 weeks in duration).

In addition, ROM (range of motion), strength, and endurance should be documented and recorded.

4. Past Medical History (PMH):
   a) General history – patient health during his/her lifetime.
   b) Infectious diseases – what if any, the patient has had or to which the patient has been exposed.
   c) Operations and injuries – dates and natures of all operations and injuries. As well as any other treatments the patient has received (past and present).
   d) Previous hospitalizations – names, dates, and accounts of hospitalizations.
   e) Review of systems (ROS) – a careful review of each body system. (Cardiovascular, Gastrointestinal, Nervous Systems, etc.)

The following FAOMASH note format is recommended to be included in your SOAP note patient records.

F: FAMILY
   Did your father or mother ever have this kind of pain?
   How are your parents? Do they have any major illness?
   I’m sorry to hear that. How did they pass away?

A: ASSOCIATED SYMPTOM
   Do you think this pain causes any other pain? Do you have any associated pain?

O: OTHER SYMPTOMS
   Do you have any other pain? Or do you have any other problem?

M: MEDICATION
   Are you taking any medication? Did it help?

A: ALLERGY
   Do you have any allergies?

S: SURGERY
   Have you ever had surgeries?

H: HOSPITALIZATION
   Were you ever hospitalized?

5. Systems:
   a) EENT (Eye, Ear, Nose, Throat)
   b) GU (Genitalurinary)
   c) GI (Gastrointestinal)
   d) Lung
   e) Heart

6. Current Activities – work, home, and exercise

7. Social History (SH) – habits, drug use, and other medications.
Chapter 11

The Herbal Pharmacy

The Clinic has an extensive Herbal Pharmacy which includes over 350 raw herbs of the traditional Chinese pharmacopoeia, as well as approximately 200 ready-made herbal formulae from GMP certified manufacturers. The Herbal Pharmacy is designed to provide appropriate educational framework as part of herbal component for the internship curriculum.

Educational Goal and the Objective

The educational goal of pharmacy internship is to develop the intern's confidence and ability to apply academic knowledge of herbs, obtained from classes, into a clinical patient care setting, and manage of the herbal pharmacy through the learning experience.

Interns will acquire general knowledge of herbal pharmacy management, and demonstrate competency in the practical application and preparation of herbal prescription by training.

The specific objectives of herbal pharmacy internship are followings:
1. To know and follow herbal pharmacy rules and regulations
2. To perform pharmacy intern's responsibilities and roles
3. To become familiar with pharmacy standard operation and facilities
4. To become familiar with every type of herbal products and supplies
5. To identify and recognize herbs and herbal formulae correctly
6. To demonstrate competency in the filling and preparation of herbal prescription
7. To demonstrate competency in the application of suitable herbs or formulae to the corresponding clinical condition
8. To obtain the skills to communicate with patient in a professional manner and provide accurate information about herbs
9. To obtain the required knowledge how to manage inventory and maintain clinic hygiene

Rules and Regulations

1. OB 1 level interns must register and complete 40 hours of pharmacy internship.
2. The internship hours for herbal pharmacy are performed completely in the clinic pharmacy under supervision of pharmacy supervisor.
3. All pharmacy interns are required without exception to follow the Dress Code of SBU Clinic. Interns should maintain a clean and tidy appearance and any intern with long hair should tie his/her hair during the pharmacy shift. Please refer to Dress Code in chapter 4.
4. Only clinic supervisors, registered pharmacy interns for the shift, clinic staffs and work study students are allowed to stay in the pharmacy.
5. No food or drink allowed in prescription preparation zone of the pharmacy.
6. Herbs and herbal formulae, whether raw or prepared, are only sold to the Clinic patients with a prescription authorized by a clinic supervisor, never to the general public.
7. Pharmacy interns must perform designated pharmacy responsibilities and are not allowed to observe or treat patients in the treatment room during pharmacy shift.
8. Pharmacy interns are required to record their activities during the pharmacy shift in the Pharmacy Intern Learning Activity Record Form which includes all activities performed, prepared prescriptions, reviewed single herbs, discussed cases or formulae.
9. Interns must make up missed pharmacy shift by rescheduling with pharmacy supervisor (only documented absences allowed; refer to Chapter 5). The extra credit hours may not be applied towards Pharmacy shift.

Pharmacy Intern’s responsibilities and roles

1. Interns assist the Pharmacist in the preparation of herbal prescriptions prescribed by the Clinic Supervisors under supervision of pharmacy supervisor.
2. Interns consult and discuss patient's herbal prescription with the pharmacy supervisor or the clinic supervisors, and practice prescribing herbs for patients under supervision.
3. Interns are expected to become familiar with pharmacy standard operation, facilities, herbal products, prescription form, and all clinic supplies.
4. Interns are encouraged to become familiar with overall knowledge about single herbs and herbal formulae as well as
identification of herbs.

5. Interns are encouraged to become familiar with clinical usage and safety issues with herbs and herbal formulae such as caution, contraindications, dosage, combination technique, prohibited herbs, and drug interaction.

6. Interns are responsible for confirming the prescribing supervisor’s signature on the herbal prescription forms prior to the preparation.

7. Interns should wash their hands before and after preparing herbal prescriptions (or use hand sanitizer).

8. Interns should wear gloves and mask while filling or preparing the herbal prescription.

9. Interns are responsible for keeping the herbal pharmacy, especially prescription preparation zone, and decoction room clean and sanitary.

10. Interns who prepared the herbal prescription should record it on the daily prescription making log. The original copy of herbal prescription form is kept in the patient’s file, while a duplicated copy is kept in the pharmacy file.

11. Interns are responsible for explaining the instructions of herb cooking or herb intake to the patients in a professional manner. Written instruction form for herb cooking or taking is available at the pharmacy or front desk.

12. Interns are responsible for monitoring inventories and reporting to Pharmacy supervisor when stocks, which include raw herbs, herbal products and all clinic supplies, are running low. They need to record “running out items” or “prescribed herbs” in the log on a daily basis.

13. Interns are responsible for maintaining the clinic storage and shelving all supplies and herbs. Only permitted personnel may enter the clinic storage and the storage room should always be locked after use. The key for the storage room is placed on the wall in front of the pharmacy and should be returned to its original place right after use.

14. Interns are responsible for checking the condition of the treatment rooms at the beginning and end of the shift to make sure that the treatment rooms are well stocked and properly cleaned for the next shift. Please refer to Chapter 8 for Treatment Room Clean-up Procedures and following check up list.

**Room Check-Up List**

Pharmacy interns carry out this procedure at the beginning and end of the shift. Interns should wear gloves and mask while conducting room check-up.

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| 1 | Trays (3): on the clean field. Sanitize the surface of the clean field and the trays with hospital grade antiseptic solution.  
- Flat rectangular tray (replace new paper towel on the tray)  
- Kidney basin  
- Waste round bowl |
| 2 | Refill: if it is low  
- Alcohol dispenser: always as full  
- Latex exam gloves (L, M, S): enough counts for two day’s treatment  
- Cotton balls: take out old cotton balls first, place new one to the bottom and then old one is replaced on the top. Container should be full all the time. |
| 3 | Refill: if it is empty. Do not refill when old solution remains.  
- Massage oil bottle(up to half only)  
- Iodine bottle |
| 4 | Pillows (6): check correct counts  
- Big leg roll (1), Triangular knee rest(1)  
- Small neck roll (1 leather, 1 fabric)  
- Face/neck cushions w/ Velcro (2)  
- Big pillow on the patient’s table |
| 5 | Exam gowns (place at least 5): new one should be placed into bottom |
| 6 | Pillow cases (place at least 5): new one should be placed into bottom |
| 7 | Exam table paper: roll; table cover(at least 1 new roll) |
| 8 | Replace: if ¾ full. New one is placed in the storage.  
- Sharps container (Contain needles and lancets only. Check for any needles around the area)  
- Bio-hazard medical waste bag (only blood-contaminated materials) |
| 9 | Decoction room: Should always be kept clean and sanitary  
- Refill hot pack heater with water.  
- Clean the herbs preparation zone around sink.  
- Wash used cupping cups with the detergent and sponge; replace disinfectant solution (pink) in the basin (Used cupping cup should be soaked in the solution at least more than two hours before cleaning). |
| 10 | End of day (closing shift) in addition to cleaning  
- Unplug the heat lamp(s), turn off all the light.  
- Turn off the fan(s) in the moxa room (Room 17, 19, 316)  
- Sanitize the patient’s treatment table with hospital grade cleaner. |
Preparation of Herbal Prescriptions

Raw Herbs

1. Raw herbs are placed in the herbal cabinets or refrigerator lining the walls of herbal pharmacy. All the herbs are kept in the tightly closed Ziploc bags or containers. The drawers of the herbal cabinets are arranged by alphabetical order of Pin Yin name. They are labeled with Pin Yin, pharmacological name and Chinese character.

2. Interns are required to wear gloves and mask when they are preparing herbal prescriptions of raw herbs.

3. The first step is to find and open the drawers of all the prescribed herbs. Then, each herb is accurately weighed with the herb scale, properly processed (as needed), gathered and placed in the appropriate package. Before packaging, double check if all the ingredients of the prescription are collected.

4. Herbal prescriptions of raw herbs are to be packaged individually in small filter bags or in the white wrapping papers located in the drawers under the central workstation.

5. The bags or packages, along with cooking instructions, are then placed in a SBU Clinic plastic bag properly labeled with patient’s name, date of herbal prescription, supervisor’s name, and taking instructions (The dried raw herb cooking instruction sheet is available at the pharmacy and the front desk).

Decoction

1. Follow the steps 2 and 3 as outlined for Preparation of Raw Herbs. The collection of raw herbs is placed in a big container located in the decoction room.

2. The collected herbs should be thoroughly washed to remove impurities and chemical application under running water in the sink of decoction room. Allow the herbs to soak for a while so that the active ingredients are effectively extracted during the cooking.

3. The cleaned herbs are inserted into the clean herbal decoction bag and then placed in the cleaned pressurized/non-pressurized herbal decoction machine.

4. Appropriate amount of water is added and the proper decoction time is adjusted depends on which type of herbal prescription (Refer to the instruction attached on the wall in the decoction room for estimation of water quantity).

5. To make optimal quality of decoction, precisely follow the operating instruction of the decoction machine. The separate manuals for pressurized or non-pressurized herbal decoction machine are posted on the wall in the decoction room.

6. It is especially important to maintain decoction pressure under 1.0 kgf/cm² to insure optimal quality of the herbs. It should not be exceeded over 2.0 kgf/cm² labeled as red on the pressure gauge.

7. Upon completion of cooking, the herbal liquid is automatically transferred to the package machine and packaged in individual plastic packs.

8. The plastic packs are then placed in a SBU Clinic decoction box properly labeled with patient’s name, date of service, supervisor’s name, and taking instructions.

Ready-Made Herbal Products; Capsules, Pills & Granules

1. Single herb or herbal formulae capsules/pills/ granules are kept in the glass cabinets. All products are organized by numerical or alphabetical order.

2. Interns are required to wear gloves when preparing herbal prescriptions in capsules/pills/granules. All prescriptions should be prepared on the clean field.

3. The accurate count of capsules/pills of each formula is placed on the capsule/pill preparation tray, (granules should be measured with the measuring spoon), and then into individual small paper packages or labeled bottles according to the prescribed herbal formulation.

4. The paper packages are sealed with the sealing machine and then are placed in a SBU paper envelope, properly labeled with patient’s name, date of service, supervisor’s name, and taking instructions.

5. The prepared bottles of prescription are provided along with the label including patient’s name, and taking instruction. SBU Clinic plastic bag is offered upon patient’s request or when the bottle count is over three.

6. Interns must make sure to check if the prescriptions are correctly prepared before providing to the patients.
Chapter 12

It is the responsibility of interns, observers, Clinic Supervisors to follow the California Blood Borne Pathogens Exposure Control Plans and SBU Clinic Clean Needle Technique Policy at all times for the protection of themselves, their fellow workers, their families, and their patients.

Protection Techniques to Blood Borne Pathogens

1. Hand Washing
   a. Frequent hand washing is an important safety precaution, which should be practiced before and after contact with patients.
   b. Practitioners should wash their hands immediately with soap and water after critical instances such as contact with blood or a break in the clean field between or during treatments.
   c. Hands must be washed between every patient contact or
      1) Before and after needling a patient.
      2) Before and after removing needles.
      3) Before and after preparation of herbal prescriptions.
      4) After cleaning the treatment room
      5) After removing gloves and lab coat.
      6) Whenever there is visible contamination of blood or body fluids.
      7) Before leaving the Clinic
      8) Before food intake.
      9) Before any activity that entails hand contact with mucous membranes, eyes, or breaks in the skin.
      10) Wash hands with soap for at least ten (10) seconds, and rinse under running water.

If hand washing facilities are not in the immediate area, wash hands with an alcohol-based or germicidal hand rub immediately prior to performing any acupuncture.

2. Barrier Protection
   a. Gloves
      1) Latex or vinyl gloves provide adequate barrier protection, and are intended to cover defects in the skin of the hands.
      2) Gloves should be worn whenever there is likelihood that blood or other potentially infectious materials will be contacted, such as removing needles.
      3) Examine gloves for visible defect prior to starting a procedure. If the gloves become visibly contaminated with blood or body fluids, or if physical damage occurs, dispose and change frequently.
      4) Dispose gloves after physical examination or patient treatment.
      5) Remove gloves without contaminating hands by removing the first glove, and then slide the ungloved fingers inside the second glove to remove the glove. Discard immediately.
      6) Gloves are optional when performing acupuncture. Some may choose to wear one glove on the hand that holds the cotton ball to close the point when removing needles.
      7) Gloves must be worn when handling biohazard material and contaminated items.
      8) Gloves must be worn when there are open cuts on the hand.
      9) Gloves must be worn when treating patient with open cuts, HBV, HIV patients.
     10) Gloves must be worn when examining or performing acupuncture around mucous membranes of the patient.
     11) Gloves should be worn when there is a biohazardous spill such as significant bleeding from an auricular acupuncture point.

   b. Mask
      1) Masks are available at the Front Desk.
      2) Masks must be worn for respiratory infection during patient treatment.
      3) Masks must be worn when patient has persistent cough.

   c. Occlusive Dressing
      1) Water impermeable dressing must be used to cover open cuts/wounds on the skin.

   d. Lab Coat
      1) Lab coats should be worn at all times when examining and treating patients.
      2) Lab coats worn in the Clinic should not be worn outside of the Clinic.
3. Treatment Room Clean-Up
   a. Gloves and Masks must be worn when cleaning the treatment room. Disinfect treatment tables and treatment chairs between every patient visit using an EPA-approved hospital-grade disinfectant solution.
   b. Metal trays, bowls, lids, and glass jars should be wiped down daily to prevent contamination.

4. Cupping Cups Clean-Up
   a. Cups and guasha devices that are used exclusively on intact skin must be cleaned with soap and water, then disinfected with a commercial FDA-approved intermediate-level disinfectant solution between uses.
   b. Any tools used after the skin is broken via acupuncture/lancet/plum blossom, and those used on skin with lesions or other breaks must be single-use.
   c. Only plastic cupping cups must be single-use for the purpose of bleeding technique. Plastic cups contaminated with blood should be disposed in the biohazard waste bag (Educational purpose only).

**Clean Needle Technique (According to CNT Handbook)**

Basic Principles of Clean Needle Technique

1. Sterile needles
2. Clean hands
3. Clean field
4. Immediate isolation of needles

During Acupuncture Procedure

1. Make sure work surface is clean. Wipe with bleach solution and let dry.
2. Wash hands for ten (10) seconds with soap and rinse with running water. (Hands must be washed between every patient contact, or before and after treating a patient.)
3. Lay out clean field (paper toweling).
4. Place disposable needles still unopened on this surface.
5. Biohazard boxes or trash should not be placed on the clean field.
6. Half open the needle packages so that the needles remain in the packaging.
7. After locating the points on the patient’s body, clean the area thoroughly with 70% alcohol swab. Use rotary motion spiraling outward. Wait for the alcohol to dry.
8. The needle shaft must be maintained in sterile state prior to insertion.
9. When needling the patient, a sterile cotton ball or swab should be used to support the needle if additional support is needed.
10. The used alcohol swab, needle tubes, and needle packages are to be placed in the metal bowl (labeled used cotton ball container), and then discarded in the trash.
11. At any point that the hands become compromised, they must be washed again.
12. After inserting the needles, wash the hands again.
13. When returning to remove needles, wash the hands again before beginning the task.
14. When withdrawing the needles, use a dry cotton ball, not bare fingers, to press the acupuncture points to prevent bleeding. The used dry cotton ball should be placed in the trash.
15. Immediately isolate the used needles in the biohazard sharps container. It is illegal to place any used needles anywhere outside the sharps container. Nothing else in the sharps container except the used needles.
16. Wash your hands after completion of the acupuncture procedure.
Prevention to Hepatitis B Infection

Hepatitis B Vaccination
People with potential exposure to blood or other potentially infectious materials are at risk of acquiring Hepatitis B virus (HBV) infection. At South Baylo University Clinic, interns and observers working with needles do incur this risk. Therefore, according to western medical standards, it is highly recommended for protection that students and clinical supervisors be vaccinated with the hepatitis B vaccine. According to CDC 2019 recommended Hepatitis B vaccination for adult requires 2 or 3 dose series depending on vaccine. The schedule for 2 dose series requires at least 4 weeks apart between first and second vaccination and for 3 dose series with the schedule 0, 1 and 6. The first and second vaccination is 4 weeks apart and 6 months interval between the 2nd and 3rd vaccination. It is now required, with all new HBV vaccines, to do a follow-up HBsAb test 1-2 months after vaccine series to make sure that the vaccination is complete to provide adequate protection.

Needlestick Emergency

Needlestick injuries are a significant concern due to the potential of contracting diseases such as hepatitis B, C and HIV. If you are working as a clinic supervisor, intern or observer and are exposed to blood or body fluids by a needlestick or cut or you are splashed on the face, immediately do the following steps:

1. Wash the affected area thoroughly with soap and water or waterless cleanser or antiseptic if water is unavailable.
2. Apply first aid to the injured area such as waterproof dressing as necessary, and put pressure through the dressing if bleeding is still occurring. Do not squeeze or rub the injury site.
3. If it is an eye splash incident, rinse the eye(s) gently but thoroughly (remove contact lens if any) for at least 30 seconds to 15 minutes with water or normal saline.
4. Notify the clinic supervisor ASAP
5. Immediately seek medical treatment

Post-Exposure Evaluation and Follow up

Complete the “Incident Report” immediately (available at clinic reception) and submit it to the clinic receptionist who then give it to the Clinic or Campus Director ASAP, no later then 24 hours from the incident onset.

Following a report of an exposure incident, the exposed South Baylo University Clinic student or clinical supervisor will contact his/her physician within 24 hours and go for a medical evaluation and follow-up, including at least the following elements:

1. Date and time of exposure.
2. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
3. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
4. If the exposed individual or his/her physician deem it necessary, the source individual’s blood may be tested as soon as feasible and after consent is obtained in order to determine HBsAg, HCV and HIV antibodies.
5. If consent is not obtained, the Clinic Director must establish that legally required consent cannot be obtained.
6. If the source individual is NOT infected with a blood borne pathogen, further follow-up testing of the exposed individual is not necessary.
7. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual’s known HBV, HCV or HIV status need not be repeated.
8. The healthcare professional or testing site must make the results of the source individual’s testing available to the exposed South Baylo University Clinic student or clinical supervisor, and inform the South Baylo University Clinic student or clinical supervisor of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following: The exposed South Baylo University Clinic student’s or clinical supervisor's blood must be collected as soon as feasible and tested after consent is obtained (preferably within 12 hours of exposure with follow-up testing as recommended by the exposed student’s doctor).
Post-Exposure Evaluation Guideline

Post exposure evaluation should be handled as follows:

1. All South Baylo University Clinic students and clinical supervisors who incur an exposure incident will be offered post-exposure evaluation and follow-up at their own expense.

2. All post-exposure follow-up will be performed by a physician or testing site of the South Baylo University Clinic student’s or clinical supervisor’s choice.

Information Provided to the Post-Exposure Follow-up Healthcare Professional

The Clinic Director will ensure that the healthcare professional responsible for the South Baylo University Clinic student or supervisor’s HBV post-exposure care is provided with the following:

1. A copy of the exposed person’s SouthBaylo Acupuncture Clinic Blood-borne Pathogen Control Plan.

2. A written description of the exposed South Baylo University Clinic student’s duties as they relate to the exposure incident—Evaluation of Exposure Event Form.

3. Written documentation of the route of exposure and circumstances under which exposure occurred on an Incident Report/Formal Complaint Form.

Healthcare Professional’s Written Opinion

The Clinic Director and the healthcare professional will assure that the South Baylo University Clinic student or supervisor is provided with a copy of the evaluating healthcare professional’s written opinion within 15 days of the completion of the evaluation. Note: All other findings or diagnosis will remain confidential and will not be included in the written report.

South Baylo University is not responsible for self needlestick. Students, supervisors and clinic staff are financially responsible for all their own medical expenses in this regard.

Prevention Needlestick Injury

Although exposure to bloodborne pathogens poses a high risk for infections. Administration of pre-exposure vaccination or post-exposure prophylaxis to health care workers can dramatically reduce these risk. Preventing the needlestick injury is the best approach to preventing these diseases, as follow:

1. Ensure the interns are properly trained in the safe use and disposal of needle

2. Promote safety awareness in the work environment

3. Use devices with safety feature

4. Plan for safe handling and disposal before any procedure using needles

5. Dispose of used needles promptly in appropriate sharp disposal container

6. Report about the hazards from needle container which is about full of needles or with no protection feature.

7. Participate in bloodborne pathogen training and follow recommended infection prevention practices including Hep. B vaccination.

8. Provides current scientific information about the risk of needlestick injury and the transmission of blood borne pathogens to health care providers.

Clinic Medical Emergency Management Guidelines

The objective of clinical intensive training is to provide interns with the clinical practice by applying theoretical knowledge gained in the didactic courses to a wide variety of clinical situation including the common medical emergency management as follow:
Introduction

A medical emergency: Sudden onset of a medical condition with acute symptoms of sufficient severity (including severe pain) that requires immediate medical attention for preventing the patient’s health in serious jeopardy, serious impairment to bodily function, or serious dysfunction of any bodily organ or part.

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<tr>
<th>RECOGNITION</th>
<th>IMPRESSION</th>
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<tr>
<td>Assessment of signs &amp; symptoms</td>
<td>Diagnosis or most likely condition</td>
<td>Treatment of patient</td>
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Patient Assessment

Four methods of assessment:

I. Patient Examination
II. Primary Survey
III. Secondary Survey
IV. Reporting method

Patient Examination

- **Inspection**
  - Observing the patient’s condition:
    - Mental state, e.g. conscious / semiconscious / unconscious
    - General condition, e.g. pale, diaphoretic, anxious or in pain
    - Any obvious abnormal signs, e.g. respiratory distress or shock

- **Interrogation**
  - Asking direct medical information, e.g. what is happen, any breathing difficulty, chest pain or abdominal pain, anything to eat, any medication/alлерgic reactions, dizziness or vertigo, etc.

- **Palpation**
  - Determine general skin condition, e.g. temp. moisture
  - Check capillary refilling by compressing fingernail
  - Use gentle but firm pressure starting at area distant from the reported pain and moving slowly toward the painful area.

- **Auscultation**
  - Listening the various parts of the trunk for recognizing abnormal breathing and heart sound or bone fracture (crepitation sound)

Primary Survey

The rapid assessment, management and reassessment of a patient’s ABCs: Airway, Breathing and Circulation.

- **Airway:** Check for air movement or chest movement, Check head tilt and neck or chin lift, Check signs of partial obstruction, fluids, excess salivation. Look for inspiration retractions at supraclavicular and intercostal space, diaphragmatic movement only without airflow. → sign of complete obstruction.

- **Breathing:** If no breathing, resuscitate mouth to mouth/ mouth to mask, Depth of respiration? shallow or deep, Gasp ing respiration? Sign of respiratory distress, Check rate of breathing: Below 10/m, should be assisted.

- **Circulation:** Check the carotid pulse, if none, do CPR, Check pulse rate if < 55 or > 180/m, Check for sign of inadequate perfusion, e.g. Hypotension, Check if the heart rate irregular?

Secondary Survey & Reporting Method

SECONDARY SURVEY

Involving the systematic review from head to toe for providing additional and specific information about the patient condition.

REPORTING METHOD

Documenting in simple but professional method on the emergency case report, using the most widely accepted format: S O A P

- S = symptoms
- O = objective findings (sign)
- A = Assessment
- P = plan of treatment/management

Emergency Cases

- **FAINTING = syncope = pass out due to needling**
- **FAINTING due to cupping**
- **PNEUMOTHORAX**
- **HYPOGLYCEMIA EPISODE**
- **NEEDLE STUCK**
- **NEEDLE BROKEN**
- **BURNS**
Fainting : pass out due to needling

**Definition**
Temporary loss of consciousness or posture that is followed by spontaneous recovery, minutes to hours.

**Incidence**
The most common adverse effect in the clinic.

**Causes**
- Nervousness, Uncomfortable position, Weakness / tiredness, Too high the ambient temperature, Strong stimulation, Poor ventilation, Too hungry.

**Clinical features**
- Panicky shortly after needling
- SOB, Cold sweat, Dizziness, Blurred vision, Nausea / vomiting

**Physical Examination**
- Pale complexion, Thin, weak rapid pulse, Cold extremities, Decrease BP, Urine or fecal incontinence, unconsciousness

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**The clinical management**

- Do Not panic → Calm down !!!
- Immediately remove the needles
- Put patient in supine position or slightly trendelenberg position, if patient vomits put patient in left lateral position
- Check BP → within normal range (usually in 5 to 10 minutes → NBP )
- If BP dropped very low and unconscious, make loose the tight short and pant and elevate the legs or make patient in trendelenberg position.
- Provide oxygenation
- Close monitoring vital signs (BP, HR, RR) → improving indicates expected well recovery. If not improving but worsening, call emergency rescue (911) while waiting firstly acupressor or needling at acupoint such as GV 26, LU 11, Pc 9, Pc 6, St 36 or Kd 1.

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Fainting due to cupping

**Incidence**
Not as common as fainting due to needling

**Clinical Management**
- Remove the cupping
- Put patient in supine position
- Check / monitor BP
- After restoring the consciousness, give some drink
- Observe the patient within 5 to 15 minutes.

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PNEUMOTHORAX

**Incidence**
Commonly seen and serious adverse reaction.

**Causes**
Lack of knowledge in anatomy, Incorrect angle of needling, Carelessness

**Vulnerable areas**
- On the back : Above T 10
- On the lateral chest : Above the 9th Rib
- On the ant. Chest : Above 7th Rib (within clavicle and sternal areas)

**Clinical features**
Fluster, sweaty, dropped BP, Chest pain, SOB, cyanosis, unconscious.

**Risky acupoints**
- UB 11 to UB 17; UB 41 to 47
- SI 9, SI 12, SI 13, SI 14, SI 15
- GB 21, GB 22, GB 23, GB 24
- ST 12, ST 18/ LU 1 , LU 2/ SP 21
- LV 14/ KD 22, KD 27

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The clinical management

- Take off the needle and pressing the acupoint for about 10 minutes and have close observation.
- Minor pneumothorax → observation (will be recovered)
- Serious pneumothorax → need emergency medical service.

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HYPOGLYCEMIAEPISODE

**Definition**
Blood sugar level 60 mg /ml or < Low blood sugar is one of the common side effect of diabetic medication including oral anti diabetic agents or insulin therapy.

**Other factors**
- Not eaten enough food, Too much exercise, Some acupoints needling

**Risk**
Brain is the most quickly affected organ therefore delay treatment of hypoglycemia can cause brain damage.

**Common symptoms**
- Headache, Confusion, Dizziness, Disorientation, Weakness, Lack of coordination, Hunger, Irritability or hostility

**Signs**
- Drooling, pale, cool, moist skin, full and rapid pulse, normal BP & RR & shallow, seizure at late stage
HYPOGLYCEMIA EPISODE

**Definition**
Blood sugar level 60 mg/dl or <. Low blood sugar is one of the common side effect of diabetic medication including oral anti diabetic agents or insulin therapy.

**Other factors**
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Headache, Confusion, Dizziness, Disorientation, Weakness, Lack of coordination, Hunger, Irritability or hostility

**Signs**
Drooling, pale, cool, moist skin, full and rapid pulse, normal BP & RR & shallow, seizure at late stage

BROKEN NEEDLE

**INCIDENCE:** Uncommon but can be happened due to defective needle quality. Witt et. al. Reports 2 broken needles out of 229, 230 patient treated.

A broken needle may occur if:
1. There are cracks or erosions on the shaft of the needle, especially at the junction with the handle.
2. The quality of the needle is poor.
3. The patient has changed position to too great an extent.
4. Strong spasm of the muscle
5. Excessive force is used in manipulating the needle.
6. The needle has been struck by an external force.
7. A bent needle has been rigidly withdrawn.

NEEDLE STUCK

**THE INCIDENCE:** More common if a patient moves after the needle insertion.

The needle stuck occurs:
1. When the needle stimulation after insertion is manipulated excessively or
2. Twirling of needle in a single direction or
3. The needle is inserted into the muscle layer

**THE CONSEQUENCES:**
1. Muscle injury
2. Painful, swollen and bruises

NEEDLE STUCK

**THE MANAGEMENT:**
1. Reassure the patient to relax the muscles
2. Massage or lightly tap the skin around the point after which the needle more easily be removed.
3. If the needle is still difficult to withdraw, ask the patient to lie calmly for a few minutes or performed another needle insertion nearby so as to relax the muscles in the area of the stuck needle.
4. If the needle is entangled in fibrous tissue, turn it in the opposite direction form the initial needle stimulation, twirling until it becomes loosed, then withdraw the needle.

BURNS

**INCIDENCE:** Any heat therapy with moxibustion or heating lamp or cupping, one of the side effects is burns.

Should be remembered that each person has a different tolerance to heat. It is important to be especially careful with persons who have conditions with:

1. Nerve injury or neuropathy or paralysis
2. Diabetes mellitus
3. Elderly people

**CONSEQUENCES:**
The primary concern is infection

**THE MANAGEMENT:**
1. If burn is a very small mild degree, current practice is to run cold water over the burn (never ice) for 15 minutes or longer then apply sterile gauze secured to the skin with medical tape. Burn creams or aloe vera gel may also be used.
2. If a burn is severe with a concern of infection, Refers the patient to a physician.
General Principles

PREVENTIVE MEASURES
• Avoid needling someone who is drunk for it can cause disorder of qi
• Avoid needling a person who is greatly anger for it can cause counter flow of qi (the Su Wen Ci Jin Lun's advice)
• Avoid needling a person who is; extremely exhausted / very hungry / very thirsty / greatly frightened
• Just eaten and is seated

STEPS OF PREVENTIVE ACTIONS
• Friendly and reasonably consultation approach
• Put patient in a comfortable position
• Select fewer points and milder stimulation
• Short needle retaining time (10 – 15 minutes)
• Observe the patients’ expression at all times, mainly for new or nervous patients

Incident Report

In case of emergency, remove needles immediately and report to your supervisor. If you left a needle on your patient body or patient fainted, written incident report is required from all supervisor and interns in that room. All incident needs to be reported to the clinic director.

WITH GOOD CARE, PATIENTS WILL BE HAPPY WITH THE TREATMENT
WITH RIGHT EMERGENCY CASE MANAGEMENT, PATIENTS WILL BE SAFE AND SOUND

Evacuation Emergency

Evacuation Guideline for Clinic
In case of emergency such as Earthquake and Fire
• DO NOT USE THE ELEVATORS
• DO NOT RUN
• Receptionist will broadcast Evacuation Alert via microphone.
• Follow the instruction of supervisors.

Evacuation Procedure

1. Pull fire alarm trigger.
2. Let the receptionist alert patients, interns and supervisors through microphone.
3. Interns who attending to treatment:
   • Should stop treatment at first, take out needles immediately and help patient get dressed, then accompany with the patients out of the building.
   • If you are doing moxa, make sure there is no lightened moxa and candle light when you are leaving the room.
   • If you are doing cupping, make sure you place the cups in a safe place that would not fall and the broken pieces would become a hazard to the patient who is bare foot.
4. Interns who not attending to treatment should evacuate via nearest exit.
5. Supervisors and staff lead patients and interns to stairway to escape.
   • Guide Patients and Interns in Lobby area to the stairs.
   • Check Pharmacy, Decoction Room, and Intern Room.
   • Check for and assist all/any people with disability.
   • Bring Patient / Intern schedule of the day when evacuating.
   • Supervisors in room 1 lead patients and interns in treatment room 2,4,6.
   • Supervisors in room 3 lead patients and interns in treatment room 8,10,12.
   • Supervisors in room 5 lead patients and interns in treatment room 14,16,18.
   • Supervisors in room 7 lead patients and interns through main gate to stairway where elevators are.
   • Supervisors in room 5 and 7 lead patients and interns through side door to stairway end of hall way.
6. Clinic Director:
   • Check all treatment rooms and supervisor offices.
   • Once rooms are cleared, proceed to the nearest exit.
7. Upon evacuation, staff should take responsibility for those present patients and interns.
Chapter 13

Disciplinary Policies and Procedures

Disciplinary procedures may become necessary for the following reason:

1. Non-compliance with academic requirements – including insufficient number of treatments or pathologies, insufficient case presentations and case studies, late submittal of case presentations and case studies, failure of phase exams, and failure to complete registered internship hours.

2. Unprofessional behavior – including fraud (falsifying records), chronic tardy/absence, refusal to adhere to dress code, canceling patient’s appointments, negligence, refusal to see patients, not applying common courtesy to faculty, patients, or other interns.

3. Impaired behavior – including substance abuse, emotional/psychological disturbance.

4. Incompetence – failure to demonstrate knowledge / skills required to perform Oriental Medical treatment.

Non-Compliance With Academic Requirements

Non-compliance with academic requirements includes, but is not limited to the following:

1. Insufficient number of treatments or pathologies.

2. Insufficient case presentations and case studies.

3. Late submittal of case presentations and case studies.

4. Failure of phase exams.

5. Failure to complete registered internship hours.

Unprofessional Behavior

Unprofessional behavior includes, but is not limited to, the following: fraud (falsifying records), chronic tardy/absence, refusal to adhere to dress code, canceling patient appointments, negligence, refusal to see patients, not applying professional or common courtesy to faculty, patients, and other interns. Certain behaviors are more serious violations of ethical and legal codes (e.g. fraud) and may result in immediate suspension from the Clinic. In the case of less serious violations, the following procedure will apply:

1. Intern receives a documented verbal warning of unprofessional behavior, which is then documented by the Primary Supervisor in the intern’s progress report. The intern is expected to come into compliance with acceptable codes of behavior within one (1) week.

2. If the intern fails to come into compliance, the Primary Supervisor will issue a letter of warning. The Director of Clinics must approve the letter prior to mailing. The letter is sent to the intern’s home address. A copy is placed in the student’s clinic folder. Copies are issued to: Academic Dean, School Administrator, and Student Record for placement in the student’s administrative folder. The letter will inform intern that he/she has one (1) week in which to come into compliance with clinic requirements. Lastly, the intern will be informed that he/she will be placed on clinic probation at the end of this 1-week period if he/she fails to come into compliance.

3. If the intern fails to come into compliance with the terms of the letter of warning, the Director of Clinics will issue a letter of probation to the intern. Copies of the letter will be issued as outlined above. Terms of satisfactory progress are reiterated, and the intern will have one (1) week to come into compliance. The four-week period will consist of weekly reviews by the Primary Supervisor.

4. If the intern fails to come into compliance with the terms of the letter of probation, the Director of Clinics and Academic Dean will issue a letter of suspension. Copies of the letter will be issued as outlined above. The intern must appear before a South Baylo University Judiciary Committee, who will render a decision on the intern’s continued enrollment.

Impaired Behavior

Impaired behavior includes, but is not limited to the following: substance abuse, emotional/psychological disturbance. Practicing while impaired is a serious violation of ethical and legal codes, and will result in immediate suspension from Clinic. The intern must undergo a psychological evaluation or drug testing at his/her expense before being reinstated in the Clinic. Clinic reinstatement will depend upon evaluation outcomes and intern participation in a recommended treatment plan. If necessary, referral sources for evaluation will be provided.
Incompetence

Incompetence is defined as the failure to demonstrate knowledge / skills required to perform Oriental Medical treatment, and/or related tasks. If incompetence is evident, the intern will be required to render a full Oriental Medical treatment under supervision of a designated Clinic Supervisor. The Supervisor will evaluate the intern’s performance and submit the results to the Director of Clinics.

A remediation plan will be formulated based upon the Supervisor’s evaluation. This plan may include but would not necessarily be limited to more intensive supervision while in the Clinic, or the re-taking of technique and/or didactic courses as indicated.

In cases of gross incompetence, the student will be suspended from the Clinic and will not be re-admitted until he/she demonstrates acceptable levels of performance.

Right To Appeal

The intern will be informed of his/her right to appeal of the above action to the South Baylo University Grievance Committee. Grievance procedures are outlined in the school catalogues and the Student Handbook.

All Clinic Supervisors/Staffs/Interns must be familiar with and adhere to the SBU Policies and Regulations. For proper day to day operations in the Clinic, emphasis is placed on the 7000 series of the SBU Policies and Regulations. A copy of SBU Policies and Regulations manual is located in the office of the Director of Clinics, Intern Lounge and SBU Library.
Chapter 14

Ethics

- Ethics is the branch of philosophy dealing with the rules of right conduct.
- Ethics is a system of moral values.
- Ethics refers to principles that define behavior as right, good and proper.
- Ethics is concerned with how a moral person should behave.
- Ethical principles are the rules of conduct that derive from ethical values.
- Ethics and values are not used interchangeably. Ethics is concerned with how a moral person should behave; Values are the inner judgments that determine how a person actually behaves.
- Ethics are about what is right and wrong based on religious belief, cultural roots, family background, personal experiences, laws, organizational values, professional norms and political habits.
- Ethics should be based on trustworthiness, respect, responsibility, fairness, caring, and citizenship – personal and professional beliefs vary over time, among cultures and among members of the same society.
- Ethics must be the respect for others, honoring the dignity and autonomy of each person.
- Ethics is about putting principles into action.

ETHICS – What is Ethics?

Ethics refers to the principals that define behavior as right, good, and proper.

Ethical decision – making requires more that a belief in the importance of Ethics. It also requires ethical sensitivity to implications of choices, the ability to evaluate complex, ambiguous or incomplete facts, and the skills to implement ethical decisions effectively.

It involves six important characteristics:
- Trustworthiness
- Respect
- Responsibility
- Fairness
- Caring
- Citizenship

TRUSTWORTHINESS: Honesty, integrity, reliability, and loyalty. Honesty is fundamental; honesty in communication and honesty in conduct. Integrity is the person acting and making decisions according to their beliefs not what is expected. Reliability is where others can depend on your promise keeping. Loyalty is the keeping of information confidential and making decisions based on what is best for the patient.

RESPECT: Every patient has the right to be treated with dignity. This is where the Golden Rule applies, “Do unto others as you would like others to do unto you”.

RESPONSIBILITY: This means being accountable for what we do and who we are. We are in charge of our choices.

FAIRNESS: This involves issues of quality, impartiality, proportionality, openness, and due process.

CARING: This is about good relations with all people.

CITIZENSHIP: This is civic virtues and duties that prescribe how we ought to behave as part of the larger community.

Steps to decision-making:
- Stop and think
- Clarify the goals
- Determine the facts
- Develop the options
- Consider the consequences
- Choose
- Monitor and modify

GOOD DECISIONS ARE BOTH ETHICAL AND EFFECTIVE!
An Ethical Oriental Medicine Provider will:

- Deliver treatment to his or her patients with compassion, understanding, hope, assurance, and reinforcement.
- Provide an explanation of the benefits and procedures of the care to be delivered.
- Practice good touch and tell procedures.
- Present to the patient a program of preplanned visits.
- Present a Report of Findings.
- Present an oral or written Report of Findings which includes a schedule or visits, recommendations for home care, care classes, treat enhancement, products that support the care and prescriptions of herbal therapy.
- Give to the patient a detailed sheet of directions and explanation of dos and don'ts for health care tailored for needs of each patient.
- Conduct re-evaluation visits, which include a re-exam and Report of Findings.
- Study to raise their own level of competency in weak areas of treatment.
- Release patients in a timely manner.
- Schedule and remind patients of their next visit.
- Help patients get a second opinion when the diagnosis is unclear or necessary.
- Maintain a reactivation or maintenance schedule program.
- Schedule appointment times to insure proper care.
- Have the patient gowns in good repair.
- Keep the office clean and neat.

Code of Ethics for Licensed Acupuncturists

The Code of Ethics establishes the protocol of ethical standards for the Acupuncturists as they endeavor to pursue excellence in their individual practices and throughout the entire profession.

- An Acupuncturist is educated and trained to provide Acupuncture care and should only perform those services within the scopes of practice of the profession.
- Acupuncture services must be provided with compassion, respect for human dignity, honesty, and integrity.
- The Acupuncturist must act at all time so as to ensure that the best interest of the patient is served. An Acupuncturist clinical judgment and practice must not be affected by economic interest in professionally related commercial enterprises.
- The Acupuncturist must maintain open communication with the patient and safeguard confidences within the law.
- The Acupuncturist must maintain their competence with continued study.
- An appropriate informed consent shall precede all acupuncture services.
- An Acupuncturist must not delegate to an auxiliary person the aspects of acupuncture care for which the Acupuncturist is responsible unless the auxiliary person is qualified and adequately supervised.
- Additional consultations, opinions, or options shall be obtained if requested by patient or required by condition. An Acupuncturist should order only laboratory procedures and/or tests that are in the best interest of the patient.
- The Acupuncturist who has a physical, mental. Or emotional impairment should withdraw from the aspects of practice affected by the impairment.
- Fees for Acupuncture services must not exploit patients or others who pay for the services. An Acupuncturist must not misrepresent the services performed or the charges made for those services.
- Any Acupuncturist who behaves unethically or who engages in fraud or deception should be identified to proper authorities.
- Communication to the public from the Acupuncturist and the Acupuncture Profession must not convey false, untrue, deceptive or misleading information, through graphic or written means.
- The Acupuncturist must respect, and accept the responsibility of Primary Healthcare Provider.

The success of an Acupuncturist depends on character and personality. Character is based on Ideals. The Ideal of an Acupuncturist should be to render service to humanity.