

Florida College
Of
Integrative Medicine

Intern Clinic
Handbook

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I. Mission of Clinical Training

A. Statement of Purpose

To provide comprehensive graduate education in complementary, integrative, traditional and conventional medical sciences that emphasizes careful diagnosis, effective treatment, disease prevention and health maintenance in a patient friendly, cost effective delivery environment. In addition to the natural and traditional sciences, education programs include intensive study of the biomedical sciences so practitioners can appropriately support and integrate with conventional Western medical health care.

B. Clinic Mission Statement

Florida College of Integrative Medicine provides a complementary, integrative, traditional and conventional teaching facility to the community offering an emphasis in careful diagnosis, effective treatment, disease prevention and health maintenance in a patient-friendly, cost effective environment.

C. Introduction to Clinical Training

Clinical training for semesters one and two are devoted solely to observation for a total of 180 hours. Observation begins in semester one with an emphasis on treatment room procedures and preparation of clinic treatment rooms. Interns will become familiar with equipment and supplies and learn how to clean and prepare treatment rooms according to OSHA standards. Observation continues with emphasis on pharmacy procedures and equipment, storage of herbs, preparation of prescriptions and interaction of senior interns and supervisors with patients.

Semesters one and two provide students with a thorough foundation in Oriental medicine by systematically progressing through a broad spectrum of knowledge. First year students begin their clinical training by observing more advanced students and also have the

opportunity to follow licensed practitioners during practitioner shifts and off-site externship locations. Such exposure provides real-life application of the didactic course material. Observing interns also restock treatment rooms following Universal Precautions and OSHA regulations.

Semesters three and four lead to a more in-depth understanding of acupuncture and Oriental medicine, including advanced needling techniques. In the clinic, students begin to directly participate in diagnosis and treatment as they assist the supervising Acupuncture Physicians and senior interns in patient treatment. In semester three, interns learn pre-treatment patient protocol; discuss diagnosis and treatments more extensively with supervisors and senior interns. Under direct supervision assists may palpate pulses, use moxibustion and cupping, perform tui-na and remove needles. Although observation also continues, interns are now assisting during treatments. In semester four, assisting continues but the primary emphasis is preparing for a working understanding of biomedical and Oriental medical principles and their clinical application in treatment.

In fifth semester, interns will continue to use their understanding of biomedical and Oriental medicine principles to develop and maintain a working diagnosis, treatment plan and use ethical patient recruitment and maintenance skills for the ongoing treatment of their patients. Semester five has an emphasis on the extensive and comprehensive study of Oriental herbs, herbal formulas and how they are prescribed. Students in the sixth semester enter the phase of semi-independent internship in the clinic. This advanced level of training provides senior interns the opportunity to actually practice under supervision. This final level of experience enables students to become complete and competent practitioners of Oriental Medicine.

During semesters four, five and six, interns focus on intake, diagnosis, treatment, health counseling and record keeping- all leading to proficient clinical skills by the end of the program. Herbal knowledge and prescription are also part of the interns' clinical experience and the areas in which they must demonstrate proficiency.

Student interns need to complete a minimum of 900 hours of clinical training over the six semesters of the program. Students' clinical hours

are carefully recorded and monitored by the Clinic Managers and Records Administrator.

Required clinical hours for each semester are as follows:

Semester one	75 hours of Clinical Observation
Semester two	105 hours of Clinical Observation
Semester three	180 hours of Clinical Observation and Assistantship
Semester four	180 hours of Clinical Observation and Assistantship
Semester five	180 hours of Assistantship and Clinical Training
Semester six	180 hours of Assistantship and Clinical Training

Each student must treat a minimum of 350 patients, acting as a primary treating intern (under supervision) for at least 250 of those treatments. The onsite clinic consists of eight well equipped treatment rooms. At least two supervising Acupuncture Physicians are always on duty. The clinic is open six days a week yearly, subject to closing on certain National Holidays.

The hours of operation of the clinic during the 20 week semester are:

Monday	8 am to 9 pm
Tuesday	8 am to 9 pm
Wednesday	8 am to 9 pm
Thursday	8 am to 9 pm
Friday	9 am to 9 pm
Saturday	9 am to 5 pm

D. Educational Objectives of the Oriental Medicine Program and Clinical Training

-Graduates will be able to demonstrate the fundamental academic and clinical knowledge drawn from the Oriental and biomedical science content and experience, which is necessary to practice safe and effective Oriental Medicine.

-Graduates will be able to pass the NCCAOM Board exam and obtain Florida State licensure.

-Graduates will be able to assess and diagnose patient conditions using all relevant Oriental medical diagnostic theory and procedures and appropriate biomedical diagnostic principles and techniques.

-Graduates will be able to formulate effective treatment plans that are indicated by careful diagnosis and based upon sound clinical reasoning.

- Graduates will be able to recognize patient conditions that require referral to other health care professionals.
- Graduates will be able to articulate the importance of ethical behavior in their professional and personal lives.
- Graduates will be able to communicate competently about Oriental Medicine with patients and other health care professionals.
- Graduates will be knowledgeable of the principles of practice management to include applicable federal and state laws and local ordinances.

II. Clinical Internship Requirements

There are six semesters of Internship required while attending school at the Florida College of Integrative Medicine.

A. Clinical Hours Requirements

Observation	Semesters 1 & 2	180 hours = 180
Assisting	Semester 2 & 3	180 hours = 360
Primary	Semesters 3, 4, 5 & 6	540 hours = 900

B. Evaluations

ACAOM determines that each semester a student needs two evaluations. The clinic supervisor will evaluate each student on his/her clinical skills performance and record these assessments on a student's semester evaluation. These evaluations include but are not limited to the following areas: communication within the clinic setting, point location, herbal pharmacy skills, clinical technical skills, TCM and biomedical concepts and participation in clinic. It is each individual student's responsibility to see that his/her pass-no pass semester evaluations are submitted by the assigned due date. Failure to submit clinic evaluations on time will prevent the student from continuing to schedule clinic hours for at least one month, as determined by the Clinic Director, until the missing evaluation(s) has been submitted and may affect a student's satisfactory progress in the program.

C.Level Advancement

1. Observe J

Objective: As freshmen on campus, students will need structure and proper modeling. These students ONLY observe Physicians in a modular setting. 1st Semester students (60hours) will divide their time between different doctors at different times (see Dr. schedules), learning and helping the office manager, checking inventory of supplies and recording it, handing out supplies, and cleaning rooms. Their schedules will vary. Students will follow and observe the doctors, ask and answer questions regarding the patient after treatments. 30 hours are required of observation of doctors in the first semester. Students will be assigned office duty which includes filing, and other office related routines. Students will be assigned Supply room duty as well. Supply room duty will be to help acquaint the students with different tools that an acupuncturist uses on a day to day basis. Observe J students will be assigned these posts throughout their first semester.

(Evaluation required from the clinic manager)

(Evaluation required from doctor being observed for minimum of 10 hours)

Prior to starting Observe Level S, the following must be completed:

- a. 75 Clinic hours
- b. OSHA & Bloodborne test
- c. All Clinic Semester Evaluations (see part B. page 6)
- d. All required coursework

2. Observe S

Objective: as 2nd semester students, these students will continue to observe doctors in the modular setting. 2nd semester students will once again divide their observe experience between different doctors. Schedules will vary depending on doctors on scheduled. Students will be required to complete 70 hours with doctors which accounts for ½ the required observe hours in the clinic. Once ½ hours are completed, the students are eligible to observe senior students. The Observe II student will need an evaluation form from 2 doctors they have observed. Responsibilities are the same as observe I in regard to office work, and clean up.

(Evaluation required from the clinic manager)

(Evaluation required from supervising physician)

All Students are responsible for 60 hours of their clinic experience in the Herbal Pharmacy PRIOR TO completion of 150 patients as a Primary Intern. Students are eligible to work in the Herbal Dispensary at the beginning of the third semester.

Prior to starting Assist Level J, the following must be completed:

- a. 180 Clinic hours
 - a. Completion of 10 weeks of the 2nd semester
 - b. Clinic Theatre for Vital Signs

- c. All Clinic Semester Evaluations (see part B. page 6)
- d. Qualified students who have completed the minimum requirements will take the observation ~ assistant examination which will be comprised of a written and practical examination which will reflect the curriculum and clinic programs.
- e. All required coursework
- f. Interns advancing to Assist Level I must obtain a Routing Sheet from Records to begin the process

3. **Assistant J (Junior)**

Objective: Students who initially pass the assistant examination will be eligible to assist senior students and doctors only. **Assist J** students are required to complete 25% (25) with doctors and senior students.

(Evaluation required to advance to Assistant S)

4. **Assistant S (Senior)**

Once 25% of the assists are completed, students will be eligible to assist any students, up to **100 patients**. Once this has been achieved students are eligible for the Primary Intern examination.

(Evaluation required to advance to Primary Intern Examination)

(Recommendation letter from Clinic Supervisor is required to take Primary Intern Examination)

Prior to starting Secondary Intern Level I, the following must be completed:

- a. 360 Clinic hours
- g. completion of 17 weeks of the 3rd semester
- h. 100 patients logged
- i. All Clinic Semester Evaluations (see part B. page 6)
- j. **Primary Intern Examination*** with a passing grade
- k. All required coursework
- l. Interns advancing to Secondary Intern level must obtain a Routing Sheet from Records to begin the process

***Primary Intern Examination Requirements**

Students are required to complete 100 assists. Students are required to have an assistant S evaluation form filled out and a recommendation letter from one of the supervising physicians.

Primary Intern Examination: Written and Practical will be given once/ month. The date is pre-determined and issued concurrently. Students who are eligible to take the exams can schedule with the clinic office.

Failure of either part of the examination: Failure will result in a second chance examination which will be taken no less or more than two (2) weeks after the initial exam was taken. A \$50 fee will apply for this examination. A second failure of either part of

the exam will result in probation, student will be required to complete 25 extra assists, and a review with the academic Dean will be required. Pending review, student will take the examination with the other students during the set schedule for examination. Student will be required take both examinations. (An additional \$50 fee will apply)

5. Secondary Intern SI

Upon passing the Primary Intern Examination, and all requirements have been satisfied, students are “white coated”. At this phase of student intern training, students will take part in diagnosis, treatment and treatments course along side a Primary Intern for the purpose of learning and modeling proper techniques and different student perspectives of treatment. Both Primary and Secondary Interns will both be responsible for needling the patient. ***Students will obtain 65 patients or just over 25% as a Secondary Intern.*** (Secondary Interns will be required to have an evaluation by a clinic supervisor.)

Prior to starting Primary Intern J (Junior), the following must be completed:

- a. 65 patients as a secondary intern
- b. evaluation by a Clinic Supervisor

6. Primary Intern J (junior)

Once Students have completed the secondary intern requirements they will move onto PJ status. ***The initial 10 patients that Primary Intern J students treat will report to Supervising Physicians directly for their patient.*** Supervising Physician will be issued the patient files directly by Clinic office staff for a review of the patient notes. Supervisors will preview the case with the student, be in the treatment room to observe and correct proper evaluation and intake techniques, help guide the Primary J student on proper evaluation, and treatment plans, and evaluate the student’s performance/ patient.

(A performance evaluation form is required to be completed for each of these treatments)

Prior to starting Primary Intern S (Senior), the following must be completed:

- a. Junior Intern performance evaluation form is required.
- b. Student must display proper diagnosis and treatment skills as well as good bedside manner or report with patients

7. Primary Intern S (senior)

After the initial 10 patients, students will hand in patient logs and performance sheets. Once reviewed, the Primary J Intern will be eligible for *Primary S* status. Students will no longer need to preview and have supervisors present for intake. (Final Evaluation Primary S is required)

Prior to starting Primary Intern J (Junior), the following must be completed:

- a. 250 patients as a Primary Intern which includes secondary, Primary J & S patients and *Herbal Consultations**
- b. Final Evaluation (Acupuncture)
- c. Final Evaluation (Herbs and Formulas)

***Herbal Consultations**

5th or 6th semester students who have reached the 150 patient mark as a primary intern are required to begin herbal consultations. Of the final 100 patients, students are required to complete no more and no less than 60 herbal consultations. (Pharmacy student final evaluation)

CLINIC GRADES:

A grade for clinic will be issued as: **P/F/I (pass/fail/incomplete)**

A clinic grade of "P" will be given to any student whom has completed the required hours for that semester.

An "I" will be issued to students that have not yet achieved the hours requirement for that semester. Students with insufficient clinic hours will be required to finish their hours by the end of the Summer (if insufficient hours are from the spring semester), and by the end of the winter recess (if insufficient hours are from the fall semester).

If students are unable to finish clinic hours by the end of the summer or winter recess hours, the student will receive an "F" grade. The student will be held accountable for these hours, and must pay a clinic fine of \$5/ each insufficient hour. Student will be placed on "Probation " for the next semester.

Students who have two consecutive semesters of insufficient clinic hours will be removed from the program.

Non-consecutive insufficient clinic hours at the end of summer/winter recess will result in a \$10 clinic fine/ each insufficient hour, receive an "F" and be placed back on "Probation".

D.Student ID Cards

Student ID Cards must have the appropriate sticker indicating the level each intern has achieved.

- a. OJ = Observe Level (junior)
- b. OS = Observe Level (senior)
- c. AJ = Assist Level (junior)
- d. AS = Assist Level (senior)
- e. SI = Secondary Intern
- f. PJ = Primary Level (junior)
- g. PS = Primary Level (senior)
- h. SM= Senior Mentor

E. Externships

1. For an Intern to receive Externship credit, the school must ensure that the same standards as set forth in FCIM's Administrative Policies and Procedures are followed at all sites, including externship locations.
2. The College shall maintain written agreements with off-campus sites, specifying our program's objectives, requirements and standards for clinical training.
3. All outside Clinics must be approved before an intern can begin to do Externship there.
 - a. The basic guidelines for an outside Clinic are that the Acupuncturist must be licensed and see at least fifty (50) patients per week, as well as be able to provide any other requested documentation.
 - b. Forms must be filled out for an outside Clinic to be approved.
 - c. If an intern would like to have an outside Clinic approved they must contact the Clinic Director.
 - d. The Clinic Director must give final approval for an outside Clinic to be used as an Externship site.
4. Interns are only allowed to observe or assist at any off-campus site.
5. Interns are responsible for turning in their externship hours each month.
6. Externship hours will not be credited if they are received the following month(s) after the externship.
7. Externship forms can be found next to the time clock in the Clinic Office.

8. All Externship forms must be approved by the Academic Dean, who will forward them to the Clinic Manager for proper hour documentation.
9. A maximum of 25% of supervised Clinical practice may be conducted outside the program's teaching Clinic.
 - a. Semester I 20 hours
 - b. Semester II 25 hours
 - c. Semesters III-VI 45 hours
10. All interns are expected to conduct themselves in a responsible and professional manner at all times.

F. Promotional Events

1. FCIM often volunteers at different locations throughout Orlando offering complementary treatments for the community.
2. Interns can work these events for clinic hours (hour for hour) only, no patient counts.
3. Interns must wear their lab coat and name tag to all events.
4. Interns should bring any and all auricular related references to events. For example: ear probes, ear point location books.
5. Interns must have patients fill out Consent forms prior to treatment.
6. Treatments may only be performed while a Supervisor is present.
7. Those who are treated at these events are considered patients of FCIM and should be treated as such under the confidentiality agreement.

III. Professional Conduct Guidelines

These standard conduct guidelines should be followed by all FCIM students interning at the FCIM clinic.

A. Maintaining Relationships

1. All Interns should notify the Front Desk of any delays to their arrival to the clinic (see section VI, Attendance).
2. Interns are always to be aware of their clinic schedule, their attendance requirements and are punctual to their clinic shifts.
3. Interns are expected to ask for help when needed and/or help when asked.
4. Interns are expected to observe and adhere to all clinic policies, procedures and requirements.
5. Interns are expected to maintain complete confidentiality on patients' conditions and Protected Health Information (PHI) according to H.I.P.A.A. regulations.
6. Interns are expected not to breach the confidentiality agreement during their Internship, at any Promotional event, Externship, offsite Internship or any other FCIM affiliation.
7. Interns are expected to observe Universal Precautions when dealing with blood or body fluids of all patients.
8. Interns are expected to observe OSHA and clinic safety regulations.
9. Interns will wash hands often, always before and after entering treatment rooms.
10. Interns are expected to behave neutral towards patient's sexual orientation and age. If interns behave in any other way towards patients they will subject to misconduct as defined on page 22 in the Student Handbook.
11. Interns are expected to show empathy for the patient's condition.
12. Interns should ask if the patient and/or family members are familiar with Oriental Medicine concepts. If not, then briefly explain to them any necessary information.
13. Interns are expected to inform the Clinic Director of any personal issues that are interfering with his or her clinical performance.

14. Interns will always obtain the supervisor's written approval for treatment prior to beginning any treatment.
15. Interns are expected to take responsibility for all patients' charts that are in their possession during clinic and return all completed charts to the clinic office before the end of their shift.
16. Interns should request the supervisor to meet and examine the patient or observe the ongoing treatment.
17. Interns should remain sensitive to the patients' emotional state and how this may affect delivery and outcome of treatment.
18. Interns are expected to meet deadlines established by the front desk for clinic evaluations, clinic schedule requests for clinical hours and/or changes to clinic schedules.
19. Interns are expected to show respect and consideration for the front desk staff and clinic supervisors.
20. Interns should stay aware of their schedule and adapt to schedule changes with a cooperative attitude.
21. Interns should provide academic leadership and support to other students. For example, Senior Interns should explain to Assistants and Observe Interns the rationale of treatment, including them in the treatment process, and involving them in researching the case.
22. Interns are expected to demonstrate the interpersonal skills and cultural awareness necessary to treat the patient and aid in the communication, understanding, and comfort of the patient.
23. Interns are expected to demonstrate the ability to build a team relationship with other interns, Front Desk staff, and Supervisors.
24. Interns are expected to demonstrate an understanding and application of the skills necessary to recruit and retain patients in a manner consistent with the ethical practice of medicine.
25. Interns are expected to maintain clear and detailed patient charts written only in black ink with legible handwriting.
26. Interns make certain the entire treatment is recorded for each patient, including progress made since the last

treatment, if it is a follow up treatment, signs, symptoms, vitals, pulse and tongue, diagnosis, assessment, prognosis, points, adjunctive therapies and herbs.

27. Interns do not perform any unapproved techniques.
28. Interns are expected to maintain a clean and orderly treatment room regardless of their rank.
29. Interns ensure the treatment table is cleaned with a 10% bleach solution after each use and upon completion of the shift, ensures the treatment room is clean, re-supplied and orderly.
30. At the discretion of the Administrative Office of the College, an intern may be dismissed from the Clinic for disobedient or disrespectful behavior to an intern, faculty member, administrator, or patient; and for conduct or inattention that endangers life or violates the intern/patient relationship. Any intern dismissed from the Clinic because of continued violations of this policy may then be dismissed from the program due to the inability to complete the program.

IV. General Guidelines for All Interns

These guidelines are to help students develop a high standard of competence and responsibility as a FCIM Intern.

A. Office Area

1. Only the Clinic Manager or assignee is allowed to schedule patients. Interns are not to make any changes to the patient scheduling system unless they asked to cover the Front Desk.
2. Interns should be considerate of the Clinic Office personnel and not loiter unless they have been requested to be there to assist in the functioning of the business of the office.

3. Primary interns' names will be rotated by seniority of class for unassigned patients; thus dividing patients evenly among all primary interns.
 - a. Patients who have been marketed by interns and who call requesting a certain intern will still be scheduled with that intern
4. Primary interns who are scheduled in the Clinic are obligated to treat patients as directed by the Clinic Manager or Clinic Director. Failure to do so will result in the primary intern being excused for the Clinic and no hours will be earned.
5. All interns, faculty and staff members must exit the building by 9:00 pm, Monday – Friday and 5:00pm on Saturday so the Clinic Manager can set the security alarm and lock the building.
6. Interns may not accept telephone calls while scheduled with patients. Cell phones must be on “vibrate” or “silent” while in clinic.
7. Interns should maintain clear and detailed patient charts written only in black ink with legible handwriting.
8. Interns may only contact patients with permission from and under the supervision of either the Clinic Manager or the Clinical Director. Contacting patients for personal reasons or for the selling of products is unethical and should not occur.
9. Intern use of the copier in the Clinic Office is prohibited by anyone other than office personnel.
10. If an intern is not scheduled to see a patient and has fulfilled all other clinic responsibilities for the time, and wishes to go to the library or take a lunch break, they must request permission from the Clinic Manager and Clinic Supervisor.
 - a. If interns leave the premises they must log out and then log back in when returning.

B. Treatment Related

1. Prior to enrolling into the FCIM Master's program, documentation of having the Hepatitis B vaccination or a signed waiver form is needed. Should you decide to receive the vaccination, see your primary care physician

as FCIM does not cover the cost of the vaccination.
Community resources may be available in your area.

2. Only use smokeless moxa in rooms 5-8.
3. When interns speak with patients they must inform them that there will be other interns present to observe. This is a teaching facility; no patient, intern or Supervisor can request private treatments.
4. Interns shall utilize recent medical texts, journals, faculty, and community resources efficiently when further expertise is required.
5. Interns shall demonstrate the ability to indicate the cost of treatment for the patient's current diagnosis, prognosis and plan.
6. Interns may not bring friends or patients to the Clinic for the purpose of massage only. Tui-Na may be performed on the premises as a part of a treatment plan and not other types of massage.
7. Interns must write their name and the time they took a patient back on the white board outside the clinic office. When interns first go into a room to treat a patient, turn the sign to read "In Session".
8. Up to four interns may go into a treatment room with a patient.
9. Interns performing glass cupping must have the Supervising Physician's approval and supervision.
10. Intern must wash their hands thoroughly before and after every patient and procedure with antibacterial soap.
11. The red Biohazard Sharps container should only contain needles.
12. Interns should never put used cotton balls in the sharps container. This is an OSHA violation.
13. Interns should always use cotton balls to remove all needles.
14. Interns should place soiled cotton balls in the red biohazard waste bag.
15. Cups should be soaked in a 10% bleach solution after each use for 30 minutes and then washed with antibacterial soap before drying and/or re-stocking.

16. Red biohazard waste bags should contain only biohazard materials. These receptacles should be closed after every use to reduce air-borne contaminants.
17. Interns **must** buy their own **hemostats, stethoscopes, and blood pressure monitors** to use on their patients. They may also want to purchase their own lighters, needles and moxa, also for the use on their patients.
18. If cotton balls are soaking in the alcohol on the pump, never squeeze out excess alcohol inside the jar. This causes a contamination of clean cotton balls. Squeeze out excess alcohol in the trash can or a metal tray.
19. OSHA standards dictate that any materials that are used (towels, gowns, etc.), whether it is by direct patient contact or contact with an intern or physician shall not be reused as this can cause indirect cross-contamination.
20. If glass breaks (glass cup or cotton ball jar), the glass needs to be disposed of in the red biohazard sharps container.
21. Universal precautions suggest that interns assume all patients have infectious diseases and that interns wear gloves when treating and/or removing needles and coming into contact with blood and/or body fluids.
22. When a patient is prescribed cupping, tui-Na and acupuncture; the cupping should be done first, followed by tui-Na, then acupuncture last. This reduces the risk of contamination from blood-borne diseases.
23. Interns should learn to organize and utilize their time with each patient.
 - a. New patients should take 1.5 -2 hours.
 - b. Returning patients should take 1 hour.
24. Herbs are to be prescribed for our patients only. Herbs are not allowed to be used, or formulas made by students for use outside the clinic.

C. Universal Precautions and Needle Stick

1. Observing **Universal Precautions** means that all needles are assumed to be potential sources of exposure to any known or unknown blood-borne pathogens such as

HIV, and Hepatitis B or C. Upon withdrawal each needle should be immediately placed in a red sharps container.

2. It is prohibited to carry needles in cotton balls.
3. It is prohibited to place used or open packages of needles in the pockets of a lab coat.
4. All used needles must immediately be placed in a red sharps container. Do not place cotton balls in sharps container. Each treatment room contains one red sharps container. All hallways, bathrooms, stairwells and marked classrooms are considered needle-free zones.
5. It is prohibited to reuse needles, even on the same patient. It is possible to spread infection from one part of the body to another. This may result in infection of the skin or general septicemia in the patient.
6. Hands must be washed before and after every patient contact. Failure to hand wash is the most common cause of infection in clinical settings.
7. All points must be cleaned, with special attention to the ear, using 70% isopropyl alcohol before inserting needles.
8. If needles are detected on the floor they are to be picked up following established work safety protocols and placed in the nearest sharps container.
9. Do not overfill sharps containers. Once a container is 2/3 full it should be sealed and disposed of properly.
10. FCIM is not aware of any documented cases of transmission of Hepatitis B, Hepatitis C, or HIV through accidental **acupuncture needle sticks**. As reported by the Centers for Disease Control and Prevention, the greatest risk of blood-borne pathogen transmission through needle stick exposures is encountered when the needle in question is:

- Large, hollow, and of a thick gauge (such as in an IV needle or hypodermic needle used in an artery or vein)
- Visibly bloody
- Implicated in a deep intra-muscular puncture
- Implicated in having been used on a known HIV, HBV, or HCV positive source patient.

Although the risk of transmission of blood born pathogens through accidental acupuncture needle stick is arguably relatively low, the college takes every needle stick incident seriously.

D. Ethics

1. Interns are expected to demonstrate a professional attitude in their mannerisms towards the patients, each other, School Administration and Faculty, Clinic Managers and Clinic Supervisors.
2. Each patient's complaint should be taken seriously.
3. Interns are expected to demonstrate an understanding and application of the skills necessary to recruit and retain patients in a manner consistent with the ethical practice of medicine.
4. There will be no tolerance for sexually explicit behavior, sexual innuendo/humor/jokes, gossiping, gum chewing, eating, or any other behavior inappropriate for an intern.
5. Interns must speak quietly and keep discussions in the halls of the Clinic at a minimum.
6. Interns must keep patient information confidential and must be careful where they discuss a patient's case. Never discuss a patient's case in front of other patients.
7. If interns discuss cases outside of the college/clinic, they should never use the patients' names or any other personal information about them. Discussion of a patient's case with another person should be for the sole purpose of gaining knowledge for the purpose of treatment. This is a HIPAA regulation.
8. Interns must always be supportive of the healthcare team in the presence of the patient. Do not do or say anything that might suggest a lack of confidence in the professional healthcare personnel in whom the patient has placed his/her trust.
9. Time in the Clinic should be used for gaining Clinic experience, not studying.
10. Recognition and respect for the personal and property rights of others and with the educational mission of the

College is also required. In addition, the violation of local, state or federal law as well as College regulations may result in disciplinary action.

V. Clinic Appearance Guidelines

As an intern representing the Clinic you are expected to demonstrate professionalism and good judgment at all times related to your appearance.

A. Professional Guidelines

1. Student ID Cards

- a. Interns should sign up for an appointment to have their Student ID Card photo taken. The sign up sheet will be available during orientation.
- b. Your Student ID Card must be worn on the front lapel area of your lab coat at all times you are in the clinic.
- c. Student ID Cards must have the appropriate sticker indicating the level each intern has achieved.
- d. If your Student ID Card becomes lost or misplaced there will be a \$5.00 charge to replace it. Replacement is mandatory.
- e. Upon completion of your enrollment as a student the Student ID Card must be returned to the Administration Office.

2. Scrubs

All Observe and Assist level students will wear scrubs. Observe level J & S and all Assist levels wear FCIM approved Dark Blue scrubs with FCIM logo.

2. Lab Coats

- f. Primary Interns must wear a white long sleeved lab coat while in the FCIM clinic, promotional events and/or externship locations.

- g. Lab coats must be buttoned up at all times. This is an OSHA requirement.
- h. Lab coats must be no more than 3” above the knee.
- i. Lab coats must be clean, stain-free and wrinkle-free.
- j. Interns are responsible for assuring the clean appearance of their lab coats.

3. Attire

- k. Interns must wear “Professional Medical Attire” while in the FCIM clinic, promotional events and/or externship locations.
- l. Female interns may wear skirts with a hemline at the knee and at least 2” below the lab coat.
- m. Clothing should not appear too tight, short in length, faded or in need of repair.
- n. Clothing not permitted includes cargo-style pants, baggies, t-shirts, sundresses, leggings, casual shorts, midriff blouses/shirts, halter tops, low-cut tops of any kind and blue jeans.
- o. Unacceptable fabrics include sheer fabrics or anything see-through.
- p. Interns are required to wear appropriate undergarments.
- q. Patterned or colored undergarments that are visible when worn under light-colored clothing are not permitted.
- r. Undergarments should not be visible when bending, sitting or reaching.

2. Footwear

- a. Due to the nature of our health care, interns must wear shoes that do not expose the toes.
- b. Shoes should be clean, polished and in good repair.

- c. Unacceptable footwear includes, but is not limited to: sandals, flip-flops, open-toed and cutout shoes.

5. Hygiene

- a. Due to the close contact with our patients, the use of an *unscented* antiperspirant or deodorant is required.
- b. Interns must practice proper hygiene at all times, including having clean hair, body and teeth.
- c. Interns may not wear perfume, cologne or scented aftershave.
- d. Fingernails should be kept clean and neatly trimmed.
- e. Due to the hands-on contact with our patients, long, artificial, polished or excessively short nails are not acceptable.
- f. Male interns are permitted to wear facial hair but it should be neatly trimmed.
- g. Male interns are expected to be clean-shaven.
- h. Interns may secure long hair back away from their face.

6. Adornments

- a. Make-up, hair and jewelry should reflect a professional medical appearance.
- b. Jewelry is allowable as long as it does not interfere with treatment.

7. Miscellaneous

- a. Personal pagers, cellular phones, and personal digital assistants (i.e., Palm Pilots, etc.) must be on vibrate while you are in the Clinic. This includes the hallway area.
- b. Interns should try to control the noise level in the hallways surrounding the clinic, the pharmacy and the conference room. Patients deserve peace and quiet while they're in treatment.
- c. Interns should try to avoid hanging out in groups around the clinic halls and/or front door

- of pharmacy; this could be misinterpreted, by patients, as a possible violation (HIPPA).
- d. Eating and gum chewing are prohibited in the Clinic.
 - e. Always greet all patients with a smile!
8. Appearance Policy Discipline
- a. The appearance guidelines contained in this handbook have been established for the Florida College of Integrative Medicine and may be changed at any time.
 - b. Failure of any intern to adhere to these guidelines will result in the intern being clocked out of the Clinic until they have achieved adherence.
 - c. Ensuring consistent administration of the Clinic Appearance Policy is the responsibility of the Clinic Manager, Administration personnel and Supervising Physicians.
 - d. Specific questionable deviations from the policy should be referred to the Clinic Director for further assessment.

VI. Clinic Attendance Policy and Procedures

ACAOM determines the requirements for student clinical internships. These requirements include: patient records, clinic hours, semester evaluations, advancement examinations, didactic coursework, patient logs, and learning exercise requirements..

A. Scheduling

1. Schedules are semester long and will be e-mailed to students
2. The clinic shifts are 8am to 11am, 11am to 2pm, 2pm to 6pm and 6 pm to 9 pm Monday – Thursday. On Friday the shifts are 9pm to 1pm, 1pm to 5pm and 5pm to 9pm. On Saturday the shifts are 9am to 1pm and 1 pm to 5pm.
 - a. except during Winter and Summer Break.

3. Interns must be scheduled for a shift to receive clinic hours and patient numbers. Interns may not clock in for clinic hours or receive patient numbers if they are not scheduled on that shift.
4. Interns must complete a Clinic Schedule by the due date at the bottom of the blank schedule form and return it to the Clinic Office.
 - a. Schedules will be accepted via email. All electronic forms are time stamped with students e-mail addresses.
5. Late schedules will be accepted under these terms: The Clinic Office will schedule for the shifts most available and an additional 20 % of hours will be added on to the current hours requested.
6. A printout of approved hours will be returned to the interns, within one week of due date, in their mailboxes located in the Lounge.
 - a. Although the Clinic Managers makes every attempt to assign you the schedule of your choice never assume the dates you requested are the dates you are scheduled for.
 - b. Occasionally the number of people on a requested shift is full and not everyone is allowed on the requested shift.
 - aa. It is a “first come, first serve” policy.
7. Per month, only one cancellation day from the clinic schedule is allowed and only one addition to the schedule.
 - a. Must use add/cancel form.
 - aa. Please see: part C Late & Absence Policy
 - bb. This means, plan the clinic schedule around vacations and/or other occasions.
 - b. Adding does not negate a cancel.
 - c. If interns have/need excessive absences interns will accept the disciplinary action taken against them.
8. Interns must complete a schedule change form and turn it in to the Clinic Manager **one** week prior to the request date or it will be considered unexcused.
9. Blank Schedule Change forms are located at the time clock area of the Clinic.
10. Eligibility for Licensure exams is dependant on the content of your completed scheduled hours.

B. Time Keeping

1. Interns must clock in when arriving to scheduled clinic shift and clock out at the end of their shift (in the

- “TIMECLOCK” area of Korvue-program), additionally, interns must sign their name to the “sign-in sheet” on the clip board next to the time clock.
2. Interns must be scheduled for a shift to receive clinic hours and patient numbers. Interns may not clock in for clinic hours or receive patient numbers if they are not scheduled on that shift.
 3. The Supervisors and Front Desk Managers are not required to remember whether a student was in attendance on a past clinic shift.
 4. If interns need to leave campus for any reason they must clock out and clock in when they return. If interns are on campus while eating lunch, it is acceptable to receive clinic hours. Students may not eat outside, if on clinic shift.
 5. The time clock is located in the Korvue program. The two stations to access the program are at the rear window of the Clinic Office and the pharmacy computer.
 6. Interns may clock in 10 minutes before their shift and no sooner.
 - a. ACAOM time-keeping regulation.
 7. Interns will be issued an account number to clock in and out with and then they will change it and use their own password.
 8. Instructions how to clock in are posted next to the time clock.
 9. Interns are responsible for assuring they are clocked in correctly.
 - a. Fill out a log-adjustment form if the hours are not recorded correctly by the computer system.
 - b. If you have not filled out a log adjustment form, signed in on the clip board “sign in sheet” or clocked in, then those hours can not be re-cooperated due to lack of attendance evidence.
 10. If class is officially cancelled then interns are allowed to add clinic shifts without it affecting the one add per month rule.
 11. If class ends early, interns must wait until scheduled shift time. Interns may not clock in earlier than 10 minutes prior to shift.
 12. If an intern is officially scheduled in class, they are not allowed to clock in for clinic or receive a treatment in the clinic.

- a. ACAOM time-keeping regulation.
- 13. Interns must be present during the time they have scheduled for the Clinic, whether or not they have patients.
- 14. Interns are expected to arrive on time and stay until the end of the scheduled shift.
 - a. If an intern needs to leave, they MUST ask permission from the Clinic Supervisor & Clinic Office before they leave.
 - b. See part C-Late & Absence Policy
 - aa. They also MUST make sure all clinic rooms are clean and fully stocked and the sink area is clean and empty.
- 15. Interns who cannot be located during their shift will be clocked out, given clinic assignment, additional clinic hours and/or suspended from the Clinic.
- 16. Students will not Clock in & out or sign in & out for anyone other than themselves. Falsifying or miss-reporting hours or clinic attendance is a serious infraction and will result in disciplinary action.

C. Clinic Shift-Late and Absence Policy

1. Late or Leaving Early
 - a. First time during month = Verbal warning from the Clinic Manager.
 - b. Second time during month = Written warning from the Clinic Director.
 - c. Third time during month = Conference with the Clinic Director and 10 Clinic hours added to requirement for semester, plus a clinical assignment will be given..
 - d. Fourth time during month = Conference with the Clinic Director and 20 Clinic hours added to requirement for semester, a clinical assignment will be given and the intern will be place on probation.
2. Excused Cancellation
 - a. Use the ADD/CANCEL form.
 - b. You are allowed only one cancel per month and must be submitted one week prior to the requested date.
3. Unexcused Absences
 - a. Are all other absences that prevent you from attending your scheduled clinic shifts.
 - b. You must notify the clinic by either written note, email of phone call of your absence, prior to your absence.
 - c. You are allowed four absences per month from clinic.
 - d. More than four in one month + first month in one semester = Written warning from the Clinic Director

- e. More than four in one month + second month in one semester = Conference with the Clinic Director and 10 Clinic hours added to requirement for semester, plus a clinical assignment will be given..
 - f. More than four in one month + third month in one semester = Conference with the Clinic Director and 20 Clinic hours added to requirement for semester, a clinical assignment will be given and the intern will be place on probation.
4. No Call, No Show
- a. First time during month = Verbal warning from the Clinic Manager.
 - b. Second time during month = Written warning from the Clinic Director.
 - c. Third time during month = Conference with the Clinic Director and 10 Clinic hours added to requirement for semester, plus a clinical assignment will be given..
 - d. Fourth time during month = Conference with the Clinic Director and 20 Clinic hours added to requirement for semester, a clinical assignment will be given and the intern will be place on probation.
5. All written warnings and disciplinary actions become part of the student's permanent file.

D. Miscellaneous

1. Interns are encouraged to finish the correct number of hours per semester. Except for extraordinary circumstances such as medical emergencies or immediate family emergencies, students who are behind in completing clinic hours will be put on probation. This may impact your eligibility for Title IV financial aid.
2. Monthly audits of Clinic hours are conducted by Clinic Administrative staff. Interns falling behind will be given a notice to meet with the Clinic Director to review his/her Clinic hours. A copy of this warning letter will be placed in the intern's administrative file.
3. The last day to accumulate clinic hours for the semester is the last clinic day before the new semester begins. Deficient hours must be made up no later than the following semester.
4. Student interns who fail to complete their clinical hours according to the required semester-by-semester schedule will also be charged \$5.00 per hour for each incomplete hour carried over into the following semester.

5. Any students who fail to complete their required Clinic hours in two consecutive semesters will be suspended from the program. Please see the sections on Reinstatement of Financial Aid.
6. Interns who fail to complete their required clinical hours for a second non-consecutive semester will be charged \$10.00 per hour for each incomplete hour.
7. The Finance Office will record all charges. All charges must be paid at the beginning of the following semester.
8. Interns who have not completed all clinical hours by the end of their sixth semester may attend their graduation ceremony with their class, but they will not receive their diploma or transcript until all hours, patient counts, and clinic requirements are completed. Students who must complete clinic hours past the end of their graduation semester will be required to pay \$20.00 per clinic hour to be paid prior to receiving diploma or transcript.

VII. The Treatment Process

A. Intern Treatment Costs

1. Interns are required to complete the standard new patient paperwork.
2. Interns that wish to be treated must schedule their appointments through the Clinic Office.
3. Interns will be charged a \$5.00 charge to be treated by a primary intern in the Clinic.
 - a. Charges for herbs and additional services are posted in the Clinic.
 - b. Charges to be seen by a Supervising Physician are posted in the Clinic.
4. Interns may not have balances owed to the Clinic.
5. Interns should expect that primary interns, assisting interns and observing interns would be in the exam room.
6. Treatment of an intern will be counted toward the 350 patients that are required to be seen by each intern.
7. Interns may be treated while they are scheduled in the Clinic.
8. Interns may *not* be treated nor treat a patient during their scheduled class hours.

B. Patient Treatment Costs

1. Patients are required to complete the standard new patient paperwork.
2. Patients that wish to be treated must schedule their appointments through the Clinic Office.
3. Patients will be charged a \$15.00 introductory treatment fee to be treated by a primary intern.
4. Patients will be charged for subsequent treatments a \$30.00 treatment fee to be treated by a primary intern.
 - a. Charges for herbs and additional services are posted in the Clinic.
 - b. Charges to be seen by a Supervising Physician are posted in the Clinic.
5. Herbal Consultations subsequent to acupuncture treatments are \$5. This charge for consultations with senior students will be applied to the cost of the herbal formulas that the students prepare and are purchased from the clinic.
6. Payment plan packages are available to patients.
 - a. After the introductory treatment fee, patients would purchase a \$250.00 package of 10 treatments, thereby reducing their treatment costs to \$25.00 per treatment.
 - b. There is no expiration date on the package.
 - c. Whoever sells the package to the patient will receive a \$10.00 credit towards their account.
 - d. These packages are only for treatments by primary interns.
 - e. The package and/or \$10.00 credit can only be used for acupuncture. It does not apply towards herbs or other medicinal substances.
7. To encourage patient referrals, the Clinic offers a new patient referral discount policy.
 - a. Patients who refer new patients to the Clinic will receive a discount of \$10.00 off their *next* treatment.
 - b. In order for the discount to apply, new patients must specifically mention the name of the persons who referred them and must receive and pay for their own treatment.
 - c. The referral discount is applied one time only for each new patient referral.
 - d. Only one discount of \$10.00 can be applied to any treatment.

- e. Referral credits must be documented at the Clinic Office in a manner to be determined by the Clinic Manager.
- f. The \$10.00 credit can only be used for acupuncture. It does not apply towards herbs or other medicinal substances.

C. Patient Visits

1. Patients arrive at the clinic by appointment or on a walk-in basis, and are greeted by the receptionist. The receptionist will orient the new patients to general clinic operations.
2. When a patient arrives for their appointment as their first visit, they are asked to complete the initial patient documents.
3. The new patient is asked to complete the following intake forms:
 - a. Complete personal and family medical history
 - b. Checklist of presenting symptoms
 - c. Informed Consent Form and Arbitration agreement
 - d. Receipt of Notification of Privacy Policies and HIPAA compliance
4. Upon completion of documents, the file is given to the Primary or Assisting Intern. The Primary Intern should read and digest the information on the documents before seeing the patient.
5. Assisting & Primary Interns should be alert for notations such as allergy, pacemaker or medication use and alert the Primary Intern of these.
6. Assisting and/or Primary Interns will then write their name on the white board (taking a room), greet their patient, take their vitals, ask questions, inspect the face and tongue, palpate the pulse, and note other signs and symptoms used to diagnose the patient.
7. An Observer/Assistant and/or Supervisor may be involved in this process.
8. Interns then confer with their Supervisor on the diagnosis and best treatment for this patient. Interns are expected to perform the exact treatment approved by the Supervisor unless specifically indicated by the Supervisor for that particular patient and visit. Interns may obtain additional supplies (other than stock in the rooms) from the Clinic Supervisors and/or Front Desk.

9. Next, the Primary Intern discusses the treatment with the patient. Interns will discuss the patient's questions and concerns at this time and give the patient any educational paperwork related to the treatment, such as, Food Therapy, exercises/stretchers and supplementation prescriptions.

10. Interns should inform their patients about how we can help them with their condition in regards to tentative treatment goals, frequency of visits, duration of treatment sessions and treatment course with the patient to ensure a mutually agreeable plan. Please inform the patient to the degree appropriate for the patient's interest level.

11. A Clinical Observer and/or Assistant may be assigned to follow the Intern during their entire shift of Internship. The Intern may ask their Assistant to perform moxa, cupping, tui-na or other duties during treatment.

12. While the needles are in place, Interns write out any herbal recommendations that have been decided upon, using proper form. Both the Supervisor and Intern must sign these forms. An available student or team of students may prepare the herbs. A Supervisor must verify that the correct herbs were prepared, according to the prescription, prior to their packaging. Both herbs and signed form are then given to the front desk. Herbs or other items are dispensed when the patient pays for their treatment. Herbs may not be dispensed to patients in any other way.

13. The needles are removed one by one, placing a cotton ball to "close" the hole, if necessary. The removed needles are immediately placed in the red sharps container by whoever removed the needles (Needles are considered a sharps once they are no longer sterile and passing sharps from the intern who removed the needle to another intern who is closer to the sharps container is considered a hazard). Only needles are placed in the sharps container. Gloves, cotton and needle wrappers are disposed in the waste can.

14. The Supervisor may ask, or be asked to see the patient and/or confer with Interns on the pulse, tongue diagnosis, points, prescription, or any other aspect of the treatment at any time.

15. Once all signatures are obtained, return the patient's file to the front desk.

D. Intern Supervision

1. Two supervising licensed Acupuncture Physicians will be present at all times during the clinic's hours of operations.
2. These supervisors are the instructors of the clinical courses (Internship) and will be engaged with students in making decisions related to diagnosis and treatment of patients.
3. All treatments provided in the FCIM clinic must be authorized by a Supervisor and documented.
4. While Primary S Interns will surely conduct intake and treatment without the presence of the supervisor, a Supervisor or PS/Senior Mentor Interns should accompany SI or PJ Interns.
5. The supervisor will critique each intake, and when necessary, question the patient directly.
6. Point prescription, point location, herbal prescription and patient instruction require approval by the Supervisor.
7. At the earlier levels, such as SI, interns must cooperate with Supervisors and PS Interns on pulse and tongue diagnosis, treatment planning and needling, to the extent allowed by the level of activity in the clinic.
8. At all levels of Internship, students are required to obtain the initialed approval of the Supervisor on each treatment before actual needling or dispensation of herbs. Under no circumstance may needling be performed or herbs dispensed without Supervisory approval.
9. Supervisors will read each treatment chart fully before signing and may return the chart for correction
10. Interns will be asked to defend their diagnosis, point prescriptions, treatment principles, and herbal prescriptions throughout the entire Internship.

VIII. Observe Duties and Responsibilities

Interns who are scheduled in the Clinic are obligated to perform the observing intern responsibilities according to their level. Be aware of your responsibilities and what is expected of you.

A. Observation of Treatments

1. New observe interns may be assigned to primary interns for observation during their first few shifts in the Clinic. It will be the responsibility of the observing intern to 'connect' with the primary intern of their choice.
 - a. Up to two observe interns may share in the observing of one patient as long as there is no more than four interns in the treatment room.
2. Upon arrival to the Clinic observing interns should check the treatment rooms and Clinic area for tidiness and to assure that they are well stocked. Detailed instructions are posted in treatment rooms for opening and closing duties and how to stock the rooms.
3. Observe interns will stand, listen and observe during the patient's intake process. It is suggested that you bring a note pad and take notes. **No questions are to be asked of the patient by anyone other than the primary intern.**
4. Observe interns will follow the primary intern during treatment from beginning to end.
5. Observe interns should observe the manner in which each patient's medical history is obtained. Every primary intern has his/her own style of interviewing and interacting with a patient. This should serve as the time when observes are creating the best intake process for themselves.
6. Observe interns should observe the pulses being taken and tongue being examined.
7. **Once you leave the patient's room, you may then ask the primary intern any questions that you may have. (Never challenge the procedure of the primary or assisting intern in the presence of the patient.) If the primary intern cannot answer your questions, refer your questions to the Clinic Physician on duty.**
8. Observe interns may check out items from the Supply Closet as deemed necessary by the primary intern. Clinic Supervisors have keys to the Supply Closet.
 - a. The following items are not stocked in the treatment rooms and must be retrieved from the Supply Closet:

- aa. 3", 4" & 5" needles
 - bb. Ear seeds
 - cc. Electro-stimulator Machine
 - dd. Glucometer
 - ee. Blood Pressure Cuffs
 - ff. Stethoscope
 - gg. Otoscope
 - hh. Po Sum On and additional ointments
 - ii. Range of motion gauge
 - jj. Reflex hammer
 - kk. Special needles
 - ll. Tuning fork
 - mm. Urine analysis test strips
 - nn. Cups
9. Observe interns must accompany the primary intern to obtain a treatment plan from the Clinic Physician.
 10. After the treatment plan has been approved by the Clinic Physician all participating interns (including observing interns) will sign the patient chart, in black ink.
 11. After all participating interns have signed the chart the observe intern will then observe the treatment process.
 12. After the treatment has been rendered the observing intern must go back into the room and check the patient to be sure they are not having any problems. Should the patient be experiencing any discomfort, the observing intern should immediately get the primary intern to return to the room.
 13. See: part V. General Guidelines of all Interns.

B. Pharmacy

1. First and second semester interns may pull and re-shelve herbs only if a Clinic Physician is present and no third semester interns are available. Third semester interns have first privileges.
2. Once the observing intern has pulled the herbs the supervising physician must check the herbs for accuracy.
3. Observing interns should be able to identify weight and measuring instruments in the Pharmacy.

4. Observing interns should be able to identify raw herbs, powdered herbs and western herbs in the Pharmacy.

C. Clinic Office

1. Observing interns will be asked to perform clerical duties in the Clinic Office.
 - a. File patient charts
 - b. Retrieve patient charts
 - c. Make new patient charts
 - d. Make photo copies as necessary
 - e. Call patients to remind them of their upcoming appointments
 - f. Answer the telephone
 - g. Look up patient account numbers on the Pharmacy computer
 - h. Miscellaneous duties as assigned

D. Treatment Room and Sink Area Preparation

1. Observing interns should prepare treatment rooms for the next patient.
 - a. Always start by putting on rubber gloves.
 - b. Fold down the used paper on the treatment table, beginning at the top. Grab paper from underneath at the top (clean side) and fold down in segments. Once you reach the end of the paper, then tear the bedroll paper at the base, fold the paper in half and continue folding until you have a small neat folded paper. Place the paper in the trash. Folded paper takes up less space in the trash can.
 - c. Spray the treatment table with a bleach solution and wipe down making certain to clean the face hole thoroughly. Also wipe any pillows that were used with the cleaning solution.
 - d. Cover the clean treatment table with new bedroll paper. Tuck the edge of the paper roll between or under the pillows.
 - e. Replace the paper towel covering the pulse pillow.
 - f. Wipe down the cart if necessary and straighten the items on the cart.
 - g. Replace the paper towels.
 - h. Check the floor carefully for needles and /or tubes. Discard the needles into the sharps container. Discard the tubes into the trash can.
 - i. If moxa was used. Throw *cooled* ashes into the waste can and wipe out the moxa tray with the bleach solution.
 - j. Refill alcohol, cotton balls, baby oil and Purell, if very low.
 - k. Refill needles, lancets, probe covers, moxa and linens (gowns & towels)

- l. Return ear seeds, Serin needles, Po Sum On, White Flower, E-Stim machine, etc.. to the Supply Closet. This way other interns have a chance at using it.
 - m. Collect dirty laundry and place in soiled linen basket next to the sink
 - n. Collect all dirty cups and place them in the sink to soak in bleach solution for 30 minutes.
 - o. After the room is clean, shut off the light and leave the door open.
 - p. Turn the sign in the plastic pocket over to read “Vacant”.
 - q. Make sure all heat lamps are unplugged from the wall.
2. Observing interns should keep the treatment rooms well stocked.
- a. Treatment rooms should be equipped with the following:
 - aa. Treatment table
 - bb. Pillows
 - cc. Bedroll paper
 - dd. Heat lamp(s)
 - ee. Pulse pillow
 - ff. Kleenex
 - gg. Gloves
 - b. The bamboo shelf above the supply cart should be stocked with the following:
 - aa. Needles – 4 sizes: 2.0”, 1.5”, 1.0” and 0.5”
 - bb. Thermometer and thermometer covers
 - cc. Swabs
 - dd. lancets
 - ee. Alcohol prep pads
 - c. The top shelf of the supply cart should be stocked with the following:
 - aa. Biohazard box (Sharps Container)
 - bb. Cotton balls
 - cc. Alcohol pump
 - dd. Bell
 - ee. Hand sanitizer
 - ff. Alcohol bottles – 70% & 91%
 - gg. Oil
 - d. The second shelf of the supply cart should be stocked with the following:
 - aa. Basket with eye pillows & body pillows (hand/foot)
 - bb. Moxa Tray
 - cc. Lighter
 - e. The third shelf of the supply cart should be stocked with the following:
 - aa. Gowns
 - bb. Towels
 - f. On the side of the supply cart should be the following:
 - aa. Biohazard bag
 - bb. Spray bottle with bleach solution
 - g. On the wall should be the following:

- aa. Inside paper towel holder with a roll inside
 - bb. Paper towel holder for bounty rolls
3. Observing interns should maintain the sink area.
 - a. Soak cups in 1 part bleach to 9 parts water for ½ hour (use measuring cup and funnel). Then wash thoroughly with warm water and antibacterial soap. Set in drainer to dry.
 - b. When cups are dry, obtain the key from the Clinic Supervisor and place cups in supply closet.
 - c. When the laundry bag is full, exchange it for a new one and place the full laundry bag in the storage room off from the men's restroom. Use the thicker gloves located under the hall sink to carry the laundry bag.
 - d. The trays, bins, tub and sink should be cleaned, emptied and dried at the end of the evening.
 - e. The trays & bins are stored underneath the sink.

E. Hour Requirements

1. Observing interns are required to have **75** Clinic hours during their first semester.
 - a. It is necessary for observing interns to view and be tested on OSHA videos before they may attend the Clinic.
 - aa. The videos must be viewed in their entirety.
 - bb. The videos may not be removed from the campus.
 - cc. The videos must be checked out of the Clinic Office and viewed in the library.
 - dd. Upon completion of viewing the videos the observing intern must return them to the Clinic Office and have the Clinic Manager sign an authorization form stating that the videos have been viewed and test on videos must be graded.
 - ee. The observing intern will be credited one hour towards their required first semester Clinic hours.
 - b. It is necessary for observing interns to obtain a Student ID Card before they may attend the Clinic.
2. Observing interns are required to have **105** Clinic hours during their second semester
 - a. During this semester the observing intern may perform Tui-Na on patients only after they have completed the Clinical Tu-Na evaluation and under the supervision of the primary intern.
 - b. The observing intern must yield to the privileges of the assisting intern.

F. Evaluations

1. Observing interns will be required to have two evaluations completed each semester.
 - a. Evaluations are due mid-semester and at the end of the semester.

- aa. It is each individual student's responsibility to see that his/her pass/no-pass semester evaluations are submitted by the assigned due date. Failure to submit clinic evaluations on time will prevent the student from continuing to schedule clinic hours for at least one month as determined by the Clinic Director, until the missing evaluation(s) has been submitted and may affect a student's Satisfactory Progress in the program.
 - b. These evaluations are broken down into three areas.
 - aa. Clinic Office Duties
 - bb. Pharmacy Procedures
 - cc. Treatment Room Procedures
 - c. Examples of these evaluations are found at the end of this handbook.
 - d. Observing interns must initiate these evaluations and the Supervising Physician and Clinic Manager will evaluate the intern.
2. Observing interns will be asked to evaluate any Supervising Physicians they work with twice a year; mid-term and end of semester. These evaluations are anonymous.

IX. Assist Duties and Responsibilities

Interns who are scheduled in the Clinic are obligated to perform the assisting intern responsibilities according to their level. Be aware of your responsibilities and what is expected of you.

A. Assisting of Treatments

1. In co-ordination with the primary intern, an assist intern, may take the patient to a room and perform the vitals. This information should be notated in the patient's chart.
 - a. Up to two assist interns may share in the assisting of one patient and take credit for the same patient as long as there is no more than four interns in the treatment room.
2. Assisting interns will stand, listen and observe during the patient's intake process. It is suggested that you bring a note pad and take notes. No questions are to be asked of the patient by anyone other than the primary intern.

3. Assisting interns should observe the manner in which each patient's medical history is obtained. Every primary intern has his/her own style of interviewing and interacting with a patient. This should serve as the time when assisting interns are creating the best intake process for themselves.
4. Assisting interns should observe the pulses being taken and the tongue being examined. Assisting interns should take the pulses as well.
5. Once you leave the patient's room, you may then ask the primary intern any questions that you may have, in the presence of Clinical Supervisor. (Never challenge the procedure of the primary intern in the presence of the patient.)
6. Assisting interns must accompany the primary intern to obtain a treatment plan from the Clinic Physician.
7. After the treatment plan has been approved by the Clinic Physician all participating interns (including assisting interns) will sign the patient chart, in black ink. The Clinic Physician will then line through all signature lines where no intern was present.
8. Interns have to attend the case presentation in order to get credit for the case (signature on patient log sheet from Clinic Supervisors).
9. Assisting interns may hand needles to the primary intern, assist in cupping, perform Tui-Na, moxibustion, and electro-stim.
 - a. Assist interns may only do what a primary intern asks of them, if they have the experience to perform the task.
10. Assisting interns may have primary interns pose questions to them for the purpose of learning. Assisting interns should answer to the best of your ability. Assisting interns may ask primary interns to explain if they do not have the knowledge to adequately answer the questions.
11. Assisting interns must assume the role of observing interns if no observing interns are present. This includes treatment room and sink area preparation.

12. Assisting interns may withdraw needles under the supervision of the primary intern or the supervising physician.
13. See: part V. General Guidelines of all Interns.

B. Pharmacy

1. Third semester interns may pull and re-shelve the herbs under the guidance and supervision of the supervising physician only to assist in the pharmacy when necessary.
2. Once herbs have been pulled, the assisting interns must have the supervising physician check the herbs for accuracy.
3. Assisting interns can make formula if there are no third, fourth, fifth or sixth semester interns available.
4. If an existing patient requests a refill on their herbs, the assisting intern or the pharmacist on duty will review the patient's records with the Supervising Physician on duty prior to fulfilling the request. Please fill-out, sign and date the herbal formula refill progress note found in the pharmacy.

C. Patient Log Sheets-Use Black Ink Only

1. Assisting interns must log patients on patient log sheets.
 - a. These log sheets can be found in the Lounge area.
2. Assisting interns are required to have 100 patients that they have assisted.
 - a. Assist interns will only receive credit for the patient treatment if they have participated in the complete treatment, from beginning to end for the first 50 patients.
 - b. After completion and approval of the first 50 patients, the assisting intern may work with two patients within one hour.
 - c. Under no circumstances should an intern interrupt an in-progress treatment, unless the assisting intern has been requested to join in the treatment of a patient. It is usually a best practice to join in a treatment at its beginning.
3. Patient log sheets must be filled out in the following manner:
 - a. Patient initial
 - aa. First name first, last name last.
 - b. Patient account number
 - c. Date (including the year)

- d. Assist, Primary, 2nd Primary (check the box)
- e. Physician signature
 - aa. The Supervising Physician signature on the log sheet must be the same signature as the Supervising Physician who signed off on the treatment (the Physician who signed the patient chart).
 - f. Clinic manager signature
- 4. Patient log sheets must be turned in immediately after completion.
 - a. Patient log sheets turned in more than two weeks after the dates of completion will not be accepted.
- 5. Completed patient log sheets must be turned in to the Front Office Manager and a copy of the log and a receipt will be placed in the intern's mailbox within one week.
- 6. All patient log sheets will be audited before approval.
- 7. Patient log sheets cannot be rewritten.
- 8. Patient log sheets must be written in the order of time patients were seen.
- 9. Patient log sheets must be written in chronological order by date.
- 10. Any mistakes on the patient log sheet must be crossed out with a *single* line. Do not scribble it out. Do not use white out on patient log sheets.
- 11. Patient log sheets must be written in black pen only.
- 12. An example of a patient log sheet is at the end of this handbook.

D. Hour Requirements

1. Assisting interns are required to have **180** Clinic hours during their third semester.

E. Evaluations

1. Assisting interns will be required to have two evaluations completed each semester.
 - a. Evaluations are due mid-semester and at the end of the semester.
 - aa. It is each individual student's responsibility to see that his/her pass/no-pass semester evaluations are submitted by the assigned due date. Failure to submit clinic evaluations on time will prevent the student from continuing to schedule clinic hours for at least one month as determined by the Clinic Director, until the missing evaluation(s) has been submitted and may affect a student's Satisfactory Progress in the program.

- b. Examples of these evaluations are found at the end of this handbook.
 - c. Assisting interns must initiate these evaluations and the Supervising Physician will evaluate the intern.
 - d. All clinical evaluations are practical tests, students need to bring a partner to use as a “patient”.
2. Assisting interns will be asked to evaluate any Supervising Physicians they work with twice a year; mid-term and end of semester. These evaluations are anonymous.

X. Secondary Duties and Responsibilities

Interns who are scheduled in the Clinic are obligated to perform the secondary intern responsibilities according to their level. Be aware of your responsibilities and what is expected of you.

A. Treating as a Secondary Intern

1. Secondary interns will be assigned to the primary intern by the Clinic Supervisor or Clinic Manager.
2. Secondary interns and Primary interns must discuss their respective roles for the treatment of a patient, prior to a treatment starting.
3. Secondary interns will review the patient’s chart of information, profile sheets, prior diagnosis and treatment rendered with the primary intern.
4. Secondary interns should take the patient’s vital signs if assisting interns are unavailable. This information should be notated in the patient’s chart.

5. Secondary interns will let the Primary intern greet the patient; introduce the accompanying interns and secondary intern to the patient. Primary intern will also let patient know that both interns are sharing the case and explain the Secondary's role in treatment.
6. Secondary interns could listen while the primary intern discusses the patient's profile and their chief complaint, or vice versa.
7. Secondary interns should take the patient's pulses, read their tongue and perform any additional diagnostic checks in cooperation with the primary intern.
8. Secondary interns, along with the accompanying interns, will leave the patient in the room, take the patient's chart and go to the Supervising Physician on duty to discuss the patient's medical history, diagnosis, and intended treatment.
9. Secondary interns can present the patient's case to the Supervising Physician on duty. If wanting to prepare for their eventual primary intern position.
10. After the treatment plan has been approved by the Clinic Physician all participating interns will sign the patient chart. The Clinic Physician will then line through all signature lines where no intern was present.
11. Interns have to attend the case presentation in order to get credit for the case (signature for patient log sheet from Clinic Supervisor).
12. Secondary interns, along with accompanying interns, will then return to the patient and listen while the primary intern explains the treatment plan to be performed including any herbs that may be prescribed.
13. Secondary and Primary interns will both administer treatment, by inserting needles on their half of the patient's body. This should have been explained to the patient at introductions (# 4). If patient disagrees with both inserting needles, then primary intern will administer treatment.

- a. During this time the patient may be left alone in the room. Secondary interns must leave the patient a call bell to ring if they should have any discomfort, if primary intern did not.
- b. Secondary interns should stay within the hearing distance of the room in the event the patient rings the bell.

14. Primary interns can leave the secondary intern to finish the treatment as long as Clinic Supervisor is aware. Secondary interns should never leave an assisting intern alone or in charge of a patient's treatment. Primary interns should never leave and assisting intern to finish the patient's treatment.

15. Secondary interns should never perform a procedure without the permission of the Supervising Physician on duty.

- c. If any intern treats a patient with points that are forbidden or require observation, realize these are grounds for suspension or expulsion.
- d. If any intern treats a patient without first having the Progress note reviewed and a signed by the Supervising Physician on duty, the disciplinary action of 10 or 20 hours plus a clinical assignment will be added to his or her required total of Clinic hours and possible suspension.

16. If primary interns need to perform a procedure and do not have the experience to do it, seek help from the Supervising Physician. The Supervising Physician can perform it while you observe.

17. Secondary interns must be aware that all forms of Oriental Medicine treatments must be performed on patient and other students only with the direct supervision of college appointed/approved doctors. Other medical modality practices should not be performed without direct supervision of a Supervising Physician licensed to perform that treatment/practice and authorized by the college to practice. The college cannot be responsible for

any unsupervised procedures/practices that are not within the scope of FCIM curriculum.

18. Supervising Physicians on duty may come in at any time during the treatment to observe for proper treatment procedures and point location and to advise you of improvements needed or ways to make a procedure easier.

- e. It is suggested that secondary interns ask Clinic Supervisors to check their point location, needle depths and direction.

19. Secondary intern must stay in the treatment room while moxa and cupping are being performed.

20. The points UB 10, DU 15, and DU 16 are not allowed. UB 1, ST 1 can only be needled with an instructor present.

21. See: part V. General Guidelines for All Interns.

B. Pharmacy

1. Fourth semester interns may prepare herbal formulas or dispense other herbs under the guidance and supervision of the supervising physician.
2. If there is not an intern scheduled into the Pharmacy, the secondary intern must prepare the prescription.
3. Once herbs have been pulled, the primary interns must have the supervising physician check the herbs for accuracy.
4. If an existing patient requests a refill on their herbs, the secondary intern or the pharmacist on duty will review the patient's records with the Supervising Physician on duty prior to fulfilling the request. Please fill-out, sign and date the herbal formula refill progress note found in the pharmacy.

C. Patient Log Sheets

1. Secondary interns must log patients on patient log sheets.
 - a. These log sheets can be found in the Lounge area.
2. Secondary interns may only treat 85 patients total as a secondary intern.

3. See Assist Duties and Responsibilities under Patient Log Sheets for the manner in which patient log sheets should be filled out, turned in and any necessary parameters.

XI. Primary Duties and Responsibilities

Interns who are scheduled in the Clinic are obligated to perform the primary intern responsibilities according to their level. Be aware of your responsibilities and what is expected of you.

A. Treating as a Primary Intern

1. Primary interns will be assigned their patients by the Clinic Manager.
2. Primary interns will review the patient chart of information, profile sheets, prior diagnosis and treatment rendered.
3. Primary interns will greet the patient, introduce the accompanying interns to the patient, then proceed to the treatment room with the patient and begin the assessment.
4. See: part III. Secondary Duties and Responsibilities for procedures, if you are sharing a patient treatment.
5. For new patients the primary intern should briefly explain how acupuncture works and that herbs may be prescribed to enhance their progress.
6. Primary interns should make sure that the patient has had something to eat prior to their acupuncture treatment, explaining how this is beneficial to the patient during their treatment. If they have not eaten, suggest to them to at least have a snack.
7. If the patient's vital signs have not been taken by an assisting intern, the primary intern will take them at this time notating all in the chart.

8. Primary interns should discuss the patient's profile and their chief complaint.
9. Primary interns should take the patient's pulses, read their tongue and perform any additional diagnostic checks notating all in the chart.
10. Primary interns, along with the accompanying interns, will leave the patient in the room, take the patient's chart and go to the Supervising Physician on duty to discuss the patient's medical history, diagnosis, and intended treatment.
11. After the treatment plan has been approved by the Clinic Physician all participating interns will sign the patient chart, in black ink. The Clinic Physician will then line through all signature lines where no intern was present.
12. Interns have to attend the case presentation in order to get credit for the case (signature for patient log sheet from Clinic Supervisor).
13. Primary interns, along with any accompanying interns, will then return to the patient and explain the treatment plan to be performed including any herbs that may be prescribed. This should be done in a manner that the patient understands.
14. Primary interns will then administer the treatment. During this time the patient may be left alone in the room. Primary interns must leave the patient a call bell to ring if they should have any discomfort. Primary interns should stay within hearing distance of the room in the event the patient rings the bell.
 - a. New Patient visit should take 1.5-2 hours.
 - b. Follow-up visits should take 1 hour.
 - c. Any intern could be told by primary to check on patient, around every 5 to 7 minutes.
15. Primary interns can leave the secondary intern to finish the treatment as long as Clinic Supervisor is aware. Primary interns should never leave an assisting intern alone or in charge of a patient's treatment. Primary interns should never leave and assisting intern to finish the patient's treatment.

16. Primary interns should never perform a procedure without the permission of the Supervising Physician on duty.
 - a. If any intern treats a patient with points that are forbidden or require observation, realize these are grounds for suspension or expulsion.
 - b. If any intern treats a patient without first having the Progress note reviewed and a signed by the Supervising Physician on duty, the disciplinary action of 10 or 20 hours, plus a clinical assignment will be added to his or her required total of Clinic hours and possible suspension.
17. If primary interns need to perform a procedure and do not have the experience to do it, seek help from the Supervising Physician. The Supervising Physician can perform it while you observe.
18. Primary interns must be aware that all forms of Oriental Medicine treatments must be performed on patient and other students only with the direct supervision of college appointed/approved doctors. Other medical modality practices should not be performed without direct supervision of a Supervising Physician licensed to perform that treatment/practice and authorized by the college to practice. The college cannot be responsible for any unsupervised procedures/practices that are not within the scope of FCIM curriculum.
19. Supervising Physicians on duty may come in at any time during the treatment to observe for proper treatment procedures and point location and to advise you of improvements needed or ways to make a procedure easier.
 - a. It is suggested that primary interns ask Clinic Supervisors to check their point location, needle depths and direction.
20. Primary intern must stay in the treatment room while moxa and cupping are being performed. If primary intern leaves the room, they may be subjected to a clinical assignment, additional clinic hours and/or suspension.

21. The points UB 10, DU 15, and DU 16 are not allowed. UB 1, ST 1 can only be needled with an instructor present.
22. Only after sufficient experience may the points located above T 11 on the back and points above the 8th rib on the front be needled without supervision. None of these points are punctured perpendicularly or deeply.
23. Upon completion of the patient treatment the primary intern will instruct the patient about any herbs prescribed and their dosage, the recommendation for return visits and any other instructions. If the primary intern or Supervising Physician sees the need for diet counseling, the primary intern can explain any changes to the diet for the patient.
24. Primary interns should always let the patient know when the primary intern will be available to treat them and if they are not available on the days and/or times the patient will come back for treatment, to recommend another primary intern to see them.
 - a. Primary intern can offer patient treatment packages. See: Treatment Costs.
25. All interns who have the 350 patient requirement will be allowed to be a senior mentor or second primary throughout their primary internship. A maximum of 85 of the 350 patients may be second primary.
26. Primary interns must assume the role of observing and assisting interns if no observing or assisting interns are present. This includes treatment room and sink are preparation.
27. See: part V. General Guidelines of all Interns.

B. Pharmacy

1. Primary interns (Level II and Level III) are required to schedule themselves into the Pharmacy to gain experience in dispensing and preparing herbal formulas and prescribing food therapy.
2. Fourth semester interns may prepare herbal formulas or dispense other herbs under the guidance and supervision of the supervising physician.

3. If there is not an intern scheduled into the Pharmacy, the treating intern must prepare the prescription.
4. Once herbs have been pulled, the primary interns must have the supervising physician check the herbs for accuracy.
5. Found in the back of the Clinic Handbook are nine pages to be completed throughout the time spent while scheduled in the Pharmacy.
 - a. Eight of the pages are for prescribing, preparing and reciting herbal formulas.
 - b. One page is for prescribing food therapy to patients.
 - c. As these sheets are completed they must be turned in to a Front Desk Manager so they can be recorded, a receipt of these requirements will be placed in the intern's mailbox within one week.
 - d. These pages are a requirement and are to be completed during the fifth and sixth semesters.
6. If an existing patient requests a refill on their herbs, the primary intern or the pharmacist on duty will review the patient's records with the Supervising Physician on duty prior to fulfilling the request. Please fill-out, sign and date the herbal formula refill progress note found in the pharmacy.

C. Patient Log Sheets

1. Primary interns must log patients on patient log sheets.
 - a. These log sheets can be found in the Lounge area.
2. Primary interns are required to have **350** patients (100 are assists and 250 are primary).
3. See Assist Duties and Responsibilities under Patient Log Sheets for the manner in which patient log sheets should be filled out, turned in and any necessary parameters.

D. Hour Requirements

1. Primary interns are required to have **180** Clinic hours during their fourth semester.
2. Primary interns are required to have **180** Clinic hours during their fifth semester.

3. Primary interns are required to have **180** Clinic hours during their sixth semester.

a. Interns will not have completed their internship until the 350 (100 assists + 250 primary treats) patients total is reached, even if the 900 hours are completed.

E. Evaluations

1. Primary interns will be required to have two evaluations completed each semester.

a. Evaluations are due mid-semester and at the end of the semester.

aa. It is each individual student's responsibility to see that his/her pass/no-pass semester evaluations are submitted by the assigned due date. Failure to submit clinic evaluations on time will prevent the student from continuing to schedule clinic hours for at least one month as determined by the Clinic Director, until the missing evaluation(s) has been submitted and may affect a student's Satisfactory Progress in the program.

b. Primary interns must initiate these evaluations and the Supervising Physician will evaluate the intern.

c. All clinical evaluations are practical tests; students need to bring a partner to use as a "patient".

d. Examples of these evaluations are found at the end of this handbook.

11. Primary interns will be asked to evaluate any Supervising Physicians they work with twice a year; mid-term and end of semester. These evaluations are anonymous.

E. Senior Mentorship (SM)

Those students who show exemplary knowledge and acupuncture skills may apply to help be a mentor for Assist S students who are getting ready to take the primary intern examination and Primary Intern J students whom are looking to continue the quality of care of the patients of these senior students. Students must meet specific requirements:

2 letter of recommendation from professors and supervisors,
3.7GPA or more, must have held or currently hold a student government position. Must pass a student mentor examination.

1. The Senior Mentorship is for primary interns in their last semester who have completed their patient numbers, pharmacy requirements and need only to finish clinic hours.

2. Senior Mentorship is for those who are interested in continuing their clinical experience after completing their clinic requirements but not directly treating patients.
3. Senior Mentorship is passive assistance. SM is there to help and assist not control or heavily influence the Primary intern with the integrity of the treatment.
4. SM will help by reviewing the patient's chart for information regarding the prior diagnosis and treatment rendered by the primary intern.
5. Senior Mentor will share the responsibility of greeting the patient; introducing the accompanying interns to the patient and their role in treatment if passing their patient onto a primary intern.
6. Senior Mentor will listen quietly while the primary intern performs the patient's intake.
7. Senior Mentor will take the patient's pulse, read their tongue and perform any additional diagnostic checks in cooperation with the primary intern.
8. Senior Mentor will discuss the patient's medical history, diagnosis, and intended treatment, including points, additional OM modalities, Labs, herbs, etc... with the primary intern, if needed, prior to meeting with the Supervising Physician.
9. Senior Mentor will then return to the patient and listen while the primary intern explains the treatment plan to be performed including any herbs that may be prescribed and watch the treatment helping with point location, needle technique and bedside manner.
10. The points UB 10, DU 15, and DU 16 are not allowed. UB 1, ST 1 can only be needled with an instructor present.
11. Senior Mentor should never perform a procedure without the permission of the Supervising Physician on duty.
12. Patients will not be scheduled to a SM.

XII. Misconduct Defined

These general standards are applicable to behavior of students and organizations on and off the College's campus if that behavior is determined to be incompatible with the educational environment and mission of the College. The right to proceed with College disciplinary proceedings shall in no way be affected by the filing of criminal or civil charges in any court by any person or any government entity against the accused student or organization. A student or organization may be disciplined up to and including suspension and expulsion if deemed to be in violation of the general standards of conduct or for the commission of or the attempt to commit any of the following offenses:

1. Actual or threatened physical abuse, threat of violence, intimidation, hazing, sexual harassment or any act which endangers the health or safety of any person.
2. Destruction, damage or misuse of the College's property.
3. Theft, attempted theft, burglary, attempted burglary, accessory to these acts, and/or possession of stolen property.
4. Unauthorized manufacture, sale, delivery, use of or possession of any drug or drug paraphernalia defined as illegal under local, state or federal laws.
5. The unlawful possession, use or distribution of illicit drugs or alcoholic beverages on College property or in connection with any College activity.
6. Use, possession or distribution of firearms, illegal knives, fireworks, any incendiary device or explosive device or material on the College's property or campus areas.

7. Disorderly conduct on the College's property or campus areas.
8. Lewd, indecent or obscene behavior or expressions.
9. Trespassing or unauthorized entry to or use of College property or campus areas.
10. Unauthorized use or attempted use of any services belonging to or provided by the College, including but not limited to computer, telephone, cable television, copying facilities or any such service.
11. Breach of confidentiality agreement.
12. Unauthorized possession of a key to any College facility
13. Unauthorized use or "borrowing" of College equipment for on-campus or off-campus activities.
14. Interference with the use of or access to College facilities, obstruction or disruption of teaching, research, administration, service, disciplinary procedures or other activities on College property by either College or non-College persons or groups.
15. Failure to promptly comply with directions of College officials or law enforcement, fire or other rescue officers who are acting in the performance of their duties.
16. Entering false fire alarms or bomb threats, tampering with fire extinguishers, alarms or other safety or fire fighting equipment.
17. Conviction for any misdemeanor or felony that adversely affects the educational environment of the College.
18. Deliberately misinforming the College or withholding information that affects a student's financial aid, legal residency, legal status or academic status.
19. Unethical conduct or dishonest representation related to the College or to campus activities, including activities related to student organizations and Student Government and unauthorized representation and misrepresentation of the College.
20. Violation of any College policies or regulations as published in the Student Handbook, including but not limited to those governing the time, place, and manner

of public expression; the registration of student organizations; the use of facilities; and the use and parking of motor vehicles at the College.

21. Attempts to undermine or bypass College policies and procedures.
22. Conduct in violation of public law, federal and state statutes, local ordinances, or College regulations or policies whether or not specified in detail, which adversely affects the student's suitability as a member of the academic community and regardless of whether such conduct as resulted in a conviction under a statute or ordinance.
23. A pattern of ongoing or episodic disruptive behavior that impairs the overall functioning of the College, the Clinic, its students, its staff or related outside activities.
24. Any other activity or conduct not specifically stated herein, which impairs or endangers any person, property or the educational environment of the College.

XIII. An Intern's Guide to Question and Diagnosis

S – SUBJECTIVE: CHIEF COMPLAINT; INQUIRY

Diagnosing Chief Complaints and Key Symptoms

1. What organs are involved or related to situation?
Is the imbalance yin, yang, hot or cold?
 - a. Is the imbalance acute or chronic, excess or deficient?
Fu organs are usually involved with pathogens.
Zang organs are usually deficient

Intake Procedures:

History and Present Complaint. Interns must collect history and present complaint data using:

- a. Observation – noting spirit, color, body, structure, tongue, symptom site and complexion
- b. Olfactory examination – general odor of body, secretions, discharges and breath.
- c. Audio examination – voice, abdominal sounds, respiration and cough quality.
- d. Palpitation examination – temperature, moisture, texture, sensitivity, tissue structure, rhythms and quality of abdomen, chest, ear, channels and points and radial and regional pulses.
- e. Inquiry – General quotations, medical history, chief and secondary complaints, sleep patterns, excretions, thirst and appetite. Digestion, nutritional levels and patterns, medications, chills, fever, perspiration, pain, emotional state, lifestyle, exercise, alcohol tobacco and drug consumption, reproductive cycles and menstruation, leucorrhea, sensations of heat, cold dizziness, tinnitus, palpitations and chest constrictions.

All forms and information contained within a patient's file must be completed and signed. This includes the consent to treat form explaining the provisions as specified on the form. Intern must sign as a witness when first meeting with a new patient. And arbitration form

In addition, the SOAP format must also be complied with and must include: patient's blood pressure, pulse, respiratory, temperature, and weight as required by ACOAM. These steps must not be skipped for any reason.

Upon completion of the above stated procedures, the Primary Intern, assisting Intern and clinical supervising Physician, must sign charts immediately. The Academic Dean will audit all charts on a regular basis. (Lines through blanks.)

Each patient visit will require a separate progress note form to be filled out accordingly including signatures. In signing Clinic documentation, Interns will not identify their level by semester (Tom Jones, MS IV) – see attachment page 24.

Menses: LMP (last menstrual period)? Last PAP? Age at onset of menses? How many days of period? How many days in menstrual cycle? Cramps or pain before, during or after menses? Blood flow (thick or thin)? Blood color (light, red, dark, red, purple, brown)? Blood amount (scanty, profuse, moderate)? Clots (large, small, few, many)?

Appetite – good?, poor? No appetite? Cravings for certain foods (sour, sweet, salty, etc)?

Bowel Movement: Frequency per day? Consistency (loose, firm, hard, constipated, diarrhea, digested or undigested food)? Color? Odor? If abnormal, what is the duration? Frequency? Excess or deficient?

Urination: Frequency? Frequency at night? Amount, color? Painful /burning/scanty/difficulty in urination /urgency?

Energy – Good/low/high/tired/weak/ fatigued/hyper?

Sleep: Good, dream-disturbed? How many hours? Insomnia (acute/chronic/excess/deficient)? Duration (easy to fall asleep/easy to oversleep. Difficult to fall asleep/ easy to wake up/ restlessness)?

Emotional Stress: Lots of stress/tension? Work, home, spouse, school, driving? Easily angered? Deals with stress how? Depression? Anxiety? Emotional cries easily? Hyper?

Thirst – No desire to drink? Likes hot/cold/or room-temp drinks

Face – eyes, complexion, swelling, Shen, alertness, luster

Nails – color, brittleness

Skin – dry, moist, texture

Coldness – cold limbs, aversion to cold, chills

Heat – Hot flashes, tidal fever, night sweats, 5-palm heat, fever

Headaches: Acute, chronic, location (top of head, forehead, temples, occiput)? Duration Type of pain, Frequency, high blood pressure, emotional stress, sinus problems, insomnia allergies, food retention, migraines, chronic low energy, chronic fatigue syndrome?

Cough: How often? Time of cough in (day or night)? Duration acute, chronic, hot/cold, accompanied with: chills, fever, sore throat, sweating, thirsty, coughing up phlegm

Phlegm: Amount (scanty or profuse)? Consistency (thick or thin, watery)? Color (clear, white, yellow, green, bloody)? Odor? Easy or difficult to cough up? Duration? Hot or cold?

Palpitations – frequency? Time of day? Duration?

Shortness of breath – Aggravated by foods? Cold? Stress? Energy level? Upon exertion?

Pain: Joint bi, bone bi, injury, kind of pain (sharp, dull, aching, moving fixed)? Location of pain? Duration? Acute? Chronic? swelling? hot? Burning? Stabbing? Heaviness, muscle spasms, numbness, rate the pain of scale of 1 to 10 (10 worst)?

Any known organ diseases Lung, kidney, liver, gastro-intestinal, bladder, heart, gallbladder, female problems, male problems

O-OBJECTIVE: Inspection/Palpation /Percussion/Listening/Pulse Rate? BP/ TEMP/ Weight/Respiration

Pulse

Position	Left Hand/Yin	Right Hand/Yang
Cun	Heart	Lung
Guan	Liver	Spleen
Chi	Kidney Yin	Kidney Yang

Pulses

Deficient, excess, pulse rate (slow, moderate, fast)? Quality of pulse (hesitant, thready, wiry, etc. Level (superficial, middle, deep)?

Tongue – Color, coating, swelling, thin, cracks, thorns, tooth prints, area of disease

A-ASSESSMENT:Arriving at a diagnosis

Diagnosis – Each Intern must formulate a diagnosis, where possible, by classifying and organizing data according to Traditional Chinese Medicine theories of physiology and pathology. This skill involves comprehensive understanding of the following fundamental theories and concepts:

- a. five phases theory
- b. Yin Yang theory
- c. Channel theory
- d. Organ theory
- e. Causes of Disease (including exogenous, endogenous and internal causes of disease)
- f. Stages of disease progression theory (including 6 stages and 4 aspect disease progression)
- g. Triple Warmer theory

The natural progression of untreated disease theory, when charting the diagnosis in the patient’s file and the patient log, should use Traditional Chinese Medicine diagnosis. For example, do not just write Hypertension. There are different causes such as Liver Fire Rising.

P – PLAN: Treatment

Includes:	Treatment	Counseling
	Ear points	Acupuncture points
	Electrostim	Cupping
	Moxa	Tui-Na
	Herbal Formulas	Herbs
	RTO (return to office)	

Appendix 1

Needle Stick Protocol

1. Wash area well with soap and water. Alcohol based hand rinses or foams should be used when water is not available.
2. Report immediately to your clinic supervisor.
3. Complete an Incident Report, explaining:
 - a. Date and Time of Exposure.
 - b. How the Incident Occurred (route of exposure and the circumstances related to the incident).
 - c. Name of Source Individual and Status, if known. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infection.
4. Take the needle that was involved and place it in a rigid container. Take it to the doctor. Also need to take proof of Hepatitis B vaccine if the exposed individual has been vaccinated to the doctor.
5. Regardless of the status of the individual, the affected person should immediately be evaluated and the risk assessed, preferably by a physician or trained healthcare worker with experience in the management of these situations.
6. Prophylaxis medication should be offered on the basis of the risk of infection associated with the injury/exposure.
7. Results of testing of the source individual will be available to the exposed individual with the exposed individual informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
8. The exposed individual will be offered the option of having their blood collected for the testing the exposed individual's HIV/HBV serological status. The blood sample preserved for up to 90 days to allow the exposed individual to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will or will not be conducted then the appropriate action can be taken and the blood sample discarded.
9. The exposed individual should be given appropriate counseling concerning precautions to take during the period after the exposure incident. The exposed individual will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
10. The following person(s) have been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.
 - *The Chief Administrator, Vice-President, Academic Dean, Clinic Director and Clinic Manager are responsible for assuring that this policy is carried out.*

Appendix 2

Privacy Policies: Health Insurance Portability and Accountability Act (HIPAA)

To run its program, Florida College of Integrative Medicine must collect, maintain and use private health information (PHI) on patients to whom it provides health services. This information is protected by Federal laws, the Health Insurance Portability and Accountability Act (HIPAA) and Florida State public health laws. FCIM does not disclose PHI to anyone, except with patients' authorization or otherwise as permitted by law. The designated Privacy and Security Officer, is the Day time Clinic Manager who is responsible for compliance in the following areas:

1. Develop and maintain a HIPAA Manual, which describes in detail all procedures and policies, organized into three categories: hardcopy PHI security; electronic PHI security and office space security.
2. Distribute and post a written "Notice of Privacy Practices" to all patients.
3. Organize and evaluate an on-going HIPAA Training program for all individuals involved in healthcare operations. All clinic students and supervisors are required to assist FCIM in HIPAA compliance. This may be specifically done in the following ways:

1. Attend a HIPAA training session.
2. Distribute "Notice of Privacy Practices" to patients.
3. Maintain security of patient medical charts during treatment and return patient charts to the clinic office after use.
4. Refrain from discussing PHI in public areas, which are considered any area that is not the conference rooms or treatment room.

Files

Patient charts are the property of the FCIM clinic and are legal documents. All the information they contain is absolutely confidential and may not be shared or discussed outside of the context of the clinic treatment environment. It is imperative that all the information contained within the patient chart remain absolutely confidential.

A "need-to-know" policy should be adopted so that only the interns, their supervisors, and other students on that shift may have any knowledge of the details of a patient's chart. In short, patients have a legal and moral right to complete privacy concerning their care at the FCIM clinic.

The following rules should be followed during treatments or case discussions.

- Never discuss cases in public areas.
- Never use patient names or identifying information when discussing cases.
- Never disclose that a patient is visiting the clinic (other than to your supervisors and/or assistants).
- Never share any details about the patient's condition with clinic staff members

Under no circumstances may patient charts be:

- Removed from the building
- Photocopied (unless under subpoena or expressed written consent of the patient)
- Patient charts are released for patient care and for authorized chart review only.
- Records are removed from the locked file cabinets by clinic office staff and are released, with signature, to a clinical student for use in the clinic during delivery of patient care, and that student is entirely responsible for their maintenance and return to the clinic office staff. Failure to return charts, removing charts without signing for them or breach of patient confidentiality are serious violations of clinic policy and warrants disciplinary action.

FCIM Students and Supervisors may use clinical information for the following reasons:

- To communicate with other health care providers using the same chart to treat a particular patient.
- As a reference for treatment of future illness.
- As a training tool for student trainees.
- To evaluate the quality of patient care through review and analysis.
- As a research tool for both educational and treatment development purposes. Evolution of new treatment protocols is important here.
- For documentation to conform to government regulations.
- For follow-up care of patients with long-term illnesses and assessment of the efficiency of the care given.

FCIM's administrative personnel handle the charts for the following reasons:

- To check for completeness of entries such as signatures and dates.
- To attach new forms for provider's use and to attach any additional information such as patient correspondence and lab reports.
- To release information when appropriately requested by the patient.
- To file records and retrieve records when needed.

Clinical students may handle patient charts in order to:

- Perform patient intake.
- Prepare herbal prescriptions from clinician orders.
- Obtain information for educational purposes.
- Students may request information for a case they have worked on by completing the patient Chart File Request form, and presenting the completed form to the clinic office staff. Clinic office staff will obscure any uniquely identifying information (e.g. name, date of birth, etc.) and will then photocopy the requested information.
- An Intern's requests for patient file info will not be honored if the Intern has never been actively involved in the patient's care. Each patient must be

afforded the opportunity to approve or refuse the release of information consistent with applicable state and/or federal laws.

Charting Guidelines

Legal, legible and accurate charting is required for each and every patient record. Any student practicing in the clinic must familiarize themselves with the following charting guidelines and strictly adhere to thorough charting practices.

Ink Color

Black ink is required in medical charts, no other color is acceptable

SOAP NOTE: the chart is not complete until some sort of notation is made in every major area or box on the chart. Leaving it blank suggests it was simply overlooked or forgotten. This doesn't mean you'll always have data for each area, but we must demonstrate that each area was considered. Below are some possible responses:

“Follow up Treatment?”:

- o 1st visit,
- o New CC
- o Yes
- o OR an actual response

“How do you feel since the last treatment?”:

- o 1st visit
- o Same
- o Better
- o Worse

History of CC:

- o Questions should follow the “ask about” titles at bottom of Subjective area box
- o Findings unchanged from last visit with exception of :...note the 1 or 2 changes.
- o Please do not chart Points in the Subjective area, unless the patient states those points. For example: if the patient states they have pain in the hip area, then chart those exact words in the Subjective area. If you palpate or can see the pain is at Gall Bladder 29, then chart this under the Observation area...the box where it says “Gait, ROM, Color of Face, Eyes, Nails, Channel Palpation, etc...”.

Vital Signs/ Gait, ROM, Color of Face, Eyes, Nails, Channel Palpation/ Tongue

Illustration/ Pulse

- o NA
- o Draw diagonal line through box
- o *If you do this, the vital signs had really better not be applicable*

Assesment:

Present Diagnosis, proper and complete diagnosis should include the TCM disease (often same as CC) as well as Pattern DX:

- o Headache *due to* Lv qi stagnation
- o lower back pain *due to* qi and blood stasis in the UB, with an underlying (or constitutional) Sp qi deficiency
- o fatigue *due to* Lv yang deficiency

Treatment Principle/ Prognosis/ Total # of Treatments needed/ # of Tx per week:

- o reflects the purpose of today's visit

- o should include the function of each point or set of points for that particular treatment
- o Prognosis:
- o good, fair, poor
- o could not be determined
- o determined at next visit

Herb Formulas

- o If no herbs are being used, please note that in the “Other Recommendations box”.
- o If patient is continuing herb previously prescribed, note “continue herbs from xx/xx/xx” in the “Other Recommendations box”.
- o Date & chart the new formula or refill on the herbal prescription form for the file.
- o Any use of an herbal formula must be thoroughly documented in the patient chart. A Supervisor must sign the herbal prescription form for the formula prior to it being filled.

Making Corrections

- The proper way to make a correction for an error in the chart is to draw one line through the text you wish to revise, write the correct information and initial the line.
- If modifying a chart on a different date, do the single line strike through, make the correction if there is room to read it clearly (if not, do an amendment, see below), initial and date the initials.
- If amending the chart on a different date than when the patient was seen, please use the lined blank sheets provided, chart your amendment then sign and date it.

Phone Conversations & Emails Communications with Patients

- Every interaction with the patient regarding their medical treatment must be charted.
- Use the chart amendment procedure to insert a notation regarding any communication that occurs between visits.
- On the lined blank paper, note the date and type of correspondence
- Summarize what the patient said and the response
- Print your name afterward, sign and date the signature.
- ***Important note: Any supervisor or intern who takes the patient’s call should chart this, whether or not they are typically your patient.***

Confidentiality Protocols

The supervisors, all clinical staff and students have a responsibility to maintain each patient's confidentiality

1. Custodianship of patient records is the responsibility of the Clinic Director and designated Privacy Officer: Day Time Clinic Manager.
2. Confidentiality of medical records, both oral and written, is mandated by medical

ethics and by law. Violation of patient confidentiality is considered a serious breach of trust resulting in dismissal of the employee or student found to be responsible.

3. The vulnerability of the institution and the individual clinicians to litigation is paramount in the area of patient confidentiality. It must be understood that each clinician and each student in the clinical setting has the full responsibility of a physician with respect to medical ethics and the law.

4. Unauthorized photocopying patient charts for personal reasons is against the law and is grounds for expulsion.

5. Lists of patient names to indicate a special category of conditions are not to be kept.

Student Procedures and Protocols for Confidentiality with Patient Information:

1. When students take notes during the patient intake period, they may only use the patient's initials and chart number for identification. Neither case studies nor clinic notes can ever cite a patient's name or other identifying information, such as date of birth, social security number, etc.

2. Students in the clinic may not utilize patient names unless addressing them directly. Students may not discuss the attributes of a particular clinician while in the common areas of the clinic or in the pharmacy. Patients may be discussed quietly for educational purposes with clinical faculty members in clinic classrooms or in the intake rooms. Failure to observe this protocol is adequate grounds for disciplinary action.

Appendix 3 Korvue

**** Meet with the Front Desk to create your password.**

TO CLOCK IN:

1. Click: Log On (at the very top right hand corner of screen)

2. Enter password

3. Click: Time Clock

4. Click: Clock in, then click YES

5. Select Done

6. Click: Log Off

TO CLOCK OUT:

- 1.Click: Log On (at the very top right hand corner of screen)**
- 2.Enter password**
- 3.Click: Time Clock**
- 4.Click: Clock out, then click YES**
- 5.Select Done**
- 6.Click: Log Off**

**(MAKE SURE YOU ALWAYS LOG OFF AFTER YOU HAVE CLOCKED IN
AND CLOCKED OUT OR WHOEVER COMES IN BEHIND YOU WILL
ACCIDENTALLY WILL CLOCK YOU OUT)**