ALHAMBRA Medical University
School of Acupuncture and Oriental Medicine

AMU

2013

Clinic Handbook

All information stated within this handbook is subject to change at the discretion of the University.
Rev: 12-12-12

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WELCOME
TO
THE AMU UNIVERSITY CLINIC

The Clinical Internship Phase in your training is the culmination of many intense hours spent in rigors classroom study. During the Intern Phase of your training, you will have the opportunity to finally see how all the pieces of the puzzle fit together through the application of your acquired knowledge. The clinical training is structured so that students will progress through the internship courses with increasing responsibility and independence. This transitional period is when you will correlate the knowledge, refine your skills, and build your confidence to competently enter into the profession of Acupuncture and Oriental Medicine.

In addition to facilitating the development of professional attitudes and competencies, the internship experience promotes the refinement and development of conscientious practitioners who are mentally and technically trained in the art, science, and practice of Oriental Medicine. You will have the opportunity to impact the advancement of the profession and bring the profound benefits of an ancient healing art to the community at large.

The policies and procedures outlined in the Clinic Handbook are designed to create an environment that best serves the good of the patient while allowing for the growth and development of the student. The clinic faculty and staff are here to assist and support you during this phase of your training.

The standards in the clinic are set high so that you may achieve personal satisfaction through the fulfillment of the professional challenge.

Sincerely,

The Faculty and Staff
AMU University Clinic

Alhambra Medical University Clinic

What is Clinic Internship?

Alhambra Medical University provides internship opportunity to students at its community clinic where treatments are done under supervision by licensed acupuncturists. The internship program allows students to see a distinct relationship between theoretical studies and practical applications. To qualify for an internship, a student must be able to demonstrate the completion of didactic classes required.

Statement of Purpose:

AMU University Clinic, hereafter shall be referred to as "the Clinic," has the mission to provide the highest quality of clinical education available in complementary and alternative health care. In addition, the Clinic aims to provide the community with a highly competent and readily available source for complementary and alternative health care.

The purpose of this handbook is to provide information for student interns and supervisors about clinical policies and procedures. It also includes standardized forms adopted by the faculty and general considerations important to those providing clinical services in the Clinic.

Benefits of Internship

Listed below are some of the benefits of participating in the Clinic Internship Program.

- Students will put theoretical classroom learning into practice through hands on clinical experience with real patients.
- See how didactic academic skills such as OM and Western medicine diagnosis translate into actual private practice related skill
- Acquire skills and knowledge useful in academic and research programs
- Learn about the "world of alternative health care" and a previously unfamiliar environment
- Improve interpersonal skills
- Gain experiences that are required by the licensing boards and highly valued by future employers
- Form relationships during the internship that can lead to professional references

Description of the Clinical Internship Program:

The Clinic is a place where student interns will be educated with hands-on practice. This is an educational setting where interns can incorporate the abstract and theoretical knowledge gained in class and integrate them into a hands-on practical experience.

AMU encourages student interns to participate fully and make the most of this opportunity. It is AMU's intention to provide our interns with the finest facility, equipment, instructors, and environment for training. The objectives of the clinical internship program are:

1. To provide graduates who are able to apply their knowledge of diagnosis and treatment within the scope of acupuncture and oriental medicine.
2. To train the student at the standard as "Primary Health Care Providers" who have the clinical skills and ability necessary to apply their knowledge effectively in the diagnosis and treatment of illnesses.
3. To produce graduates who can correctly assess patient condition and make proper referrals.
4. To produce graduates who are able to fulfill their responsibilities as acupuncturists and oriental medical practitioners according to accepted ethical and professional standards.
5. To provide affordable clinical services to the local community.

AMU Clinic Location and Hours

Location:	28 S. Palm Ave. Alhambra, CA 91801 Tel: (626) 458-8805 Fax: (626) 458-8773	25 S. Raymond #110 Alhambra, CA 91801 Tel (626)289-7719 ext 161

Hours: Monday-Sunday 9:00-8:30

Morning Shift:	9:00A.M. – 1:00 P.M.
Afternoon Shift:	1:30P.M. –5:30 P.M.
Night Shift:	5:30-8:30PM (plus 10 hr break)
Night Clinic (For our graduate licensees):	6:00 P.M. – 8:00 P.M. (Professional Tx Only)

Intern Break Room: Location: 84 S. Palm Ave.
Alhambra, CA 91801
Tel: (626)289-7719 ext. 154

Clinical Clock Hour Requirement

960 Supervised Clinical Clock Hours- Minimums:

- 200 Hours of Observation (including orientation, herb dispensary, and hospital visits)
- 320 Hours in Assisting Practice under supervision
- 440 Hours in Solo Practice treatment under supervision

It is required for interns to obtain the supervisor's signature verifying clinical clock hours and treatment protocols after you have completed coverage for the patient.

Clinic Phases (Internship Level)

There are a total of three levels or phases in the AMU University Clinic Internship Program.

Level I Observation (200hrs)

Description	Hours	Objectives
Orientation/ Preparation/ & Observation	40 hrs (1-ten week shift)	Familiarize with Clinic Rules and Regulations. Practice equipment safety and Clean needle technique.
Pharmacy	40 hrs (1-ten week shift)	Observe herbal prescription and assist in filling of prescriptions in pill, powder, and raw herb decoction forms. Identification of herbs and management of herbs.
Observation	120 hrs (3 ten-week shifts)	Observe licensed supervisors and upper level interns perform intake, diagnosis, and treatment of patients. Treatment room management. Observe treatments including visits to rehab department in the hospital, discuss case management and emergency care management.

Level II Assisting Practice

Description	Hours	Objectives
Assisted/ Supervised Practice	320 hrs	Under close guidance and supervision, Level II interns will interview patients and take history of patient. Interns can assist upper level interns with Diagnosis and treatment. Record Keeping on SOAP notes Treatment room management (keeping equipment clean and in shape) Require to perform a minimum of 100 treatments on a minimum of 20 different patients.

Level III Solo Practice

Description	Hours	Objectives
Solo Practice with Supervision	440 hrs	Perform Solo treatment under supervision. Interns should be able to demonstrate a thorough understanding of the OM medical practice. Interns are expected to perform the entire treatment from history taking to diagnosis and perform treatment modalities including acupuncture, TuiNa, and herb prescriptions. Interns are expected to be able to supervise the lower level interns and report on case history of patients. Required to perform a minimum of 120 treatments on a minimum of 30 different patients.

Requirement for Internship

Three levels of clinic internship:

Level 1: (200 hrs)

CL111 Orientation, Preparation & Observation (30 hrs or 40 hrs): Introducing the rules and regulations of the AMU clinic including CNT and OSHA training. Students will observe/practice the intake of patient's medical history, proper handling of equipments and treatment of patients. {Prerequisite: TCM Theory (concurrent enrollment acceptable), Passing grade on Clinic internship entrance exam, TB documentations, CNT, CPR & First Aid from American Heart Association}*

CL112 Herb Pharmacy (40 hrs): Training on identifying different herbs, prepare prescribed formula (including patent formula)
{Prerequisite: Herbology (concurrent enrollment acceptable), Passing grade on Clinic internship entrance exam, CNT, CPR & First Aid from American Heart Association}*

CL113 Clinical Observation (120 hrs): learn the treatment procedures through observation, observe licensed supervisors and upper interns on their methods of charting, diagnosis and treatment of patients. Part of the Orientation will include visits to the rehab department in the hospital to observe in-patients. Observers will learn to read patient charts in WM and TCM. {Prerequisite: TCM Theory (concurrent enrollment acceptable), Passing grade on Clinic internship entrance exam, CNT, CPR & First Aid from American Heart Association}*

*[Prerequisites: Students with English as their 2nd language will require TOEFL & TSE]

Level 2: Assisted Supervised Practice: (320 hrs)
CL211 Practice including assisting the Level III interns in patient intake, charting of patient history and complaints, diagnosis, treatment, and herbal formula prescriptions under the strict direction of clinical supervisor.

[Prerequisites: Passing score on Level I exit exam, completed Level I internship, completed Case management I (concurrent enrollment acceptable)]

Level 3: Solo Practice with Supervision: (440hrs)
CL311 Senior interns demonstrate a thorough understanding of clinical diagnosis and treatment skills and are expected to perform "solo practice" (under supervision) and assume primary responsibility for treating patients.

[Prerequisites: Passing score on Level II exit exam, completed Level 2 internship, completed physical exam, acupuncture anatomy, TCM traumatology/orthopedic exam, case management II (concurrent registration acceptable)]

To satisfy the graduation requirement, each intern must have performed a minimum of **350** patient treatments by the end of his/her internship.

Clinic Entrance Guidelines for New Interns

Students who have completed their first year or 60 didactic units successfully at AMU may consider entering the clinic internship. Please follow the directions below to enter the AMU University Clinic as a first level intern.

Level I Entrance Examination Application

Your application for the Level I Entrance examination will be evaluated based on the didactic courses completed. The prerequisite for Level I include CNT and CPR First Aid. Unless exempt by the language qualifications in the AMU Catalog, students with English as their 2nd language will require TOEFL & TSE.

Pass the entrance exam with a minimum of 70%

The examination will be given in their respective program's language. However, English terminology (in English) may be part of the test question. Upon passing the entrance exam, the clinic will start an intern file for your record and you must provide all the necessary documentations during the first quarter of your internship.

Internship File

Each Intern must submit the following items to complete the file:

- Photo ID plus one 2X2 photo for internship badge
- TOEFL/TSE Requirement (score or waiver)
- CNT Certificate from AMU or from CCAOM
- Valid CPR & First Aid from American Heart Association
- HBV & TB immunization record (signed waiver for HBV vaccination accepted)

Internship Registration

Schedule your internship hours by registering the specific time shifts available within the specific quarter. Please note the hour limit for each level.
Level III (120 hrs); Level II (160 hrs); Level I (120 hrs).
Additional hours may be registered based on space availability.
Interns must register for internship before the registration deadline.

Courses preceding clinical trainings are:

CPR/First Aid from American Heart Association
CNT/Equipment Safety
Medical Terminology

Interns who signed up for their clinic hours will be required to clock in and out with full participation. Interns enrolled in clinical hours are expected to fulfill the responsibilities for the entire quarter and agree to abide by the Alhambra Medical University rules and regulations including standards set from Occupational Safety and Health Administration (OSHA), Health Insurance Portability and Accountability Act (HIPAA), CNT.

Exit Examinations for Level I & Level II are offered toward the end of each quarter and interns must apply and be qualified to sit for the exam. Interns must pass the exam to advance onto the next level. Study guides are made available for interns free of charge.

Malpractice Insurance

All interns must obtain malpractice insurance coverage before the start of each term. Interns who do not obtain coverage will not be able to observe or perform treatment in the Clinic. Malpractice insurance covers the quarter break following the specified quarter. Unless the intern is covered, he/she may not work/volunteer during the break.

Interns' Responsibilities:

All practitioners of Acupuncture and Oriental Medicine including interns should have the well being of their patient as the principal goal. The hallmark of the Acupuncture and Oriental Medicine Practitioner is service and dedication to healing. The practitioner must be forever mindful of ethical duties toward the patient, the public, and the profession.

ID Badge

All interns are required to wear his/her ID badge once he/she is clocked into the clinic and is representing the clinic as an Intern. New Interns need to submit a 2X2 photo to have the ID badge made.

Dress Code

All Interns /staff are required to wear their white gown (protective wear) while in the clinic area. Please refer to the section of Dress codes under the section Professional Conduct. Remember, you are representing a member in the primary health profession. Please dress professionally.

Time Card:

All registered interns will have a time card with his/her name and the hours registered on the card. It is the intern's sole responsibility to clock in and out accordingly. It is required for the interns to obtain the supervisor's or staff's signature verifying the clock hours at the end of the clinic shift. The time card will be tallied at the end of each quarter and shall remain in the intern's file as property of AMU University Clinic.

Patient Log Sheets:

Level II Interns should have a minimum of 100 treatments sessions and a minimum of 20 different patients on their log sheet. Level III interns should have a minimum of 120 treatment sessions and a minimum of 30 different patients on their log sheet. Interns must complete a minimum total of 350 treatment sessions under supervision and document the treatment on the daily internship patient log sheet with the supervisor's signature to graduate. Log sheets are available at the intern's break room.

Equipment Required

Students are required to purchase the following equipment upon enrollment in acupuncture techniques and or physical diagnosis. This equipment is to be maintained in excellent condition and may be called upon in the students' clinical work. The list of the instruments and supplies required are as follows:

- White lab coat (Gown) "Cleaned and Pressed" with Nametag (See registrar)
- Clipboard for charts
- Stethoscope & blood pressure cuff (sphygmomanometer)
- Small flashlight or penlight

- Timer
- Reflex hammer
- Forceps and tweezer
- Cups

Disposable equipment such as disposable acupuncture needles, ear seeds, moxibustion sticks will be supplied by the Clinic. Interns are more than welcome to bring their own. Please keep in mind and inform your patients that the Clinic uses only disposable needles.

Herbal Dispensary

Observation and Duties

- The herbal dispensary personnel and/or interns fill the prescribed herbs according to the herbal formula prescription sheet for patients. Intern Observers may be called to assist on filling the prescription.
- An herbal formula prescription sheet must be approved by supervising doctors prior to processing.
- The patient should be informed of the cost of the herbal medicine before filling out the formula.
- Person in charge of filling out the formula prescription must also be responsible for filing the herbal sheet in the Patient's file after completing the prescription.
- Raw herbs packaged in tea bags must be placed in paper or plastic bag and the bag must be labeled clearly with the patient's name, date, and dosage. The patient should also be given direction on herbal decoction.
- It is the intern's responsibility to explain to the patients on taking herbal medications (tea from raw herbs, powder, pill and all other form of herbal medication).
- If the formula is for external use only, mark clearly on the bag.
- In case of prepared herbal pills or powder, a label must be affixed to the container or bag which should include the patient's name, date administered, dosage, and taken before or after meal. When applicable, caution and contraindications for the medication should also be labeled.
- All prescriptions must be filed into the patient's chart.
- Do not give herbal medicine directly to patients; leave all prescriptions at the receptionist's desk for patients to render payment.

Herb Payment and Return Policy

- The Clinic maintains a **NO RETURN** policy on all herbs (raw, powder or pill forms).
- Inform the patient of the approximate cost of the herb formula, pill, and powder herbs prior to filling out the prescription.
- If a patient has never taken any herbal formula, it is recommended that the prescription is no more than 3 days. If patients feel comfortable with taking the prescription, he/she may return for a larger refill.
- Patients must make full payment upon picking up the herbal prescription.

Raw Herb Preparation Instructions:

1. Confirm with the patient on willingness to cook and ingest raw herb decoction and payment cost of $6-$10 per day depending on herbs prescribed and dosage.

2. Fill out Formula prescription with English Pin-Yin and either Chinese or Latin and common English name. Make sure the file #, patient's name, supervisor, date, etc. are all recorded.

3. Have supervisor approve content and dosage with signature prior to preparation.

4. Take out the scale for measurement and # of plates according to # of days prescribed. Use new paper plate for each patient.

5. Pull out (1/4 way) of herb drawers containing the specific herbs in your formula and take out boxes or bags from cabinets/refrigerator as needed. Be certain that all herbs prescribed are available!!! If certain herbs are not available, ask supervisors to make proper substitution.

6. For each herb dosage prescribed, multiply the dosage of the single herb by the number of days prescribed. {ex. Zhi Gan Cao (6g) prescribed for 3 days; 6g multiplied by 3days equals 18 g}. Set the scale to the proper weight and pull out the respective herb drawer/box/bag and measure the amount on the scale.

7. Put the drawer/box/bag away and divide the total herb equally on the scale into the respective # of plates (# according to the days prescribed). {Divide 18g of Zhi gan cao into 3 equal parts for 3 days on the 3 plates.} Complete the process for all herbs prescribed, measuring one herb at a time.

8. By the end of the procedure, you should have equal amount of herbs and content of formula on the plates according to the number of days the formula is prescribed. (ex. Four Gentleman decoction for 3 days: you will have ren shen (9g), bai zhu (9g), fu ling (9g) and zhi gan cao (6g) on each of the 3 plates).

9. Bag each plate into a bag (clear plastic or paper) or a tea bag (if the patients prefer to pay for additional cost of the tea bag) and seal the bag accordingly.

10. Label the big white plastic bag with the patient's Name, date and make a copy of the formula prescription with all spaces fill out including the supervisor's name, the intern's name, date prepared and the Best used by date. Place all herb pouches/bag into the white labeled bag.

11. Make sure both verbal and written instructions for cooking the herb is given to the patient (some minerals, herbs such as aconite need to be cooked in advance) and that they have the clinic phone number in case of any question.

12. Give the prepared formula to the front desk person who will calculate the fee according to total gram/dosage and content of herbs.

13. Communicate and instruct the patient on how to take the formula decoction (ex. Drink it lukewarm 30 minutes before or after meal.)

Clean up the preparation area and all equipment after use. Put all the herbs away in its original location (herb drawers should be placed back into its shelf immediately after each measurement.)

Herbal Powder Extract Preparation Instructions:

1. Confirm with the patient on willingness to take powder extract and payment cost of $6-$10 per day depending on herbs prescribed and dosage.

2. Fill out Formula prescription in English & either Chinese or Latin; make sure the file #, patient's name and dates are all recorded.

3. Have supervisor approve content and dosage with signature

4. Use the scale for measurement and the paper tea bag and measuring spoon.

5. Take out the herbal extract bottles from the cabinet. (be certain that all herbs prescribed are available!!!) If certain herbs are not available, ask supervisors to make proper substitution.

6. The labeled ½ teaspoon measures 1 g with the top flattened. The supplier's measurement spoon is also approximate to 1 g.

7. Mix individual herbs well on a paper plate.

8. Divide the mixed powder into specified # of days multiplied by times taken per day. (ex. Formula for 3 days, twice a day = 6 paper tea bags; five days, 3 times a day = 15 tea bags)

9. Seal the paper bag with sealer, cut individual bags and place them in labeled plastic bags (patient's name/date).

10. Give the prepared formula and prescription to the front desk person to make a copy of the formula prescription to be given to the patient. Front desk will calculate the fee according to total gram/dosage and content of herbs.

11. Communicate and instruct the patient on how to take the powdered formula (ex. Mixed powder in warm water, or swallow and chase it down with water). Make certain that the patient knows when to take the herbs (i.e. before, with or after meals)

12. Clean up the preparation area and all equipment after use.

Herbal Pills Preparation Instruction:

List the Pin Yin Name, Chinese and common English name of the Patent herb pills in the patient's chart, include the dosage on the chart and state how long "before, with, or after" meal as part of the instruction to the patient.

Locate the herb Pill label and complete the patient's Name, Date, Number of Pills/day to be taken ____minutes before, with or after meal and tape it on the pill bottle.

Leave the pill bottle with the chart at the front receptionist for patient to pay and pick up.

Patient/ Intern Protocol
Teaching Clinic Policy

- Patients should be made aware that the Clinic is foremost a teaching clinic. Observers should at all times be able to enter the treatment rooms and observe patient treatments following appropriate protocol.
- Supervisors may request an exception to the observation policy if the patient objects. Such limitations may be to the number of interns or to the interns' gender.
- Interns should be considerate toward patient's feelings of privacy and comfort.

Interns should keep track of the patients seen and the treatment rendered on the patient-intern log sheet. Your hours in the clinic will be totaled from your time card.

Policy on Conducting Acupuncture Treatment and Herbal Recommendation

Alhambra Medical University prohibits the unauthorized and unsupervised use of any acupuncture needling technique or herbal recommendation for students, patients, and/or family members. The application of Oriental medicine procedures must be done under the supervision of AMU's licensed clinical faculty. No individual is to be treated in the University's clinic unless a complete history is on file. Any student who administers treatment without proper supervision or authorization may be subject to immediate dismissal from the program.

Clinic Marketing

All AMU interns are expected to participate in the variety of patient recruitment activities that are integral to a health care practice. Interns and clinic faculty will be required to participate in the development and/or performance of patient recruitment projects. Interns and Supervisors will engage in patient recruitment during all levels of intern training. A project or event developed by an intern(s) must have the approval of the Clinic Director. Interns may not engage in self or group marketing/advertising in print or electronic media of any type.

Business Cards

Interns may obtain business cards for use in the Clinic. Intern business cards must conform in content and format established by Alhambra Medical University.

Outreach Programs

Various outreach programs will be available for clinic faculty and intern participation. These events are designed to provide opportunities and experience in public education, patient recruitment, and the treatment of distinct patient populations. Included, but not limited to in these events will be lectures, health fairs, screenings, and college student fairs.

No Fraternization Policy

Relationships between student interns and members of the clinic community must be maintained within acceptable professional boundaries. Interns are prohibited from dating or engaging in any intimate and/or sexual activity with patients and any University or AMU clinic staff member. Any intern who violates this policy will be dismissed from the program.

Absence Due to Health Issue

All clinic interns are required to fully participate as patients and student practitioners throughout the internship program and to fully participate in practicum based courses. Participating in these activities is fundamental to the learning experience. If an injury or illness should arise that might compromise your health or the health of others, it is your responsibility to inform the Clinic Director and/or your Clinic Supervisor of your condition and the nature of the injury or illness as soon as is possible.

For illness or injury that may preclude an intern from participating for less than one week, the individuals Clinic Supervisor has the discretionary authority to exempt the intern from participating in clinic. An intern who presents with a more serious illness or injury that may lead to a longer term or permanent disability must provide appropriate documentation to the Clinic Director who, along with clinic faculty, evaluate the circumstance and determine the outcome.

Procedure for Intake of Patients

All interns, especially the third level interns should be able to competently perform an evaluation within the principles of Acupuncture and Oriental Medicine, integrating the western medicine and communicate the result of that evaluation to the patient using appropriate terminology. At no time shall the interns or the supervisor promise or guarantee results. Interns and supervisor should avoid providing false assurances or misleading information.

- Please try to refer patients to the clinic as your own patients. For walk-in patients, front desk will assign interns based on rotations.
- The receptionist at the front desk will book all patient appointments. Interns should always help the patient to schedule the next appointment with the front desk.
- After greeting your new patient and introducing yourself, please explain the intake/diagnosis procedure and explain that this is a teaching clinic so that the patient will feel at ease with observers.
- If you are running a little behind in your schedule, acknowledge the scheduled patients in the waiting area.
- If an intern is more than 15 minutes late for clinic and failed to make proper arrangement, his/her patient will be passed on to another intern by the staff.
- If a patient is more than 20 minutes late for an appointment, please check with the front desk to see if the patient may still be seen. Scheduled patients have priority over walk-in patients, so please manage your time schedules accordingly.
- If a patient fails to keep a scheduled appointment, the intern in charge of that patient should call and inform the front desk on cancellation or rescheduling.
- After the initial greeting of the patient, the intern should take the patient into the treatment room for the consultation and charting. Once the history taking is complete and the SOAP notes are formed, the patient should be directed to change into gowns and directed to either open front or open back.
- While the patient is changing, the intern should leave the room and consult with the supervisor on the treatment plans formulated. The supervisor then goes together with the intern to the treatment room and assesses the patient to confirm or adjust the interns' treatment plans. If an herbal prescription is recommended in addition to the acupuncture treatment, the intern should consult the supervisor while the patient is resting comfortably after all the needles have been inserted.

- After concluding the treatment, please escort your patient to the front desk for check out and to reschedule for follow up visits. Please let your patient know the approximate number of treatment they will need for a specific condition, and how often they should be coming in. This will assist them and the front desk in scheduling their appointments.
- After the patient leaves, the intern in charge is then responsible for the disinfection and the clean up of the treatment room.
- Please make sure that all patient files have returned to the front desk area. Do not leave any confidential patient information lying around the clinic rooms or any other area.

Informed Consent

The relational foundation between a practitioner and patient comes into being because of the patient's need of medical attention. The relationship is developed and strengthened through trust in the skill, knowledge and ability of the practitioner. Due to the delicate balance of trust, the practitioner may not, under ordinary circumstances, impose services upon a patient without that individuals consent.

Consent is the authorization by the patient or a legally authorized individual to consent on behalf of the patient. This authorization changes a treatment from nonconsensual to consensual. This principle holds true for all primary care practitioners whether it be a physician, podiatrist, dentist, or acupuncturist.

An acupuncturist may be held liable for malpractice if, in rendering treatment to a patient, he or she does not make a proper disclosure to the patient of the risks and alternatives of the procedure(s) to be performed.

Written consent provides tangible evidence of the patient being informed of and consenting to the procedures performed. A valid written consent must include the following elements:

- It must show that the person consenting understood the nature of the procedure(s), alternatives, and the risk involved for each procedure, and the probable consequences.
- It must show that the procedure(s) performed was the one consented to.
- It must be signed and dated by the person consenting.

Informed consent is particularly important when using techniques that might be interpreted as causing damage to the body, such as direct moxibustion and cupping or gua sha, which may leave bruises.

Arbitration Agreement:

In keeping with the University's own malpractice policy, only those patients who have signed the arbitration agreement will be treated at the Clinic.

Standardization of Patient Charting

Charting represents a legal document and serves as a validation for services rendered. Inadequate charting can result in inadequate treatment or poor documentation of treatment rendered. Both of which can make the Clinic and the practitioner liable should the charts be subpoenaed in a civil court proceeding. More importantly than the court, are the patient, and our desire to provide the best possible service as a primary health care provider. It is for this purpose that the information sheet and intake sheets have been devised for the clinical use.

Charting Procedures for AMU Clinic

All AMU interns and observers are REQUIRED to be familiar with the charting procedures outlined below for EACH patient visit. If you have any questions about any of this, feel free to speak with the Clinic Director.

AMU Clinic Charting Requirements

The patient chart is a legal document and the procedures for every patient are a legal requirement. The Clinic Director conducts random review of charts on periodic basis. The supervisors will review the charts before signing off each treatment. Failure to chart will be formally recorded and the treating intern will be required to complete the chart according to the standards described below. Repeated failures shall result in probation and/or suspension from the clinic.

Reasons for providing a complete, legible chart:

1. Proper charting assures your patients excellent continuity of care. It is critical to communicate your findings, diagnosis, and treatment clearly and thoroughly to the other students who treat your patients in the future. Likewise, you also depend on the information other students have recorded in the chart about the patient you are now treating.

2. The chart is a legal document. Insurance companies DO periodically request copies of patients' charts for treatment reimbursement and occasionally even subpoena those records for court cases. Insurance company may refuse payment for treatments for incomplete and unacceptable records. Furthermore, if for some unfortunate reason that the patient decided to sue for malpractice, the outcome of such a legal action may be greatly affected by what you did and didn't record in the patient's chart-i.e., do your records support your claims?

3. Accreditation agencies such as ACAOM who come here every few years to check on how our university is running DO look at patient charts in the clinic as part of their inspection. For the sake of your university’s accreditation report, acting responsibly with your charting is important.

SOAP FORM CHARTING:

The following is a description of how to fill out each section of the SOAP form, going from top to bottom.

I. Patient Information

Record the Name, Date, File Number where appropriate.
On initial intake, record the patient's gender, age, occupation, height and weight.
If the patient is attempting to lose weight, measurement is taken at each visit.

II. Vital Signs:

B/P (Blood Pressure):

Blood pressure should be taken for EVERY new patient to the clinic, EVERY patient who is a new patient for you, and on EVERY visit for patients who are diagnosed as being hypertensive (even for patients on medication).

Tem (Temperature) section:

Temperature should be taken on EVERY new patient to the clinic and whenever a patient is complaining of feeling like she has a cold or the flu and is feeling warm.

HR (Heart Rate or Pulse Rate) section:

Pulse rate should be taken EVERY time you see a patient.
Wear a watch/clock that has either a second hand or an LED display.

RR (Respiratory Rate) section:

Respiratory rate should be taken for EVERY new patient to the clinic and on patients with respiratory related problems.

III. Subjective section:

Chief Complaint section (Initial Visit):

You are required to find out and chart in this section what the chief complaint (cc) is for your patient. Include the pain scale (How painful it is on a scale of 0 to 10, 10 being the most painful.) See attachment. The following chart is the standard description of pain. Any additional symptoms associated with that cc can be listed in the present history (e.g., your patient's cc is low back pain, you can list how the LBP started, duration, also find out that the pain is worse in the winter, with damp, cold weather, and when he is sitting for too long) . Follow the general review of each organ and record relevant information/symptoms for each section to synthesize your TCM diagnosis. Keep in mind to refrain from words like "good or bad" in quality description. Record quantity i.e. "3 meals/day or 5 hours of sleep" instead.

Chief Complaint section (Subsequent Visit):

Ask the patient "How do you feel since the last treatment?"
Last Visit's Symptom Progress and New Symptoms section:
It is important to know whether the symptoms from last visit were improved at all by the last treatment (and herbs, if applicable): this helps you know whether the treatment plan last time was appropriate and it helps the patient to be aware of when things are working.

You also need to know if there are any new symptoms and how the patient is doing generally, which can be listed in the present history. So you are required to ask if there are any new symptoms and you also need to ask each time about the patient's energy, sleep, digestion, stools, urination, thirst and sweat.

Pain Scale

Pain Scale	Severity	Frequency
0 1	Minimum pain - an annoyance, causes no handicap in performance.	Occasional - occurs roughly one fourth of the time
2 3 4	Slight pain - tolerable, causes some handicap in performance of the activity precipitating pain.	Intermittent - occurs roughly one half of the time.
5 6 7	Moderate pain - tolerable, causes marked handicap in the performance of the activity precipitating pain.	Frequent - occurs roughly three fourths of the time.
8 9 10	Severe pain - precludes performance of the activity precipitating pain.	Constant - occurs roughly 90 to 100% of the time.

Precipitating activity: Description of precipitating activity gives a sense of how often a pain is felt and thus may be used with or without a frequency modifier. If pain is constant during precipitating activity, then no frequency modifier should be used

Ask patient pre-injury capacity and current capacity (e.g., used to regularly lift a 30 lb. child, now can only lift 10 lbs.; could sit for 2 hours, now can only sit for 15 mins.)

Female Patient section:

If the patient is male, write either "N/A" or a line through this section. If the patient is female, you are ALWAYS required to write down when the last Menstruation/period occurred (for possibility of pregnancy). If the woman is already menopausal, you still MUST write down approximately how many years ago the patient stopped menstruating. If the woman is currently having her period OR the patient is a new patient for you, you must also write down ALL other information about the menstrual period: interval/regularity; duration, heaviness and color of flow; clots; all PMS symptoms (changes in mood/emotions, cramps, low back pain, acne/skin eruptions, feeling warmer or colder or more fatigued, changes in stool, etc.). Ask how severe the cramping pain is, if present (minimum, slight, moderate or severe).

Medical History/Family Medical History

Record any relevant health concerns in the past such as allergy, arthritis, cancer, stroke, hypertension, heart diseases, diabetes, hepatitis, surgery, trauma, alcohol, smoking, recreational drugs, special vegan diets. Record any direct family member's illness such as cancer, stroke, arthritis, diabetes, heart diseases, etc.

Current Medication:

Record all medication patient's currently under, mind the pharmaceutical name, dosage, and the length's prescribed. On subsequent visits, always check if the patient's western medications have changed since the last visit.

IV. Objective Signs / Physical Exam:

Objective physical/emotional signs and orthopedic examinations:

Interns are to assess and record objective findings from physical examinations such as facial complexion/skin problem, dark circles around the orbital, yellow or redness in the eyes, finger/toenail health, alertness (good/poor shen), posture, gait, emotional appearance such as anger, sadness. Record the results of your palpation of the patient or orthopedic exam. Include description of swelling, bruise, edema, range of motion.
If you have nothing to report, you MUST still write in "N/A" or put a line through this section.

"Pulses" section:

Palpate the patient's pulse characteristics in three sections: Cun, Guan Chi and three levels on both sides. If both sides are identical, then you will most likely only be writing in the "Overall" section. If you do this, you must still put a line through the sections for the left and right pulse information.

"Tongue" section:

Describe the patient's tongue characteristics. Please include the tongue's size and shape, body color and tip/sides color, moisture level, coating presence, thickness/color/location of coating, any quivering, any teeth marks along the sides, the sublingual veins).

V. Assessment/Diagnosis (Condition/syndrome) section:

If the PATIENT tells you he/she was diagnosed with a western medical condition, record the diagnosis and write "Per Patient." For example, if the patient was diagnosed with arthritis in the left hip, you should write BOTH "Arthritis in the Left Hip" AND "Per Patient." If you read the diagnosis on medical records that the patient gave to you, then you would write the diagnosis along with "Per Records." If YOU spoke to the patient's doctor DIRECTLY over the phone or in person, then and only then should you write "Per Doctor/M.D." Consult with your supervisor and record the best condition/syndrome for the ICD-9 code. If you have no diagnosis information to write in that section, you MUST write in "N/A" or a cross-out line.

The ICD-9 codes

The ICD-9 codes MUST be recorded EVERY time for billing purposes. You should only write down codes that are associated with conditions for which you actually treated the patient that day. You must determine a diagnosis for the ICD-9 unless it's conveyed to you by the patient, by the patient's record or by the patient's doctor. The diagnosis you render will ONLY to be used for choosing the ICD-9 codes (and you CAN pick and record codes for more than one health issue). If you have a problem with determining the codes, please see the front desk.

Differential "TCM Diagnosis" section:

Try and develop the critical skills for making a differential diagnosis in TCM using the 8 principles of Yin, Yang, Exterior, Interior, Excess, Deficient, Cold, Heat. Record the TCM diagnosis based on the principles in our system of medicine. Of course, you should ask your supervisor to review and help you develop your diagnostic skills.

Treatment Principle section:

Discuss the treatment principles necessary for the TCM conditions diagnosed with your supervisor before recording and explaining to the patients.

VI. Plan of Treatment section:

Consult your supervisor and use your best judgment to devise the most optimal treatment plan for the patient. Communicate the severity of their problems (acute or chronic) and the approximate length of time it will take to see the treatment effects. Example: Twice a week for a total of three weeks. Let the patients know that research has shown the most optimal length of time in between treatments should be 72 hours.

Treatment Methods:

Please check off the treatment methods utilized for the session. Keep in mind the related CPT code used for billing purposes. For modalities procedure such as cupping, gua sha or bleeding, make sure your patient understands the side-effects prior to performing the treatment.

If your treatment method includes herbs, make sure that you check off the herb as a modality of treatment. Mark either raw, powder or patent herbs and use the proper form to record prescription content. Labels must be properly filled out and instructions must

be given verbally and in writing to the patient (e.g., "6 pills 3X/day, 30 minutes before meals". If it's a raw herbal formula, give instruction for cooking and instruct how many times to take the decoction per day per bag cooked in amount of water.

CPT Code
For acupuncture treatments without electrostim, use 97810 for the first 15 minutes and 97811 for the second 15 minutes. For acupuncture treatments with electrostim, use 97813 for the first 15 minutes and 97814 for the next 15 minutes.
The initial visit charts have the CPT codes listed and may be checked off accordingly. For subsequent visits, please refer to the initial visit charts and record the CPT codes accordingly.

Acupuncture Position: Record how you are positioning the patients for the treatment. If you are doing both prone and supine, record accordingly. LLR stands for Left lateral recumbent, which means the patient is lying down on their left side getting needled on the right side. RLR stands for Right lateral recumbent.

Acupuncture Points:
Record all acupuncture points performed. For Ashi points, record "Ashi" with approximate anatomical location. For the additional treatment modalities, record the machine settings and length of time for electrostim, the type of cupping or moxibustion that is done.

Ear-seed Acupuncture
Record the acupuncture ear-seed points tapped on the patient. Remember to educate the patient on self stimulating the points by pressing on the ear-seeds. Patient instructions about keeping ear seeds in should also be written here.

VII. Names and Signatures:

All charts MUST have the intern's printed name and signature and the supervisor's signature written at the bottom of the form for EVERY visit. Make certain that the chart also have the patient's name printed on the top and the date of the visit. Signing a patient's chart without actually performing the treatment is academic dishonesty and subject to serious consequences.

Date:
The SOAP form MUST have the correct AND full date written on it at the bottom of the form (this includes the month, the day, and the year).

SOME GENERAL RULES AND PROCEDURES ABOUT CHARTING:

LEGIBLE WRITING IN BLACK INK:
Legible writing is ESSENTIAL for all portions of your charting; i.e., your writing must always be able to be read by someone else without any difficulty. Please use only black ink pen to do charting.

COMPLETING YOUR CHART:
All chart sections must contain patient information. If there is no information or if the section subject does not apply to your patient, you should either enter "N/A" ("not applicable") or draw a line going across that section. If you are drawing a line through a section, MAKE SURE the line is long enough-it should go down across the whole width of that section. It has to be large enough to be seen. If the patient denies symptoms or declines to disclose, indicate with a specific note.

CROSSING OUT ANY INFORMATION:
For any situations where you need to cross out something on a chart form, you must do it as follows. Only use a single line through the word(s); then legibly write your initials AND the date that you made the cross-out.

HIGH-ALERT INFORMATION ABOUT YOUR PATIENT:
There are some pieces of information about a patient that every intern should be alerted to and aware of at the start of each visit: patient is hypertensive or has a bleeding/clotting disorder; patient is taking blood-thinning medication such as Coumadin or steroid medication such as Prednisone; patient is vegetarian or vegan; patient is allergic to Citrus (Chen Pi, Qing Pi, Zhi Ke, Zhi Shi, Ju Hong, Fo Shou, etc.), Licorice (Gan Cao or Zhi Gan Cao), wheat (Fu Xiao Mai, Xiao Mai, Shen Qu, etc.), mushrooms/fungi (Fu Ling, Zhu Ling, Ma Bo, etc.), etc. If you find out any of the above situations (or something similarly critical) applies to your patient, you are required (after the interview) to see the Supervisor/Receptionist or Clinic Director, inform him or her of the situation, and ask him/her to highlight the patient's file name and place a sticker on the inside of the front cover for the file so you can write on the sticker exactly what is the high-alert situation. If you are uncertain as to whether the patient's situation requires the need for such a sticker, ask the Supervisor or Clinic Director.

WHEN TO REFER OUT A PATIENT DUE TO HYPERTENSION:

Severe Hypertension (Stage 3)	Very Severe Hypertension (Stage 4)
Systolic 180 to 209 mm Hg	Systolic greater than 210 mm Hg
Diastolic 110 to 119 mm Hg	Diastolic greater than 120 mm Hg

If a patient has severe or very severe hypertension as listed above, you may need to tell your patient that you CANNOT treat her/him and that you are strongly recommending that the patient goes to an emergency room right away. You should also chart your denial of treatment of the patient and why you denied the patient treatment as well as your strong recommendation for the patient to go to the emergency room.

Safety and Emergency Procedures:

Patient Risk Management

Risk in health care is the chance for financial loss due to the negative outcome of patient treatment. It is critical to apply procedures and techniques that will reduce the practitioner's vulnerability to lawsuit or legal actions. The uses of Clean Needle Technique (CNT) and Universal Precautions with every patient are effective forms of Risk Management. However in addition to complying with specific requirements of acupuncture and Oriental medicine practice acts, practitioners must comply with state and federal statutes regarding general medical practice such as informed consent, record keeping, patient confidentiality, reporting of communicable disease and Universal Precautions.

Universal Precautions

The Center for Disease Control and Prevention (CDCP) has developed specific procedures to assist the acupuncturist in protecting themselves from a variety of infections, including Hepatitis B (HBV) and HIV. These procedures include, when appropriate, the use of gloves, gowns, goggles, masks, etc., as protective barriers against the contact of infected body fluids. Additionally, the standard sterilization and disinfecting measures for equipment as well as infectious waste disposal procedures must be followed.

The CDCP's Universal Precaution Recommendations

- All clinic faculty and interns should adhere to universal precautions, including the appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments.
- Hands shall be washed with soap and warm water immediately before examining patients or handling acupuncture needles or other instruments, after patient contact, between patients, and immediately if hands become contaminated with blood or other bodily fluid. Hands should also be washed after removing gloves.
- Instruments and other reusable equipment used in performing invasive procedures should be appropriately disinfected as follows:

1. Equipment and devices that enter the patient's vascular system or other normally sterile areas of the body should be sterilized before being used for each patient.

2. Equipment and devices that touch intact mucous membranes, but do not penetrate the patient's body surfaces, should be sterilized when possible or undergo high level disinfection if they cannot be sterilized before being used on the next patient.

3. Equipment and devices that do not touch the patient or that only touch intact skin of the patient need only be disinfected.

- Gloves should be worn whenever there is a possibility of contact with blood or other potentially infectious material (OPIM).
- Body fluids to which Universal Precautions apply: blood, serum/plasma, semen, cerebrospinal fluid, vaginal secretion, vitreous fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, and wound exudates.

- Body fluids when blood is visible: sweat, tears, sputum, saliva, nasal secretions, feces, urine, vomit, and breast milk (in the case of HBV, blood need not be visible).
- A mask should be worn whenever there is a possibility of splashing or splattering of body fluids or with an active TB patient.
- Needles should be placed into the Sharps container immediately after withdrawing them from the patient.
- A clean, pressed white lab coat should be worn at all times to prevent contamination of exposed skin and clothing.

Protocol and Procedures to Minimize the Transmission of Contagious Disease

1. Any individual identified as having a contagious disease that may compromise the health of another must be identified to the Clinic Director or a Clinic Supervisor for determination of appropriate procedures.
2. All clinic personnel who perform or assist in procedures which may result in their coming in contact with or being exposed to blood or bodily fluids, must employ appropriate precautions to eliminate or significantly reduce exposure and/or transmission of contaminants.
3. Hands must be washed with soap under warm running water before, in-between, and after each patient contact.
4. All equipment that is subject to patient contact, treatment tables, face cradles, cups, etc., must be disinfected after each patient contact.
5. All towels, blankets, table sheets, face cradle covers, examination gowns, must not be used on more than one patient, and needs to be laundered after each use.

Using Gloves

It is recommended that rubber gloves be worn when the risk of contact with blood or other potentially infectious body fluids is identified as possibly occurring. *The use of gloves is not necessary in the routine practice of acupuncture in the absence of significant bleeding.*

In deciding whether to use gloves, the practitioner must assess whether it can be reasonably anticipated that there will be contact with blood.

The decision by an acupuncturist regarding whether gloves should be used must be viewed within the context of current research regarding risk factors involved in the transmission of HBV and HIV. In regards to the transmission of HBV from patient to health care workers, OSHA noted that transmission "was related to the degree of blood exposure or frequency of needle exposure, and not to patient contact per se". In 1992 the Center for Disease Control stated that "No case of HIV infection due to casual contact with sweat, tears, or saliva has been documented. Rather infection can occur only if infectious fluids enter the body through a percutaneous or mucosal route".

It is important to emphasis that gloves present a barrier only to blood and other potentially infectious fluids. Gloves offer no protection from an accidental needle stick, and if improperly used may actually increase the risk of needle sticks during an acupuncture procedure.

In order to protect the practitioner, the use of gloves is strongly recommended in the following instances:

- During procedures such as bleeding where there is a greater risk of contact with larger amounts of blood.
- When working with patients who have open lesions or weeping exudates from their skin.
- When the practitioner has cuts, abrasions, chapped skin, hang nails, or broken cuticles on his or her hands and the lesions are located in a location where they pose a hazard.
- When palpating or needling in the genital area.

OSHA Policy

All students participating in either clinic observation or treatment must complete a course in OSHA policies and standards. Alhambra Medical University will provide the necessary training and education on topics including, but not limited to, blood borne pathogens, mechanisms for the transmission of disease, universal precautions, sterilization and disinfecting procedures, personal protective equipment (PPE), how to clean blood and body fluid spills, and the clinic exposure control plan. Students will not be allowed to participate in the clinic internship training without successfully completing an OSHA training and Clinic Orientation.

OSHA Training and Safety

The Occupational Safety and Health Administration (OSHA) were created in 1970 by the U. S. Department of Labor. The primary objectives were:

1. Reduce hazards with the workplace and to implement new or improve existing safety and health programs.
2. Develop innovative ways of dealing with occupational safety and health problems.
3. Establish separate but dependent responsibilities and rights for employees and employers.
4. Maintain reporting and record keeping systems to monitor work related injuries and illness.
5. Establish training programs to increase the number and competence of occupational safety and health personnel.
6. Develop mandatory job safety and health standards and enforce the effectiveness, provide for the development, analysis, evaluation and approval of state occupational safety and health programs.

OSHA Guidelines

OSHA guidelines apply to all businesses and industry. Healthcare professionals and all workers in such a setting, face an even greater risk of exposure to blood borne pathogens

(BBP). OSHA mandates work practice and how one deals with blood borne pathogens, accidents, such as blood and body fluid spills, and needle sticks. For acupuncturists, techniques such as bleeding the apex of the ear, bloodletting with cupping, and simple needling are identified as potential risks for BBP exposure. Any exposure to blood or body fluids presents a risk of exposure to pathogens. Included in the list of BBPs are the hepatitis viruses and HIV. The hepatitis viruses are the most easily transmitted bloodborne pathogens. Education and safe practice in the clinic will help to significantly reduce the risk of exposure to bloodborne pathogens. The following guidelines are in compliance with OSHA, the Center for Disease Control (CDC), the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) Clean Needle Technique (CNT) protocols standards and must be followed by all clinic faculty, interns, and staff.

1. Always use sterile needles. If a needle package has been opened and unused, dispose of the needles immediately in a Sharps container.
2. Never allow biohazard or Sharps containers to exceed two-thirds full. Notify the Clinic Director or Clinic Supervisor if and when the container reaches two-thirds full.
3. If you have reason to believe that you will encounter blood or body fluids during a treatment, use the appropriate personal protective equipment (PPE), such as gloves, goggles, and protective coat.
4. In case of blood or body fluid spill, block off the area using yellow caution tape and notify the Clinic Director immediately. DO NOT attempt to clean the spill yourself.
5. In case of eye contact with any blood or body fluid, wash the area immediately. Your supervisor or Clinic Director will give you further directions.
6. In the event of a medial emergency or accident, immediately notify your supervisor or Clinic Director.
7. ALWAYS practice Clean Needle Technique (CNT). Clean Needle Technique was specifically designed for acupuncture practice to ensure the safest possible protocol for practice. If you are unclear about CNT protocol consult with your clinic supervisor or refer to the Clean Needle Technique Manual, V.
8. Student Interns are required to maintain current OSHA, CNT, and CPR training.

CPR (Cardiopulmonary Resuscitation) & First Aid

It is the intern's responsibility to maintain their CPR & First Aid certification from American Heart Association up to date. A current CPR/First Aid card is both a requirement in the University clinic and for applicants to the licensing board.

Acupuncture Treatment:

(Needles are to be handled by Level II and Level III interns only)

Positioning the patient:
Place patient in a comfortable position, which can be maintained for the length of the treatment. Elderly or handicapped patients may need assistance getting up and down from the treatment table. Children should never be left unattended during treatment. After needle insertion, patients must be checked regularly at intervals. Please show special care towards those who are oversensitive or nervous.

Depth of Needle Insertion:
To avoid accidents, please pay attention to the direction and depth of the needling. Keep the various body sizes in mind and listen carefully to your supervisor's instructions.

Stuck Needle:
Never insert a needle up to the shaft handle. Explain to the patient the necessity of keeping still while undergoing acupuncture treatment. If a needle is stuck due to muscle spasm, ask the patient to relax and massage the area around the needle to remove it with ease. If necessary, needle another point close to the stuck needle to release the spasm and stuck needle. If the needle is entangled in fibrous tissue, turn it slightly to the opposite direction until it becomes loose, then withdraw.

Broken Needles:
Always check the needle shaft handle prior to insertion. If the needle breaks, please remain calm while advising your patient to relax and refrain from moving. Contact the supervising doctor immediately. Your supervisor may use forceps to remove the needle if it is partially above skin. If the entire needle is under the skin, immediately seek appropriate medical care.

Fainting:
Signs prior to fainting due to needle insertion include dizziness, vertigo, oppressive feelings in the chest, pallor, nausea, palpitation, cold extremities, cold sweating, weak pulse, loss of consciousness, hypotension and shock. Causes for fainting include nervousness, fatigue or extreme weakness, hunger, forceful manipulation, and tension.
If your patient shows signs of fainting or has fainted, you must first remove all needles immediately and contact your supervisor. Allow the patient to lay flat and elevate his/her feet (to allow increased blood circulation to the brain). Offer the patient warm water if he/she is still conscious. If the patient is experiencing difficulty in breathing, contact your supervisors immediately. Always observe the patient's facial color and expression.
Follow your supervisor's instructions. If symptoms continue, call Emergency Medical Assistance (911).

Electro-Stimulation:
Use only AC current electrical stimulation. The level of Electro-stimulation should never reach the level of pain. Electro-stimulation should NOT be applied from one side of the chest to the other (front to back or side to side) because it may interfere with the action of the heart muscle. Also Electro stimulation should not be applied across the spine in the back. Electro-stimulation cannot be applied to patients with pace makers across the chest and upper back.

Moxibustion:
Be aware of your patient's heart condition, especially with elderly patients or those with diabetes and nerve damage. If a patient has been burned, contact the supervisor.
Do not use direct moxa unless a supervisor has instructed you to do so.
Be cautious of the contraindications of moxibustion, do not use moxa on hot, febrile diseases.
Be cautious about the use of moxa on the abdominal area during pregnancy.

Cupping:
Be aware of your patient's skin condition before doing cupping. Do not perform cupping to patient with skin ulcer, edema, enlarged blood vessels, patient with high fever and convulsion. Do not apply cupping to patient susceptible to spontaneous bleeding or endless bleeding after trauma. Inform your patient the side-effects of cupping (i.e. bruising of the skin and or blister). Do not use cupping on pregnant women especially in the abdominal region.

Gua Sha
Antler/Horn/Silver Coin as well as vitamin E oil or red flower oil are available at the front desk. It is the interns responsibility to inform the patient of the appearance of small red petechiae called "Sha" which may appear after scraping the skin which will fade in 2 to 3 days. Gua Sha cannot be performed on patients with skin diseases (i.e. ulceration, rash).

Hand Washing
All interns must wash their hands with soap under warm running water for at least 10 seconds before and after treating patients.

Needle Disposal

According to Federal Health Regulations and CNT protocol, a needle after removal from insertion is considered as contaminated. Contamination means the presence or the reasonable anticipated presence of blood or other potentially infectious materials. In fact, unused needles in open packages may also be considered as contaminated sharps. Henceforth, all used needles (and unused ones in open packages) must be immediately discarded in the sharp's container. Contaminated needles should never be handled by trying to bend, break, or recap. Interns are required to dispose used needles directly into the hazardous sharp's container without using any other trays for transportation. The sharp's container is designed for sharp objects alone, (i.e. needles, lancets, etc.). Do not throw cotton balls in the sharp bin. (see section on Other Hazardous Wastes)
Interns are required to check the sharp containers regularly. Containers which are more than 2/3 full should be completely sealed with tape and ready for disposal pick up.

Other Hazardous Wastes:
Cotton balls should be disposed in regular trash cans unless contaminated with blood. Any bloody cotton balls, paper towels, and or cups should be properly disposed into the Red bag waste container labeled "hazardous/infectious waste materials." If the red bag is not available, dispose blood contaminated items into the sharps container.

Needle Sterilization
All treatments done in the AMU University Clinic are with sterilized one package one needle disposable needles. Each disposable needle is used on one point one time only.

Accident Management:

As healthcare practitioners, we should all do our best to prevent accidents from happening. In case of Accidents, first remove all needles (if applicable), assess the patient's condition and proceed with the necessary protocols and/or calling 911. Please remember to fill out the accident report immediately after the fact.

Zero Tolerance Policy for Leaving Needles in a Patient

The AMU Clinic has a **Zero Tolerance Policy** for accidentally leaving needles in a patient. If any patient leaves the clinic with needles still in his or her body, the intern responsible will **FAIL** that shift for the **ENTIRE QUARTER** (40 hours). If multiple interns participate in a treatment, and it is impossible to determine who is at fault for forgetting to remove the needles, all persons who sign the chart will be considered at fault. Please be diligent while performing treatments, and work together as a team to avoid negligent mistakes.

Exposure Control Plan

What is an exposure control plan? An exposure control plan is a standard response to an identified exposure incident. Every member of the clinic community must follow the same protocol in response to such an incident.

What is an exposure incident?

An exposure incident is an event in which one is exposed to potentially infectious material (PIM) usually blood and body fluid. Such an incident could occur as a result of cross contamination, through a needle stick, or other acupuncture techniques, during cleanup procedures, or through contact with patient's through sweat, tears, urine, open lesion, etc. which are other potentially infectious material (OPIM).

What should I do in the event of an exposure incident?

In the event of an exposure incident, the following steps must be followed:

- **Proceed immediately to a wash station and wash the exposed area thoroughly.** For an eye splash incident, prior to seeking additional medical care, flush exposed eye with water immediately.
- **Notify the Clinic Director and/or Clinic Supervisor.**

What will happen next?

A non-confidential exposure event evaluation will be filled. If necessary, you will be referred to the medial doctor right across the street at Alhambra Medical Hospital Industrial Clinic for further evaluation and treatment. All evaluations and follow-ups will be kept confidential.

FIRE SAFETY AND EMERGENCY EVACUATION PLAN

In the event of a fire, earth quake, or other emergency, the following evacuation procedures must be followed immediately and with a calm presence.

- ✓ Remove all acupuncture needles quickly and safely.
- ✓ Instruct the patient to dress and gather personal belongings without hesitation.
- ✓ Direct the patient to follow the evacuation route posted in the hall way.
- ✓ Follow the evacuation route and once outside the clinic, report to the Safety Officer in charge and follow any directions that may be given.
- ✓ Do not assume the role of Safety Officer.

Do not re-enter the facility until you have been given instructions to do so by an official personnel from Alhambra Medical University.

Professional Conduct

Confidentiality

- The conduct of all clinicians (Supervisors and Interns) in the Clinic should reflect the ethical standards of professionalism and client confidentiality. Absolutely no discussion of patient (either present or absent) should take place in the Waiting Room Area.
- Information regarding clients is not to be discussed with anyone who is not on the faculty of clinical staff. Information is exchanged with other professionals only with written permission of the patient or the patient's guardian. Interns may not discuss patients by name without explicit permission of their supervisor. Discussion of class notes or particular disorders should not take place in the Waiting room.
- Any conferences with regards to patient cases must be conducted in an appropriate setting, not in the Waiting Room or hallway.
- Address clinicians, faculty, and staff members using appropriate titles (i.e., Ms., Mr., Dr., etc.).
- Patient files should be handled with care and kept in its original folder. No files should be left open for non-staff to review. All patient files must be returned to the filing area in the clinic office after use.
- If you need to use a file for case discussion or case study preparation, please request that file from the clinic personnel who will record the date and time that the file was taken out and by whom. You may take the file to the intern work area, but the file is to remain inside the clinic at all time.
- Under no circumstances are files to leave the clinic area. Information in the patient files may not be photocopied. If you retain rough drafts or soap notes, you are required to remove the names and other identifying information throughout all pages retained. Always remember your patient's right to absolute privacy and confidentiality.
- Supervisors and Interns should conduct themselves professionally at all times. Noises and side conversation are very disruptive to the patient. Please reframe from loud speaking or laughing in the clinic treatment rooms.
- Please reframe from chewing gums or eating snacks in the clinic.

Non-Discriminatory Policy

The Clinic does not discriminate on the basis of race, sex, religion, age, or sexual orientation.

Sexual Harassment

The United States Equal Employment Opportunity Commission defines Sexual Harassment as "Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature." Such behavior is against the law. The Clinic is committed to creating a workplace for its employees, students and patients free from sexual harassment so that all may enjoy their work and treatment. Sexual Harassment simply has no place as in any healing environment. Sexual Harassment against a University employee, fellow student or client patient will be considered grounds for dismissal or refusal of treatment.

Dress Code

- Anyone engaging in clinical activities (observation, supervised practices) should present a professional appearance. Supervisors will check on dress codes prior to starting of each shift. Interns wearing unacceptable attires such as t-shirts, blue-jeans or shorts or open toe shoes will be dismissed for the shift and the hours voided. Male interns should wear a dress shirt or polo shirt (with collar). Ties are optional.
- Please reframe from wearing big jewelry and tie up any lose long hair to observe regulations stated within the Clean Needle Technique Manual.
- Interns must wear clean and pressed lab coat (prefer long ones) with a nametag. This lab coat will serve as a protective gear and must be worn in the clinic treatment rooms.
- When performing bleeding, protective gears such as gloves and masks must be worn.
- No open toe shoes will be allowed for all clinicians (Interns, Supervisors, Staff)

Clean Hands

As a health care provider, all clinicians (Supervisors and Interns) are required by law to keep their hands and fingernails clean. Please wash your hands with soap under warm running water before and after treating the patients. It is a health precaution for both you and your patients.

Punctuality

Supervisors and Interns must be punctual to facilitate the smooth functioning of the Clinic and ensure good relationship with patients. Please adhere to your scheduled shifts. Any changes, which cannot be avoided must be arranged with personnel at the Clinic. (Please refer to Supervisor/Intern Absence Policy)

1. Clinic shift hours range from 9:00a.m. to 1:00 p.m. and 1:30 p.m. to 5:30 p.m. Mondays through Sundays. Interns are expected to be on time to review case work and plan the day's appointments with the supervising doctors.

2. Clinic Intern meetings (when applicable) are scheduled daily at the beginning of the shift. Interns must be present for these meetings. Tardiness is calculated according to the following formula:
   Tardy for >5 min = dock for 30 min from a 4 hour shift.
   Tardy for >30 min = dock for 1 hour from four hour shift

Tardy for >60 min = Absence for the entire 4 hour shift.
Excused tardy/absence must be supported by proper documentations and will be subject to approval by the Clinic Director.

3. All clinic hours attended must be clocked onto a time card. These time cards are properties of the university. No handwritten time on the time card will be accepted unless done by the Supervisor and or Clinic Director. No intern shall keep his/her time card.

4. Interns must obtain their supervisor's or staff's signature at the end of the shift. Shifts without signatures are invalid and voided.

5. Interns must clock in and out at the beginning and at the end of each shift. No internship hours will be given during the lunch break.

6. Interns must punch in and out themselves using their own time cards. If an intern is caught clocking another intern's time card, both interns' hours for that shift will be dismissed and rendered invalid. Repeat offenders will receive harsher punishments.

7. Interns must keep a log of patient lists. Each treatment must be signed off by the supervisor. Interns must turn in their patient list to the Clinic Director at the end of each quarter. These records will be kept on file. Interns must complete a minimum of 350 patient treatments to satisfy graduation requirement.

8. Credit/grade for the clinic will be given only for the actual time spent working in the clinic. It is important that you arrange your schedule in such a way that clinic hours do not overlap with didactic/academic classes. Classes scheduled during the internship shifts or vice versa will result in "F" grades for both.

9. Clinic Orientation and internship meetings are mandatory. Attendance is crucial as updated information and important events are disclosed at such meetings.

10. Interns must observe their registered hours and schedules. Hours done in excess of registered units will be discarded and no credits shall be given.

Make-Up Hours

Interns who missed their clinic hours (absence/tardiness reduction) must make up their hours during the quarter break. It is the interns' responsibility to sign-up and make up all their clinic hours prior to the following quarter. Unless exempt, incomplete clinic shifts will result in a "No Pass" grade.

Banking Hours

If the patient's treatment extended the intern's normal 4 hour shifts due to circumstances not controllable by the intern, the intern will receive earned minutes/hours with supervisor's signature. The additional minutes/hours will be considered as banked hours and retrievable for "make-up" hours. Interns will NOT receive any additional time outside of his/her shift without performing specific patient treatment or without supervisor's approved signatures.

Supervisor/ Interns Absence Policy and Responsibility

Clinicians (Supervisors and Interns) are required to adhere to the attendance policy assigned at the beginning of the quarter. If for any reason, you cannot keep a clinical shift on the days you've registered, these steps must be followed:

1. Call the Clinic and obtain permission to be excused from your clinical assignment.
2. Supervisors may enlist another supervisor to fulfill your obligation. Keep the phone numbers of all other supervisors.
3. If you have patients scheduled at the time in which you cannot make the appointment, Interns must call the Clinic Director and or supervisors at the clinic and notify them of the arrangements you've made. It is the intern's responsibility to take care of the patient's appointment.
4. If no acceptable arrangements can be made, the Clinic Director reserves the right to cancel, reschedule, or refer the patient to another intern.
5. Documentation may be required in the case of an unexcused absence (no phone calls or arrangements). Lack of attendance on a scheduled day without a phone call is an unexcused absence.
6. Unexcused absence and excessive tardiness are factors to be included in the performance evaluation and will become a part of the clinician's file.

Evaluations:

To strive for quality education and treatment of patients, the staff and interns of the Clinic will all undergo continuous evaluations to improve learning, growth and development as a clinician. The evaluations of the supervisors by the interns and vice versa are mandated on a quarterly basis. The evaluation of the clinic by the patients is encouraged but voluntary. Please review the following evaluation forms.

The clinic director will also review the intern's exam chart to verify the completeness of the pulse/tongue patterns and the consistence between TCM 8 principle and Zhang-Fu Theory which will lead the TCM differential diagnosis and the Treatment principle. A copy of the evaluation will be given to each intern and supervisor for reference and future evaluation.

AMU Clinic

Internship Evaluation (Level I)

This form is to be filled out by the intern's clinic supervisor. Results should be discussed with the intern in person. Signatures of the interns are required before submitting to the Clinic Director and filed in the intern's folder.

Intern Name: _____ Date: _____

Internship: □ Pharmacy □ Observation □ Theater

Date of Evaluation: _____

Intern Supervisor: _____

Purpose of Evaluation: The purpose of this evaluation is to assess the intern's professional strengths and weaknesses, to help the intern become aware of his/her assets and liabilities, and to assist the intern in his/her professional growth and development.

The intern will be evaluated by him/herself and by the site supervisor after the 7th week of internship. These evaluations should be discussed in conference before being sent to the Clinic Director for filing.

The evaluation consists of a general evaluation followed by a list of specific competencies. Please judge the competence of the intern on each item.

General Performance Appraisal

Describe the intern's outstanding strengths and assets:

Describe the areas in which the intern needs the most improvement:

General Comments:

Overall Rating: (out of 100%) _____%

I acknowledge that I have read the above evaluation and have discussed it with my supervisor.

Supervisor's Signature: _____ Date: _____

Intern's Signature: _____ Date: _____

Evaluation of OM Medical Skills and Knowledge in the Clinic Setting

Listed below are areas of knowledge and professional skills that the student intern will be demonstrating as he/she works with patients in the AMU clinic. Evaluate the degree to which entry level competence is demonstrated the majority of the time in each area according to the following competency ratings.

5 – Excellent 4 - Above Average 3 – Average 2 - Below Average 1 – Poor N/A

Knowledge *Competency Rating*

Observation of Acupuncture Point Location _____
(How well can the observer identify a common point using a reference guide under 1 min?)

Observation of Acupuncture Point Selection _____
(How well can the observer convey the specific acupuncture physiology of a common point?)

Observation of Acupuncture Point Combination _____
(How well can the observer identify the combination of points and reasons, ex. Primary Yuan, Back Shu, Front Mu, Xi Cleft, etc.)

Individual Raw Herb Knowledge _____
(How well does the observer understand the function of common herbs?)

Individual Formula Knowledge and Preparation _____
(How well can the pharmacy observer identify herb formula combination, and packaging needs?)

Knowledge of Herb Prescription Cautions and Contraindications _____
(How well can the observer ID some of the C&C on certain herbs and formulas?)

General Work Performance Skills *Competency Rating*

Preparation of Work Area _____
(How well does the observer clean out the treatment room at the end of the shift?)

Responsibility _____
(Is the observer punctual and observe attendance policy?)

Attitude and Cooperation _____
(Is the observer an enthusiastic team player?)

Grooming, Hygiene, & Dress code _____
(Is the observer dressed according to clinic protocol?)

Comments:

AMU Clinic

Internship Evaluation (Level II)

This form is to be filled out by the intern supervisor. Results should be discussed with the intern in person. Signatures of the interns are required before submitting to the Clinic Director and filed in the intern's folder.

Intern Name: _____ Date: _____

Intern Level: Level II

Date of Evaluation: _____

Intern Supervisor: _____

Purpose of Evaluation: The purpose of this evaluation is to assess the intern's professional strengths and weaknesses, to help the intern become aware of his/her assets and liabilities, and to assist the intern in his/her professional growth and development.

The intern will be evaluated by him/herself and by the site supervisor after the 7th week of internship. These evaluations should be discussed in conference before being sent to the Clinic Director for filing.

The evaluation consists of a general evaluation followed by a list of specific competencies. Please judge the competence of the intern on each item.

General Performance Appraisal

Describe the intern's outstanding strengths and assets:

Describe the areas in which the intern needs the most improvement:

General Comments:

Overall Rating: (out of 100%) _____%

I acknowledge that I have read the above evaluation and have discussed it with my supervisor.

Supervisor's Signature: _____ Date: _____

Intern's Signature: _____ Date: _____

Evaluation of OM Medical Skills and Knowledge in the Clinic Setting

Listed below are areas of knowledge and professional skills that the student intern will be demonstrating as he/she works with patients in the AMU clinic. Evaluate the degree to which entry level competence is demonstrated the majority of the time in each area according to the following competency ratings. Only rank those areas where the student/intern has experience.

5 – Excellent 4 - Above Average 3 – Average 2 - Below Average 1 – Poor NA

Knowledge *Competency Rating*

Acupuncture Point Location _____
(Can the assisting intern identify a common point without using a reference guide?)

Acupuncture Point Selection _____
(Can the intern convey the physiology of the most commonly used acupuncture points?)

Cupping _____
(Does the intern understand the practice of using both glass & plastic cups?)

Moxibustion _____
(Does the intern demonstrate the necessary precautions for using moxibustion?)

Electro Stimulation _____
(Can the intern properly select the frequency, attach the electros and increase the voltage volume?)

Herbal Prescription _____
(Can the intern prescribe commonly used formula using a reference guide?)

Professional Skills *Competency Rating*

Medical History Taking _____
(How thorough is the intern on taking the patient's medical history?)

Charting of SOAP notes _____
(Is the patient chart properly documented with soap style notes in legible black ink?)

Physiological Assessment Skills _____
(Can the intern demonstrate assessment skills such as range of motion tests?)

Interpretation of results for diagnosis _____
(Can the intern properly interpret patient's condition and deduce a diagnosis?)

General Work Performance Skills *Competency Rating*

Preparation of Work Area _____

Quality of patient care: _____

Responsibility (attendance/punctuality): _____

Attitude and Cooperation (enthusiastic team player): _____

Judgment: (maturity in decision making) _____

Organization: (ability to plan effectively for completion of tasks) _____

Safety & emergency care _____

Grooming, Hygiene, & Dress code _____

Comments:

AMU Clinic

Internship Evaluation (Level III)

This form is to be filled out by the intern supervisor. Results should be discussed with the intern in person. Signatures of the interns are required before submitting to the Clinic Director and filed in the intern's folder.

Intern Name: _____ Date: _____

Intern Level: Level III

Date of Evaluation: _____

Intern Supervisor: _____

Purpose of Evaluation: The purpose of this evaluation is to assess the intern's professional strengths and weaknesses, to help the intern become aware of his/her assets and liabilities, and to assist the intern in his/her professional growth and development.

The intern will be evaluated by him/herself and by the site supervisor after the 7th week of internship. These evaluations should be discussed in conference before being sent to the Clinic Director for filing.

The evaluation consists of a general evaluation followed by a list of specific competencies. Please judge the competence of the intern on each item.

General Performance Appraisal

Describe the intern's outstanding strengths and assets:

Describe the areas in which the intern needs the most improvement:

General Comments:

Overall Rating: (out of 100%) _____%

I acknowledge that I have read the above evaluation and have discussed it with my supervisor.

Supervisor's Signature: _____ Date: _____

Intern's Signature: _____ Date: _____

Evaluation of OM Medical Skills and Knowledge in the Clinic Setting

Listed below are areas of knowledge and professional skills that interns should be demonstrating as he/she works with patients in the AMU clinic. Evaluate the degree to which competency is demonstrated the majority of the time in each area according to the following competency ratings. Only rank those areas where the student/intern has experience.

5 – Excellent 4 - Above Average 3 – Average 2 - Below Average 1 – Poor NA

Knowledge *Competency Rating*

Acupuncture Point Location _____
(Can the intern identify common points without using any guide?)
Acupuncture Point Selection _____
(Can the intern convey the physiology and therapeutic of the acu-point used?)
Emergency Treatment _____
(Can the intern handle an emergency situation such as bleeding using proper protocol?)
Cupping _____
(Does the intern use the method cupping proficiently with care?)
Moxibustion _____
(Does the intern perform moxibustion proficiently with care?)
Electro Stimulation _____
(Does the intern perform the electro stimulation proficiently with care?)
Tui-Na _____
(Can the intern use tui-na efficiently to treat the patient?)
Herbal Prescription _____
(Can the intern prescribe commonly used formula without reference and modify according to patient's constitution?)
Herb Decoction Preparation _____
(Does the intern instruct patients on method of decoction i.e. boil first, last, wrap separately?)

Professional Skills

Medical History Taking _____
(How thorough is the intern on taking the patient's medical history, i.e. smoking, drinking habits?)
Charting of SOAP notes _____
(The patient chart documented clearly and accurately?)
Physiological Assessment Skills _____
(Can the intern demonstrate the common types of physical examination?)
Interpretation of results for diagnosis _____
(Does the intern demonstrate proper diagnostic skills?)
Communication with Patients for treatment using needles/herbs _____
(Does the intern have rapport with patient prior/during treatment?)
Patient Counseling (exercise/nutrition) _____
(How well does the intern communicate giving patient advise?)

General Work Performance Skills

Preparation of Work Area _____
Quality of patient care: _____
Responsibility (attendance/punctuality): _____
Attitude and Cooperation (enthusiastic team player): _____
Judgment: (maturity in decision making) _____
Organization: (ability to plan effectively for completion of tasks) _____
Safety & emergency care _____
Grooming, Hygiene, & Dress code _____

Comments:

AMU Clinic

Clinic Supervisor Evaluation Form

Name of Supervisor: _____

Quarter:_____ Year:_____

Date of Evaluation: _____

Intern Level: I II III

Please evaluate to your best knowledge the supervisor's performance in the clinic.

1 Unqualified 2 Below average 3 Average 4 Good 5 Excellent
NA(Not applicable)

Is the supervision provided in a timely fashion?	1	2	3	4	5	NA
Does the supervisor critique you on your clinical skills?	1	2	3	4	5	NA
Does the supervisor provide adequate explanations?	1	2	3	4	5	NA
Does the supervisor have a good communication skill?	1	2	3	4	5	NA
Does the supervisor encourage discussion and questions?	1	2	3	4	5	NA
Does the supervisor answer questions accordingly?	1	2	3	4	5	NA
Does the supervisor challenge you to expand your diagnostic skills?	1	2	3	4	5	NA
Does the supervisor present appropriate case studies?	1	2	3	4	5	NA
What is your overall evaluation of the supervisor?	1	2	3	4	5	NA
Would you take this supervisor's clinic shift again in the future?	1	2	3	4	5	NA

Please feel free to write any additional comments and suggestions to improve the quality of our clinic education.

_____

_____

_____

_____

_____

Thank you for your participation!

AMU Clinic

EVALUATION OF CLINIC EXPERIENCE
(DONE BY PATIENTS)

Date: _____

Name of Intern who you were treated by_____

Name of Supervising Doctor: _____

Please evaluate to the best of your knowledge:

The front desk receptionist provided adequate direction for paperwork and documentation required:

□YES □NO □Comments_____

Were you greeted by one of our friendly interns?

□YES □NO □Comments__ _____

Were you made to feel comfortable throughout the treatment?

□YES □NO □Comments:__ _____

Did the intern and supervisor provide adequate explanation and counseling for your problem?

□YES □NO □Comments_____

If applicable, were you given proper instructions on the administration of herbal medication and cooking?

□YES □NO □Comments:_____

Would you refer a friend or a family member to our clinic?

□YES □NO □Comments: _____

Thank you for your participation!

Patient Treatment Costs

Standard Fees

All interns should know the cost of treatments to be rendered (see fee schedule at the receptionist's desk)

Due to our no refund policy for herb prescriptions, it is important that the intern inform the patient of the cost of the herbs before having them prepared.

Special/Promotional Rates are available:

Check with the front desk for special/promotional rate.

AMU Clinic

Internship Orientation Acknowledgement

Please initial and read each statement over carefully. Print your name and sign at the bottom of the form.

_____I hereby agree that it is my responsibility to read the AMU University Clinic Internship Handbook and understand the content within.

_____I understand that I must treat over 350 treatments to satisfy the graduation requirement.

Level II	Min. 100 treatments	Min. 20 different Patients
Level III	Min. 120 treatments	Min. 30 different Patients

_____I understand that I must carry my CPR/First Aid card from American Heart Association and keep it current.

_____I understand that I must observe all the rules and regulations stated within the Internship Handbook, observe the OSHA and HIPAA requirements and conduct myself in a professional manner.

_____I understand that as an intern, I must dress professionally and abide by the dress code of the clinic. I will not be allowed to intern or even observe wearing blue-jeans, shorts, or open toe shoes.

Please check the following:

_____I have been vaccinated for hepatitis.

_____I plan to be vaccinated for hepatitis.

_____ I decline to be vaccinated for hepatitis.

Quarter:_____ Year:_____

Intern's Name (print):_____ID#_____

Intern's Signature: _____

Date of Orientation: _____