

Clinic Handbook (MATCM Program) 2016 / 2017

**Yo San University of Traditional Chinese Medicine
Blount Community Clinic**

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MISSION STATEMENT

Yo San University, a non-profit organization, educates students to become exceptional practitioners of Traditional Chinese Medicine and the Taoist Healing Arts. The school facilitates the development of students' spiritual and professional growth and provides the community with an integrative medical care model and services.

EDUCATIONAL OBJECTIVES (MATCM PROGRAM)

The education objectives for Yo San University's Master of Acupuncture & Traditional Chinese Medicine (MATCM) program are:

- Yo San University graduates demonstrate a thorough knowledge and understanding of the theories and principles of Traditional Chinese Medicine.
- Yo San University graduates have acquired the clinical skills and proficiency to competently evaluate patients using Traditional Chinese Medicine examination techniques, formulate a medical diagnosis and treatment strategy, and carry out the treatment in a skillful and professional manner.
- Yo San University graduates understand the importance of Qi-cultivation in Traditional Chinese Medicine, and demonstrate practical skills in the various techniques of Qi-cultivation.
- Yo San University graduates have acquired the necessary skills to begin their professional practice and be able to effectively communicate, educate and work with the public in integrative medical care models.
- Yo San University graduates recognize the importance of conducting their practice in an ethical and professional manner, and engage in the practice of acupuncture and Traditional Chinese Medicine within the appropriate federal and state legal requirements.

I. Introduction

Welcome to the clinical education component of Yo San University's Master of Acupuncture & Traditional Chinese Medicine (MATCM) program. Your clinical training is where the various disciplines of the academic program are integrated into the practice of Traditional Chinese Medicine (TCM). In the clinic, TCM is transformed from a myriad of concepts to a cohesive medical paradigm. How this transformation takes place is the essence of the internship experience. Only by applying the various concepts learned in the classrooms to real clinical problems in the clinical environment can you develop an intimate understanding of how the dynamics of Chinese medicine. Acupuncture, herbal medicine, Qi cultivation and nutrition are integrated into a therapeutic whole through the clinical process. It is in this therapeutic milieu that you will be transformed from student to practitioner. It is only by our intimate understanding of the clinical experience that you can transform your patients to active participants in the healing process.

The overall goal of the clinical training program is fundamentally aligned with the overall mission objective Yo San University. Specifically the objectives of the clinical training program are:

- To develop an understanding of the clinical process.
- To be a refinement and praxis of the knowledge base acquired in the academic portion of the program.
- To develop problem solving skills and clinical judgment, technical skills as well as interpersonal attributes of a Chinese medical physician of the highest quality.
- To train you on how to be personally responsible for your actions in a professional environment in which cooperation, patient care and attention to detail are part of the normal routine.

You will find the clinical education at Yo San University the best available. How much you benefit from this educational experience is dependent on your degree of immersion in the process of clinical practice. This handbook is part of that educational process. The information in this handbook will enable you to safely begin the transformation from a student to a practitioner of Traditional Chinese Medicine. Only in the clinic do we truly become healers. At the end of your clinical education you will find yourself on the path to becoming the medicine.

The teaching clinic is where the student develops clinical skills and begins to apply the knowledge acquired in the didactic portion of the MATCM program at Yo San University. The intern observes and practices the application of Traditional Chinese Medicine in a supervised environment under the tutelage of the clinical faculty.

The purpose of this manual is to provide basic information to the intern in order to:

- Effectively participate as a clinician.
- Maximize the educational benefit of clinic participation.
- Learn those skills that will enable the safe and effective treatment of patients both as an Intern and as a licensed acupuncturist.
- Comply with legal and ethical requirements of a primary health care provider.
- Complete the clinical requirements of the degree of Master of Acupuncture and Traditional Chinese Medicine at Yo San University.
- Observe the variety of clinical styles represented by the clinical faculty.

Clinic Environment

There are student mailboxes in the central hallway. This will be how your Clinical Supervisors will communicate with you. You are free to leave messages for fellow students as well.

Clinical Faculty mailboxes are in the Intern-Faculty Work Room. Once you put mail in a professor's box, you are not to remove it.

The Clinic lobby is a patient waiting area. Students may not lounge or eat in the waiting area. The Clinic is a business setting; patients' impressions of the clinic are often formed before they get to the treatment room.

The phones in the clinic are for patient related phone calls only. You may not use them for personal calls. Always ask permission before you use a phone, as certain phones or offices may be needed for other priority purposes at that time.

There is a computer in the Intern-Faculty Work Room. Important: NEVER save any confidential material to the hard drive. Always follow established policies regarding personal and patient privacy.

Internship Categories

There are two categories of Interns in the Yo San University Clinic:

Observation Interns observe the licensed practitioners, clinic supervisors as well as supervised practice interns during the treatment episode, and assists the practice intern with maintenance of the treatment room and herbal formula preparation. The Observation Intern also assists the clinic staff with tasks related to overall clinic maintenance as well as maintaining and stocking rooms.

Practice Interns conducts treatments under the supervision and guidance of the Clinic Supervisors. These treatments include examining the patient, establishing a diagnosis, developing a treatment plan, and the actual treating of the patient. More information on both the Observation Internship and the Practice Internship is available in the relevant sections of this handbook.

Several principles guide the internship process:

- The patient's safety and comfort are of paramount importance. Every effort must be made to treat each patient as you would want to be treated. The Intern is required to assure that his/her patients receive the best care possible under the supervision of the Clinical Faculty. This supervision includes attention to the health and safety of the patient.
- The patient's privacy must be assured as much as possible under the operational conditions of a teaching clinic. Observation Interns and Practice Interns are required to comply with all institutional and professional standards regarding privacy. No Intern may violate these standards. Information about a specific patient may leave the patient's file only with the expressed prior written permission of the patient, or a legal subpoena in connection with the patient's chart information. No Intern may copy or remove a file from the clinic.
- Clinic Supervisors and other clinical staff must be treated in a respectful and professional manner.
- The safety of the patients, Interns, clinical staff and clinical faculty must be considered in any procedure where there is risk. No risk is acceptable in the clinical environment. It is the policy of Yo San University and the guiding principle of this program that safety is the first and primary consideration in all policies and procedures.

In conjunction with the didactic portion of the course of study at Yo San University, successful completion of the clinical program enables the candidate to complete his/her training for the

degree of Master of Acupuncture and Traditional Chinese Medicine. Completion of the degree program enables the successful candidate to sit for the California Acupuncture Licensing Examination (www.acupuncture.ca.gov) as well as certification examinations in Acupuncture, Chinese Herbal Medicine & Oriental Medicine administered by the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) (www.nccaom.org).

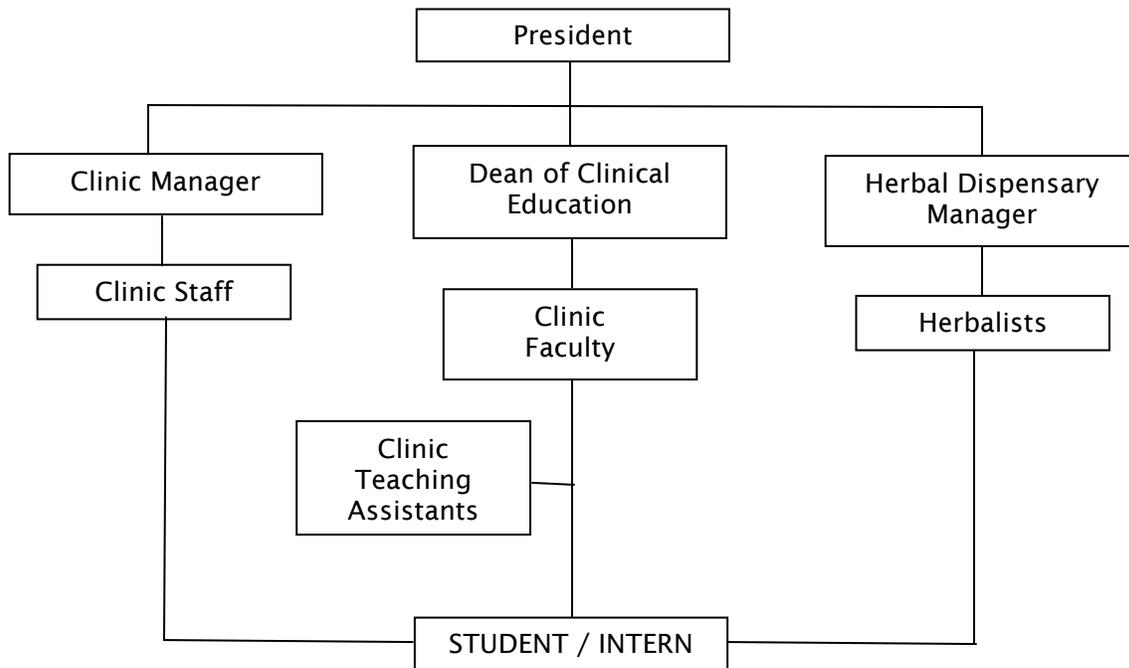
The clinical program is intended to begin a life-long study of Traditional Chinese Medicine. The program will give successful Interns the tools to safely and ethically begin clinical practice. The clinical environment is where the principles of Traditional Chinese Medicine are united into a coherent practice.

YO SAN UNIVERSITY ADMINISTRATION

The Dean of Clinical Education is responsible for developing and enforcing the educational curriculum and academic policies of the clinic. The Dean is also responsible for evaluating the skills outcomes from the practice interns, and the hiring and evaluation of the Clinic Faculty (Supervisors). The Dean's duties overlap with the Clinic Manager in regards to monitoring the progress of the interns.

The Clinic Manager is responsible for the operation of the clinic and oversees all matters pertaining to business including marketing, purchasing supplies, overseeing staff and monitoring intern hours. The Clinic Manager is also responsible for the scheduling of Interns. The Herbal Dispensary Manager and the Front Desk Staff report directly to the Clinic Manager regarding all operational concerns. The Herbal Dispensary Manager reports to the Dean of Clinical Education regarding all educational programs and content.

Both of these positions report directly to the President of Yo San University. The organizational structure is shown in this diagram.



ON PROFESSIONALISM

Being a Licensed Acupuncturist is a professional discipline. Professions require certain behaviors of their practitioners. Professional behaviors (which may or may not directly involve other people) have to do with professional tasks and responsibilities, with the individuals served by the profession, and with collaborative relations with other professionals. Included among professional tasks are education and training.

The following conveys expectations about the behaviors of those who seek to join these professions:

- You show up.
- You show up on time.
- You show up prepared.
- You show up in a frame of mind appropriate to the professional task.
- You show up properly attired.
- You accept that "on-time", "prepared", "appropriate", and "properly" are defined by the situation, by the tasks or by another person.
- You accept that your first duty is to the ultimate welfare of the persons served by your profession, and that "ultimate welfare" is a complex mix of desires, wants, needs, abilities and capacities.
- You recognize that professional duties and situations are about completing tasks and about solving problems in ways that benefit others, either immediately or in the long term. They are not about you. When you are called upon to behave as a professional, you are not the patient, the customer, the star, or the victim.
- You place the importance of professional duties, tasks and problem solving above your own convenience.
- You strive to work effectively with others for the benefit of the persons served. This means you pursue professional duties, tasks and problem solving in ways that make it easier (not harder) for others to accomplish their work.
- You properly credit others for their work.
- You sign your work.
- You take responsibility for your actions, your reactions, and your inaction. This means you do not avoid responsibility by offering excuses, by blaming others, by emotional displays, or by helplessness.
- You do not accept professional duties or tasks for which you are personally or professionally unprepared.
- You do what you say you will do. By the time you said you would do it. To the extent you said you would do it. And to the degree of quality you said you would do it.
- You take responsibility for expanding the limits of your knowledge, understanding and skill.
- You vigorously seek and tell the truth, including those truths that may be less flattering to you.
- You accept directions (including correction) from those who are less knowledgeable or less experienced.
- You value the resources required to perform professional duties, tasks, and problem solving, including your time and that of others.
- You accord respect to the values, interests, and opinions of others that may differ from your own, as long as they are not objectively harmful to the persons served.
- You accept the fact that others may establish objectives for you. While you may not always agree with those goals, or may not fully understand them, you will pursue them as long as they are not objectively harmful to the persons served.
- When you attempt a task for the second time, you seek to do it better than you did it the first time. You revise the ways you approach professional duties, tasks, and problem solving in consideration of peer judgments of best practice.
- You accept the imperfections of the world in ways that do not compromise your pursuit of

excellence.

- You base your opinions, action and relations with others upon empirical evidence, and upon examined personal values consistent with the above.
- You expect all of the above from other professionals.¹

Yo San University Interns are expected to exhibit professional behavior while in the Clinic. As a Clinic which uses students as the primary service providers, it is especially important that students project a professional image. When you enter the Yo San University Clinic, you should consider it as going to work as a professional healthcare practitioner. Your clients expect and deserve this attitude from you. Also realize that your professional reputation begins here. As a general rule, if one suspects that a behavior is unprofessional, then it probably is.

¹ Reproduced from Michael R. Chial, Department of Communication Disorders, University of Wisconsin, "Conveying Expectations about Professional Behavior".

II. Clinical Training

Prerequisites

The following prerequisites must be met before advancing to the respective portion of your clinical training:

Clinical Theatre (CL 310) (60 hours)

Completion of the following didactic course work:

- Clinical Management
- TCM Diagnosis I, II (CM201, CM202)

Clinical Observation (CL 400) (90 hours)

Completion of the following didactic course work:

- Clinical Management
- Completion of at least one Clinical Theater (30 hour) course

Clinical Internship (CL 601, 692, 700 & 800) (840 hours)

1. Successful completion of the following didactic course work:
 - Principles and Theories of TCM I, II & III (CM 111, 112 & 113)
 - TCM Diagnosis I & II (CM 201 & 202)
 - Acupuncture Techniques I & II (AC 301 & 302)
 - Herbal Formulas I, II & III (HM 210, 220 & 230)
 - Acupuncture Anatomy and Energetics I, II & III (AC 201, 202 & 203)
 - Pathophysiology I & II (WM 211 & 212)
 - Western Physical Assessment (WM 310)
 - Clinical Management (CL 100)
 - At least six (6) units of Qi Cultivation courses
2. Successfully passing the Pre-clinical Examination (both written and practical components)
3. Completion of **150 hours** of Clinical Theater and Clinical Observation, comprising:
 - Clinical Theater (60 hours)
 - Observation internship hours (90 hours)
4. Successfully completing an approved Clean Needle Technique (CNT) course (A schedule of classes can be found at: www.ccaom.org/CNTSchedule.asp)
5. Successfully completing an approved Cardio-Pulmonary Resuscitation (CPR) & First Aid course

CPR Requirement

All Practice interns are required to maintain a current CPR certification. A minimum of eight (8) hours in a certified course offering first aid and adult & child cardiopulmonary resuscitation is required. Such course may be taken from the American Red Cross, American Heart Association or other approved organization. A copy of the CPR certification must be submitted to the Clinic Manager for filing in the intern's student files prior to the commencement of Practice Internship. Interns without a current and valid CPR certification may be barred from practicing in the clinic.

Vaccination Requirement

All interns (both Practice and Observation interns) are required to be vaccinated against Hepatitis B prior to starting internship. If you choose not to be vaccinated, you must sign a vaccination waiver that will be kept in your student's file.

Equipment Requirements

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

- Hard sided physician's bag or carrying case
- Moxa extinguisher
- Matches or lighter (preferably butane)
- Sphygmomanometer
- Stethoscope
- Reflex hammer
- Portable light or pen-torch
- Forceps/Hemostat
- Cups
- Thermometer

While it is not required, it is recommended that interns have an electro-acupuncture device, ophthalmoscope and otoscope with disposable ear-pieces.

Malpractice Insurance

All clinic interns are covered while legally performing supervised treatments in the Yo San Clinic. A Malpractice Insurance fee is to be paid each semester when registering for the clinic. This fee must be paid in advance by all students including those on financial aid. There will be no refund for this fee. The fee is assessed each semester to cover only for that semester. Should an intern need to make up hours in the next semester, a new Malpractice Insurance fee must be paid.

Registration Procedure

Prior to the Mandatory Clinic Lottery Meeting, determine which hours and Clinic Faculty are available during the upcoming clinic trimester and select which clinic blocks you want out of the available blocks.

Fill out your request for clinic blocks on the Clinic Registration Form.

Bring the completed Clinic Registration Form to the Mandatory Clinic Lottery Meeting. This meeting is scheduled each trimester by the Dean of Clinical Education. At this meeting, you will be able to determine the availability of the clinic blocks of your choice, make a final decision and turn in the completed Clinic Registration Form to the Dean of Clinical Education.

During the registration period, pay the Registrar for the clinic blocks / hours registered for on your Clinic Registration Form.

While filling out the Clinic Registration Form, keep in mind the following:

You must request either a daytime four and one half hour clinic block or an evening three and one half hour clinic block. Clinic blocks run according to the operational hours of the clinic as follows:

Monday – Friday	8:00 am to 12:30 pm 1:00 pm to 5:30 pm 6:00 pm to 9:30 pm
Saturday	8:30 am to 1:00 pm 1:30 pm to 6:00 pm

Sunday

1:30 pm to 6:00 pm

You may not register for partial shifts (less than a full semester). You must plan on being in the clinic for the entire semester. Should you wish to make up any incomplete hours, you must wait until after the clinic lottery is complete and then submit a completed Temporary Add/Drop form to the Dean of Clinical Education or the Clinic Manager detailing the individual shifts desired.

You must register for defined blocks. You may not start and stop your block at other than the above stated time.

You may register for no more than 5 shifts without permission from the Dean of Clinical Education. You may request additional shift (greater than the 5 shifts maximum) after the initial registration period. The additional blocks will be available on a first come first serve basis.

Priority status will be given to those who attend the mandatory Clinic Lottery Meeting. Any intern who is not at the meeting will not be placed in clinic blocks until after all meeting attendees are assigned blocks.

You may not register for blocks with which you have a class conflict. All classes, including Qi classes must not conflict with your clinic blocks. You will not be allowed to leave in the middle of a block for a class or other regular academic requirement.

You must register for the entire clinic term, including the time between academic terms. If you intend to take time off, this should be indicated on the registration form.

Adding and Dropping Blocks and Shifts

If you need to make alterations to your registered clinic shifts, you may do so by completing a **Temporary Clinic Add-Drop Form** and submitting your request to the Dean of Clinical Education. The **Temporary Clinic Add-Drop Form** is only used to change single or multiple blocks but does not change the number of registered shifts.

If you need to change the number of registered clinic shifts either by adding or dropping entire shifts, you may do so by completing a **Permanent Clinic Add-Drop Form** and submitting your request to the Dean of Clinical Education. The **Permanent Clinic Add-Drop Form** is only used to change your clinic schedule and an **Administrative Add/Drop Form** must also be completed and submitted to the Registrar at the same time.

The distinguishing difference between the Temporary and Permanent Clinic Add-Drop Forms is that the **Temporary Clinic Add-Drop Form** does NOT alter the number of units that the student has registered for, whereas the **Permanent Clinic Add-Drop Form** does.

Unless an intern can demonstrate extenuating circumstances, changes to the clinic schedule will not be permitted after the second week of a semester. This is to ensure a stable environment of continuous health care in the clinic.

Requirements for Clinic Internship Registration

In the recommended 4-year sequence module, an intern would complete one level of training (300 for levels one and two and 240 hours for level three) in each semester and complete the entire clinical internship (840 hours) over three semesters. To do so would require that an intern register for five shifts for the first and second semester and four shifts for the third and final semester.

Registering in this sequence would mean that the intern would have 5 shifts per week in semesters one and two and four shifts per week in semester three.

If an intern chooses to complete his/her clinical internship over more than three trimesters, it is strongly recommended that interns register for a **minimum of three clinic shifts per semester** in order to optimize learning and maintain a practical pace in the intern’s clinical internship. Interns will not be allowed to register for one or two clinical shifts unless there are extenuating circumstances that necessitate registering for two or less shifts. Examples of such circumstances include, but are not limited to: the last shift required for graduation or extreme personal hardship. Wanting to “start slow” is not recommended as interns learn best when there is continuity of training throughout the week.

Interns must also complete an entire level of internship before they may register for the next level of clinic internship. For example, a Level One intern who registers for three shifts their first semester is only allowed to register for two shifts during their second semester, thus completing their Level One internship. That intern may NOT register for five shifts in their second semester. That would have them cross over, in terms of hours and internship levels, into Level two internship in the same trimester. Such ‘cross over’ internship will not be allowed.

Please refer to the chart below for examples of clinical internship registration models:

		Semester 1	Semester 2	Semester 3	Semester 4	Semester 5	Semester 6
Most Desirable	Level 1	5 shifts					
	Level 2		5 shifts				
	Level 3			4 shifts			
	Level 1	3 shifts	2 shifts				
	Level 2			5 shifts			
	Level 3				4 shifts		
	Level 1	3 shifts	2 shifts				
	Level 2			3 shifts	2 shifts		
	Level 3					4 shifts	
	Level 1	3 shifts	2 shifts				
Least Desirable	Level 2			3 shifts	2 shifts		
	Level 3					3 shifts	1 shift

Clinical Training Requirements

*Note: Clinical Management (CL 100) is required **prior** to entry into any phase of the clinical training.*

Clinical training is structured into different phases of observation and clinical internship, which will be discussed in detail in the relevant sections of this handbook:

Observation (150 hours)

Clinical Theatre (60 hours)

CL 310 Clinical Theater I
CL 310 Clinical Theater II

Clinical Observation (90 hours)

CL 400 Clinical Observation I
CL 400 Clinical Observation II
CL 400 Clinical Observation III

Clinical Internship (840 hours)

Level 1A and 1B Clinical Internship

300 hours / 10 units
4.5 hours / 3.5 hours / block
14 weeks to complete a 60 hour shift @ 4.5 hours per block (days)
18 weeks to complete a 60 hour shift @ 3.5 hours per block (evenings)
5 shifts required

Level 2 Clinical Internship

300 hours / 10 units
4.5 hours / 3.5 hours / block
14 weeks to complete a 60 hour shift @ 4.5 hours per block (days)
18 weeks to complete a 60 hour shift @ 3.5 hours per block (evenings)
5 shifts required

Level 3 Clinical Internship

240 hours / 8 units
4.5 hours / 3.5 hours / block
14 weeks to complete a 60 hour shift @ 4.5 hours per block (days)
18 weeks to complete a 60 hour shift @ 3.5 hours per block (evenings)
4 shifts required

Total Hours of Clinical Training required for Graduation = 990 hours

Internship Structure / Clinic Hours Requirements

All students must successfully complete **150 hours of Observation Internship** and **840 hours of Clinical Internship training**. The following table outlines the structure of the clinical program at the Yo San University Clinic.

OBSERVATION INTERNSHIP (150 hours)

Observation internship comprises two components: Clinical Theater and Clinical Observation.

CL310 Clinical Theater

1 unit • 30 hours each (2 units / 60 hours required)

Learning Objectives

- Students will receive a comprehensive introduction and orientation to clinical procedures on all aspects of patient care
- Students will observe various aspects of patient care including history taking and maintenance of clinical records, physical assessment and establishment of diagnosis, formulation of treatment plan, location and needling of acupuncture points, needling techniques, formulation of herbal prescriptions
- Students will have opportunities to raise questions during the class.

CL400 Clinical Observation

1 unit • 30 hours each (3 units / 90 hours required)

Learning Objectives

- Students will observe various aspects of patient care including history taking, charting skills and maintenance of clinical records, physical assessment and establishment of diagnosis, formulation of treatment plan, location and needling of acupuncture points, needling techniques, formulation of herbal prescriptions etc. Students will have the opportunity to observe clinical supervisors and practice interns and may elect to observe clinical practices at the select off-site clinical externship locations.
- Students will assist in the preparation of herbal formulas
- Students will assist in cleaning treatment rooms between patients.
- Students will correctly and completely document each patient visit.
- Students will acquire sufficient clinical experience and proficiency to advance into practice internship and commence their practice internship confidently.

CLINICAL INTERNSHIP (840 hours)

LEVEL ONE CLINICAL INTERNSHIP (300 Hours)

CL 601 Clinical Internship Level I-A • 4 units • 120 hours each

CL 602 Clinical Internship Level I-B • 6 units • 180 hours each

Level One Clinical Internship is split into a Level I-A and Level I-B as follows:

Level I-A: 120 hours (2 shifts / 4 units)

Level I-B: 180 hours (3 shifts / 6 units)

At Level I-A clinical internship, student interns will be working in pairs under the close supervision of a clinical faculty member to develop the students' confidence and competence in diagnosing and implementing treatments. Working collaboratively with a fellow Level One intern provides a unique opportunity for students to strengthen their collaborative interaction and professional communication skills.

Working in pairs, students are responsible for greeting the patient, obtaining an appropriate patient medical history, developing differential diagnoses, and proposing to the supervising clinical faculty member an acupuncture point combination, an herbal remedy and/or other adjunct therapies such as Qigong practices. The student team is then responsible for communicating the supervisor-approved treatment plan with the patient and administering the treatment, including insertion of acupuncture needles and preparing the herbal formula. During the process, the clinical supervisor may review or examine the patient to ensure proper treatment has been carried out.

At Level I-B clinical internship, student interns will begin to assuming individual responsibility for patients. The patient treatment protocol remains the same as in Level I-A described above, with the intern involved in history taking, physical examination, diagnosis and carrying out supervisor approved treatment. As with Level I-A, clinical supervisors will be closely monitoring the intern throughout the entire process.

To comply with regulatory requirements, the clinical faculty shall be physically present at all times during the diagnosis, evaluation and treatment of the patient for all Level I-A and I-B interns.

Over the years, our own clinical education experience, together with feedback from our alumni have indicated a need to develop and strengthen a junior clinic intern's confidence and skills in the early stages of clinical education. Experiences shared by medical schools and other TCM colleges have shown that junior interns working with their peers in pairs or small teams build confidence and skills and greatly enhance the learning experience

In order to maximize scheduling flexibility for the interns, Levels I-A & I-B do not have to be sequential: interns may enroll in Levels I-A & I-B concurrently and/or in any order. However, both Levels I-A & I-B hours must be completed before the intern is allowed to progress to Level Two internship.

There are no specific patient treatment requirements for the new Levels I-A & I-B. However, the existing 420 total patient treatment & 60 new patient requirements for the entire internship training (Levels One through Three) remain unchanged.

Level I Clinical Competencies

Students will be required to attain the following skills / competencies under direct supervision from the clinical faculty:

- Appear clean and professional per clinic regulations.
- Maintain a professional attitude in the clinic.

- Practice active listening skills (pay attention to detail).
- Arrive for each shift and end each patient treatment on time.
- Cooperate with fellow interns and assist when necessary.
- Take a thorough patient history that addresses, but is not limited to, the chief complaint.
- Conduct a basic physical exam that includes vital signs such as height, weight, BP, heart rate, BMI, and relevant orthopedic and neurological clinical examination, abdominal palpation and reflex testing as indicated.
- Clearly and completely fill out each section of the patient intake form and update information as it changes.
- Visual inspection (posture, color, shapes, markings, demeanor)
- Tongue inspection (size, shape, texture, markings, movement)
- Pulse reading (length, width, speed, quality, rhythm)
- Make a Chinese medical diagnosis based on the information gathered.
- Quickly and accurately locate acupuncture points.
- Use appropriate needle insertion techniques for the selected points.
- Exercise "Clean Needle Technique" protocols during needling.
- Use appropriate electro-acupuncture techniques for the selected points.
- Use appropriate moxibustion techniques for the selected points/areas.
- Use appropriate cupping techniques for the selected points/areas.
- Implement Tui-Na bodywork techniques if indicated.
- Prescribe an herbal formula as indicated.
- Instruct the patient on the proper dosage and timing of the prescription.
- Offer lifestyle suggestions that may benefit the patients' condition.
- Correctly enter ICD diagnostic codes.

LEVEL TWO CLINICAL INTERNSHIP (240 Hours)

CL 700 Clinical Internship Level II • 8 units • 240 hours each

Students will continue to work with patients under direct supervision of the clinical faculty, further developing their skills in clinical assessment, diagnosis and patient management. All patient treatments and procedures must be approved by the supervising clinical faculty.

Level II Clinical Competencies

In addition to all competencies listed in Clinic Internship Level I, Level II interns are expected to acquire the following skills under guidance and supervision from the clinical faculty:

- Ability to market, solicit and retain patients
- Formulate a treatment plan based on the Chinese medical diagnosis and/or the pattern differentiation
- To improve on time management skills
- Formulate a treatment plan based on the Chinese medical diagnosis and/or the pattern differentiation
- Appropriately prescribe acupuncture points
- Prescribe patent herbal medication as indicated

LEVEL THREE CLINICAL INTERNSHIP (240 Hours)

CL 800 Clinical Internship Level III • 8 units • 240 hours each

Students will continue to work with patients under minimum direct supervision of the clinical faculty. Students will independently carry out the entire history intake, clinical assessment and diagnosis process, and in consultation with their supervising clinical faculty, develop an approved appropriate treatment and follow up plan. Students will also be expected to instruct patients on appropriate lifestyle modifications and post-treatment care. All patient treatments and procedures must be approved by the supervising clinical faculty.

Level III Clinical Competencies

In addition to all competencies listed in Clinic Internship Level I & II, all Level III interns are expected to acquire the following skills under guidance and supervision from the clinical faculty:

- Ability to think and perform independently.
- Assert a prognosis based on the patients' current condition and prescribed treatments.
- Select appropriate herbs to construct the prescribed formula.
- Suggest a western biomedical diagnosis if relevant.
- Correctly interpret patients' x-ray or lab data as needed.

Credit to Clock Hour Definition

Under current regulatory requirements, one semester/trimester credit is award for every **30 hours** of supervised clinical instruction. This credit to clock hour definition applies to all Clinical Observation (both Clinical Theater and Clinical Observation) and Practice Internship training, with the exception of Clinical Externship hours.

For Clinical Externships, one semester/trimester credit is award for every **45 hours** of supervised clinical instruction at an externship or off-site clinical training location.

Federal regulations regarding the definition and assignment of credit hours under Section 600.2 and 600.24(f) of the Higher Education Opportunity Act also require a minimum of two hours of out-of-class/clinic student work each week for each hour of in-classroom/in-clinic contact hours.

Clinic Shifts & Schedule

Clinic blocks are four and one half or three and one half hours each depending on whether they are morning, afternoon or evening shifts. Clinic Shifts are distributed by a lottery system conducted at the Mandatory Clinic Meeting (MCM). The MCM is held at the end of each academic term. Clinic blocks are chosen for the following semester during the MCM. Priority is given to those who attend the mandatory meeting. Any available clinic shifts are then assigned on a first come first serve basis.

Lottery assignment is based on seniority, with level III Practice Interns given priority, followed by level II Practice Interns, and then level I Practice Interns. Observation Interns have a lottery system separate from the Practice Interns. The Observation Lottery is also conducted during the Mandatory Clinic Meeting.

Please take note of the following “two week rule”:

- You must complete all blocks assigned. If you need to take off time between terms, you must request the time off in writing to the Dean of Clinical Education. **Any such request must be submitted a minimum of two weeks before the first day off.**
- If you wish to change clinic blocks, you must request the change in writing to the Dean of Clinical Education. **Any such request must be submitted a minimum of two weeks before the first day of the change.**

You may not register for multiple levels of Internship within each semester, i.e. You cannot complete a Level 1 Internship and begin a Level 2 Internship within the same semester. You must successfully complete your hours for each Intern level before registering for a more advanced level. Internship level is determined at the time of the intern meeting. If you believe you are ready to advance to the next Internship level, you must tally your hours and take the tallies to the Dean of Clinical Education prior to the next intern lottery. Successful completion means completing all the necessary hours for the intern level at a performance level deemed adequate by the Clinic Supervisors and the Dean of Clinical Education.

It is recommended that you keep copies of all clinic time and patient tracking records. These copies will be invaluable in the event your clinic records are lost, or there is a discrepancy between clinic records and your estimation of clinic hours or patient load. In the event of a dispute between you and the institution regarding your clinic hours, primary credence will be placed on written records

You must be in the clinic for the hours you are signed up for. Any time that you are not in the clinic will not be credited toward your clinic time.

It is recommended that you not attempt to take extra clinic hours at the beginning of your clinical education. If you wish to add additional hours because you are on an accelerated program, add the hours at the end of your program, when you have a larger patient load.

In-clinic Case Discussions (30 minutes)

The purpose of the 30-minute Case Discussion period at the end of each clinic shift is to provide structured review and discussion time of the day’s patient visits. The interns and supervisor are asked not to discuss staff or student medical cases during the 30 minutes. See appendix F for more information.

Attendance Policy

Currently, there are at least 17 weeks structured into each semester at Yo San University. An intern is required to complete 14 weeks for each 4.5 hour clinic shift registered, or 18 weeks for each 3.5 hour clinic shift registered to reach a total of 60 hours for each clinic shift.

This arrangement allows for approximately 3 weeks of ‘vacation time’ for each intern registered for a 4.5 hour clinic shift every semester. Interns registered for 3.5 hour shifts will not be able to take ‘vacation time’ without prior scheduling arrangements.

Interns wishing to work beyond their requirement of 60 hours will have the extra hours recorded and logged into their clinic file but there will be no credit given for these extra hours. Extra hours may not be carried over into the next semester. Any patients seen during the extra time spent

will count towards the graduation requirements.

Grading Structure

Pass

An intern must complete 60 hours within the registered semester regardless of length of clinic shift.

- An intern who registers for a shift that lasts 4.5 hours will complete their required 60 hours in 14 weeks.
- An intern who registers for a shift that lasts 3.5 hours will complete their required 60 hours in 18 weeks.

Incomplete

An intern must complete 80% (48 hours) of the required 60 hours in the clinic for every shift registered to avoid receiving a failing grade.

A 4.5 hour shift would require 11 weeks to reach 80% completion.

An intern who has registered for a 4.5 hour shift and completes less than 14 weeks (60 hours) but more than 11 weeks (48 hours) in a semester will receive an “Incomplete” for every shift registered.

A 3.5 hour shift would require 14 weeks to reach 80% completion.

An intern who has registered for a 3.5 hour shift and completes less than 18 weeks (60 hours) but more than 14 weeks (48 hours) in a semester will receive an “Incomplete” for every shift registered.

That is, an intern may miss up to, but not more than 3 or 4 weeks respectively to receive an “Incomplete” grade. Hours missed for any “Incomplete” must be made up within 30 days of the following semester after which the “Incomplete” grade will be change into a “Pass” grade. Any “Incomplete” hours beyond 30 days into the next semester will automatically convert into a “Fail” grade.

Fail

An intern who completes less than 48 hours for any registered clinic shift will receive a “Fail” grade. That is, any intern who completes fewer than the hour equivalent of 11 or 14 weeks or misses more than 3 or 4 or more weeks in a semester will receive a “Fail” grade. All hours logged for a “Fail” grade will be forfeited and the intern will have to register and repeat the entire shift. Tuition paid for any failed shifts will not be refunded.

Length of Shift	# weeks for 60 hrs (100%)	# weeks for 48 hrs (80%)	Grade given for 100% completion	Grade given for 99-80% completion	Grade given for less than 80% completion
4.5 hours	14	11	Pass	Incomplete	Fail
3.5 hours	18	14	Pass	Incomplete	Fail

*fractions are rounded up to the nearest whole number

Interns with shifts affected by clinic closure on major holidays must arrange to make up the affected hours so that they fulfill the 60 hour requirement for each registered shift.

Interns who have verifiable emergencies or who are in extenuating circumstances requiring their

prolonged absence from the clinic are strongly advised to drop their clinic shifts. Such cases will be reviewed and dealt with on a case by case basis. In case of emergency or extenuating circumstance notify the clinic front desk, and as soon as possible, notify either the Clinic Manager or Dean of Clinical Education.

Grading Structure Summary

To receive a "Pass" grade as a Practice Intern, the criteria are:

Complete 100% of the hours for each clinic shift (including externship) registered.

AND

Receive at least a satisfactory evaluation from each supervisor.

To receive an "Incomplete" grade as a Practice Intern, the criteria are:

Complete less than 100%, but more than 80%, of the hours for each clinic shift (including externship) registered.

AND

Receive at least a satisfactory evaluation from one or more supervisors.

To receive a "Fail" grade as a Practice Intern, the criteria are:

Complete less than 80% of the hours for each clinic shift (including externship) registered.

OR

Receive an unsatisfactory evaluation from one or more supervisors.

Final Evaluation Procedures

All Observation and Practice Interns are evaluated according to the following parameters at the end of the Internship program:

- Completion of the required hours for each level of clinic training.
- Completion of the required number of patient treatments / observation assignment, including fulfilling the requirement for 60 new patients.
- Assessment of the individual intern is conducted by their respective clinic supervisors. An intern working with more than one supervisor in a semester will receive an individual assessment from each of his/her assigned supervisor for the semester. A standard list of clinical competencies is used for all interns within the same level of internship training.

There are three different lists of core competencies corresponding to the three levels of internship training in the Clinic. At the end of the assessment period, students will sign an acknowledgement that they have been assessed and counseled by their respective supervisors. The assessment records will be filed in each intern's student file. Interns found to be generally weak or persistently deficient will be referred to the Dean of Clinical Education for further counseling.

Overall performance including but not limited to aspects such as professional conduct in the clinic, completeness and thoroughness of charting and paper-work, punctuality and tardiness etc.

Clinic Probation Policy

The Yo San Clinic Probation Policy was designed with the following objectives:

- To provide the student with poor clinical performance a method of improving his or her skills.
- To provide a standard approach to dealing with students exhibiting significant difficulties

- in clinical practicum.
- To insure a level of clinical competence of the students graduating from the Master's Degree program.

A student is placed on clinical probation if he or she receives an **overall** Supervisor's Evaluation of "Fail". If a student receives a "Fail" for the overall Supervisor's Evaluation, the student will be placed on clinical probation for the next two semesters. During the first probation semester, the student will not be allowed to register for clinic shifts until remediation has been satisfactorily completed and the minimal competencies for clinical internship, as determined by the Dean of Clinical Education have been met.

If a student receives a "Fail" for any **portion** of their Supervisor's Evaluation, the student will be placed on clinical probation for the semester only. The student may be required to do individually assigned clinical assignments in the deficit area(s) during the next semester. This will need to be arranged with the Dean of Clinical Education.

The student may be required to attend classes in the area of deficiency and provide the supervisor with, at a minimum, the mid-term grades of these classes. Depending on the particular difficulties of the student, other clinical assignments may be required such as doing additional clinical observation hours.

If a student satisfactorily completes the first probation semester, he or she will be allowed to register for a maximum of two shifts in the clinic. The student is still considered on probationary status during this semester. The student will not be eligible for any externship opportunities.

A grade of "Pass" will result in the student's removal from clinical probation. If the student receives a grade of "Fail" for his or her overall Supervisor's Evaluation in this semester, it may be grounds for dismissal from the Yo San Clinic.

Failure to perform these requirements satisfactorily within the semester will be grounds for dismissal from the Yo San Clinic.

Causes for Disciplinary Action

Disciplinary actions may be taken for, but not limited to the following reasons:

- Not showing up in a timely manner for the clinic blocks for which you are assigned.
- Leaving an assigned block early without the permission of the Dean of Clinical Education.
- Making changes in the Practice Intern's patient appointments or room assignments without the prior authorization of front desk personnel.
- Carrying out procedures and providing treatments that are not approved by the attending Clinic Supervisor
- Carrying out procedures and providing treatments that are not recognized as part of the scope of practice under California Acupuncture Laws and Regulations
- Carrying out procedures and providing treatments that are explicitly prohibited by the clinic faculty, Dean of Clinical Education, or University policy.
- Carrying out procedures and providing treatments to a patient assigned to another Intern without the permission of the originally Intern assigned.

- Performing any hazardous procedures
- Performing any procedure that does not adhere to the standard of practice for acupuncturists in the State of California.
- Failure to maintain your assigned treatment room in an clean and orderly condition.
- Insubordination or unprofessional conduct in dealings with clinic faculty, clinic staff, Clinic Manager, or Dean of Clinical Education.
- Disrespectful, unprofessional or inappropriate behavior with patients.
- Acts of dishonesty and / or fraud.
- Any criminal conduct.

Enforcement Policy

Any infraction of clinic policies or procedures will result in disciplinary action. These actions can include but are not limited to:

- Verbal warning from the Dean of Clinical Education.
- A written warning from the Dean of Clinical Education and/or Dean of Academic and Clinical Affairs.
- Probation status with re-enrollment in CL 100 Clinic Management.
- Suspension from the Clinic for the remainder of the clinic trimester in which the problem took place.
- Expulsion from the University pending a hearing with the President of the University, and/or Dean of Academic and Clinical Affairs, Dean of Clinical Education and the Intern involved.

Grievance Procedure

Grievances that pertain to the Yo San Clinic are resolved in the same fashion as described in the Yo San University catalog and follow all regulations and protocols as noted

Time Keeping Responsibilities

Each Intern and Observer will be responsible for insuring that they have completed the hours required for each Observation and Practice Intern level. While the clinic time keeping system will be used to tally the hours, it is still the responsibility of the Observation and Practice Intern to confirm that the required hours were properly completed and recorded.

All interns and Observers must clock in on the finger scan time clock at the beginning of their clinic shift and clock out on again at the end of the shift. Only time logged in on in the system will be given credit.

All interns are encouraged to keep a record of all time and patient tallies.

Each Intern is expected to present in the clinic during the blocks that she or he is signed up for. Interns may not leave their assigned shifts early even if they do not have patients scheduled. If an intern must leave the clinic for any reason, the clinic front desk must be notified. If you are expected to be away for more than 10 minutes, you must also clock out on your time-card. Please make sure that your patients are being attended to at all times.

Interns may not switch hours or shifts with other Interns or Observers without prior approval from the Dean of Clinical Education. All requests for shift changes must be submitted in writing on the Temporary Add/Drop form, stating which shifts are to be dropped and/or added.

All Observation and Clinic Interns are required to attend all mandatory clinic meetings.

Patient Treatment Requirements

Observation Internship Patient Log Requirements

Throughout the course of the Observation Internship, each Observation intern is required to complete 10 (ten) Observation Assignments for each level of their Observation Internship, thereby completing a total of 50 observation assignments for the entire period of Observation Internship. Observation assignments must be completed using the proper Observation Assignment sheets. Completed assignment sheets must be turned in to the Dean of Clinical Education to be filed in the respective interns' student file.

Observation Level	Assignments due
Clinical Theatre I (30 hours)	10
Clinical Theatre II (30 hours)	10
Observation Internship I (30 hours)	10
Observation Internship II (30 hours)	10
Observation Internship III (30 hours)	10

Clinical Internship Patient Treatment Requirements

Each Clinical Intern is required to log in a total of **350** patient treatments throughout the entire period of their Clinical Internship training. Of these 350 patient treatments, there must be a minimum of **60** new-patient treatments. A recommended schedule of patient treatment completed is indicated below:

Clinical Internship Level	Hours	New Patient Count	Total Patient Treatment Count
Internship Level I-A	120	10	40
Internship Level I-B	180	10	60
Internship Level II	240	15	100
Internship Level III	240	15	120
Clinical Externship	60	10	30
TOTAL	840	60	350

Only patients attending the clinic for the first time can be counted as new-patients. Patients who are new to the intern but not new to the clinic may not be counted as new patients. All patient

treatments must be logged in on the proper Patient Treatment Forms and duly signed by the respective clinic supervisor. Patient treatments without a supervisor's signature will not be counted. At the end of each semester, interns are to turn in completed forms to the Dean of Clinical Education for filing in the respective intern's student file.

Please note: HIPAA compliance requires that patient names NOT be used on any patient logs. Please use the initials of the patient only. i.e. John Smith = "J.S."

Clinical Externships

Clinical externships provide student with the opportunity to experience and participate in the practice of acupuncture in clinical settings outside of Yo San University. Each off-site clinical externship location is carefully selected to offer our students unique learning experiences that are consistent with the missions and educational objectives of Yo San University.

All interns are required to complete **at least one**, but not more than two clinical externship rotations. Only Level II and Level III interns are eligible for externship rotations.

All clinical externship programs are supervised by a Yo San University clinical faculty, and unless otherwise indicated, all policies and procedures published in this Clinic Handbook will apply to the externship sites and programs.

For Clinical Externships, one trimester credit is award for every **60 hours** of supervised clinical instruction at an affiliated externship or off-site clinical training location.

II. Clinic Policies

General Compliance

All interns are to abide by all clinic rules and regulations, and comply with instructions of the clinic staff and faculty. Interns are to participate in all mandatory intern meetings. All treatments and procedures must be approved by the clinical faculty.

Appearance & Dress Code

It is the intern, supervisor or staff member's responsibility to maintain a professional appearance at all times when on duty in the teaching clinic. Appropriate grooming includes but is not limited to:

WOMEN	MEN
1. Lab Coat	1. Lab Coat
2. Conservative dress/skirt or dress slacks	2. Clean dress shirt (tie is optional but recommended)
3. Conservative jewelry	3. Slacks or cleaned and pressed chinos
4. Professional footwear that is closed toe and gives adequate foot protection	4. Professional footwear that is closed toe and gives adequate foot protection

The following items are **not** approved for use in the clinic:

- Denim shirts
- Denim jeans
- Cargo pants
- Spandex leggings or tops
- Shorts of any sort
- Very short or revealing skirts
- Excessive makeup
- Hats
- Strong smelling perfumes and colognes
- Aromatherapy or other strong smelling oils and liquids
- Earrings that hang more than 3"
- Jewelry that is excessive in quantity and size
- Low cut blouses, bare midriffs or other immodest clothing
- T-shirts of any sort (including "polo" shirts)
- Platform shoes
- Shoes with large or high heels (greater than 2")
- Boots (military, cowboy or "Doc Martens" style)
- Athletic shoes (e.g. running, tennis, hiking)
- Loud print patterns (e.g. "Hawaiian" shirts)
- Poor hygiene (e.g. body, mouth or hair odor and obvious unkempt or unwashed appearance)
- Long (below the shoulder) or tousled hair must be tied back.

Non-compliance with any of the above regulations will result in immediate dismissal of the intern, supervisor or staff member until the situation is rectified.

Punctuality & Time Management

Interns are to arrive punctually for all assigned clinic blocks. In the event of illness or an emergency the clinic must be informed as soon as possible so that scheduled patients can be reassigned or rescheduled. Please contact both, the front desk and Dean of Clinical Education or Clinic Manager. If you can't speak with them directly leave a phone message with either. In the event that a Practice Intern is late, Front Desk Personnel may reassign a patient to another Intern when the patient agrees with such reassignment. Interns who show persistent tardiness may be subjected to disciplinary actions.

Please keep in mind the time allocated for each patient and be sure to pace your treatment so that each treatment is completed within the allocated time. This will minimize the inconvenience to both the patient being treated as well the subsequent patient.

Interns may not leave the clinic before the end of their assigned clinic block even if they do not have patients scheduled. Interns are advised to make good use of available free time in the clinic by discussing cases with the clinical faculty.

Interns must adhere to their assigned schedules. Should there be a need to change schedule, add or drop clinic hours, or sign up for make-up hours, interns must fill out the appropriate forms and seek the approval of the Dean of Clinical Education for all such changes.

Interns with shifts affected by clinic closure on major holidays must arrange to make up the affected hours so that they fulfill the 60-hours requirement for each registered shift.

Swing Rooms

Swing Rooms are treatment rooms intentionally left vacant in the event that an intern has two overlapping patients for whatever reasons. Permission to use a Swing Room may be obtained from either the Dean of Clinical Education, the Clinic Manager or the Dean of Academic and Clinical Affairs, one of whom will be in attendance throughout the day.

After receiving authorization, the intern must then request an available room from one of the Front Desk personnel. The Intern can then bring the patient to the Swing Room and conduct the treatment as normal and under the same rules and regulations as a regular patient. Any of the above named parties or the Intern's Supervisor can, at any time, refuse use of the Swing Room.

Please note that patients arriving 15 minutes or more late for their scheduled appointment must receive approval for treatment by the attending Clinical Faculty. This will ensure that the intern does not fall behind for subsequent treatments.

The use of Swing Rooms is a privilege and is strongly discouraged. It will adversely affect the Intern's end of semester review as it is a reflection of poor time management.

Sign Out Log

The Sign Out Log is available at the front desk area for all members of the clinic community. Use of the Sign Out Log is mandatory for anyone who needs to excuse themselves for any length of time longer than a restroom break. The Sign Out Log exists to give the staff, interns, supervisors and administration information on where a person is, when s/he will return, and how to contact him/her should the need arise. NO ONE is excused from using the Sign Out Log.

During your shift, use the Sign Out Log whenever you:

- Go to the student lounge.
- Need to go to the library.

- ... are in doubt. Use it just to be safe.

Procedures for using the Sign Out Log.

Fill in all possible information (Name, Departure Time, Contact Information, Location, Expected Return Time).

Verbally notify a member of the front desk staff. Never assume that the front desk staff knows that you are excusing yourself.

Cross your name off the list when you return.

Vacations and Time Off

Interns are responsible for 100% of their internship hours. All requests for vacations and time off must be submitted in writing and approved by the Clinic Dean or Manager at least two (2) weeks in advance.

Maintenance of Treatment Rooms

It is the responsibility of the Practice Intern to keep his/her assigned treatment room clean and ready for patient care. An Observation Intern may assist the Practice intern in maintaining the treatment rooms, but it is primarily the duty of the Practice Intern to ensure that assigned rooms, including assigned swing rooms are well maintained at all times.

Treat patients only in assigned treatment rooms unless Front Desk Personnel approve the use of another room.

Fee Schedule and Discounts

Please refer all questions on financial matters to either the Clinic Manager or the Dean of Clinical Education. Interns and / or clinic supervisors may not offer fee discounts to patients without the prior approval of the Dean of Clinical Education or Clinic Manager. In the event of a fee dispute, the decision of the Vice President, Academic and Clinical Affairs will be final.

Interns may not accept any monetary rewards or tips from patients. Interns are strongly advised to document and report any unusually large gifts from patients to the Dean of Clinical Education.

Clinic Promotion & Patient Recruitment

The more patients an intern attends to, the more experience he / she will gain. While the Clinic and the University will do its utmost in recruiting patients for the clinic, it is imperative that interns actively take part in promoting the clinic and bringing in patients to the clinic. Clinic discount cards, brochures and flyers are available for interns to distribute to the public.

To further attract patients to the clinic, the clinic has a fee discount structure for matriculated Yo San University students and their immediate family, senior citizens and Yo San University alumni. Please refer to the Clinic Manager for the current fee structure.

Professional Courtesy

Because this is a teaching clinic, all interns are strongly encouraged to share clinic resources with other interns. Practice interns must share with Observation interns the relevant information regarding the cases being treated, and provide Observation interns with the appropriate access to patients.

Occasionally, interns other than the attending Practice intern may be present during some phase

of treatment on the recommendation of the clinic supervisors. Such situations must be handled with diplomacy to ensure a maximal level of comfort for the patient.

Avoid loud noise and chatting in the clinic area and hallways. It is disturbing to the patient and disruptive in general.

Always knock on a closed door before entering to avoid embarrassing patients who may be partially disrobed.

Wash your hands between patients and between activities. Every activity carries the possibility of coming into contact with harmful bacteria and other dangerous microbes.

Please do not run in the hallway. The space is narrow and it is easy to run into another person who is exiting a room.

Intoxication and Alcohol Abuse in the Clinic

The Yo San University Clinic has a zero-tolerance policy regarding intoxication from any of its stakeholders whether they be patients, interns, supervisors, or administration. Here are a few simple reasons why intoxication will never be tolerated in the Clinic.

Impaired Motor Control

The use of recreational drugs and alcohol generally reduces motor function. This resulting lack of motor control can lead to potentially harmful accidents. Even if the intoxicated party claims to be “in control”, the Yo San Clinic can never take that chance.

Poor Intake/Responses

Intoxication generally clouds the senses and thus can change a person’s response to the environment and to their own condition. For patients this may result in an exaggeration or omission of vital data. For interns, supervisors or administration it may result in some form of negligence or poor judgment that carries dire consequences.

Potentially Disruptive Behavior

Intoxication oftentimes leads to verbal or physical outbursts that are disruptive to any professional environment. The Yo San Clinic would prefer that its interns, supervisors, staff and administration maintain a calm and professional composure at all times.

Disrespectful to the Intern and Clinic

The mere act of appearing intoxicated in a medical environment such as the Yo San Clinic shows an undeniable lack of respect for the people who work here. For many, the clinic is like a second home and deserves as much care and consideration as one. Whenever possible, think of the Yo San Clinic as the home of a parent or good friend, but not your own, and give it an equal amount of respect.

Management of Intoxicated Persons

General rules:

ANYONE may be refused service or admittance to the clinic if the person appears intoxicated. Assume that all intoxicated people are unreasonable and potentially violent.

DO NOT, under any circumstances, attempt to subdue an intoxicated person who is, or appears to be, violent. Also, do not attempt to subdue someone who is not intoxicated.

Call an administrator immediately. If necessary phone 911 emergency services.

Patients

Immediately notify any available supervisor to assess the sobriety of any patient who appears intoxicated. Patients whom the supervisor determines to be intoxicated should be kindly asked to leave the clinic. The phrase, or something similar to, "I'm sorry, treating you in your current state would pose a physical danger and, unfortunately, we cannot provide treatment for you at this time. We would be happy to offer you treatment at a later date." can be used. Regardless of the patient's response, immediately notify the Dean of Clinical Education, the Clinic Manager and/or the Vice President, Academic and Clinical Affairs.

Interns

Interns who appear intoxicated will be asked to leave the clinic. An incident report will be filed and their fitness to remain an intern will be evaluated. It is against Yo San University policy to appear on campus in an intoxicated state. Further, it is a medical liability to appear in the Yo San Clinic in an intoxicated state. Immediately notify the attending Supervisor, the Dean of Clinical Education, the Clinic Manager and/or the Dean of Academic and Clinical Affairs.

Clinical Faculty / Supervisor

Clinical faculty who appear intoxicated will have their employment terminated. Immediately notify the Dean of Clinical Education, the Clinic Manager and/or the Vice President, Academic and Clinical Affairs.

Administration

Any member of the clinic administration who appears intoxicated will be subject to disciplinary actions, up to and including termination of employment.

III. Clinical Internship

Sample Schedule and FAQs

Here is a sample returning patient visit. Bear in mind that this is an idealized timetable and does not represent every patient visit.

Mins.	Sample timetable
0-5	Admit patient, begin intake
5-10	Conclude intake
10-15	Report findings to supervisor
15-20	Intern/Supervisor/Patient
20-25	Begin needle insertion
25-30	Continue needle insertion
30-35	Conclude needle insertion
35-40	Prepare herbal formula and/or discuss case with supervisor
40-45	Continue herbal preparation and/or discussion
45-50	Conclude herbal preparation and/or discussion
50-55	Extract needles
55-60	Discharge patient and prepare room for next patient

This timetable does not take into account the 30 minutes available during the rounds that follow each shift. Unanswered questions can be raised at that time.

There are a number of variables that affect each patient visit and, therefore, the timing of the visit. Following are a list of the most common variables, the questions they present and suggestions to keep the treatment on schedule.

The patient's punctuality: Did the patient arrive early or late?

Interns are always allowed to admit their patients early if their assigned room is available. Interns may choose to admit a patient who is less than 15 minutes late for an appointment. If a patient is more than 15 minutes late for an appointment, the proper procedure is to consult with the assigned supervisor to see if there is enough time for an effective treatment.

The intern is not obligated to provide treatment if the patient is over 15 minutes late. If the supervisor and intern decide that there is not enough time for an effective treatment the patient should be asked to reschedule for a more convenient time.

The patient's condition: Does the patient move quickly or slowly? Is the case "difficult" or "simple"?

Some patients may be in extreme pain or physically disabled. As a result they may need some extra time getting to the treatment room. This may necessitate shortening the intake or treatment time. The intern should always stay flexible with time during the treatment as certain phases of treatment may require more time which will result in less time for others.

Detail of intake: Will it take five minutes or twenty minutes to assess the patient?

If a patient's condition requires a long intake because of the history of the condition then the intern may not have enough time to discuss secondary or minor health issues during this treatment. Sometimes the condition is fairly simple and can be addressed with a minimum of discussion. This will leave more time for the treatment or herb preparation phase.

Many patients like to talk. When this happens then it is imperative that the intern direct the

conversation, as much as possible, back to the health issue at hand. Always bring comments back into the room when the patient digresses. The Yo San Clinic encourages building rapport with the patient but never at the expense of the treatment time.

Supervisor discussion and visit: Is the supervisor available? Does the supervisor address the issue or digress from the point?

The most common complaint heard is the unavailability of the supervisors. Because of the structure of the clinic shift, each supervisor oversees up to four interns. This may result in a “logjam” of interns who finish their intakes at, or around, the same time. The intern may be able to use the type of condition s/he is seeing, “difficult” or “simple”, by taking more or less time for the intake. That is, a difficult case would benefit from a longer intake and, thus, that intern could wait until after the other interns have consulted with their supervisor. Conversely, a “simple” condition might require only a brief intake and the intern can consult with the supervisor before the other interns have finished their intakes.

Some supervisors like to talk at great length with their patients. It is the intern’s responsibility to maintain punctuality and manage the treatment time in these instances. In the uncommon event that your supervisor is unavailable, then seek out the other supervisor on duty. Barring that, the Dean of Clinical Education and the Clinic Manager may step in.

Number of needles: How many acupoints have been selected? Does the patient need to disrobe or change into a gown?

The more needles prescribed, the longer it will take to complete inserting the needles. Thus it makes sense that if time is short then fewer needles ought to be prescribed. Also consider other time consuming modalities such as cupping, moxibustion and tui-na. It is inadvisable to prescribe multiple modalities when time is a factor.

Consider also the time required to prepare a patient for treatment. If a large part of the body, such as the back or chest area, needs to be available, it will take longer than if all of the points selected were on the arms and legs only.

Some doctors consider the optimum length of needle retention time is 25 minutes. This is nearly half of the entire treatment visit. If an intern would like their patient to retain needles for this length of time, then other factors such as intake and insertion time must be shortened to fit the treatment time.

Herbal formulas: What form of herbal medicine is prescribed? Is there any assistance available?

The Yo San Clinic offers patent pills, medicated patches, tinctures, granular herbal extracts and “raw” herbs to its patients. Choosing to prescribe a “raw” herbal formulation takes a great deal more time than prescribing a prepared formulation. In the interest of saving time, it may be more useful to prescribe something that has been prepared in advance. If a “raw” herbal formula is essential and time is running short, then try to find assistance in preparing the formula. Assistance can take the form of the dispensary personnel, a dispensary lab student, another intern, a supervisor or the clinic administration. If assistance is needed and asked for, then it will probably be found.

Discharging the patient: Is the patient ready to go? How much cleaning does the room need?

The treatment is finished when the patient has concluded his/her business with the front desk and is preparing to leave the premises. The treatment does not finish when the needles are extracted from the patient. An intern who pulls needles at the end of the hour will still be late for the next patient because of the time required to properly discharge the patient. The best advice is to leave no less than five minutes at the end of the treatment time for the patient to recover and head to the front desk. If the patient has to replace many articles of clothing and jewelry, then more time should be set aside.

If many modalities were used or if the room needed to be disinfected after the treatment, more time to properly clean the room for the next patient must be made available. Cleaning the treatment rooms is part of the treatment time and does not exempt any intern from admitting the following patient in a timely fashion.

The following is a general description of the routine procedures as well as the duties and responsibilities of a practice intern:

Attendance

For every shift, all interns must clock-in on the Finger scan machine. Time punches are tabulated. Only logged time will be given credits. Any changes of hours must be approved by either the Clinic manager or the Dean of Clinical Education.

Interns must remain in the clinic for the entire period of the assigned shift, even if there are no patients to attend to. Interns are encouraged to use such 'down' periods to discuss cases with the clinic supervisors.

Under no circumstances is any Intern allowed to attend didactic classes during their scheduled clinic shift.

If an intern must leave the clinic for any reason, the front desk staff must be notified. If the intern is to be gone for an extended period of time (i.e. 15 minutes or more), the intern must clock out and clock in again when he/she returns to the clinic. It is the responsibility of the intern to ensure that their patients are administered to at all times.

Patient Tracking Forms

At the end of each shift all interns must record the names of the patients that they have treated on a Patient Tracking Form and file the form in the binder located next to the time card machine at the clinic front desk.

If any of the patients were treated in the Yo San Clinic for the first time, then the intern should check off the "new patient" box next to the patient's name on the form.

This form should be completed at the end of each shift even if the intern is working two shifts consecutively as s/he may change supervisors during the course of the day.

The Patient Tracking Form must be used to track patients both in the Yo San Clinic and in all externship treatment sites. Since there is no clock in machine at the externship clinics, the patient tracking form will also serve as your time card. The supervisor's signature on the Patient Tracking form will serve as verification of the hours completed.

Minors in the Clinic

Yo San University defines a minor as an individual who is under the age of 18. The Yo San Clinic will provide treatments to minors ONLY if the Authorization to Treat a Minor Form is completed and signed by the Parent or Legal Guardian and a witness.

Minors must be accompanied by a relative throughout the entire treatment from intake to discharge. Minors may NEVER be left unsupervised in the treatment room. Minors may be left unsupervised in the waiting area provided that prior approval from their parent or legal guardian has been submitted to a member of the front desk staff and their behavior is not disruptive to the Clinic environment. Minors must depart at the same time that their parent or legal guardian has

been discharged.

Children in the Clinic

Children, for Yo San University Clinic purposes, are defined as individuals who are between the age of newborn to twelve (12) years old. Children are an age subset of “minor” and are subject to all policies regarding minors in the Yo San Clinic except as noted below.

Children must be supervised by a qualified adult at all times while in the Yo San Clinic. Children may NEVER be left unsupervised. Qualified adult supervision includes a parent, legal guardian, or attendant approved by the parent or legal guardian.

*****Yo San University Clinic does NOT provide child supervision*****

Children are not permitted in the treatment room during the treatment. The treatment room is fraught with hazards including, but not limited to: loose needles, flammable liquids, bloodied cotton balls and heat lamps. Children may stay in the waiting area provided they have qualified adult supervision.

If qualified adult supervision is not available for a child at any time, then the patient/parent/legal guardian will not be able to receive treatment until such supervision has been arranged.

Patient Treatments

It is the intern’s responsibility to check the patient schedule at the beginning of each shift to make sure they know the time their patients are scheduled for.

When an intern is notified that a patient has arrived, he/she picks up the patient chart from the supervisor’s room, greets the patient, and escorts the patient to their assigned treatment room.

The intern will start the session by conducting the history and physical examination of the patient.

All pertinent information must be documented in the patient’s chart in permanent black ink. All changes and corrections in the patient’s chart must be done legibly, with the intern placing his/her initials next to the item(s) changed. “White-outs” are not to be used at any time.

After conducting the history and physical examination on the patient, the intern will engage his/her assigned supervisor to discuss the treatment plan for the patient. The supervisor will accompany the intern back into the treatment room to examine the patient and verify the physical findings.

After examining the patient with the supervisor, the intern may leave the treatment room with the supervisor to further discuss the findings, diagnosis and treatment plan. A specific treatment plan will then be put together and the supervisor will sign the patient chart to indicate their approval of the treatment plan.

Depending on the level of training of the individual intern, the intern may commence treatment with or without the physical presence of the supervisor. In all cases, the supervisor should return to the treatment room after all the needles have been inserted to verify proper adherence to the treatment plan as well as to check on the point location and needle insertion. The supervisor has the right to be present in the treatment room at all phase throughout the entire treatment session.

Only approved Level 3 Practice Interns may treat two patients during a single block. They must first obtain permission from their supervisor and check to see if a room is available before

commencing. This practice is not advised and should only be implemented in extenuating circumstances.

Concluding the Treatment

After the designated time of needle retention, the needles are removed from the patient. At that point, the treatment session is concluded. The intern will then instruct the patient to get dressed and proceed to the front desk to make an appointment for a follow up treatment and to pay for the completed treatment.

Interns should discuss follow up scheduling with their patients and encourage their patients to re-schedule with them in order to provide continued care to the patient. Yo San Clinic business cards are available at the front desk for the interns for this purpose.

Interns should always bear in mind the time allocated for each treatment session. The treatment time, from intake to discharge, should take no more than one clock hour (60 minutes) for a continuing patient. The time allocated for new patients is two clock hours (120 minutes).

It is the responsibility of the intern to make sure that the patient's charts are correctly and fully completed. Persistent sloppiness in charting will negatively affect the intern's performance evaluation.

Ordering Laboratory Tests

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

After the Clinical Faculty and intern have decided on which laboratory tests are necessary, the intern fills out the laboratory test order form available at the front desk. Before making a final decision on which test to order, the patient must be shown the price sheet for the tests..

The order form must include the following:

- The name of the patient
- The age and sex of the patient
- What tests are needed
- Where the test results should be sent to
- Any special instructions such as fasting instructions
- All orders for laboratory tests must be documented in the patient's charts.
- All laboratory tests are the financial responsibility of the patient.

Ordering Diagnostic Imaging

When an Intern feels that diagnostic imaging such as x-ray is required, the intern must consult his/her supervisor and obtain the approval of Dean of Clinical Education. The Clinic will then refer the patient to the appropriate primary provider, usually a physician, to order such imaging procedures. Due to various limitations on 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 actual films themselves.

Facilities Maintenance

Interns are responsible for maintaining the physical facilities of the clinic in general, and the organization and cleanliness of their assigned treatment rooms in particular. At the end of each shift, interns are to make sure their assigned treatment rooms and any other rooms that they have been authorized to use are stocked with gowns, needles, cotton and alcohol. As a courtesy to fellow interns, please maintain all clinic rooms in a state of operational readiness at all times.

Interns are responsible for washing the cups that they have used. Cup washing instructions are posted on all the wash areas in the clinic.

Please notify the front desk staff whenever Sharps containers are 2/3rds full. At that point they should be disposed of through our hazardous waste service.

The Yo San University Clinic is a teaching clinic. All interns are strongly encouraged to contribute positively to the construction and maintenance of a clinic environment that is maximally conducive to learning. Disruptive behavior in the clinic will be subjected to disciplinary measures.

IV. The Herbal Dispensary

Herb Lab Internship

The Herbal Lab (HM 111) is an important part of mastering the Chinese *materia medica*. Herbal Lab hours are always conducted by students attending Herbal Pharmacopoeia I, II or III (HM 110, 120 or 130). The Herb Lab interns receive basic training on hygiene and safety. They are in the Dispensary to fulfill educational hours, maintain the inventory and to assist in the preparation of formulas.

The following three (3) items are relevant only to Herbal Lab Interns:

1. All Herb Lab Hours are to be kept on with the Herbal Dispensary Manager.
2. All Herb Lab Hours will be logged by the Herbal Dispensary Manager who will report them to the Dean of Students at the end of each semester.
3. Students may make up any missed hours. Missed hours must be scheduled through the Herbal Dispensary Supervisor. Missed hours must be completed before the end of the semester or the student risks receiving an Incomplete or Fail for the Herbal Lab.

Filling & Refilling Herbal Prescriptions

Filling Herbal Prescriptions

If herbal treatment is required, the intern is responsible for discussing the herbal treatment with their supervisor.

All herbal prescriptions must be approved by the supervisor; supervisors must sign the herbal prescription form to indicate their approval of the herbal prescription. The practice intern is responsible for ensuring that the herbal prescription is filled; s/he may do so by preparing the herbs personally, or they may ask other interns (including observation interns) and/or the herb lab staff to assist them in the herbal preparation.

All herbal preparations must be checked and recorded by the Herb Lab Manager or the intern's supervisor. The original prescription form for the herbal formula must be filed in the patient's chart. It is recommended that a new prescription form be filled out for each refill rather than writing on an old form. A photocopy of the original prescription can be placed in the patient's file with each refill.

It is the responsibility of the intern to provide information on herbal dosages and methods of herbal preparation to their patients. Brochures on how to prepare a decoction are available from the herb lab.

Refilling Herbal Prescriptions

Individuals who are patients of the YSU Clinic may refill herbal products if the prescriptions are no more than 30 days old. If the prescription is older than 30 days, then the patient must schedule a new appointment to receive a prescription.

All herbal preparations², either new or refills, must be accompanied by, and can only be issued in conjunction with, a medical consultation with or without acupuncture treatment if the prescription is greater than 30 days old.

² Defined as the combination of two or more single herbs

All medical consultations must have been conducted by Yo San University Clinic interns, practitioners, post-grad fellows, supervisors or any other approved licensed or supervised personnel in a site approved by Yo San University Clinic administration.

Only the most recent herbal prescription can be refilled. No changes to herbal prescriptions can occur without an accompanying consultation. Changes marked on an existing form are invalid.

Limitations on the Sale of Herbal Products

The Herbal Dispensary is not a retail service. We provide herbal medications by prescription only. Individuals who do not have a prescription should schedule a consultation and treatment with a Practice Intern or Practitioner during which herbal medication may be prescribed as part of the treatment.

Non-Yo San Patients

The YSU Clinic does not offer any services to individuals who are not current patients of the YSU Clinic.

Herbal Dispensary Services Available to Clinical Faculty and Licensed Staff

The sale of herbal products is available to all current Clinical Faculty for their personal use only. The faculty member must complete a Patient Intake Form and an Herbal Prescription Form, both of which are to be kept in the faculty member's patient file (one must be created if it does not already exist). Use of Dispensary services for anything other than personal prescription is strictly forbidden.

V. Observation Internship

The following is a general description of the routine procedures as well as the duties and responsibilities of an Observation intern. See pages 16 – 25 for detailed requirements of Observation Internship.

Registration

The Observation Lottery is conducted by email at week 14 of every trimester. Look for an email for details from the Dean of Clinical Education around this time. Observers Each Observation Internship block is the same length as a Practice Internship block i.e. 4.5 or 3.5 hours in length. The total number of hours for each shift registered per semester is 30 hours. Observation interns register according to the same schedule as interns, and overlapping blocks are not allowed. For example, if an Observation Intern attempted to register for 10am-2pm that would be 2 different blocks and would not be permitted.

Length of Shift	# weeks for 30 hrs (100%)	# weeks for 24 hrs (80%)	Grade given for 100% completion	Grade given for 99-80% completion	Grade given for less than 80% completion
4.5 hours	7	6	Pass	Incomplete	Fail
3.5 hours	9	7	Pass	Incomplete	Fail

Grading

Pass

An Observation intern must complete 30 hours within the registered semester regardless of length of clinic shift.

An Observation intern who registers for a shift that lasts 4.5 hours will complete their required 30 hours in 7 weeks.

An Observation intern who registers for a shift that lasts 3.5 hours will complete their required 30 hours in 9 weeks.

Incomplete

An Observation intern must complete 80% (24 hours) of the required 30 hours in the clinic for every shift registered to avoid receiving a failing grade.

A 4.5 hour shift would require 6 weeks to reach 80% completion.

An Observation intern who has registered for a 4.5 hour shift and completes less than 7 weeks (30 hours) but more than 6 weeks (24 hours) in a semester will receive an “Incomplete” for every shift registered.

A 3.5 hour shift would require 7 weeks to reach 80% completion.

An Observation intern who has registered for a 3.5 hour shift and completes less than 9 weeks (30 hours) but more than 7 weeks (24 hours) in a semester will receive an “Incomplete” for every shift registered.

That is, an Observation intern may miss up to, but not more than 1 or 2 weeks respectively to receive an “Incomplete” grade. Hours missed for any “Incomplete” must be made up within 30 days of the following semester after which the “Incomplete” grade will be change into a “Pass” grade. Any “Incomplete” hours beyond 30 days into the next semester will automatically convert into a “Fail” grade.

Fail

An Observation intern who completes less than 24 hours for any registered clinic shift will receive a “Fail” grade. That is, any intern who completes fewer than the hour equivalent of 7 or 9 weeks or misses more than 1 or 2 or more weeks in a semester will receive a “Fail” grade. All hours logged for a “Fail” grade will be forfeited and the intern will have to register and repeat the entire shift. Tuition paid for any failed shifts will not be refunded.

Interns with shifts affected by clinic closure on major holidays must arrange to make up the affected hours so that they fulfill the 60 hour requirement for each registered shift.

Observation Interns who have verifiable emergencies or who are in extenuating circumstances requiring their prolonged absence from the clinic are strongly advised to drop their clinic shifts. Such cases will be reviewed and dealt with on a case by case basis. In case of emergency or extenuating circumstance notify the clinic front desk, and as soon as possible, notify either the Clinic Manager or Dean of Clinical Education.

Grading Structure Summary

To receive a “Pass” grade as an Observation Intern, the criteria is:

- Complete 100% of the hours for each clinic shift (including externship) registered.

To receive an “Incomplete” grade as an Observation Intern, the criteria is:

- Complete less than 100%, but more than 80%, of the hours for each clinic shift (including externship) registered.

To receive a “Fail” grade as an Observation Intern, the criteria is:

- Complete less than 80% of the hours for each clinic shift (including externship) registered.

All Observation Interns are required to attend the mandatory Intern meeting.

Observation interns may observe a licensed practitioner directly, or observe a supervised Level 3 or Level 2 practice intern.

Observation Interns are required to assist Practice Interns with cleaning and maintaining treatment rooms.

During treatments, Observation Interns are to observe supervised Practice Interns and licensed practitioners in all phases of the intake and treatment.

During those periods when the Observation Intern’s assigned Practice Intern is not busy, the Observation Intern should work with another supervised Practice Intern who is seeing patients.

During the history taking session, the Observation Intern should not question the patient unless invited to do so by the Practice Intern.

During the physical examination, the Observation Intern should observe the tongue, pulse, and other objective findings where possible. Observation Interns may not conduct any physical examination of the patient unless asked to do so by the Practice Intern or the Clinic Supervisor.

When the Practice Intern is not directly involved with patient care, the Observation Intern should discuss with the Practice Intern regarding any part of a treatment episode for which the Observation Intern is unclear of.

When herbal formulas need to be filled, Observation Interns are required to be available to help the Practice Interns and/or the Herb lab staff with filling prescriptions.

The Observation Intern is required to complete one observation assignment per shift using the prescribed Observation Assignment Form (Appendix A). A total of 50 Observation Assignments are required for the entire 150-hours of Observation Internship.

This Observation Assignment Form must be as detailed as possible and should include:

- The patient's age and sex
- The chief complaint
- The subjective findings
- The objective findings
- The assessment, including diagnosis and change in status of the patient
- The treatment plan, including treatment principle
- The acupuncture points selected.
- The herbal formula used.

VI. Charting & Maintenance of Records

The patient's chart is both a medical record as well as a legal document. Charting must be done in an accurate, concise and orderly manner.

The following guidelines apply for charting of patient records:

All charting must be completed in permanent black ink

All entries must be legible.

Record all data, positive and negative, that will directly affect treatment and patient care.

If an entry must be corrected, draw a single line through the part that is to be changed. Do not use white-out. Initial and date the change.

All items, boxes, blanks and check-lists must be completed. If there are no unusual findings in any area, document the absence of findings.

Document the relevant concerns of your patient and/or their family; record evidence of patient non-compliance.

Document all procedures and treatment that you have carried out, and record all recommendations that you have made, including diet, exercise, and medical referrals.

Document all incidents, mishaps or unusual occurrences and report these to the clinic supervisor immediately.

Do not re-write, destroy, or replace a previous record.

The attending Practice intern is responsible for ensuring that the clinical charts of all patients seen by himself / herself are completed in an appropriate manner and signed by both the attending intern and the Clinic Supervisor. If a chart is not signed by the clinic supervisor, it will be assumed that the particular treatment charted is not approved, and the attending intern will be subjected to disciplinary action for carrying out an unapproved treatment.

Legal Documentation

No patient may be treated without the following:

An arbitration agreement signed by both the Intern and the patient or the patient's designated signatory.

A consent-to-treatment form signed by the patient or the patient's designated signatory.

Order of Clinical Charting

Each treatment episode is charted in the form of "SOAP" notes (Appendix C).

S: Subjective findings: the chief complaint, associated presenting symptoms and history of present and previous illness

O: Objective findings: the tongue and pulse findings, as well as other physical findings including

any relevant physical signs, palpation, and neuromuscular examination. The appropriate laboratory and radiological findings are charted in this section if applicable.

A: Assessment: the diagnosis, differential diagnoses and any relevant confirmatory information.

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

Note:

All acupuncture prescriptions should include points needed, type of needles used, and any special techniques used.

When electro-acupuncture is used, the chart notes should include documentation of the points stimulated (in the format of from point A to point B), the mode used (continuous, discontinuous, mixed), and the frequency (in Hz) applied. Where the mixed frequency was used, both frequencies should be noted.

When moxibustion is used, the location, type of moxibustion and duration of moxibustion should be noted.

When cupping is used, the area / location of the cupping and the nature of the cupping (stationary cups, walking cups etc) 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 clinical notes.

No mark or designation reflecting the nature of the diagnosis may appear on the outside of the chart.

VII. Patient Management

Patient Confidentiality

The Yo San University Clinic is fully compliant with HIPAA requirements pertaining to patient privacy and confidentiality. All patient information is confidential and patient privacy must be maintained during all clinic procedures.

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. Records may also be released when the Custodian of Records (Clinic Manager) is presented with a valid subpoena from the appropriate authorities. 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. Copies of patient records may not be made for the purposes of case presentation.

Please keep in mind that patient privacy should not be comprised in the course of casual conversations be it within the Clinic or outside the Clinic. You should never discuss individual patients with other patients.

The only exception to the above policy on privacy is in the event of a report of child abuse, elder abuse, rape or battery. Any patient that is believed to be the subject of sexual abuse, child abuse, elder abuse or battery should be reported to the appropriate authority. No such report should be made without the prior approval of 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.

Physical Examination of Patients

The modesty of the patient must be maintained at all times. It is the intern's responsibility to assure that the patient is appropriately covered during any procedure.

Any Practice intern performing a procedure that involves the genital area of either male or female patients, or the breast area in female patients, must have either an Observation intern or another Practice intern of the same gender as the patient present in the treatment room during the procedure. Such procedures must have the prior approval of both the patient and the Clinic supervisor.

Yo San University Clinic provides health care to the general public and as such is bound by the ethical requirements of such an institution. The principles of informed consent, privacy and continuity of care that are standard practices amongst health-care providers are strictly adhered to in the 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 her or his care, and understands the potential side effects of these procedures. All patients, including students and faculty, must sign informed consent forms prior to the administering of any procedure, including acupuncture, herbal prescription, acupressure, cupping, tui-na, gua-sha, electro-acupuncture or acupressure massage.

Continuity of Care

Any individual who is under the care of the clinic faculty and/or clinic intern in Yo San University Clinic must be referred to an appropriate healthcare provider if and when the clinic faculty or Dean of Clinical Education feels that it is no longer in the best interest of the patient to continue to receive healthcare at Yo San University. All such referrals must be made with the prior approval of the Dean of Clinical Education.

Non-discrimination

No patient may be denied patient care at the Yo San University clinic because of race, religion, gender, sexual orientation, handicap or diagnosis. A patient that presents with a condition that should best be treated elsewhere because of must be referred to the appropriate treatment facility, including the emergency room (or by calling 911) if necessary. All such referrals are to be made with the prior approval of the Dean of Clinical Education or attending Clinic Supervisor.

The Incompetent Patient

When the Dean of Clinical Education or attending Clinic Supervisor deems a patient incompetent, no services should be provided without a competent caregiver being present. The competent caregiver must be expressly designated as a custodial caregiver. All services provided to the incompetent patient must be provided only with the prior written consent of a custodial caregiver. Examples include patients who are developmentally challenged and patients who are emotionally disturbed.

Sexual Harassment

No Intern may examine or treat any patient in a manner that results in exposure or palpation of the breasts of the female patient or the genitals of female or male patients without:

The prior permission of the patient for such procedure

Carefully explaining to the patient the necessity of performing such a procedure

Draping the patient as much as possible during the procedure

The prior permission of the Clinic Supervisor

The presence of an chaperone of the same sex as the patient for the entire duration of such exposure or palpation

Taking care to assure the comfort of the patient during the procedure

No Intern may enter into a sexual relationship with any person they treat in the Yo San University Clinic. There is to be no sexual or romantic contacts between patient and practitioner/intern during the course of treatment and for as long as a professional relationship exists.

No Intern may sexually harass any patient, employee or fellow student in the Yo San University Clinic. Interns and practitioners may not make verbal, manual or physical suggestions or inferences of a sexual nature.

Patient Follow-up

Patient follow up is a key element in maintaining a successful practice. In addition to being able to

determine the clinic efficacy of the treatment that you have provided and track the progress of the patient, actively following up on a patient will foster a stronger practitioner-patient relationship.

In our effort to provide our interns with a training that will equip them to be successful practitioners, the Clinic strongly encourages all Practice interns to actively follow up on the patients that they have treated. The following procedures are suggested:

Be sure to reschedule continuing patients for their next visit; we generally recommend weekly visits but interns should discuss with their respective supervisors on the appropriate follow-up frequency for each patient.

Call first time patients soon after you have treated them; ask them how they feel and if they have any questions about the treatment. Many patients will appreciate the little extra attentiveness you show to them.

Sometimes patients fail to show up for their appointments. When that happens, call them to make sure they are well, or find out if there was a problem with the last treatment. You may also want to remind them of the clinic's cancellation policy (see next section).

All communications with the patients, including phone calls must be logged in the patient's charts. The log must include the date and time and mode of the communication, as well as the content of the communication and the patient's response, if applicable.

Cancellation Policy

We ask that all patients cancel their appointment, if needed, at least 24 hours ahead of the scheduled appointment time. Failure to do so will incur a cancellation charge.

No-Show Policy

Occasionally patients do not appear for a scheduled appointment. When this occurs it is the Practice Intern's responsibility to notify the front desk staff of the "no-show". This is done by returning the file to the front desk staff member and alerting the staff member that the patient has failed to appear.

Please tell the front desk staff member one time only. Multiple alerts are not necessary as they already have clear and thorough procedures on how to follow up on absent patients.

At this point the Practice Intern's responsibilities to the absent patient have concluded. A "no-show" patient does not count towards the Practice Intern's total patient treatment requirements. The time spent in the clinic does count towards total hours of Clinical Internship.

VIII. Safety & Public Health

Yo San University Clinic has an established Risk Management Program. All clinic interns are to read and familiarize themselves with the Risk Management Program. A copy of the Risk Management Program Handbook is distributed to all interns; additional copies are available from the Clinic Manager.

The material presented in this section is to be read in conjunction with the Risk Management Handbook.

Biohazard Safety

Potentially bio-hazardous materials at Yo San University include:

- Contaminated acupuncture needles
- Contaminated instruments such as seven star needles, cups and gua-sha implements
- Contaminated cotton used in the course of acupuncture treatments
- Any laundry contaminated by potentially infectious fluids.

All personnel that come in contact with patients or any of the above infectious materials are required to observe all appropriate universal infection precautions. Universal infection precautions are listed below. All personnel involved in the use of acupuncture needles are required to handle acupuncture needles as described in the acupuncture needle safety section below.

The purpose of this section is to:

- Eliminate or minimize occupational exposure to blood or other potentially infectious materials.
- Identify those Interns who are at risk of exposure to potentially infectious materials.
- Provide training to Interns.
- Comply with the OSHA Blood Borne Pathogen Standard 29 CFR 1910.1030.

Definitions

Blood Borne Pathogen: Any microorganism or viral agent that is present in human blood and is capable of causing disease in humans.

HIV: Human immunodeficiency virus is an RNA-containing retrovirus that may be transmitted via blood, blood products, sexual transmission, maternal-infant transmission including breast milk, and clinical accident such as accidental needle stick.

HAV: Hepatitis A virus is an RNA-containing virus that is transmitted via oral fecal contamination.

HBV: Hepatitis B virus is a DNA-containing virus that may be transmitted by blood and blood products, contact with contaminated body fluids such as blood, semen and vaginal fluid, and maternal-infant transmission.

HCV: Hepatitis C virus is an RNA-containing virus formerly known as the viral agent causing non-A non-B hepatitis. HCV has clearly been shown to be transmitted via blood and blood products. There is a high prevalence of HCV infections in injection drug users. This virus may be transmitted by sexual transmission.

Contamination: The presence of potentially infectious material on patients, clinic personnel, clinical equipment, or surfaces.

It is the policy of Yo San University to use universal infection precautions at all times where there is a risk of exposure to potentially infectious materials. These procedures include but are not limited to:

- Palpation and examination of skin lesions, the mouth, and genital and peri-anal areas
- Insertion of acupuncture needles
- Bleeding acupuncture points
- Plum blossom technique
- Disposal of contaminated sharps
- Gua sha (Scraping)

Universal Infection Precaution

- Wash hands before and after all patient or specimen contact.
- Handle the blood of all patients as potentially infectious.
- Wear gloves for potential contact with blood and body fluids.
- Place used needles / sharps immediately in designated impermeable container; do NOT recap or manipulate used needle in any way.
- Wear protective eyewear and mask if splatter with blood or body fluids is possible.
- Wear gowns when splash with blood or body fluids is anticipated.
- Handle all linen soiled with blood and/or body secretions as potentially infectious.
- “Bio-hazardous wastes” such as cotton or linen that is saturated with blood must be placed in the appropriate bio-hazard disposal bags.
- Process all laboratory specimens as potentially infectious.
- Wear mask for TB and other respiratory organisms. HIV is not airborne.
- Place emergency equipment where emergencies are likely to occur.

Acupuncture Needle Safety

1. Needling Procedures

Use only approved pre-sterilized, disposable acupuncture needles.

Do not re-use needles.

Use a new needle for each insertion.

Use the appropriately sized needle for the planned procedure.

Unused needles MUST be left in the blister pack until the time they are used. It is NOT safe practice to hold unused needles in the off hand between the 4th and 5th fingers while inserting needles with the other hand. Holding needles in this way allows for far greater likelihood of

contamination of needles and accidental needle-stick. This practice violates CNT protocols and is not permitted in the Yo San Clinic.

Place all used needles directly into the Sharps container. Do not place used acupuncture needles in trays on or near the treatment table.

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 a visible amount of the shaft 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 within a few hours of 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 needle stick 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.

2. Disposal of Acupuncture Needles

Contaminated and used acupuncture needles are to be placed directly in the appropriate Sharps containers.

Sharps containers must be hard-sided plastic containers approved for use as a biohazard container by the Dean of Clinical Education. They must be leak proof, puncture resistant, and easily accessible to personnel that use acupuncture needles.

Only acupuncture needles may be placed in the Sharps containers.

Please notify the front desk staff whenever Sharps containers are 2/3rds full. At that point they should be disposed of through our hazardous waste service.

Sharps containers must be clearly labeled as containing bio-hazardous materials. Each container must have a tight sealing closure that is placed on the container after it is full. Full containers must be filled to no more than the indicated fill line on the containers. Once the containers are filled to capacity the container is sealed and picked up by the appropriate biohazard pick up service. Yo San University personnel may not transport full Sharps containers.

Waste Disposal

Used and contaminated needles are to be placed directly into the sharps container.

Used cotton and other disposable materials are to be placed in the general waste disposal containers.

Only waste material that is **saturated with blood** is to be considered as 'bio-hazardous waste'. All bio-hazardous waste is to be placed in the appropriate bio-hazardous waste disposal bags. Once in the biohazard container the material must remain in the container and not be transferred to any other container by clinic personnel. Bio-hazardous waste must be picked up by the appropriate designated bio-hazard disposal service within 30 days of generating the bio-hazardous waste.

No biohazard materials are to be placed in any temporary container, or left exposed on any open surface.

Sharps containers must be hard-sided plastic containers approved for use as a biohazard container by the Dean of Clinical Education. They must be leak proof, puncture resistant, and easily accessible to personnel that use acupuncture needles. Labels and containers should be red or predominantly red, and have the international biohazard symbol below on each container. Each container must have a tight sealing closure that is placed on the container after it is full. Full containers must be filled to no more than the indicated fill line on the containers. Once the containers are filled to capacity the container is sealed and picked up by the appropriate biohazard pick up service. Yo San University personnel may not transport full Sharps containers.

Biohazard Material

For the purpose of Risk Management Program and Exposure Control Plan in Yo San University Clinic, bio-hazardous material is defined as material that is saturated with blood or other body fluid.

Contaminated materials may not be left on top of the container or sticking out of the top of the container where they can come in contact with clinic personnel. No biohazard materials are to be placed in any temporary container, on any surface, or handed to other personnel in the clinic. The clinician must place the used cotton and needles directly in the appropriate container. Once in the biohazard container the material must remain in the container and not be transferred to any other container by clinic personnel.

Other Contamination Control Precautions

Used laundry that is not heavily contaminated by a significant amount of infectious material such as blood is to be placed by clinic personnel into the correct dirty laundry containers in the linen storage areas. Blood stained linens are to be double bagged in tightly sealed plastic bags that are clearly labeled as infectious and given directly to the laundry service. Do not place blood stained linens in the laundry containers.

All personnel handling materials other than acupuncture needles that are contaminated by blood or body fluids must wear single-use disposable examination gloves. Should such a glove become damaged in the course of use, a new glove must immediately replace it. No single-use glove is to be washed and reused. Always wash your hands with a disinfectant soap before and after performing a procedure that involves working with potentially infectious materials.

Used acupuncture needles handled in the course of routine use need not be handled with gloves as long as properly trained personnel handle them in a manner commensurate with routine use.

All containers containing infectious material are to be labeled with the biohazard legend in the figure below.

The clinic area has a sink area with disinfectant soap, an iodophore solution such as Betadine and paper towels adequate for all personnel working in the area. There is also a bottle of a ten-percent bleach solution to be used to disinfect hazardous spills. The bleach solution must be prepared fresh daily.

All Interns who work in areas at risk for exposure to medical waste must receive training in the proper handling of biohazard materials as part of their training program. Initial training sessions must be conducted before the Intern begins working in the area where they will be exposed to biohazard waste. All eligible Interns will be trained at the inception of this program. All biohazard training must be documented as outlined in the record keeping sections of this program. Biohazard training records must be kept for three years.

Interns must wash their hands:

- At the beginning of every patient treatment
- When exposed to hazardous fluids
- When handling potentially infected equipment or laundry
- Before and after making up an herbal formula
- Before and after eating
- Before and after using restroom facilities
- Before and after applying make-up, changing contact lenses
- Before and after all other activities where there is contact with mucous membranes, eyes, or breaks in the skin
- At the end of every patient treatment

All surfaces where potentially infectious procedures will be performed are to be disinfected on a daily basis with a ten- percent bleach solution. Personnel disinfecting with a bleach solution must wear rubber utility gloves.

IX. First Aid & Emergency Medical Assistance

All interns must have the appropriate emergency and first aid training prior to commencing their Practice Internship. A approved Basic Life Support Cardio-respiratory Resuscitation (CPR) training with First Aid, undertaken at an institution such as the American Red Cross is required for this purpose.

In the event of an emergency, the Dean of Clinical Education shall be informed immediately.

In the event that an emergency exists that requires attention beyond First Aid, the patient should be referred to the nearest medical center with emergency facilities. The nearest medical center with emergency facilities is:

Marina Del Rey Hospital
4650 Lincoln Blvd
Marina Del Rey, CA 90292
Main Line: 310.823.8911
<https://www.marinahospital.com/>

If the Dean of Clinical Education or the Clinic Manager cannot transport the injured or sick patient to an appropriate emergency facility, or if the patient is clinically unstable, 911 should be called and city emergency personnel directed to the location of the patient.

All accidents, including those involving injury or death must be immediately reported to the Dean of Clinical Education or the Clinic Manager immediately.

Accidental Needle Stick Procedure

In the event of a needle stick accident, the following procedure is to be followed:

Inform your Clinic Supervisor, Clinic Manager and Dean of Clinical Education of the incident and submit an Incident Report Form, located next to the time clock, to the Dean of Clinical Education.

Disinfect the area with Betadine or other iodine solution. Do not use an ethanol swab.

Obtain baseline hepatitis and HIV blood tests.

Follow-up hepatitis vaccinations shall be made available to the employee as indicated by the appropriately trained health care provider. The institution will also provide follow-up care and appropriate vaccinations to first aid personnel employed by the institution that were exposed to potentially infectious blood or fluids in the course of rendering first aid during an incident in the course of their employment.

Obtain follow-up hepatitis tests at one and two month intervals.

Obtain follow-up HIV test after 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 attaching the leads of an electro-acupuncture device to a patient's needles, do not set up the circuits in such a way that the current crosses the patient's mid-sagittal line.

Limit the current intensity to the level required to treat the patient.

Use only battery powered devices.

Management of Stuck Needle

When a needle is stuck during a treatment episode:

Reassure the patient.

Request that the patient remain still.

Massage the muscle in and around which the needle is stuck.

Needle points in the region that will relax the spasm.

Rotate the needle in the opposite direction that was used to stimulate the needle initially.

Never remove a stuck needle by force.

Management of Broken Needles

Contact the Clinic Supervisor immediately.

With the Clinic Supervisor's assistance, attempt to remove the needles in accordance to standard procedures described in acupuncture texts.

If the needle cannot be removed, call 911 to transport the patient to the emergency room.

Moxibustion Safety

Perform only moxibustion modalities approved by the Clinic Supervisor.

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 heat 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.

Do not moxa patients with sensory deficits. These patients may not be able to assist the intern in determining when too much heat has been applied.

Be aware of the patient's tolerance to heat, especially the elderly or very young patient.

Do not moxa the face, breasts, or over large blood vessels.

Moxa the pregnant patient with caution.

Do not moxa patients suffering from vascular disease.

Management of Needle Fainting

Do not needle an extremely weak patient.

Prevent fainting by not needling patients who are in a hypoglycemic state, that is have not eaten and are sensitive to blood sugar drop.

Do not needle an extremely fearful patient.

When needling a patient, if the patient feels faint, or faints:

Remove all the needles.

Apply pressure at Du 26 with the fingernail.

If the patient is in a sitting position, place her or his head between their knees.

If the patient is lying down, place the patient on her or his back and elevate their feet.

Treating the Hypertensive patient

Under current guidelines established by the Eighth Joint National Committee (JNC 8), the classification system for hypertension:³

Classification of Blood Pressure in Adults (age ≥18 years)			
Category	Systolic Blood Pressure (mmHg)		Diastolic Blood Pressure (mmHg)
Normal	< 120	AND	< 80
Prehypertension	120 - 139	OR	80 - 89
Stage I	140 - 159	OR	90 - 99
Stage II	≥160	OR	≥100

It is the policy of the Yo San University Clinic to allow treatment of Prehypertensive and Stage I hypertensive patients with Supervisor approval. Stage II hypertensive patients may not be needled unless verbal or written consent is given by that patient's primary care MD. Interns may, at the discretion of their Supervisor, use non-invasive techniques on Stage II hypertensive patients such as tui-na, ear seeds and qigong.

³ Paul A. James, MD; Suzanne Oparil, MD; Barry L. Carter, PharmD; et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8) JAMA. 2014;311(5):507-520. doi:10.1001/jama.2013.284427

In the event that a patient with blood pressure of 160/100 or greater is detected, the following procedure should be followed;

1. Ask the patient to lie down on the table for at least five minutes.
2. Take the blood pressure reading again on both arms.
3. If the blood pressure has reduced to Stage I or lower levels, treatment may proceed as normal.
4. If the blood pressure has not reduced to a level where the patient can be safely needled, then the use of non-invasive techniques such as tui-na, ear seeds and qigong is permitted with Supervisor approval.
5. If, at the discretion of the Supervisor, all treatment is deemed too hazardous for the patient, discharge the patient and recommend that s/he be evaluated by his/her physician.
6. Note on the patient chart the actual events of the patient encounter and any recommendations and return the chart to the front desk for processing.

The Yo San University clinic does not treat hypertensive emergencies. If such an emergency is suspected, then the patient should be referred to emergency services immediately.

Handling Suspected Abuse, Neglect or Domestic Violence

Introduction & Legal Requirements

As a clinic providing medical services to the community, Yo San University and its clinical staff is under legal mandate to report suspected cases of adult abuse or neglect, child abuse or neglect and domestic violence (California Welfare and Institutions Codes 18962 and 15601).

California Penal Code (PC) section 11166 requires you, as a person licensed or certified under Division 2 of the Business and Professions Code, to report known or reasonable suspected child abuse or neglect to:

- Any police or sheriff's department (not including a school district police or security department);
- The county probation department (if designated by the county to receive mandated reports); or
- The county welfare department.

For more information on the Child Abuse and Neglect Reporting Act, refer to PC sections 11164 *et seq.*

California Welfare and Institutions (W&I) Code section 15630 requires you, as a health care professional, to report know or suspected elder or dependent adult abuse to:

- If the abuse occurred in a long-term care facility (except a state mental health hospital or state developmental center), the report shall be made to the local ombudsman or the local law enforcement agency;
- If the abuse occurred in a state mental health hospital or state development center, the report shall be made to designated investigators of the State Department of Mental Health or the State Department of Developmental Services, or to local law enforcement agencies;
- If the abuse occurred in any other setting, the report shall be made to adult protective services agency or local law enforcement agencies.

For more information on the Elder Abuse and Dependent Adult Civil Protection Act, refer to W&I Code sections 15600 *et seq.*

Immunity from Liability

As state recognized Mandated Reporters (Penal Code Section 11165.7) we are legally protected in cases where abuse and neglect are reported even if the claim is unfounded provided the report was given "in good faith".

Confidentiality

Each report is confidential. Its contents may be shared only when the appropriate agency considers release necessary for its mandated investigation. Except for the purpose of judicial testimony, the identity of the referral source is considered a part of the report, and may not be released or affirmed by the any agency without the party's written consent.

What do you do if you suspect abuse or neglect?

General policy for the Yo San Clinic: if there is credible suspicion, then someone must make a REPORT to a member of the clinic administration. Please follow the procedures below:

- If the intern has evidence of abuse, immediately notify the Supervisor AND either the Dean of Clinical Education, the Clinic Manager, or the Dean of Academic and Clinical Affairs.
- Whoever had the initial contact with the patient/victim: be certain to record right away all information which will be needed for both oral and written reports.

Upon receipt of a written report from the Clinic Intern / Clinical Faculty, the Dean of Clinical Education or the Clinic Manager will immediately contact the appropriate authorities and file a report as required. Additional information and resources can be obtained from:

Child Protective Services
Director, Los Angeles County Child Welfare Service Agency
425 Shatto Place
Los Angeles, CA 90020
Tel: 800-540-4000 (In-State)
Tel: 213-639-4500 (Out of State)
<http://www.dss.cahwnet.gov/cdssweb/PG93.htm>

Adult Protective Services
3333 Wilshire Blvd., Suite 400
Los Angeles, CA 90010
Tel: (888) 202-4248 (General Information, toll-free in LA & vicinity)
24-hr Abuse Hotline: (877) 477-3646
Direct/Collect: (626) 579-6905
Fax: (213) 738-6485 (Intake Fax)
<http://www.cdss.ca.gov/agedblinddisabled/PG1298.htm>

National Domestic Violence Hotline
Tel: 1-800-799-7233 or 1-800-787-3224 (TTY)
www.ndvh.org

National Sexual Assault Hotline
1-800-656-4673
www.rainn.org

Within one working day of the oral report, the Clinical Faculty, with the Dean of Clinical Education OR the Clinic Manager will make a written report to submit to California Department of Social Services (CDSS).

Completed reports will need to contain:

- Names and addresses of the person(s), and, if a child, his/her parents or person/s having custody of the child,
- The person or child's age and the nature and extent of the injuries, abuse, or neglect, including any evidence of previous injuries, abuse, or neglect, and any other information which might be helpful in establishing the cause of the injury, abuse, or neglect,
- Since abuse/neglect is a sensitive issue, all documentation regarding any incidents shall be maintained in the Dean of Clinical Education's office and NOT in the patient's file.

Procedures for Handling Suicidal Patients

No one in the clinic is trained to conduct psychological evaluations. Use extreme caution when confronted with a suicidal patient.

Suicide emergency phone numbers:

1-800-SUICIDE, 1-800-273-TALK, or 911

24 hours / 7 days: (310) 391-1253 or 1-877-7CRISIS (1-877-727-4747)

When a person says that he or she is thinking about suicide, you must always take the comments seriously. Assuming that the person is merely seeking attention is a very serious, and potentially disastrous, error. Getting help immediately and using the techniques below will protect you legally and may help save a life.

- Let the person know that you are deeply concerned. Tell the person that you are concerned, and show them that you are concerned. A suicidal person is highly vulnerable and needs to feel that concern.
- Listen attentively to everything that the person has to say. Let the person talk as much as he or she wants to. Listen closely so that you can be as supportive as possible, and learn as much as possible about what is causing the suicidal feelings.
- Notify the attending Clinical Faculty and Dean of Clinical Education, Clinic Manager as soon as you are able.
- Assure the patient that all discussions that occur will remain in the strictest confidence in accordance with our existing policy on patient confidentiality. The situation will only be discussed with the Clinical Faculty, the Dean of Clinical Education, the Clinic Manager and the University President, and only insofar as the patient's health and well-being are concerned.

Where appropriate, ask these questions to patients with suicidal ideation:

Delineate extent of suicidal ideation

- When did you begin to have suicidal thoughts?
- Did any event (stressor) precipitate the suicidal thoughts?
- How often do you think about suicide? Do you feel as if you're a burden? Or that life isn't worth living?
- What makes you feel better (e.g., contact with family, use of substances)?
- What makes you feel worse (e.g., being alone)?
- Do you have a plan to end your life?

- How much control of your suicidal ideas do you have? Can you suppress them or call someone for help?
- What stops you from killing yourself (e.g., family, religious beliefs)?

Ascertain plans for furtherance and lethality

- Do you own a gun or have access to firearms?
- Do you have access to potentially harmful medications?
- Have you imagined your funeral and how people will react to your death?
- Have you "practiced" your suicide? (e.g., put the gun to your head or held the medications in your hand)?
- Have you changed your will or life insurance policy or given away your possessions?

By asking the above questions you should be able to answer the following questions that, taken together, indicate a high-risk suicide profile.

Is the patient really suicidal?

Does the patient have a plan?

Does the patient have what s/he needs as far as tools/weapons?

Has the patient decided when s/he will commit suicide?

You need to know as much as possible about what is going on in the person's mind. The more planning that someone has put into a suicide, the greater the risk. If the person has a method and a time in mind, the risk is extremely high and you cannot hesitate to call 911 and ensure that professional treatment is given.

If the person talks about using a firearm for suicide that he or she owns, call the police so they may remove the firearm(s). Firearms are used in the majority of suicides, and those who use a firearm usually do not survive. It is thus an emergency that needs to be handled by the police immediately.

If the person is at a high risk of suicide, do not leave him or her alone. Do not leave a critically suicidal person alone for even a second. Only after you get professional help for the person can you consider leaving him or her.

If someone tells you that you need to keep his or her suicidal intentions a secret, then you must reply that you can never keep that particular "secret." Rules of patient confidentiality do not apply to a situation in which the physical health of a patient is under threat. Medical practitioners are required, under law, to report cases of suicidal intentions. Under no circumstances can you keep a "secret" that could cause someone's death. You are not violating a privileged communication; you are taking the steps necessary to prevent a suicide. That is an expression of deep concern and professional obligation, and is the only moral choice in a situation as serious as this.

Do not handle the situation by yourself. A suicidal person needs immediate assistance from qualified mental health professionals. Phone any of the Suicide hotlines listed above and do not allow untrained individuals to act as the only counselors to the individual.

When in doubt about what to do, call 911 immediately. It is better to err on the side of caution and get professional assistance immediately than suffer the consequences of a missed opportunity.

Online Resources:

Suicide Prevention Center

<http://www.suicidepreventioncenter.org/>

Suicide.org

<http://www.suicide.org/>

Evaluation and Treatment of Patients with Suicidal Ideation:
<http://www.aafp.org/afp/990315ap/1500.html>

LOW COST COUNSELING CENTERS CLOSE TO YO SAN UNIVERSITY

MAPLE CENTER
9107 WILSHIRE BLVD, LOWER LEVEL
BEVERLY HILLS, CA 90210
310-271-9999

SOUTHERN CALIFORNIA COUNSELING CENTER
5615 WEST PICO BLVD
LOS ANGELES, CA 90019
323-937-1344

SATURDAY CENTER
3201 WILSHIRE BLVD, SUITE 201
SANTA MONICA, CA 90403
310-829-7997