



EMPEROR'S
COLLEGE

School of Traditional Oriental Medicine

Community
Acupuncture
Clinic

CLINIC MANUAL

2019

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THIS MANUAL DETAILS ACCEPTABLE BEHAVIOR IN THE CLINIC.

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

INTRODUCTION

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

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

CLINICAL OBJECTIVES

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

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

CLINICAL TRAINING

Emperor's Clinic is where the theories and skills learned in the classroom portion of the program are applied to real life clinical situations; it is the central aspect of the Medicine and the Curriculum.

CLINICAL STRUCTURE

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

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

Internship: The Intern examines the patient, develops a diagnosis and treatment plan under the supervision of the Clinic Supervisor, and administers treatment to the patient. The Intern participates in a structured program of increasing responsibility, from Level 1, where the Intern is closely supervised in all phases of clinic practice, to Level 4, where the Intern practices almost independently under generally minimal supervision of the Clinic Supervisor. Several principles guide this process.

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

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

EMPEROR'S CLINIC OPERATIONAL STRUCTURE

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

EMPEROR'S COLLEGE CLINIC HOURS OF OPERATION

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

ACADEMIC REQUIREMENTS

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

Passing a Clinical Course (for interns AND observers; some of the items below only apply to interns)

- A clinical course is 12 weeks in length, but students are scheduled for 13 weeks some quarters (for those quarters in which there are 13 weeks present). It is the responsibility of the students to notify the Clinic Manager in writing (using a Shift Change form) if they do not plan to work Week #13 as part of their regular clinical course (block).
- Theater and Observation Rounds are only 12 weeks.
- To pass a clinical course students must:
 - Have full and complete attendance (as described below) for the full clinic shift each week and complete all hours required for the clinical course (block):
 - 50 hours for all clinical courses (blocks).
 - Complete patient treatments while demonstrating clinical and professional competencies (see Appendix 2 for a listing of professional competencies)
 - Complete on time all homework or other assignments given during the clinical course.
 - Demonstrate all clinical skills and professional competencies required at each level of training, including charting and all aspects of patient care.
 - Receive a satisfactory evaluation from their Clinic Supervisors and Technical Supervisors at the end of the clinical course.
 - Demonstrate professionalism in all activities and in all interactions while in Clinic; with patients, fellow students, Clinic staff and faculty; and meet all requirements and follow all Clinic rules.

PROMPT AND FULL ATTENDANCE

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

- All students must arrive on time to all clinic shifts and stay until the end of that shift.

- Students must arrive a minimum of 12 minutes early to receive full credit, and they must clock in for themselves.
- **The following times are the hours allotted for each clinic shift and the latest students can clock in to receive “full credit” for the respective shift:**

CLINIC SHIFT STRUCTURE

WEEKDAYS & SUNDAY

For maximum credit:

AM = 8am-12pm	*clock in by 7:48am
PM = 12:30pm-4:30pm	*clock in by 12:18pm
EVE = 5pm-9pm	*clock in by 4:48pm

SATURDAYS

AM = 8:30-12:30	*clock in by 8:18am
PM = 1:00-5:00	* clock in by 12:48pm

For all shifts, interns may clock out no later than 15 minutes after the end of the shift and no earlier than 59 seconds before the end of the shift.

Summary:

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

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

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

FULL ATTENDANCE AND SATISFACTORY ACADEMIC PROGRESS

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

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

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

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

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

If an intern arrives 12 minutes or more late to their scheduled shift, that intern may be subject to disciplinary action, including but not limited to being put on probation. Additionally, when an intern is that late, that intern's patient may be assigned to another intern for treatment. In most cases, the intern who is that late will be clocked in at the 2nd 1.25 hour mark.

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

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

If the intern is ill, that intern should request a clock out verbally or in writing to the clinic manager or Dean of Clinical Education and go home once all of the intern's patients are rescheduled.

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

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

If a student forgets to clock in to a shift, that student may be clocked in when the student's first patient of the shift was scheduled to arrive (there will be NO inclusion of the extra 12 minutes before the shift starts). If a student forgets to clock out at the end of a shift, that student might be clocked out when their last patient was scheduled to leave (e.g., if the student's last patient was scheduled at 9:45 am, that student should have finished with that patient by 11:15 am—that is the time at which that student may be manually clocked out). If the student had a patient in the last slot of the shift, the student will be clocked out at the end of the shift. The decision to clock a student in or out based on the time of the first or last patient the intern treated is up to the discretion of the Dean of Clinical Education.

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

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

A side note from the Dean of Clinical Education:

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

MAKE-UP SHIFTS AND BANKED SHIFTS

Interns must request make-up work from the Clinic Manager via email at least 5 working days in advance.

If you are registered for more than one clinic block, you must inform the Clinic Manager, **AT THE TIME OF SCHEDULING THE MAKE-UP**, to which clinic block you need the make-up hours applied.

Interns who have not met all course requirements for a Clinic Course and have no more than three (3) Absences will earn an "INC" for that course at the end of the 12th week. **If they do not complete all make-up hours by the end of the 3rd week of the following quarter, they will fail that Clinic Course.** You are strongly urged to complete all make up work as early as possible.

In the event an Intern is unable to complete their make-up work before the following quarter begins, you may "apply hours" from the upcoming quarter to the current incomplete quarter ***** you must notify clinic management BEFORE clocking in for any shift if you wish to have the hours from that shift applied to another date as a make-up*****

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

Students are allowed to do a maximum of 3 make-up shifts per 12-week clinical course. Students may do those make-up shifts at any point during the 12-13 weeks of that quarter and during the 2nd and 3rd weeks of the following quarter (note that the 1st week of the following quarter is rarely available for doing make-up shifts).

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

Specialty shifts are not permitted as make-up shifts for level one interns, or if the intern has had no training within the supervisors Concentration.

Interns who cancel a make-up shift with the required 5 working-days notice will be allowed only one further opportunity to do the make-up work for that shift.

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

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

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

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

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

EVALUATIONS

Clinic Interns are evaluated formally at the end of the quarter by their Clinic Supervisor and, as applicable, weekly by their Technical Supervisor.

If an intern begins a new quarter at one level (even if the intern only needs a few hours to make it to the next level), that intern is evaluated later that quarter as if they are at that level of internship for that entire quarter. So, for example, if an intern is a Level 2 intern when they start a quarter and will become a Level 3 intern sometime after that quarter has started, they are still assigned and must work with a technical supervisor for that quarter and they are still evaluated as a Level 2 intern for that entire quarter.

Also, for the purposes of evaluation and supervision, and herb formula assignments, banked hours will not be included in determining an intern's level; however, they will still be included in determining an intern's level for the lottery and for seniority for special registration blocks.

CLINICAL HOURS **for INTERNS AND OBSERVERS**

TIMEKEEPING RESPONSIBILITIES

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

CLOCK-IN / CLOCK-OUT

- Students can clock in up to 30 minutes before, and not later than 12 minutes past the block start time. Early arrival yields 12 minutes additional time credit and late departure yields no additional time credit.
- Students can clock out no earlier than 59 seconds before the block end time and not later than 15 minutes after the block end time.
 - If an intern misses the clock out time, they must request to be manually clocked out BEFORE their next clinic shift. Front desk personnel can assist with this request.
- **REMEMBER** to have your ID card with you at all times. Keep 3 laminated spare ID cards in your locker or elsewhere on/near campus that you can access in the event you lose your original ID. You can then use the spares to clock in or out.
- **Look at the computer screen as you clock in and clock out.** BE SURE it says “clock in/out successful” or you will not receive credit for the clinic hours. Do not regard the “beep” sound as a successful clock in/out - it is not. If you have difficulty with the scanner reading your card at any point in time, inform the Clinic Manager of the problem right away.

TARDINESS

If you miss your clock in/out there are TWO things you must do:

1. Write your name in the log book with the Front Desk staff
2. Immediately email the Clinic Manager (jguerrero@emperors.edu) to notify her you have placed the request

These two steps must be take for ANY missed clock in/out - including instances when the time clock is out of order/broken.

If tardiness occurs more than TWICE per quarter you will be scheduled for a meeting with the Dean of Clinical Education to discuss the importance of time management and professionalism. This will be a very long and boring meeting that wastes not only YOUR time, but more importantly the Dean's time and he is a VERY busy man. Please don't let this happen.

TRACKING HOURS

As mentioned previously, it is the sole responsibility of the intern to track and manage clinical hours. Failure to clock in and out for shifts is considered unprofessional clinical behavior. The consequences for repeat instances are as follows:

- 1st offense: verbal/electronic warning
- 2nd offense: second warning, meeting with Dean of Clinical Education
- 3rd offense: deduction of one hour from current clinical block
- Remember: for failure to clock in/out, always sign the "clock in/out form" kept at the front desk and email the Clinic Manager right away.
- **The same policy stands if there is a technical issue with the time clock:**
 - **sign the log book**
 - **email the Clinic Manager right away**
- It is advised that students check with the front desk personnel towards the end of each quarter to make sure they are on track to complete their hours as needed.

SURPLUS MINUTES (interns only)

- Students may sign up for extra shifts at any time (bank shifts) and will be granted the shifts dependent upon availability
- Students can still keep continuing to work their scheduled shift(s) through the 13th week.
 - These extra hours will be saved in the **time bank**.
 - When the accumulated hours come to 50, the student can, if desired, request to buy those hours from the bank by contacting the Dean of Clinical Education.
 - Extra hours always count towards lottery standing.
 - You must be a student in good academic standing (not on probation and holding the minimum required grade point average) to be permitted to buy back banked hours for use in moving through the clinic curriculum faster.
 - **This may be implemented only once through the entire internship.**
- Any hours from "Failed block(s)" or "Dropped block(s)" will not be added to the surplus - they are lost.
- Any block graded "Inc" (Incomplete) must be made up by the end of the 3rd week of the following quarter. If an incomplete is not completed by the end of the 3rd week of the following quarter, it will be turned into an "F" (Fail).
- A failing grade, "F" (Fail), can't be changed. If an Intern or Observer receives an "F" the block's hours must be repeated.

VACATION AND TIME OFF

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

- The clinic is closed from December 24th until approximately the first working day of the new year - see Academic Calendar for exact date.
- The clinic is closed through Thanksgiving weekend (Thursday through Sunday).
- The clinic is closed July 4th.
- The clinic is closed on Easter Sunday.

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

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

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

The clinic quarters have **12 - 13 weeks**. Time will be allowed for sick leave and days off. The Intern must arrange their days off with the consent of the Clinic Manager and/or Dean of Clinical Education. It is best if these off-days can be spread throughout the quarter. **Interns must not abandon their patients during the break between quarters. Patients do not stop needing care just because a term has ended. Continuity of patient care is crucial to good practice management. Try to arrange for your patients to book with an Intern you know will be here during your absence.**

It is advisable to be mindful with the use of the 3 allowed absences. If all are used up before the end of the quarter - there will be nothing left to cover you in the event of an emergency.

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

1. Fill out Shift Change Form
2. Give the form to the front desk personnel for time off requests
3. Ensure your patients are notified of your absence. This can be done either at an appointment before the absence, and/or by communicating to the Front Desk staff upon submitting the shift change that patients will need to be moved/contacted.
4. Make arrangements for transfer of patients to another Intern to insure continuity of care

Interns have the responsibility to inform their patients if they will not be able to be present for an appointment. Transferring a patient to another Intern must be discussed with the patient, the other Intern, and the front desk prior to taking action.

In case of absences due to illness or emergency, the Intern must call the front desk as soon as possible, and if necessary, leave a message. If you must leave a message when the clinic is closed or when the staff is too busy to answer the phone at that moment, make sure to call again shortly after 8:00 am in order to speak with front desk personnel directly. Call every 2-3 minutes until a live person is reached. Excused absences are made up by contacting the Clinic Manager via email.

Observers must submit a shift change request form BEFORE doing any make up work. In order to successfully clock in or out for a make-up shift, an Observer must be manually added to the shift's roster. All Observer make-up requests must be submitted 5 days in advance.

Note: All Observation make up work is done as Observation Rounds. Theater observers must review the policies and procedures before any makeup shift as they are different than Theater protocols.

Observers may not select specialty shifts for make up work. These include:

Tui Na

Ear Clinic

Concentration shifts (unless directly authorized by the Dean of Clinical Education)

CLINIC OBSERVATION

Clinical Observation is the first phase of clinical training at Emperor's College. 150 hours are spent in the clinic actively observing treatments.

The structure of Clinical Observation is divided into two stages; Theater and Rounds.

<u>Observation Phases:</u>	<u>Hours:</u>	<u>Outcome:</u>
Clinical Observation Theater	100 hours	Prepare for clinical setting
Clinical Observation Rounds	50 hours	Focus on intern interactions and responsibilities, knowledge, practice, and synthesis

Course Sequence:

Quarter 1 - Theater 50 hours

Quarter 2 - Theater 50 hours

Quarter 3 - Rounds 50 hours

Note: any modification to the recommended course sequencing must be approved by the Dean of Clinical Education before registration.

PREREQUISITES FOR CLINICAL THEATER & CLINICAL OBSERVATION

Pre-observation course MUST be taken and passed **no more than two (2) quarters prior to starting Clinical Theater.**

The [prerequisite guide is available on the Emperor's Website](#) under the Current Students - Calendars and Schedules tabs.

PREPARATION FOR ENTERING OBSERVATION

1. Purchase of a white laboratory coat
2. A functioning student I.D. (PLEASE obtain this from the Registrar **at least 1 month** prior to starting your Theater/Observation shifts)
3. Clipboard and a BLACK pen(s)

OBSERVER REGISTRATION

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

OBSERVATION THEATER

FORMAT

Theater is carried out in a small group setting (6-8 students). Patients specifically scheduled for Theater appointments are interviewed, diagnosed and treated by a licensed and experienced practitioner as students observe. During and following each patient's intake, diagnosis and treatment, a general forum discussion of the patient's case is conducted.

GOAL

To gain exposure to patient/practitioner relations, intake procedures, diagnosis, evaluation, treatment plans, treatment procedures, and follow-up care. This includes observation of office procedure, OSHA, HIPAA, and clean needle technique, and maintenance of the herbal Dispensary including storage, care and preparation of herbal formulas.

OBJECTIVES

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

OBSERVATION ROUNDS

FORMAT

Clinic Observation Rounds should be completed **ONLY** after completing both of the Clinical Theater sections.

Students observe the practice of clinical interns under the supervision of licensed Acupuncturists to gain exposure to Emperor's clinical protocols, patient/practitioner relations, intake procedures, diagnostic work-up, evaluation, treatment and follow-up care. This includes observation of office procedures, clean needle technique and maintenance of the herbal Dispensary including storage, care and preparation of herbal formulas. Observation prepares students to perform their next stage of clinic training; clinical internship.

GOAL

To acquire practical knowledge from experienced interns in the Emperor's clinical setting. After observing higher level interns function in the clinic, observers should have a clear idea of their upcoming responsibilities as an intern.

OBJECTIVES

- To gain experience with clinic set-up and increase understanding of routine clinic procedures
- To gain experience with maintaining accurate clinical records
- To gain experience with synthesizing previously-learned theories and techniques
- To gain experience with various facts of case management
- To gain experience with patient interviewing skills and developing patient diagnosis and treatment-planning skills through observation
- To gain experience with the herbal dispensary and the process of prescribing herbal formulas

OUTCOMES OF CLINICAL OBSERVATION TRAINING:

After completing the 150 hours of Clinical Observation, students will have a basic understanding of differential diagnosis through direct observation of approximately 100 patients. They will have practiced basic diagnostic skills and the formulation of treatment plans based on information they have gathered through observation and with the assistance of the Observer assignments.

OBSERVER'S RESPONSIBILITIES

1. **Main responsibilities:** The Observer's main responsibility is to observe, assist, and learn how a professional clinic is organized and run. This experience will provide the knowledge necessary to initially function as an intern in Emperor's Clinic and eventually run a practice once the student graduates.
 - a. Observers must document each patient observed on an Observer Assignment Intake Form. These forms are to be treated as SOAP notes and to be completed in accordance with all charting requirements. All forms are to be collected and submitted to the Dean of Clinical Education in a scheduled Pre-Clinical Meeting upon completion of 150 hours Observation training.
 - b. Observers are preparing to become Interns, and ultimately, highly trained practitioners of acupuncture. Please note that in a teaching clinic, the Intern is the individual who is administering the treatment; the Supervisor is there to provide information and guidance to interns, and maintain a high standard of care for the patients in the learning environment.
2. **Cleaning rooms:** The Observer is responsible for assisting Interns with the cleaning and maintenance of the treatment rooms.
3. **Preparing Herb Formulas:** In the event there is no dispensary staff on duty, it is the responsibility of the Observer to prepare herb formulas at the request of Interns. This is an important priority. It is the responsibility of the Observer to clean the formula station after every herb formula preparation. The Dispensary Manager (or staff on shift) must review the prescription before the formula is packaged and given to the patient.

CLINIC RULES

1. Arrive punctually for all assigned clinic blocks. See timekeeping section for details and responsibilities.
2. Observers are required to stay for the entire shift regardless of patient availability.
3. Observers are not allowed in the clinic unless they are scheduled to be there.
4. Observers must maintain patient confidentiality and follow HIPAA rules the same as any Intern.
5. Observers must cooperate and work in a respectful and professional manner with the Supervisors, Interns and all Staff Personnel.
6. Observers must dress professionally and abide by the dress code of Emperor's Clinic.
7. Observers are strictly prohibited from performing Acupuncture, Massage, Cupping, Moxibustion or any other active portions of treatment including needle removal; they are also prohibited from asking patients questions about their condition or discussing with or advising patients on their diagnosis, treatments or any type of recommendations for their health—this is the intern's and supervisor's role.
8. **THEATER IS CONSIDERED A CLASS!** Attendance for the entire shift is mandatory. Failing to remain in the clinic for the duration of theater or not taking part in the observation process is means for a failing grade.

9. No food is to be brought in the treatment rooms (Room 5 or 18). Be mindful of cell phones, ringers etc., all trash should be emptied from the observation treatment rooms.
10. Respect all property within the treatment rooms - do not put feet on treatment tables in room 5, kicking/scuffing walls, etc.
11. Observers are not permitted to observe/register for a specialty block – for those interested in experiencing the specialty shifts, schedule in as a patient or arrange with the Dean of Clinical Education to come in and observe on a specific shift as space is limited. (NOTE: hours spent observing specialty shifts will not be counted towards required Observation hours).

OBSERVERS – DURING OBSERVATION

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

OBSERVATION ROUNDS SHIFT PROTOCOLS

- Upon arrival, Observers must clock-in and then check the posted clinic schedule for intern and patient availability.
- Select an intern to follow and politely request the opportunity to observe them. This **MUST** be done **BEFORE** the intern has approached the patient or the treatment has begun – **SO BE PUNCTUAL**. Observers must select a higher level intern (as high as possible on that shift - with the exception of first quarter interns and specialty shifts) with several patients scheduled. It is each observer's responsibility to observe as many patients as possible.
- Intern levels are posted quarterly in the intern room

NOTE

Interns should always be open to an observer joining them (with the exception of first quarter interns – see below).

Regular patients may NOT refuse a single observer as they have chosen to come to a teaching clinic; however, they may refuse a second observer.

Notify the Dean of Clinical Education (or Clinical Education Coordinator) immediately with detailed information (date, shift, etc) if either of these instances occurs.

- **There are rare circumstances when an intern may refuse an observer:**
 - If the patient is a student of Emperor's College and has requested, as a patient, that no observers be present and pays full price for the treatment.
 - First quarter interns may refuse an observer.
 - If the intern already has one observer, they may refuse a second.

- Observers may not under any circumstance perform any portion of the treatment including needle removal; however, they should **be present for all steps of the treatment.**
- Review the patient chart with the intern before the treatment begins.
- Accompany the intern as they greet the patient in the waiting room.
- Observe ALL phases of the treatment from beginning to end. It is *recommended* to stay with the same intern unless they are not seeing a patient - then the observer may request, in a timely manner, to follow another intern.
 - This may require some strategizing – be very mindful of timing if you are switching between interns on a shift. It is more appropriate for you to miss pulling needles on a previous patient, than a greeting or portion of the intake on the next patient. **DO NOT enter a treatment/intake that is already in progress.**
- Should you miss the opportunity to join another intern before the treatment has begun, it is expected of you to remain in the intern room and listen in on intern-supervisor interactions. You should not complete an Observer Assignment Intake Form for any patients for whom you did not directly observe an intake.
- Observers should have the opportunity to observe tongue, pulse and other objective findings. Follow the lead of the intern and do so ONLY after it is approved by them.
- Ask questions of both the intern and supervisor, but do so only AFTER the intern has the information they need to continue with the treatment, and only in the intern room.

EVALUATION

Quarterly:

1. Observers will receive a “P” passing grade for the **block** by the end of the quarter if they have completed **100% or more** of the hours required for their registered block
2. Observers will receive an “Inc” incomplete for the **block** by the end of the quarter if they have completed **75% or more** but less than 100% registered hours
3. Observers will receive an “F” failing grade for the **block** by the end of the quarter if
 - They have completed **less than 75%** of registered hours
 - Failed to complete an “incomplete” from the previous quarter by the third week of the succeeding quarter
 - Violated ethical, OSHA, HIPAA or professional standards

Clinic make-up work may be permitted if the Observer has finished at least 75% of each block by the end of the quarter. The make-up work must be completed by the end of the 3rd week of the succeeding quarter. All makeup work for Theater Observers will be completed as Observation Rounds.

Final Evaluation

All Observers are evaluated on the following criteria:

1. Quarterly Assignments:

Upon completion **of each block**, the following clinical assignments must be submitted to the Clinical Ed. Co-ordinator by week 11:

- a. **6 observer herb formula assignments**
- b. **12 diagnostic worksheets**

Failure to submit by week 11 will result in additional assignments being added to the current quarter, or possibly a failed clinic block. Any additional assignments will be reviewed and approved by the Dean of Clinical Education (DCE) in a one-on-one meeting. See DCE/CEC for details. The consequences for late submissions are as follows:

- 2 additional assignments added per week until either all assignments are submitted or new quarter begins
- Once the new quarter has begun, one hour will be deducted from the previous quarter for each week the assignments are late – this means a make-up shift will be required
- If assignments are not submitted by the end of the third week, the intern will receive a failing grade for that clinic block

*NOTE: detailed instruction for both Observer assignments are available on the Emperor's student website under the course syllabi tab. All forms can be found in the intern room against the back wall.

2. Completion of the required hours for each level of clinic observation training: **150 hours total**
3. Completion and accuracy of the required number of Observer Assignment Intake Forms: **70 OAIFs**

*NOTE: The Dean of Clinical Education will reach out to the observers who have completed the sufficient hours to move onto internship to schedule a meeting.

It is the responsibility of the Observer to track and collect all OAIFs through the three levels of Observation and submit at the scheduled meeting with the Dean of Clinical Ed.

INTERNSHIP PREPARATIONS

CLINIC INTERNSHIP REQUIREMENTS

Observers must attain the following certifications BEFORE becoming Intern:

Malpractice Insurance

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

CPR Certification

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

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

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

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

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

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

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

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

~~Emperor's Associate Dean of the DAOM program conducts on-campus training for BLS/CPR that meets Emperor's requirements. Contact Dr. Chris Ruth, LAc, DAOM, for available training dates.~~

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

CNT Certification

All students are required to complete the CNT course well before clinic internship. It is wise to get it done at least one entire quarter prior to entering the clinic as an intern (two or three quarters before is weven wiser) since courses are occasionally cancelled or too full to accept more students.

Please see the [CCAOM website \(http://www.ccaom.org/cntschedule.asp\)](http://www.ccaom.org/cntschedule.asp) for details on applying for the training.

The certificate from the completed training must be shown to the Dean of Clinical Education **prior** to entering lottery choices.

PRE-CLINICAL PRACTICAL ASSESSMENT

All students must register for the Pre-clinical Practical during the quarterly registration period. Registration for this test ends at the end of the 1st week of each quarter ([Check the Academic Calendar](#)).

The pre-clinical practical exam point location MUST be passed before entering the clinic as an intern. See below in the Clinical Practical Assessment section for exam details and remediation.

A score of 70% or higher is required to pass the point location portion.

EQUIPMENT REQUIREMENTS

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

1. Approved hard-sided doctor's bag
2. Moxa extinguisher
3. Lighter
4. Working Electro-acupuncture device
 - a. extra batteries
5. Sphygmomanometer
6. Stethoscope
7. Medical examination Penlight
8. Forceps (non-serrated medical tweezers)
9. Cups (minimum 4)
10. Massage oil (aroma neutral)
11. Hemostatic Clamp
12. A watch or clock with second (sweep) hand or a digital display of the seconds
13. Working digital Thermometer (with covers if required)
14. Gua Sha tool or Porcelain soup spoon with smooth edge

15. Photocopy of I.D. card with barcode x3
16. Plastic Rescue (Pocket CPR) Mask
17. Working Flashlight with Working Batteries (for power outages)
18. Clinic Manual
19. Lab Coat
20. CPR & BLS cards; signed and laminated

RECOMMENDED:

- Ophthalmoscope
- Otoscope – with disposable cones
- Reflex hammer
- Wan Hua oil
- Woodlock oil
- Po Sum On liniment

The Dean of Clinical Education may do random equipment checks of Interns. Any Intern found missing equipment will be required to obtain the missing items within 4 weeks of the equipment check. If the Intern is checked again and found to still be lacking the required equipment, the Intern may be put on probation and may possibly lose credit for a number of clinic hours

MATERIALS AND SUPPLIES PROVIDED BY THE CLINIC

- Disposable Acupuncture needles
- Cotton balls
- 70% Isopropanol
- Betadine
- Linens
- Table paper
- Disposable Otoscope cones
- Exam gloves
- Surface Disinfectant

NEEDLE REQUESTS

Observers should submit a needle request in their final observation block **IF** they have successfully completed all prerequisites - including the pre-clinical exams.

If a student is taking the pre-clinical exam at the end of the quarter, they should be prepared to submit a needle request ASAP upon passing to ensure needles are distributed by the beginning of the quarter. An email must be sent to the Clinic Manager to ensure a timely distribution of needles in this instance.

For all other interns:

At the beginning of each quarter, the clinic will distribute disposable needles to all Interns who have submitted the correctly completed request form.

Obtain a needle request form from the forms cabinet in the back of the intern room.

Submit needle request form to front desk by the 12th week of the previous quarter. Any late submissions will be done as time permits and may not be ready by the beginning of the quarter. A second needle request may be submitted half way through the quarter.

You get three boxes of needles per clinic block at the beginning of the quarter.

You may submit a second request mid quarter (week 4) for an additional 2 boxes per block (total 5 boxes per block).

- **NOTE** - *you can submit both needle requests at the same time! They won't be distributed, but it is actually EASIER for the staff if it is submitted earlier.*

Each intern receives 5 complimentary treatment cards with the initial needle request each quarter.

These cards expire AT THE END OF THAT QUARTER. Use them to bring in as many **new** patients as you can.

Submitting the forms on time is YOUR responsibility. If you are late, you won't get your needles on time. **Don't be late or you will need to supply your own needles until the request is filled.**

If you don't know what size to request, ask around. It really is personal preference. A fail-safe to start with is a 36 gauge 1 cun, but it is advisable to build up a selection.

See the needle request form for detailed instructions and Seirin exchange policies.

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

CLINIC INTERNSHIP

CLINIC INTERN MEETING

Each Intern is required to attend this **mandatory** clinic meeting each quarter.

There are two meetings offered during the same week, around the seventh to eighth week of the quarter – **each intern MUST attend ONE of the two meetings every quarter**. Look for announcements sent via email and posted in the intern room around the 3rd or 4th week of the quarter containing the meeting dates and some additional important information.

The purpose of the **mandatory** clinic meeting is to provide Interns with upcoming clinic changes, current news, and to discuss issues between the students and the administration. This is the only opportunity to gather all Interns together.

All Interns will be **checked in at the beginning of the meeting and out at the end of the meeting** to confirm attendance. *Lateness is considered an absence.*

Attendance of the meeting directly and powerfully affects lottery standing.

CLINIC LOTTERY

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

Each quarter, a specific number of Interns and Observers are allowed on each clinic block.

Intern's block assignments are dependent on lottery results.

Interns will fill out block request forms on the computers in the library up to one week prior to the Intern Meeting.

The lottery will be conducted shortly after the second Intern meeting, at the end of the lottery selection period (see academic calendar for the dates of this period).

First priority in the lottery is given to those who attend the meeting.

Priority is also given to Interns based on their Intern level (number of internship hours completed). Level IV Interns are assigned blocks first. Followed by Level III, Level II and finally Level I.

A maximum of two clinic blocks can be obtained through the lottery process.

The lottery results will be available shortly following the second Intern Meeting, on the Friday of the same week, after 5pm, in the administration office.

INTERNSHIP REGISTRATION

Internship blocks are 50 hour blocks.

Patient appointments at Emperor's Clinic are generally 1 hour and 15 minutes long.

To sign up for 1 hour appointment time slots for a shift, prior approval from both the future Supervisor AND the Dean of Clinical Education. Student can then choose the one hour option during registration.

First quarter or 2nd quarter **Level 1** interns may request their middle appointment slot be blocked out during their shifts until they become more experienced and faster with their patients; please contact the Dean of Clinical Education.

ADDING CLINIC BLOCKS

If you wish to add clinic blocks, you may input additional selections in the library during your registration appointment that follows the next week or two after the lottery (see the Academic Calendar for the exact date of registration each quarter).

If you come late to, or miss your registration appointment, any advantage you had from seniority during registration will be reduced or lost.

If a clinic block you wanted to add during registration is full at that time, make sure to **put your name on the Waitlist** on the computer right away for any desired blocks.

Please do not contact the administration about the Wait List

If someone drops a block, the administration will check the WaitList and call each person **in order** of their presence on the list.

If you don't get called, it means either no one dropped any of the blocks you put your name on or there were people ahead of you on the Waitlist for those blocks and one of them received the block.

DROPPING CLINIC BLOCKS

Drop Fees

Because of the adverse consequences to patients, faculty and interns, the following policy has been implemented for observers and interns who opt to drop clinic blocks after they are registered:

During the College's open registration period up until the end of the 11th week, clinic blocks can be dropped at a cost of \$25.00 (this is a late drop fee) per block. After the beginning of the 12th week, a \$50.00 (late) drop fee will be assessed for each block dropped.

Refund Policy For Late Clinic Block Drops

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

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

All hours earned during the block(s) that is being dropped will be lost and may not be used towards bank hours or in any other ways. Dropping blocks after the 7th week will result in a "W" (withdrawal) grade and no refund will be given.

EXTERNSHIPS

As awareness and integration of Eastern and Western modalities continue to grow, Emperor's College is committed to providing students with as many opportunities as possible for more experience. Emperor's College has been a pioneer in this movement and has created externships in many western facilities. Externships provide acceptance of Eastern modalities in Western clinical settings and allow students to treat patients to which they would not otherwise have access.

All Interns are mandated to participate in at least one externship (50 hours). It is highly recommended that Interns participate in as many externships as possible for professional development purposes. However, priority for registering for externships goes to Level III and Level IV Interns. This is because all of the sites have patients being seen more quickly than at our Emperor's clinic. So Interns need to have developed faster treatment times with their patients in order to be prepared for externships. Occasionally, a Level II is permitted to sign up for the Venice Family Clinic externship, but only with prior permission of the Dean of Clinical Education and only during the registration process after the lottery—not during the lottery itself.

Interns are required to obtain a blue externship timecard from the Emperor's Clinic Front Desk and use it to record hours at their respective externship site. Supervisors on each site sign off on the hours upon each shift's completion.

Time cards are to be submitted to the Dean of Clinical Education at the end of the quarter.

Interns are expected to attend **all** of the sessions scheduled with an externship. Absences from externship sessions are much less tolerated because there are no extra Interns around to be able to take over a missing Intern's patients.

Currently there are three externship programs available to Master's Interns at Emperor's College:

- Venice Family Clinic - Venice
- Roy & Patricia Disney Family Cancer Center - Burbank
- Being Alive - West Hollywood

All externships are 12-13 weeks per quarter, and require a TB test prior to start. Also, all Interns must attend the externship site-specific orientation meeting that is presented by the Intern Supervisor at that site – although the site's Supervisor will usually

contact all of the Interns registered for that site, all Interns should make sure to contact the Supervisor soon after registration for clinic if they haven't heard from the Supervisor by them—see the Dean of Clinical Education for the Supervisor's contact information in that instance.

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

- Students must have reached LEVEL III as an intern—lower level interns will not be accepted.
- Students must obtain their own individual health insurance for the quarter (no specific limits required).
- Students must have a formal criminal background check done dated within the past 12 months—this is done through the Dean of Clinical Education.
- Students can sign declination forms for the required immunizations. If students have documentation of previously obtained immunizations, they must show proof for: up-to-date immunizations for Hepatitis B, Diphtheria and Tetanus.;
- Students must demonstrate either a negative skin test or chest x-ray for Tuberculosis;
- Have records of a positive titer or of immunizations administered after 1967 for Rubella and Rubeola for any student born after 1956

A TB test is done once a year, so you must provide documentation of a negative PPD or blood test within a year's time. This can be done at any doctor's office or county health clinic. If you know you will test positive, you will need to get a lung X-Ray instead.

Tetanus/Diphtheria is once every ten years.

MMR is given in childhood. If you don't have documentation of the actual immunization you can document antibody titers to MMR. Those of you born before 1957 have assumed immunity.

Suggestions for fulfilling the requirements:

- Health Department of the county in which you were born may have all immunization records for MMR or others
- Wellness Mart on Wilshire and Bundy offers reasonably priced immunizations, titers, and TB tests
- Immigration Clinics also offer reasonably priced TB tests and immunizations
- Venice Family Clinic gives **free** Diphtheria/Tetanus shots with walk in hours 3 days per week

SPECIAL REGISTRATION BLOCKS

The following clinic blocks require a special registration process directly through the Dean of Clinical Education (*italics* signify a concentration block - see below) :

- *Being Alive externship*
- Disney Family Cancer Center
- Benny Lin (Tui Na)
- *David Twicken*
- Ear Clinic; Denise Stevens
- Michael Apelian (on Sundays)
- Robert Newman

The above listed blocks are NOT requested as a "LOTTERY CHOICE" or during the registration process.

Interns must email or speak directly with the Dean of Clinical Education to register for these blocks. DO NOT CALL the Dean of Clinical Education. Email or meet in person ONLY.

No student will be allowed to work in the clinic unless their registration processes is complete - no exceptions.

CONCENTRATIONS

The following supervisors are part of the Concentration program at Emperor's College:

David Twicken - Classical Concentration

Jacques MoraMarco (Being Alive) - Classical Concentration

Concentration Registration Priority

Whomever has committed to a concentration will have priority to obtain the 2 required clinic blocks that are required as part of the concentration process.

Eight spots in clinic will be reserved per concentration per year; so over a 2-year period, there will be 16 spots open in clinic to allow a student to complete the clinic blocks associated with a particular concentration.

Make sure to see the Academic Dean, Dr. Jacques MoraMarco, to declare your official commitment to a concentration, in order to have priority, before attempting to request a concentration block.

If more than four students are requesting a particular block in a particular quarter and they are all enrolled in the concentration associated with that supervisor's block, then seniority as an intern will be used to determine the highest priority amongst those students.

If a block is not full with the students from a particular concentration, then the next priority will be given to students who have taken at least one of the specialized classes associated with that concentration and higher priority given to those who have taken more than one of those specialized classes already; if two students have both taken the same number of specialized classes, then seniority as an intern will be used to determine priority; a student who will be taking the specialized class concurrently with the clinic block will have higher priority over someone who has never taken a specialized class for that concentration, but less priority than someone who has already taken and passed one or more of the specialized classes.

A student who is in the concentration and who has taken a particular concentration clinic block at least 2 times already, will have less priority than someone who is in the concentration and has not yet taken both of the required 2 clinic blocks associated with that concentration; but that student with the 2 completed concentration clinic blocks will still have more priority to again take that concentration's clinic block over someone who is not in the concentration.

Regarding priority, overall, each intern's situation will be looked at on a case-by-case basis and there will probably be an occasional situation that will arise that will need to be decided by the Academic Dean and the Dean of Clinical Education based on a number of factors involving two or more students.

NON-CONCENTRATION SPECIAL REGISTRATION

Following are the registration priorities for clinic blocks that are not part of the Concentration program but **do require** special registration through the Dean of Clinical Education:

Michael Apelian - seniority

Robert Newman - seniority

Ear Clinic - Interns must be Level 2 or higher and have taken and passed Microsystems, and then seniority is the deciding factor; usually only 3 slots are open for each of the Ear Clinic blocks

Tui Na - Interns must be Level 2 or higher and have taken and passed the Tui Na class, and then seniority is the deciding factor (note: this is not offered every quarter)

NOTE: Registering for one of the above listed clinic blocks uses one of the intern's lottery choices

Disney Externship - Level 3 or 4, inform the Dean of Clinical Education as early as possible (no later than the end of the **first** intern meeting) if interested in registering for this block.

NOTE: Disney Externship **DOES NOT** use up one of the intern's lottery choices

INTERNSHIP FORMAT

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

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

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

OBJECTIVES

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

PREREQUISITES

Refer to the [prerequisite guide](#) posted on the calendars and schedules tab of the Emperor's website

then scroll down to page 3 of the guide to see "Department of Clinical Training."
Remember, one must fulfill Clinical Observation (see "Final Evaluation" heading under Observation section above) before beginning Internship.

Pre-Internship Course Prerequisites:

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

Any student that has NOT passed the Pre-Clinical exam must have a waiver signed by the Dean of Clinical Education before registering for Pre-Internship.

Internship Recommended Prerequisites:

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

Required to be completed prior to or concurrent with first Internship block:

3. Advanced Acupuncture Techniques
4. Formula Writing

CLINICAL PRACTICAL ASSESSMENTS

Pre-clinical Practical Assessment

The Pre-clinical practical assessment consists of four main categories: professional presentation, western physical assessment, TCM assessment, and acupuncture. Students will be required to perform a predetermined set of skills from each category. Remediation will not be required for any of the expanded portions and failing the expanded portion will not result in preventing a student from becoming an intern until approximately Spring 2020. Interns will continue to be assessed on the Acupuncture point locations portion; failing this point location portion will—as has been the case for many years—prevent a student from becoming an intern until this section is passed and remediation will apply in the event of a failing grade.

All students must register for the Pre-clinical Practical during the quarterly registration period. Registration ends at the end of the 1st week of each quarter ([Check the Academic Calendar](#)).

A score of 70% or higher is required to pass the point location portion. The rubric and study guidelines are available on the ECTOM website.

The college expects all students who have dedicated themselves to the study of acupuncture and Oriental medicine to successfully pass the standardized program exams.

Any student who does not pass the standardized program exams, including the expanded portion, is encouraged to meet with the Academic or Associate Dean or Dean of Clinical Education for advisement.

In the event of a student failing multiple times, the following steps will be taken:

Pre-Clinical Examination Remediation

If a student fails the Acupuncture point location portion of the Pre-Clinical exam three (3) times, the student will have a compulsory meeting with the Academic Dean or Associate Dean and be placed on Academic Probation. The student will be restricted from taking the Pre-Clinical exam until the student has completed the remediation program designed by the Academic Dean. If a student fails the Pre-Clinical exam the fourth (4th) time, that student will be automatically withdrawn from the program.

If a student fails any portion of the expanded sections, the student will meet with the Academic Dean or Associate Dean; however, the student will not be held back from clinic. The only portion of the expanded Pre-clinical exam that requires a 70% or higher is the Acupuncture point location.

Mid-Clinical Practical Assessment - to be introduced in Spring 2019

The Mid-clinical practical assessment builds off of the Pre-clinical practical assessment, increasing in complexity and requiring a more comprehensive skill set. It consists of four main categories: professional presentation, western physical assessment, TCM assessment, and acupuncture.

Mid-Clinical Practical Assessment Remediation

If a student fails the Mid-Clinical Practical exam the first time, the student will have a compulsory meeting with the Dean of Clinical Education and be placed on Academic Probation. The student will be restricted from taking the Mid-Clinical Practical exam again until the student has completed the remediation program designed by the Dean of Clinical Education. If a student fails the Mid-Clinical Practical exam a second (2nd) time, that student will be unable to move to the next level (Level 4) of internship until the Mid-Clinical Practical Exam is passed.

All newly expanded portions of the practical exams will not require remediation until approximately Spring 2020.

CLINICAL ASSIGNMENTS

1. Intern Herb Assignments

- EXEMPTIONS:
 - First quarter interns are exempt from completing Herb Assignments – but are welcome to practice and submit any formulas for review with the DCE. Contact CEC, Janel, to schedule an appointment.
 - Externships
 - Ear Clinic
 - Tui Na
- Otherwise – all interns are required to submit Herb Assignments for EACH registered clinic block.
- The checklist and signature page (available in the intern room) specifies how many Herb Assignments must be completed depending on the intern's level.
- Interns are required to complete Herb Assignments under their registered supervisor. Exceptions can be made; however, they require the DCE/CEC approval beforehand.

- Detailed instructions are available on the Emperor's College website under the current students course syllabi tab for Internship.
- **All herb assignments are due by the end of week 10** - failure to submit by week 10 will result in additional herb assignments being added to the current quarter, or possibly a failed clinic block. Any additional assignments will be reviewed and approved by the DCE in a one-on-one meeting. See DCE/CEC for details. The consequences for late submissions are as follows:
 - o 2 additional assignments added per week until either assignments are submitted or new quarter begins
 - o Once the new quarter has begun, one hour will be deducted from the previous quarter's clinic blocks (where herb formula assignments are required) for each week the assignments are late – this means a make-up shift will be required
 - o If assignments are not submitted by the end of the third week, the intern will receive a failing grade for that clinic block

2. Community Presentation

Each intern is required to complete ONE 10-15 minute community outreach presentation during their internship at Emperors. This presentation is an opportunity for you to put yourself out into the community and begin talking about your trade. Detailed instructions, applications and completion forms can be found on the [Emperor's website course syllabi tab under Pre-Internship](#).

3. Patient Tracking Forms

Each intern is responsible for tracking their own patients with a Patient Tracking Form available in the intern room. By the end of level 4, interns must have successfully treated 350 patients, including 125 patients new to them and 10 patients new to the clinic. Make sure to track all patients seen at externship sites as well as Emperor's Clinic.

These tracking forms are a requirement of the California Acupuncture Board and are submitted to the Associate Academic Dean upon completion of the program.

4. Auxiliary Checklist

Interns are responsible for tracking their experience with auxiliary techniques using an Auxiliary Techniques Tracking Form. These forms can be found in the intern room and must be submitted at the end of level 4. The Dean of Clinical Education will be monitoring progress of auxiliary techniques during clinical progress meetings.

EVALUATION

Faculty Supervisors

Each quarter, the Clinic Supervisors evaluate their Interns based on their performance during the quarter.

The Interns will receive a "P" passing grade for the block by the end of the quarter if they have:

- Completed **100% or more** of the hours required for the block that they are in.
- Received a satisfactory evaluation from their Clinic Supervisor(s)

The Interns will receive an "Inc" incomplete for the block by the end of the quarter if they have:

- Completed **80% or more** but less than 100% of registered hours

the Interns will receive a “F” failing grade for the block by the end of the quarter if they have:

- Completed less than 80% of registered hours
- Failed to complete an “Inc” from the previous quarter by the end of the 2nd week.
- Received an unsatisfactory evaluation from their Clinic Supervisor(s)

The parameters by which all interns are evaluated by Clinic Supervisors each quarter are the following:

1. The consistency of the Intern to remain in the clinic and be present for each entire shift
2. Level of diagnostic skills
3. Level of treatment/technical skills
4. Quality of charting skills
5. Professional appearance and behavior
6. Prescribing skills
7. Interpersonal skills and bedside manner

The following clinical rubric will be used to assess interns as they progress through internship:

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

- Interns are expected to demonstrate behavior **at their clinical level** or higher throughout the internship
- Quarterly evaluations will be structured around the above rubric

Technical Supervisors

Whenever available, both level 1 and level 2 interns are accompanied and assessed by a technical supervisor. The technical supervisors utilize a standardized checklist to ensure basic protocols are being met by each intern. The role of the technical supervisor is to monitor level 1 and 2 interns on point location, and needle technique, and ensure thorough yet efficient intake procedures and proper charting. Technical supervisors should be available to answer any technical questions for interns; however, should not interrupt the intern's rapport with their patients. The primary focus is safety followed by efficiency, proper procedures, and professionalism.

Bi-quarterly, Technical Supervisors complete a kit check and comprehensive assessment during each intern's shift. There will be no warning of when these assessments will occur; they are meant to be a 'pop quiz' style assessment. Interns should be prepared for every shift, abide by all clinic rules, complete thorough intakes, and participate in the diagnostic learning process.

- Should the intern be missing ANY required item from the list, they are allowed ONE WEEK to obtain the item and have a re-check before the forms are submitted FOR THE FIRST ASSESSMENT ONLY.
 - If the intern fails to obtain all required items within that time frame, the form is to be completed to reflect this.
 - If items are missing on the second assessment, the form will reflect this and be submitted upon completion.
- Any incidents of misconduct/insubordination/noted unpreparedness/CNT violations etc. between assessment periods will be documented via the Intern Incident Report form and immediately submitted to the Dean of Clinical Education or Clinical Education Coordinator. These reports will be stored in the intern's file and reviewed during progress meetings (see below) unless the matter needs to be addressed urgently.

Clinical Progress Meetings

Internship consists of 4 defined levels, each with specific criteria listed on their respective [course syllabi](#). As each intern approaches or progresses through each level, they will meet with the Dean of Clinical Education to review their progress, assignments, and supervisor feedback, and discuss the added criteria for the upcoming level. Interns will be contacted by email when they are due to progress through a level to schedule the brief meeting.

SENIORITY ETIQUETTE

- Clinical Observers are instructed to follow the highest level intern they can find
- If you are a level three or four, you should expect to have an observer do rounds with you
- Interns should NOT ASK the patient if they mind having an observer, but rather introduce the observer warmly and tell the patient they will be observing
- Interns should always be willing to comply to observers requests; however, there are rare circumstances when an intern may refuse an observer:
 - If the patient is a student of Emperor's College and has requested as a patient that no observers be present. In this case, the front desk must be informed and the student will be charged the full standard treatment price, not the student discount price.
 - Regular patients may **NOT** refuse observers as they have chosen to come to a teaching clinic. Patients **may** refuse a second observer.
 - First quarter interns may refuse an observer.

- Any intern reported as not complying with the above will meet with the Dean of Clinical Education.

GRADUATION CRITERIA AND PROCEDURES

Interns are required to complete treatment of **350 patients**, including **125 patients new to them, 10 patients new to THE CLINIC** all documented on Patient Tracking Forms

Completion of 800 documented clinical hours.

Successful completion of all clinical assignments including Herb Formula Assignments, Auxiliary Checklists, and Community Presentations.

Completion of a "Pink Slip".

- interns are required to obtain this form from Marcia several weeks before the end of the last quarter. As pertains to the Clinic, the cleared balances can be signed off by the Dean of Clinical Education, the Clinical Education Coordinator, or the Clinic Manager.
- once all departments have signed off, the slip is submitted to the Associate Dean.

CLINIC REGULATIONS AND OPERATION

SCOPE OF PRACTICE

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

CLINIC RULES

- The Intern must arrive punctually for all assigned clinic blocks. In the event of an emergency the clinic must be called in advance of the assigned block so that scheduled patients can be reassigned. In the event that an Intern is late more than 15 minutes two times, the front desk personnel may re-assign patients to another Intern when the patients approve of such reassignment; other recourse may be necessary to ensure continuity of patient care. Lateness is defined as an inability to clock oneself in manually or any time a patient is kept waiting due to tardy arrival on the student's behalf
- Interns are required to stay for the entire shift independent of patient availability
- More than three absences per block in one quarter will result in a failed clinic block
- If Interns are in the dispensary or Intern Room when they are not scheduled to be in the clinic, they may be asked to leave if conditions require it (e.g., if it is too crowded or it is too noisy)
- Interns must comply with all instructions of the Clinic Supervisor. Interns may provide only those acupuncture and herbal medicine services and may only make those recommendations that are **first** approved by the Clinic Supervisor
- Interns must participate in one of the two Intern meetings each quarter. Interns are responsible for all information and policies discussed at the Intern meetings
- Interns are responsible for ensuring that all patient charts are completed in an appropriate manner and signed by both the attending Intern themselves and the Clinic Supervisor
- Interns must provide patients with instructions that have prior approval by the Clinic Supervisor
- Interns must provide Observers with information regarding the treatment methodology and other information required by the Observer as time allows. Observers are always allowed in the room. This is a teaching facility and the patient signs a form that says an Observer may be present. Introduce the Observer to your

- patient. One Observer in the room at a time is acceptable. Any more than one, and you may ask the patient if it is all right
- Interns may only treat patients assigned by the Clinic Staff
 - Interns may treat patients only in assigned treatment rooms unless front desk personnel approve another room
 - Interns are allowed to book a fourth patient at any point in the quarter ONLY if they receive approval from the Dean of Clinical Education AND their clinic supervisor
 - Interns are NOT allowed to see more than four patients at any given time
 - If prior approval is given, interns MUST NOTIFY THE FRONT DESK that a fourth patient will be coming in and the time of their appointment at the beginning of the shift - this is a special circumstance, and must be pre-approved. Front Desk must be notified at the start of shift, no exceptions. All other patients MUST be booked by front desk personnel
 - It is the responsibility of the Intern to keep the treatment room clean and ready for patient care. Regardless of whether there is an Observer assigned to the Intern or not. **Disinfection of the room is to take place prior to each shift as well as after**
 - Failure to maintain a clean and properly stocked room will result in the following consequences:
 - First offense = verbal warning
 - Second offence = los of 1 hour from shift
 - Third offence = loss of credit for entire shift
 - Interns and Observers may be treated only with approval of their Supervisor and only when they have appointments or appointments can be made for them. Regular charting requirements apply
 - For the purposes of legal duplication, the Dean of Clinical Education shall serve as the Custodian of Records. The Dean of Clinical Education shall handle all subpoenas. No inquiry regarding any pending action, whether a personal injury (PI) case or a worker's compensation case, may be responded to without the prior permission of the Dean of Clinical Education
 - All Interns are expected to have clean white lab coats and professional attire. All Interns should wear an identification badge during their block in the clinic and should have a name card placed in the plastic holder on the outside of their treatment room door
 - Prior to the patient arrival, all Interns are required to review the patient charts for that day and ask their Supervisor any relevant questions
 - At the end of each treatment, preferably prior to the patient leaving the clinic, each Intern is required to complete his or her charts. This includes complete Intake information, Tongue, Pulse and Pulse Rate, Blood Pressure, Temperature, Diagnosis, Treatment principle, points used, Herb Formula or patent medicine prescribed, both CPT and ICD-10 codes, the patient name, the date, and the Intern's and Supervisor's printed names and signatures. If a custom raw or granule Herb Formula is prescribed, a copy of that formula needs to be in the patient chart by the time they (the patient) leave the building

- It is the responsibility of the Intern to make the formula. The Intern can ask the Observer or dispensary staff for help if they are running short on time
- You must wash your hands before and after each patient, and as necessary per CNT regulations. Alcohol is not an antiseptic and can not be substituted for soap and water
- No pets or food are allowed in the clinic working area
- All Interns and Clinic Observers must clock in and out of their scheduled shifts and are required to remain in the clinic during the entire shift
- Interns are not permitted to go into their assigned rooms and place their equipment in their rooms prior to 30 min before their clinic shift starts.
- At the start of a shift, all interns must complete a room inventory and report any missing/damaged items to the front desk immediately

CLINIC ROOM ASSIGNMENTS

Room assignments are determined at random by the clinic booking system.

Front desk staff is trained to remove interns from rooms with special designations (Dr. Kim, Stroke clinic, ear clinic, DAOM, etc.) and assign them an alternate open room.

Inform the front desk of any room assignment changes you wish to make to ensure the room is available; make sure the change is recorded in the posted schedule AND in the intern room.

Supervisors rely on the schedule print-out to find their interns!

Do not take a second room. In the rare event you need an alternate room, have the front desk tell you which one to use.

Every occupied room must have a professional name card displayed. Neither business cards, IDs, or ID photocopies nor clinic brochures are acceptable instead of a professional name card. Also writing your name by hand on a piece of paper is not acceptable.

DISCIPLINARY ACTIONS

Disciplinary actions will be taken for the following reasons:

- Not showing up for assigned clinic blocks.
- Leaving an assigned block early.
- Making changes in the clinic schedule without written approval of the Clinic Manager.
- Providing treatments not in the scope of practice recognized by the Clinic Staff of Emperor's College.
- Providing a treatment not recognized as part of the scope of practice by the California Acupuncture Committee.
- Providing a treatment not approved by the attending Clinic Supervisor.
- Providing any treatment explicitly prohibited by the Clinic Staff.

- Providing treatment to a patient assigned to another Intern without the permission of the Intern assigned.
- Performing any unsafe procedure.
- Not maintaining your assigned treatment room in an appropriate condition (see above for enforcement).
- Insubordination in dealing with the Clinic Supervisor, Dean of Clinical Education or Clinic Manager.
- Unprofessional behavior with the Clinic Staff, Clinic Supervisor or Administration Staff.
- Disrespectful, unprofessional or inappropriate behavior with patients.
- Violation of OSHA standards for biohazard materials.
- Violation of HIPAA compliance.
- Leaving the clinic without informing the front desk personnel and/or for longer than 5-10 minutes
- Telling the front desk personnel you don't want patients scheduled while you are here getting credit for clinical hours.

ENFORCEMENT POLICY

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

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

GRIEVANCE PROCEDURE

In the event that an Intern or Observer believes that they have not been treated fairly by the Clinic Staff or faculty, they may file a grievance with the Dean of Clinical Education.

In the event that the Intern or Observer has a complaint regarding her or his Clinic Supervisor or a member of the Clinic Staff, they may file a grievance in writing with the Dean of Clinical Education

If the Intern or Observer feels that they are not being fairly treated by the Dean of Clinical Education, they may file a grievance in writing to the Academic Dean, the Chief Executive Officer, and / or the Clinic Steering Committee. They must attempt to resolve the conflict with the Dean of Clinical Education first

All grievances will be given serious consideration at each level of the grievance appeal system. A written response will be provided within two weeks from receipt of the grievance submission

PROFESSIONAL BEHAVIOR IN THE CLINIC

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

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

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

EMPEROR'S DRESS CODE

Name Tags

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

Personal Hygiene

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

Lab Coats

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

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

Neither Interns, Observers, Dispensary Staff, Dispensary lab students, or Clinic Supervisors can work in the clinic without a lab coat. If you forget to bring one, you will be required to either rent one from the Front Desk at a fee of \$7.00 or forfeit the shift.

Professional Attire

These standards are required to ensure our diverse patient population is comfortable being seen in our Clinic and that Students and Staff present a professional and non-intimidating appearance to this culturally diverse patient population.

Black scrubs are an option, otherwise, all dress must suggest a professional demeanor.

Clean, well-fitting, wrinkle-free clothing is required.

The Dean of Clinical Education has the final word regarding any discrepancies regarding appropriate clinic attire.

Enforcement of student and staff compliance with these standards is the responsibility of the Clinic Supervisors, the Dean of Clinical Education, the Clinical Education Coordinator, the Clinic Manager, the Dispensary Manager, and the Academic Dean.

Students, Faculty and staff found in non-compliance with the dress code standards may be sent home without being credited for their hours.

Following are the guidelines for the Emperor's College Clinic Dress Code:

Accessories:

No visible jewelry in facial piercings (i.e.: nose studs/rings, eyebrow rings, etc.)

No dangling earrings or bracelets

No bulky rings with stones or intricate work (while needling per OSHA/CNT)

Neckties, if worn, must be clipped or pinned tightly against the shirt

No scarves, hats, or caps

Hair:

No vivid or unnatural hair colors (i.e. pink, green, blue, etc.)

Long hair must be tied up or back to ensure it does not touch the patient's skin

Clothing:

Only white lab coats are permitted

All tops must cover shoulders, abdomen, back, sides, and décolleté/chest (no deep "V" necks, halter tops, athletic tank tops, etc.)

Men are required to wear a button up collared shirt

Only collar level button on button-up dress shirts can be open for all interns

Button-up and collared shirts must be tucked in

No Polo shirts

No denim (blue, black, white, or any other color; shirts or pants)

No leggings, tights, shorts, ¾ length pants/capris

No evening wear, or items that are embellished, lacey, sheer, sequined, etc.

No extremely tight fitting garments (i.e. spandex/lycra)

Skirts and dresses must be no higher than 2 inches above the knee (including slits)

No gym clothing

No T-shirts

Footwear:

Shoes must be closed-toed

Shoes must be polished, comfortable, and secure for mobility

Stockings or socks must be worn at all times

Shoelaces, stockings or socks must be clean

No thongs, beach shoes, clogs, mules, jellies, sandals, tennis shoes* or slippers (shoes must have a back portion present that covers the back of the foot)

No boots unless pants are worn that cover them down to the ankles (cowboy boots, calf/knee/thigh-high boots, or UGG style boots that are worn outside of clothing)

No booties/boots paired with skirts and/or dresses

No platform or high-heel shoes over 2 inches (absolutely no pumps or spiked heels)

*Tennis shoes that are uniform in color (black or white only), with no embellishments or obvious branding, are acceptable

BEDSIDE MANNER

Interns are involved in the treatment of patients. Patients deserve courteous, respectful consideration of their needs. Treatment procedures are to be clearly explained.

Should problems or questions arise that the Intern cannot resolve, a Clinic Supervisor or the Dean of Clinical Education will intercede.

Be mindful that incense, petroleum products such as candles – esp. scented ones – can be problematic for environmentally sensitive patients. NOTE: candles of any sort are not allowed to be left burning unsupervised in any treatment room at any time.

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

TIME MANAGEMENT

Interns must arrive before their patients, review their files and consider treatment.

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

Students must retain an attitude of professionalism and collegiality.

Late patients should receive a shorter appointment time, EVEN if your next treatment time is available

If a patient is MORE THAN 15 minutes late for their appointment, the intern MAY refuse to do the treatment. Front desk is trained to contact intern upon patient arrival; however, interns should check with the desk and discuss a contingency plan before patient arrives late

Clinic policy – if a patient is late more than ONCE, they are charged full price for the appointment.

- **NOTE** – you are paying to be here to learn. If your patient is late and you don't have time to complete a full treatment, **offer an alternative:** Cupping, tui na, gua sha, moxa, auricular treatment or even just some ear seeds!

Front desk may schedule no more than 2 appointments for a specific patient at one time. If you and your patient would like to arrange a consistent appointment throughout the quarter, YOU fill out the Quarter Long approval slip and bring it to the front desk so it can be documented in the Quarter Long binder.

TREATMENT PROCEDURES

APPOINTMENTS

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

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

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

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

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

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

NEW PATIENT PROCEDURE

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

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

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

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

The Intern will come out and obtain the chart, and examine the details of the chart before greeting the patient - specifically THE MEDICAL HISTORY and the SYMPTOM CHECKLIST (make sure the patient has completely filled these out)

Greet the patient and take them to the assigned treatment room. When the Intern is behind schedule, it is the responsibility of the Intern to go out to the new patient in a timely manner and greet the patient, informing them of the length of the delay.

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

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

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

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

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

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

Before escorting the patient to the front desk to help the patient arrange for a new appointment, review any instructions regarding herbal prescriptions needed. This would also be when the intern should provide the patient with the completed treatment plan form and discuss the details with the patient.

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

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

RETURNING PATIENT PROCEDURE

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

The Front Desk Personnel page the Intern.

The Intern goes to the front desk, obtains the chart from the Front Desk Personnel, reviews notes from the last 1-2 visits and takes the patient to the treatment room.

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

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

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

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

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

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

Before the Intern escorts the patient to the front desk to help the patient arrange for a new appointment, review any instructions regarding herbal prescriptions needed and if the patient is being treated for a *new* chief complaint, a new treatment plan needs to be completed, a copy given to the patient, and details of it discussed.

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

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

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

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

PROCEDURE FOR ORDERING LABORATORY TESTS

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

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

- The name of the patient
- The age of the patient
- The sex of the patient
- What tests are needed
- Where the test results should be sent
- That the results should go to the attention of the Supervisor and/or Dean of Clinical Education

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

DIAGNOSTIC IMAGING

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

CHARTING

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

The Clinic Faculty must check to see that interns fill out all charts completely and thoroughly. The Clinic Faculty will **sign all charts** and make sure that treating interns have also signed the charts. **The Clinic Faculty should not sign the chart until it is properly filled out.** Following are guidelines for proper charting:

- All chart entries must be made in black ink on the appropriate form (Do not use ink colors other than black. Do not use pencil or erasable ink.)
- Never destroy or rewrite and replace a prior record. All corrections or changes made in a chart of the original entry are to be made as follows:
 - Draw one line through the entry to be changed.
 - Write the new entry next to the old entry.
 - Initial and date the change, even if it is the same day.
- Do not use white-out.
- No patient may be treated without the following:
 - An arbitration agreement signed by both the Clinic Faculty and the patient or the patient's designated signatory.
 - A consent-to-treatment form signed by the patient or the patient's designated signatory.
 - A completed history form.
- Each treatment episode is charted in the form of "SOAP" notes.

S: Subjective findings, the history portion of the treatment episode.

O: Objective findings, the observation of tongue and pulse, blood pressure, weight, and height at appropriate points in time, and heart beat per minutes as well as other observations, orthopedic tests, and palpation.

A: Assessment, the diagnosis, change in status, or other conclusions.

P: Plan, treatment principle, acupuncture prescription, herbal formulas, other modalities used, referrals made to other providers, and patient instructions.

- No mark or designation reflecting the nature of the history or diagnosis may appear on the outside of the chart.
- Only authorized abbreviations may be used.
- Make sure entries can be interpreted in only one way (no ambiguous statements).
- All box blanks or checklists must be completed. If there are no noteworthy or unusual findings, simply put a theta (θ) or "N/A" in the space along with lines to cross out the remainder of the section.
- All acupuncture prescriptions should include points and associated techniques. Cross out any unused areas of acupuncture points section!
- When electro-stimulation is provided, the chart notes should include which points were stimulated in the format of from point A to point B, what mode was used (continuous, discontinuous, mixed), and what frequency was used in Hz. Where the frequency was mixed, both frequencies should be noted.
- When moxibustion is used, the location, type of moxibustion and duration should be noted.
- When cupping is part of the treatment, the location of the cupping and whether walking cups were used should be noted.
- When acupressure is used, the location and type of procedure should be noted.
- Any additional procedure, such as tui na or gua sha, must be charted in the plan section of the chart notes.
- Document evidence of patient non-compliance.
- Record all recommendations including diet, exercise, or telling intern's patient to go see their medical doctor.
- Record the concerns of patient or their family.
- A record must be made of every telephone call with the patient. Use the Progress Reports Form and log the time, date, nature of their concerns, and any recommendations to the patient.
- Always document mishaps or unusual occurrences such as fainting during or right after acupuncture, moxa burns, or even bruises from the needles. These incidences/occurrences should always report these to Clinic Faculty and Dean of Clinical Education as soon as possible. An Incident Report should be used if necessary.

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

THE HERBAL DISPENSARY

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

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

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

RAW HERBAL PRESCRIPTION PREPARATION PROCEDURE

The herbs are located in the various drawers of the herbal storage cabinet

They are arranged by traditional category

They are labeled with Chinese Characters, the Pinyin English translation, and pharmacological (Latin) name

There is a notebook in the dispensary with all of the herbs listed in alphabetical order according to Pin Yin name in order to facilitate location of the herb

The herbs are combined according to the herbal prescription which was approved by the Clinic Supervisor

Herbal prescriptions are written on "Herbal Formula Request" forms. The Clinic Supervisor and the Intern who wrote the formula must sign these. The original is used to enter the formula into the computer system in the dispensary, and then goes into the patient's file.

Raw herb formula refills can be written no more than 4 times on the original formula form.

Each time, the order must include how many packs are desired, the date, and the signature of the Intern's Supervisor. Refills that are requested by patients over the phone have their own set of restrictions – speak to the Dispensary Manager or Clinic Manager for details

Interns must find out from their Supervisors which herbs in the prescribed formula should have special cooking instructions and the Interns then must write the specific

cooking instructions next to the relevant herb(s) on the Formula Request Form in addition to checking the appropriate boxes on the Patient Instruction Form

The Dispensary staff checks the Herbal Formula after it has been filled to make sure that all herbs and dosages are correct according to the request form and then signs off on the formula sheet

The herbs and substances are packaged in white sheets and placed into paper bags, which are labeled with the patient's name, intern name, date, and the number of packages prepared

The formula is then taken to the front desk with any special price considerations clearly marked (some herbs are particularly expensive and cost extra)

Herbal preparation instructions for the patient are located in the Dispensary and should be included with the formula – this instruction form must be filled out by the Intern and submitted to the dispensary at the same time as the formula form is submitted. It is also the responsibility of each Intern to verbally present the information on the Patient Instruction form to each patient before the patient leaves the clinic

The Dispensary formula preparation area should be cleaned after preparation of each formula

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

PATENT HERBS

The clinic maintains a stock of Chinese herbal patent medicines that can be prescribed for patients. This also must be done under the direction of the Intern's Clinic Supervisor

Fill out the prescription slip and find the item number from the patent formula list, located on the back wall of the intern room, give the prescription form to the Front Desk Staff and they will find the patent herbal medicine. Interns are not allowed to enter into the front desk area unless they are doing their Dispensary lab hours and are delivering a custom formula to the front desk personnel

The Intern is responsible for instructing the patient on how to take the patent pills

Other preparations may be requested for order by submitting the request to the Dispensary Manager – the determination as to whether to order the requested item rests with the Dispensary Manager and the Dean of Clinical Education

POWDERED (GRANULE) HERBS

The powdered herbs are located in bottles on the shelves at the far end of the Dispensary room.

They are alphabetized according to their Pinyin names
A "Herbal Formula Request" form must be completed by the Intern and signed by the Clinic Supervisor

The completed Herbal Formula Request form, a completed Patient Instruction Form, and a completed prescription slip is submitted directly to the Dispensary Staff who then calibrates the correct ratio of individual herb doses according to how many total grams have been ordered

Refills for a powdered formula require the Clinic Supervisor to date, sign, and specify the refill amount on a formula request to the Dispensary Manager, who will generate a new dispensary copy of the formula to be refilled from the dispensary computer. As with raw formula refills, powder formula refills that are requested by patients over the phone have their own set of restrictions – speak to the Dispensary Manager or Clinic Manager for details. The Intern is also responsible for checking with their patient to find out if the patient desires the powder formula to be put into capsules. If the patient wishes to have capsules made up, it is also the Intern's responsibility to make sure the patient is aware of the added cost for the capsules and is in agreement with that added cost; Interns should also ask the Dispensary how long it will probably need to encapsulate the powder formula and then let the patient know that information

The process of creating a powdered formula involves the use of scales, careful measuring techniques, and close attention to herb organization. Please see the Dispensary Manager for details regarding the correct procedure for assembling a powdered formula

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

DISPENSARY HOURS

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

PROCEDURE FOR SPECIAL ORDERING HERBS

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

DISPENSARY ROOM POLICY

Wash hands before and after preparing herbal prescriptions

No raw or custom granule Herbal Formulas are to be sold without a prescription signed by one of Emperor's Clinic Supervisors. Students may not purchase custom raw or powder Herb Formulas for themselves or their family without such a prescription. There is a way in which raw or powder formulas can be ordered for and purchased by students, their family members or anyone from the general public when the formula order is not in connection with a scheduled visit in the Emperor's clinic. Any California Licensed Acupuncturist with a current license can order a formula for an individual in this situation as long as that Licensed Acupuncturist fills out and returns our application form to be an official "Outside Practitioner" in our Outside Practitioners program and the formula is written on the Outside Practitioner herb order form for a raw or powdered formula and completely filled out. To clarify, any student here at Emperor's who asks a Teacher or Supervisor to write a formula for

that student separate from the student being seen in an official visit should be aware that the formula will not be filled by the dispensary unless the Teacher / Supervisor is on file as part of our Outside Practitioners program and the formula is written on one of the Outside Practitioner herb forms

As described above, herbs, whether raw or powder, are usually sold to clinic patients, but can be sold to the general public, to students from other schools, and to Licensed Acupuncturists if they are prescribed by a Licensed Acupuncturist who uses our Outside Practitioner Herb Formula Forms and is on file with us in our Outside Practitioners program. However, patent herbs are available to the public and are sold over the counter without a prescription if the customer knows and asks for what they want – no advice should be given to them about what to order

Formula refills must be signed by one of our Clinic Supervisors

No one is allowed in the Dispensary except on-duty Supervisors, Interns, Observers, and Dispensary lab students

Food and drink are not allowed in the Dispensary Room or Dispensary Room Refrigerator.

Any samples or snacks taken from the Dispensary should receive prior approval by the Dispensary Manager and must be paid for

All people working in the Dispensary Room must wear a lab coat, hair covering and maintain good personal hygiene

Gloves and bouffant hair nets must also be worn when preparing raw or powder formulas

HERB PRICES:

Raw Herbs, Powdered Herbs, Patent Herbs

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

There are some discounts for students, staff and outside practitioners. Check with the front desk staff.

DISPENSARY CLEAN UP

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

ETHICS

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

INFORMED CONSENT

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

ARBITRATION AGREEMENT FORM

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

PRIVACY

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

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

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

CONTINUITY OF CARE

For any individual that enters into a relationship with the Emperor's College Intern Clinic where the clinic provides acupuncture services to the individual, the clinic must provide continuity of care. When the Clinic Faculty, Dean of Clinical Education, or the Intern, with the approval of the Clinic Faculty, deems it necessary to terminate this

therapeutic relationship, the patient must be provided with three referrals for acupuncture services that have been approved by the Dean of Clinical Education.

NONDISCRIMINATION

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

THE INCOMPETENT PATIENT

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

HARDSHIP AND THE RIGHT TO CARE

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

Please refer all questions of financial matters to the front desk or Dean of Clinical Education. The Dean of Clinical Education can authorize discounts for patients in need. Interns, by themselves, are never allowed to give patients discounts. Any such promise by an intern cannot be honored.

PROMOTING THE CLINIC

Emperor's College requires that students must give acupuncture treatments to a minimum of 350 patients during their internship. 125 of these patients must be new to the intern, while 10 must be new patients to Emperor's. The more patients an intern treats the more experience they will gain. Therefore it is very important that interns actively participate in bringing patients into the clinic. Clinic Business Cards, Coupons, Brochures, and Flyers are available for interns to distribute.

SEXUAL HARASSMENT POLICY

Campus sexual misconduct policies and procedures are included in the Emperor's College Security Report, posted on the College website at:
www.emperors.edu/about/annual-security-report/

SAFETY AND PUBLIC HEALTH

UNIVERSAL INFECTION PRECAUTIONS

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

ACUPUNCTURE NEEDLE SAFETY

- Use only approved pre-sterilized, disposable acupuncture needles.
- Use a new needle for each insertion. Do not reuse needles between different patient OR on the same patient between different points.
- Use the appropriate needle for the planned procedure.
- Do not place used acupuncture needles in trays or into any intermediate container. Place all used needles, one at a time, after removing each one, directly into the Sharps container.
- Do not hand used acupuncture needles to an Observer or other Intern.
- Do not insert an acupuncture needle into the patient up to the handle. Always leave some needle between the skin and the handle.
- Do not exceed needle insertion depths.
- Do not needle at an angle or depth where the patient's lungs can be injured.
- Be sure that the patient is stable and comfortable before beginning needle insertion.
- Be sure that the patient has had food 2-3 hours prior to being needled.
- Be sure that the patient is not fearful prior to needling. Reassure the patient about the procedure before beginning to needle the patient.
- Do not wear gloves during the needle insertion procedure. The gloves will not protect you from a needlestick accident and will make handling the needles more difficult. Gloves are only needed when there is the risk of exposure to blood or body fluids (for example when using a plum blossom needle or using a lancet to prick). You can wear a glove on the hand not being used to remove needles while you are removing needles.

ACCIDENTAL NEEDLE STICK PROCEDURE

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

1. Allow the wound to bleed freely for a few moments
2. Wash the needles sticks and cuts with soap and water
3. Disinfect the area with Betadine or other povadyne solution found in a marked bottle at the hand washing sink or from the front desk personnel. **Do not** use an ethanol **swab**.
4. Inform the Clinic Faculty/Supervisor of the incident and complete an incident report.
5. See the Dean of Clinical Education ASAP; you will be given resources for establishing the following:
 - a. How and where to obtain baseline hepatitis and HIV blood tests.
 - b. Obtaining follow-up hepatitis tests at one and two month intervals.
 - c. Obtaining follow-up HIV test at six months.

ELECTRO-ACUPUNCTURE SAFETY

- Use only approved electro-acupuncture devices.
- Do not use an electro-acupuncture device on a patient with a cardiac pacemaker.
- When applying an electro-acupuncture device, do not cross the patient's midsagittal line.
- Limit the current intensity to the level required to treat the patient.
- Use only battery powered devices.

STUCK NEEDLE ACCIDENT

When there is a needle stuck during a treatment episode:

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

BROKEN NEEDLES

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

MOXIBUSTION SAFETY

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

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

FAINTING

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

SHARPS CONTAINERS

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

Full sharps containers

- A sharps container requires replacement if it is **2/3 filled**.
 - If your room's sharps container is filled 2/3 or more, notify the front desk immediately – they will change it out for you
 - DO NOT remove/empty/shake/tamper with any sharps container

BIOHAZARD DISPOSAL

- Removable biohazard bags are attached to the wall of the treatment rooms near the sharps bins.
 - If you use the biohazard bag, YOU MUST immediately fill out a room inventory report and give it to the front desk. They will come change it as soon as possible.
 - At no point should any item be placed in a biohazard bag and left on the wall without notifying the front desk.
 - If you notice items in the biohazard bag, even if YOU did not use it – please fill out the form to notify the desk that the bag needs attention.
- All treatment rooms are equipped with both a SHARPS container, a BIOHAZARD disposal bag, and a TRASH bin
 - **SHARPS** = needles only (this includes the head of a seven star/plum blossom needle and lancets)
 - **BIOHAZARD BAGS** = material **soaked** with blood or body fluids.
*NOTE: should you have an amount of material that does not fit in the wall mounted biohazard bags, the front desk staff has access to large biohazard disposal bags. If for some reason you require one of the large bags, there is a very high likelihood an incident report should be filled out.
 - **TRASH** = cotton balls (even if there are drops of blood on them), needle wrappers, guide tubes, seven star/plum blossom handles, table paper, paper towels, used tissue, etc. – *the only exception to any of these is if they are **soaked** with blood or body fluids to the point where it could be squeezed and drip out.*

REFERRALS

Referrals should be made for the following reasons:

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

All referrals should be documented on the SOAP notes (and OAIFs) in the "recommendations" section.

The clinic is equipped with professional referral folder in the intern room and behind the front desk. These are for the convenience of the interns, for the benefit and safety of the patients. Professional referrals not listed in the books onsite may also be used. If there are additional referrals required in the referral book, please leave a note as instructed in the book.

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

HIGH ALERT INFORMATION

Allergies, hypertension, bleeding/clotting disorders, certain medications or medical conditions must be brought to the attention of each intern on every visit. If a patient has a critically important situation or condition that should be brought to the attention of every intern, see the Dean of Clinical Education so the chart can be labeled appropriately. If the Director is out of the clinic, leave the chart (with respect to HIPPA regulations) in the mail tray with a clear note explaining the situation including your name and the date.

INCIDENT REPORTS

Any event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person and/or a complaint, loss or damage, is considered a "clinical incident." A clinical incident can be in regard to an unexpected treatment outcome such as bruising or the possibility of a moxa burn, an unpleasant patient interaction, related to safety, usability, technical issues, privacy and/or security issues. When in doubt, complete a report.

All incident reports must be documented and submitted to the Dean of Clinical Education for review and further action.

Incident Report forms are available in the intern room with all other forms. Fill out the form as prompted, get appropriate signatures, and then submit to the Dean of Clinical Education.

Intoxicated patients should be reported to Supervisors right away. All patients sign an agreement before treatment stating they are not under the influence of any substance at the time of their treatment. The effect of acupuncture on the nervous system of an individual in an intoxicated state is unpredictable and potentially dangerous. If you suspect your patient is in such a state, report to your supervisor immediately and complete a detailed incident report.

APPENDIX 1

(Revised 10/10/16)



County of Los Angeles • Department of Public Health



REPORTABLE DISEASES AND CONDITIONS

Title 17, California Code of Regulations (CCR), § 2500

It is the duty of every health care provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. "Health care provider" encompasses physicians (surgeons, osteopaths, orient medicine practitioners), veterinarians, podiatrists, physician assistants, registered nurses (nurse practitioners, nurse midwives, school nurses), infectious control professionals, medical examiners/coroners, dentists, and chiropractors, as well as any other person with knowledge of a case or suspected case

Note: This list is specific to Los Angeles County and differs from state and federal reporting requirements.

For laboratory reporting: www.publichealth.lacounty.gov/lab/index.htm For veterinary reporting: www.publichealth.lacounty.gov/vet/index.htm

Urgency Reporting Requirements

- ☎ = Report **immediately** by telephone ☎ = Report by telephone **within 1** working day
- ✉ = Report by electronic transmission (including FAX), telephone or mail within **1** working day from identification
- ⌚ = Report by electronic transmission (including FAX), telephone or mail within **7** calendar days from identification

REPORTABLE DISEASES

<ul style="list-style-type: none"> ☎ Amebiasis ⌚ Anaplasmosis ☎ Anthrax, human or animal + ⌚ Babesiosis ☎ Botulism: infant, foodborne, or wound ⌚ Brucellosis, animal; except infections due to <i>Brucella canis</i> + ☎ Brucellosis, human + ⌚ Campylobacteriosis ⌚ Chancroid ■ ☎ Chickenpox (Varicella), only hospitalizations, deaths, and outbreaks (≥3 cases, or one case in a high-risk setting) ⌚ Chikungunya Virus Infection ⌚ <i>Chlamydia trachomatis</i> infection, including lymphogranuloma venereum (LGV) ■ ☎ Cholera + ☎ Ciguatera Fish Poisoning ⌚ Coccidioidomycosis ⌚ Creutzfeldt-Jakob Disease (CJD) and other Transmissible Spongiform Encephalopathies (TSE) ⌚ Cryptosporidiosis ⌚ Cyclosporiasis ⌚ Cysticercosis or Taeniasis ☎ Dengue Virus Infection ☎ Diphtheria + ☎ Domoic Acid (Amnesic Shellfish) Poisoning ⌚ Ehrlichiosis ⌚ Encephalitis, specify etiology: viral, bacterial, fungal or parasitic ☎ <i>Escherichia coli</i>, shiga toxin producing (STEC) including <i>E. coli</i> O157 + ☎ Flavivirus infection of undetermined species ⌚ Foodborne Disease ☎ Foodborne Outbreak; 2 or more suspected cases from separate households with same assumed source ⌚ Giardiasis ⌚ Gonococcal Infection ■ ⌚ <i>Haemophilus influenzae</i>, invasive disease only, all serotypes, less than 5 years of age 	<ul style="list-style-type: none"> ⌚ Hantavirus Infection ☎ Hemolytic Uremic Syndrome ⌚ Hepatitis A, acute infection ⌚ Hepatitis B, specify acute or chronic ⌚ Hepatitis C, specify acute or chronic ⌚ Hepatitis D (Delta), specify acute or chronic ⌚ Hepatitis E, acute infection ⌚ Human Immunodeficiency Virus (HIV) infection, stage 3 (AIDS) ■ (§2641.30-2643.20) ⌚ Human Immunodeficiency Virus (HIV), acute infection ■ (§2641.30-2643.20) ⌚ Influenza deaths, laboratory confirmed cases only, all ages * ☎ Influenza, novel strains, human ⌚ Legionellosis ⌚ Leprosy (Hansen's Disease) ⌚ Leptospirosis ⌚ Listeriosis + ⌚ Lyme Disease ☎ Malaria + ☎ Measles (Rubeola) ⌚ Meningitis, specify etiology: viral, bacterial, fungal, or parasitic ☎ Meningococcal Infection ⌚ Mumps ⌚ Myelitis, acute flaccid * ☎ Novel virus infection with pandemic potential ☎ Paralytic Shellfish Poisoning ☎ Pertussis (Whooping Cough) ☎ Plague, human or animal + ⌚ Poliovirus Infection ⌚ Psittacosis ⌚ Q Fever ☎ Rabies, human or animal ⌚ Relapsing Fever ⌚ Respiratory Syncytial Virus, deaths and less than 5 years only ⌚ Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses 	<ul style="list-style-type: none"> ⌚ Rocky Mountain Spotted Fever ⌚ Rubella (German Measles) ⌚ Rubella Syndrome, Congenital ⌚ Salmonellosis, other than Typhoid Fever + ⌚ Scabies, atypical or crusted * ☎ Scombroid Fish Poisoning ☎ Shiga Toxin, detected in feces ⌚ Shigellosis ☎ Smallpox (Variola) ☎ Streptococcal Infection, outbreaks any type ⌚ Streptococcal Infection, individual case in a food handler or dairy worker ⌚ Streptococcal Infection, Invasive Group A, including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis; do <u>not</u> report individual cases of pharyngitis or scarlet fever. * ⌚ <i>Streptococcus pneumoniae</i>, invasive * ⌚ Syphilis ■ ⌚ Tetanus ⌚ Trichinosis ⌚ Tuberculosis + ■ ⌚ Tularemia, animal ☎ Tularemia, human + ☎ Typhoid Fever, cases and carriers + ⌚ <i>Vibrio</i> Infection + ☎ Viral Hemorrhagic Fevers, human or animal (e.g., Crimean-Congo, Ebola, Lassa and Marburg viruses) ⌚ West Nile Virus (WNV) Infection ☎ Yellow Fever ⌚ Yersiniosis ☎ Zika Virus Infection <p>☎ OCCURRENCE OF ANY UNUSUAL DISEASE</p> <p>☎ OUTBREAKS OF ANY DISEASE, including diseases not listed above. Specify if occurring in an institution and/or the open community.</p>
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Reportable Non-Communicable Diseases or Conditions

- ⌚ Alzheimer's Disease and Related Conditions (CCR § 2802, § 2806, § 2810)
- ⌚ Disorders Characterized by Lapses of Consciousness (CCR § 2806, § 2810)
- ⌚ Pesticide-Related Illnesses (Health and Safety Code §105200)

+ Reportable to the Los Angeles County Department of Public Health.
 * Bacterial isolates and malarial slides must be forwarded to Los Angeles County Public Health Laboratory for confirmation. Health care providers must still report all such cases separately. **Public Health Laboratory (562) 658-1300**

For questions regarding the reporting of HIV/AIDS, STDs or TB, contact the respective program:
Division of HIV and STD Programs
 HIV reporting (213) 351-8516 STD reporting (213) 744-3106
www.publichealth.lacounty.gov/dhsp/ReportCase.htm

TB Control Program
 (213) 745-0800
www.publichealth.lacounty.gov/tb/healthpro.htm

To report a case or outbreak of any disease, contact the Communicable Disease Reporting System
 Tel: (888) 397-3993 • Fax: (888) 397-3778
www.publichealth.lacounty.gov/acd/Cdrs.htm

APPENDIX 2

PROFESSIONAL COMPETENCIES BY ACAOM AND EMPEROR'S

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

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

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

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

APPENDIX 3

IMPORTANT TELEPHONE NUMBERS - dial 9 to open an outside line

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

APPENDIX 4

EMPEROR'S CLINIC FEES

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

EMPEROR'S CLINIC FEES as of January 1st 2018

Standard Treatment:	\$45.00
Faculty	\$10.00
Students	\$15.00
Walk-in students (current shift)	\$5.00
Student direct family member	\$20.00

EMPEROR'S CLINIC EVENT SCHEDULE

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

Clinic Lottery: Refer to current academic calendar posted online see link below

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

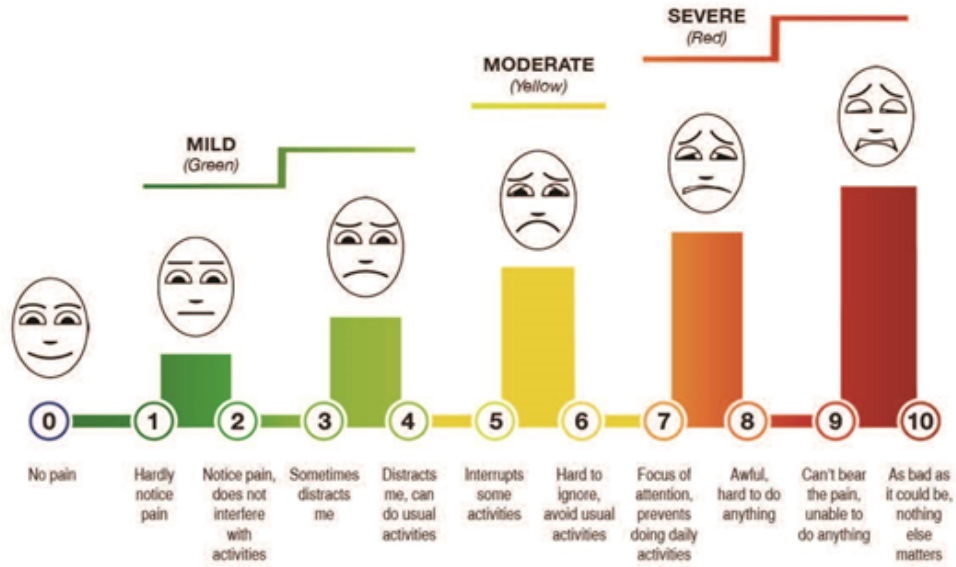
APPENDIX 5**MEDICAL ABBREVIATIONS**

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

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

APPENDIX 6

PAIN SCALE



APPENDIX 7

HYPERTENSION CHART (AHA)

Normal	Systolic <120 Diastolic <80
Pre-hypertensive	Systolic 120-139 Diastolic 80-89
High Blood Pressure (stage 1)	Systolic 140-159 Diastolic 90-99
High Blood Pressure (stage 2)	Systolic 160-179 Diastolic 100-109
*Severe Hypertension (stage 3) emergency care required	Systolic 180 -209 Diastolic 110 -119
*Very Severe Hypertension (stage 4)	Systolic >210 Diastolic >120

***If a patient presents with EITHER severe or very severe hypertension you CANNOT treat them. You must strongly recommend the patient go to the emergency room right away. Chart the denial of treatment AND recommendation.**

Low blood pressure is not a problem unless the patient is experiencing symptoms such as feeling dizzy/lightheaded, nausea, fainting, unusual thirst, blurred vision, cold and clammy skin (per American Heart Association).

APPENDIX 8

HEART ATTACK AND STROKE CHART

HEART ATTACK		STROKE
Death of heart muscle due to lack of O ₂	Definition	Blockage of blood flow to the brain
Chest pain, uncomfortable pressure, squeezing, tightness. May radiate to shoulder, neck or arms. Sweating, vomiting, SOB, weakness, denial	Signs/symptoms	Slurred speech, dizzy, unsteady, double vision, intense sudden h/a, extremity numbness unilaterally, decreased consciousness, facial droop
Lack of exercise, HBP, smoking, obesity, diabetes, gender, heredity, age, high cholesterol, stress	Risk factors	Lack of exercise, HBP, smoking, obesity, diabetes, gender, heredity, age, high cholesterol, stress, TIA's, previous stroke
Have pt sit/lie in a comfortable position CALL EMS IMMEDIATELY Reassure victim, and prevent any exertion. Perform rescue breathing or CPR if needed	Action for survival	Have pt sit/lie in a comfortable position CALL EMS IMMEDIATELY Reassure victim, and prevent any exertion. Perform rescue breathing or CPR if needed

APPENDIX 9

"Red Flags"

Findings in the Patient History That Indicate the Need for Referral to a Physician

Courtesy of Dr. William Thornton

These signs and symptoms do not always indicate serious pathology, rather they are indicators to suspect and rule out such pathology. *When in doubt, refer it out.*

Some conditions may require immediate **911** referral to the **ER**.*

Condition	Signs/Symptoms
CANCER	-Persistent pain at night -Constant pain anywhere in the body -Unexplained weight loss: 4.5-6.8 kg =10-15 lbs in 2 weeks or less -Loss of appetite -Unusual lumps or growths -Unwarranted fatigue
CARDIOVASCULAR - RESPIRATORY	-Shortness of breath* -Pain or a feeling of heaviness in the chest* -Constant or severe pain in lower leg (calf) or arm* -Dizziness -Pulsating pain anywhere in the body -Discolored or painful feet -Swelling with no Hx of injury
GASTROINTESTINAL - GENITOURINARY	-Frequent or severe abdominal pain* -Frequent heartburn or indigestion -Frequent nausea or vomiting -Change in or problem with bowel/bladder function -Unusual menstrual irregularities
NEUROLOGICAL	-Sudden weakness, especially on one side of the body* -Problems with swallowing or changes in speech* -Changes in vision (blurring or loss of sight)* -Problems with balance, coordination, or falling -Changes in hearing -Fainting spells (drop attacks) -Frequent or severe headaches with no Hx of injury
MISCELLANEOUS	-Fever (100.5 F >3days)* or night sweats -Recent severe emotional disturbances -Swelling or redness in any joint with no Hx of injury -Pregnancy -Trauma* (injuries requiring medical attention)

GENERAL S/S THAT REQUIRE ADDITIONAL INVESTIGATION/REFERRAL

- Severe unremitting pain
- Pain unaffected by medication or position
- Severe night pain
- Severe pain with no Hx of injury
- Severe spasm
- Psychological overlay

[References: J. Phys. Ther. Educ. 9:50, 1995; *Orthopedic Physical Assessment*, D. Magee, Saunders

APPENDIX 10

The Seven Warning Signs of Cancer

Courtesy Dr. William Thornton

<u>Warning Sign</u>	<u>What to Look For</u>
Change in bowel or bladder habits	Change in frequency, color, consistency, size, or shape of stool
A sore that does not heal	Sores that: don't seem to be getting better, get bigger, become painful, start to bleed
Unusual bleeding or discharge	Blood in stool or urine, discharge from body parts ie: nipples, penis
Thickening or lump in breast or elsewhere	Lump detected from self exam of breast or scrotum, or others
Indigestion or difficulty swallowing	-Sensation of pressure in throat or chest which makes swallowing uncomfortable -Pressure or feeling full without food or with small amounts of food
Obvious changes in mole, wart or freckle	Use the ABCD rule: -Asymmetry -Border abnormalities -Color; red, white, blue, or black are considered abnormal -Diameter; any mole larger than ¼ inch in diameter or if the diameter is increasing
Nagging cough or hoarseness	Changes in voice Cough that doesn't go away Sputum with blood

APPENDIX 11

Cautioned Points

by John Amaro, DC, FIAMA, Dipl.Ac. (NCCAOM), Dipl.Ac. (IAMA)

Take appropriate caution concerning the following list of potentially high risk acupuncture points.

Point --Stimulation	Point --Stimulation
LU 11 Moxa	TH 7 Needle
LU 10 Moxa	TH 8 Needle
LI 4 Needle during pregnancy	TH 16 Needle
LI 15 Moxa	TH 19 Bleeding
LI 19 Moxa	TH 23 Moxa
LI 20 Moxa	GB 1 Moxa
ST1 Needle	GB 3 Needle (deep)
ST 2 Needle	GB 4 Needle (deep)
ST 7 Moxa	GB 5 Needle (deep)
ST 8 Moxa	GB 15 Moxa (potential blindness)
ST 9 Needle (deep)	GB 18 Needle
ST 17 Needle, moxa	GB 21 Needle heart problems or in pregnancy
ST 25 Needle during pregnancy	GB 22 Moxa
ST 32 Moxa	GB 33 Moxa
SP 2 Moxa during and shortly after pregnancy	GB 42 Moxa
SP 6 Pregnancy	LIV 12 Needle
SP 7 Moxa	CV 4 Needle or moxa during pregnancy
HT 1 Needle	CV 5 Needle or moxa in female patient
HT 2 Needle	CV 8 Needle
SI 10 Moxa	CV 11 Moxa during pregnancy
SI 11 Needle	CV 14 Needle (deep)
SI 18 Moxa	CV 15 Needle
BL 1 Moxa	CV 17 Needle
BL 2 Moxa	GV 4 Moxa in young males
BL 6 Needle	GV 6 Moxa
BL 49 Needle	GV 11 Needle
BL 51 Moxa	GV 15 Needle (deep)
BL 54 Moxa	GV 16 Moxa
BL 56 Needle	GV 17 Needle or moxa
BL 60 Needle during pregnancy	GV 23 Moxa
BL 62 Moxa	GV 24 Needle
BL 67 Needle during pregnancy	GV 26 Moxa (extreme warning)
KI 11 Needle	GV 28 Moxa
P(CX)8 Needle two times in same treatment or with nasal polyps	

Most acupuncture authorities will agree with this list. It is imperative that acupuncturists know and understand the potential risks if these points are stimulated with needle or moxa.

APPENDIX 12

COMMON CPT CODES

The following codes are the most commonly used for super-billing in Emperor's Clinic. Please refer to the ICD-9 code-book in the intern room, or online for more detailed codes.

99202	Initial Visit
97810	Acu.; 1st 15 min.
97811	Acu.; 2nd 15 min.
97813	E-stim.; 1st 15 min.
97814	E-stim.; 2nd 15 min.
99070	Herbs and Patents
97026	Infrared Heat-lamp
97110	Therapeutic Exercise
97140	Manual Therapy Techniques – MUST note: technique used, location and duration

APPENDIX 13

15 Tips for Interns

Before

1. Put your name card in the door placard (make a nice card or get one from Dean of Clinical Education).
2. Arrive early to organize your equipment and supplies.
3. Review case files.
4. Inform patient if you are running late.

During

Before approaching supervisors:

5. Do a complete western and TCM physical assessment.
6. Prepare a well-reasoned diagnosis supported by symptoms and theory.
7. Draft a potential herbal formula and propose points.
8. Use senior interns/technical supervisors as a resource to discuss difficult cases.
9. Educate patient on TCM principles related to her/his diagnosis.

After

10. Discuss frequency, duration and financial feasibility of treatment plan with patient.
11. Discuss dosage, frequency and preparation of bulk herbs, pills or powders (granules) and willingness to comply.
12. Give business cards for referrals.

At Home

13. Conduct western and TCM medical literature search on internet and inform patient at his/her next visit.
14. Study supervisors' formulas to ask insightful questions at next session
15. Do a follow-up phone call 24-72 hours after first treatment, no-shows or cancellation (check chart to make sure patient hasn't asked not to be contacted).

APPENDIX 14

DISTINGUISHING STREP THROAT FROM OTHER CONDITIONS

The following information has been compiled from various online sites:

With Strep throat, patients may have recurrent sore throats that are separate from common cold episodes and don't include many of the symptoms of a common cold.

There may be a recurrent tonsillitis. Tonsillitis is an illness caused by a bacterial infection in the crypts of the tonsils. Once they become infected, typically by Streptococcus, then the patient experiences pain, fever, malaise (meaning just sort of tired and lethargic), and the patient will feel sick. Typically, the symptoms are bad enough that individuals stay at home, do not work and do not study. Bad breath or halitosis is a common side effect. Antibiotics will typically kill the bacteria and eradicate the disease in a matter of 2-3 days.

Other throat infections are often viral throat infections. It is known as a viral pharyngitis, also called an upper respiratory tract infection, and it is also known as a cold. It is important that we differentiate these. The typical cold, is caused by a virus and usually begins with a sore throat. It then progresses in most cases, sometimes to the voice with voice changes called laryngitis. It ultimately goes to the nose. At first you have a runny, stuffy nose. The nasal secretion is clear, and then as that secretion becomes infected, the nasal secretion will often turn yellow or green. The infection typically then resolves over the next several days. Sometimes people have fever. Sometimes they feel sick. Sometimes they stay home. Sometimes they can work and study without obvious difficulty.

Strep throat can be a serious condition as it can lead to rheumatic fever and ultimately a damaged heart and kidney. Unfortunately, there has been a resurgence of rheumatic fever in this country. If you have a sore throat, it is very important to determine whether it is also a Strep throat.

A Strep throat is not easy to recognize. You might have a sudden fever of 102°F or more. A Strep throat might make you feel sicker than you would if you just had a sore throat from a cold. In addition, an examination will give evidence: a red, inflamed throat that's covered with white patches. If you have any of these symptoms you should consult your doctor who will probably do a throat culture. If you indeed are suffering from Strep, you will typically be treated with antibiotics.

The average sore throat is the result of a cold or flu virus.

Adults with Strep throat may have a sore throat, a fever and swollen neck glands. They usually don't have a cough or a runny nose.

Children with Strep throat have a sore throat and may have tummy pain or a red rash with small spots. The rash is worse under the arms and in skin creases.

WATCH FOR EXUDATE PRESENCE

Strep throat is most common in children between the ages of 5 and 15, but it affects people of all ages. In addition to a very sore throat, symptoms typically include a fever and swollen lymph glands.

Younger children may also complain of abdominal pain.

What Are the Symptoms/Characteristics of Strep Throat?

- Sore throat that comes on rapidly (usually causes symptoms in 1-3 days).
- Fever, sometimes greater than 101-102° F—especially if it lasts for several days.
- Back of the throat is raw and red.

- White pus on red and enlarged tonsils. There may be specks of pus present on the tonsils, or there may be a grey or white covering on the tonsils. One note, however, is that some viruses can also look this way, and sometimes Strep may not look this bad.
- Tender, high lymph nodes on sides of neck with possible trouble swallowing.
- Absence of cough, stuffy nose, or other upper-respiratory symptoms.
- Possibly abdomen pain.
- Possibly headache, loss of appetite and/or nausea and vomiting, joint stiffness, muscle pain, skin rash
- General discomfort, feeling ill or uneasy
- Known exposure to someone with Strep throat.
- It's uncommon for a child less than age 3 to get Strep throat.
- Strep throat is most common during late fall and winter.
- There is a characteristic rash that sometimes accompanies Strep throat. This appears as fine, red pimples all over the trunk (chest, abdomen and back) that feel rough, almost like sandpaper and may look like a sunburn. This rash, with Strep throat, is called Scarlet Fever. Do not worry; this is not serious like it used to be. It is simply the body reacting to a toxin produced by the Strep. It does not mean the infection is more serious than Strep throat without a rash, and it goes away with treatment

Although by definition Strep throat is caused by the *Streptococcus pyogenes* bug, other bacteria can occasionally invade the throat and cause similar symptoms. Other possible invaders: *Staphylococcus*, *Neisseria*, and *Hemophilus influenzae*.

People usually develop Strep throat when their immune systems are not functioning at their peak. Stress, overwork, exhaustion, and fights with viral infections can weaken the body's defenses and set up attacks of Strep throat. And like other throat infections, Strep throat also tends to occur during the colder months.

Signs that your child is more likely to have an untreatable virus, and not Strep:

- Age 3 or younger
- Multiple cold or flu symptoms
- Throat not very red
- Child not acting very sick overall

CAUSES OF VARIOUS SORE THROATS

- **Viruses.** By far, the most common cause of sore throat is any one of a large number of viruses, none of which are treatable with antibiotics. These viruses can cause high fever and very painful sore throat. They can feel just as bad or worse as Strep throat.
- **Colds and coughs.** The common cold virus can cause a sore throat in addition to its many other symptoms. Coughing can also irritate the throat, and so can post-nasal drip from a cold.
- **Strep throat.** This is caused by the Strep bacteria, and is treated with antibiotics.
- **Coxsackie virus (hand, foot, and mouth disease).** This is a virus that causes high fever and painful canker sores on the throat, cheeks, gums, or lips.
- **Allergies.** Allergies do not cause sudden sore, painful throats. They can, however, cause chronic mild throat irritation.



CLINIC MANUAL

2018

STUDENT RECEIPT AND ACKNOWLEDGEMENT

(ORIGINAL SIGNED AND PLACED IN STUDENT FILE)

I HAVE RECEIVED MY EMPEROR'S COLLEGE OF TRADITIONAL ORIENTAL MEDICINE CLINIC MANUAL 2018.

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

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

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

STUDENT NAME (PRINTED)

DATE

STUDENT SIGNATURE