



OREGON COLLEGE *of* ORIENTAL MEDICINE

OCOM Clinical Studies Handbook

2023-2024

MAc, DACM, and MACM Programs

Clinical Theater

Clinical Rounds

Chinese Herbal Medicinary Practicum

Asian Bodywork Clinic

Clinic Trainee

Clinical Internship

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Clinical Theater / Clinical Rounds / Chinese Herbal Medicinary Practicum /
Asian Bodywork Clinic / Clinic Trainee / Clinical Internship

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OCOM Clinical Studies Handbook 2023-2024

This handbook is published for the purpose of providing students, applicants, and the public with information about Clinical Studies at Oregon College of Oriental Medicine (OCOM).

The college reserves the right to make changes to the regulations, rules, policies, and curriculum set forth herein. As such, this handbook is not to be regarded as a contract. When changes are made, OCOM will make every effort to communicate those changes with reasonable notice to interested parties.

The COVID-19 pandemic, in particular, has impacted and will continue to impact clinic policies and procedures, as well as clinical offerings and their manner of delivery. Clinics with whom the college typically partners may not be available to OCOM interns or may be available to fewer interns.

If the COVID-19 situation improves and our partners resume acupuncture treatments at their clinics, we will revisit this decision. Questions about the impact of COVID-19 to these or other clinical offerings should be directed to the Associate Dean of Clinical Education.

NOTE: Students are responsible for understanding and complying with all policies and procedures contained in this handbook, and in other publications that the college may distribute from time to time.

[*While regulatory language still uses the term "Oriental medicine," OCOM has been transitioning toward the use of "Chinese medicine," where appropriate, when referencing acupuncture and other medical practices of Asian origins.]

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OCOM Clinical Studies Handbook – 2023-2024

Welcome to Clinic

The OCOM administration welcomes you to clinical training in the study of Chinese medicine.

Many are drawn to our profession motivated by a desire to treat patients in a way that is not currently being met by the dominant medical model. Adopting a core philosophy of patient-centered care is something that the practice of Chinese medicine has done for centuries and informs our clinical practice and educational model.

Our curriculum is designed to couple knowledge with experience, reinforcing information learned in the classroom so that it becomes a working body of knowledge that is used and applied. The educational format strives to develop professionals capable of independent thinking, collaborative learning, analytical ability, self-reflection, lifelong learning, and clinical skills that students can cultivate and use throughout their professional lives.

Clinical training at OCOM is one of the great strengths of the college, and the faculty and staff are committed to providing all students with a variety of high quality clinical experiences. The breadth of our clinical training results in graduating skilled professionals who are capable of working successfully in the contemporary health care system, either as independent health care providers or as part of a collaborative health care team.

Student clinical education is a fundamental component of the development and training of future health care professionals. By synthesizing classroom theories with practical hands-on application, OCOM students have the opportunity to sharpen skills and meet patient needs in an ever-changing and integrative health care environment. In both pre-internship and internship, students are actively challenged to meet patients' needs and learn the skills to be a leader in providing quality patient-centered care informed by evidence-based research and several thousand years of practice.

As a future health care professional, your clinical responsibilities are of paramount importance to us. Your own commitment to clinical education is not something to be taken lightly, and as such, our program has high expectations and demands throughout your clinical training. Our teaching clinics often provide a patient's first exposure to Chinese medicine and each clinical intern bears a responsibility to ensure that the patient's initial perceptions and experiences are of a professional environment offering viable, effective options for health care.

This Clinical Studies Handbook provides students with an overview of the various stages and experiences of clinical training at OCOM and serves as a reference for the expectations and standards of practice required of all students enrolled at the college. It also provides students with information about the clinical competencies they must demonstrate to advance and graduate, and the rubric used to evaluate clinical performance.

Questions and concerns regarding clinical educational policies and operations may be directed to the Vice President of Academic Affairs or the Associate Dean of Clinical Education.

Students are wholly responsible for understanding the contents of the *Clinical Studies Handbook*.

Technical Skills/Standards for the Practice of Acupuncture and Chinese Medicine

OCOM seeks to fulfill its mission by producing highly skilled and compassionate practitioners. For the safe and effective practice of acupuncture and Chinese medicine, students are expected to develop an extensive knowledge base and clinical skills, with the ability to apply their knowledge and skills, interpret information, and contribute to patient-centered care across a spectrum of health care settings. Students will be assessed not only on their scholastic accomplishments, but also on their physical and emotional capacities to meet the requirements of the school curricula and to graduate as skilled and effective practitioners of acupuncture and Chinese medicine. The following Technical Standards are requirements for admission, retention, promotion, and graduation.

OCOM, in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) has established the essential functions of its students and ultimately of practitioners. Prospective and enrolled students are encouraged to contact Disability Access Services early in the application process or during enrollment to begin a confidential conversation about what accommodations they may need to meet these standards. Note that fulfillment of technical standards for graduation does not guarantee that a graduate will be able to meet the technical requirements of any specific off-site clinic or postgraduate employment.

For more information on the core job tasks and working environment of a licensed acupuncturist, see the Occupational Information Network provided by the US Department of Labor/Employment and Training at <http://www.onetonline.org/link/details/29-1199.01>

Students admitted to the college must be able to meet, with or without reasonable accommodation, the following abilities and expectations:

Observational Skills

A candidate must acquire information as presented through demonstration and experiences in didactic and clinical coursework. Candidates must apply foundational knowledge to evaluate patients while they gather and assess the patient's relevant health, behavioral, and medical information.

Clinical Skills

Candidates must perform routine examinations and diagnostic maneuvers. Candidates must be able to provide direct general care and respond to the need for emergency treatment in a timely manner. Candidates must meet applicable safety standards and follow Clean Needle Technique (CNT) and universal precautions.

Communication Skills

A candidate must exhibit interpersonal skills to enable effective caregiving of patients, including the ability to communicate effectively and sensitively with all members of a multidisciplinary health care team, their patients, and the patient's support persons, in person and in writing. Candidates must be able to interpret accurately both verbal and nonverbal communication, and must be able to accurately record information.

Conceptual, Integrative, and Cognitive Skills

To solve problems effectively, students must be able to measure, calculate, reason, analyze, integrate, and synthesize information in a timely fashion. Candidates must effectively interpret, assimilate, and understand the complex information required to function within the curriculum, including, but not limited to: the ability to comprehend and understand spatial perception; effectively participate in individual, small-group, and lecture learning experiences in multiple settings; learn, participate, collaborate, and contribute as a part of a team; synthesize information both in person and via remote technology; interpret causal connections and make accurate, fact-based conclusions based on available data and information; formulate a hypothesis and investigate potential answers and outcomes; and reach appropriate and accurate conclusions.

Behavioral and Social Skills and Professionalism

A candidate must demonstrate good judgment, timely completion of responsibilities related to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Candidates should be able to function effectively under stress, adapt to changing environments, display flexibility, and learn to function in the face of uncertainties inherent in the clinical problems of many patients.

Candidates are expected to exhibit professionalism, personal accountability, compassion, integrity, concern for others, and interpersonal skills including the ability to accept and apply feedback. Candidates must respect boundaries and care for all individuals in a respectful and effective manner regardless of gender identity, age, race, sexual orientation, religion, disability, or any other protected status. Candidates should understand, and function within, the legal and ethical aspects of the practice of acupuncture and Chinese medicine and maintain and display ethical and moral behaviors commensurate with the role of a health care provider in all interactions with patients, faculty, staff, students, and the public. Functioning within legal and ethical aspects of practice includes, but is not limited to, compliance with applicable federal, state, and local public health law and universal precautions, as well as professional ethics.

Clinic Entry Prerequisites

Clinical training consists of two primary components: **Pre-Internship Clinical Studies (PICS)** and **Internship Clinical Studies (ICS)**.

Pre-Internship Clinical Studies (PICS)

To begin pre-internship clinical coursework (i.e., observing in Clinical Theater), students must pass all first-quarter classes and be in good academic standing. All students are enrolled in an annual training course via Populi during Fall quarter. Successful completion of the trainings in this course is required, and will help ensure students are prepared to engage professionally with patients in the clinic. These annual trainings consist of:

- Bloodborne Pathogen Exposure Control Training
- Tuberculosis Exposure Control Training
- Patient Privacy Policy (HIPAA) Training

Additionally, student must sign the following forms and submit them to the Introduction to Clinic Observation instructor:

- Acknowledgement of Patient Confidentiality Requirements
- Acknowledgement of Receipt of the OCOM clinic handbooks and *Clean Needle Technique for Acupuncturists Manual*

PICS students are expected to be familiar with all the material in the *OCOM Clinical Studies Handbook*, the *OCOM Patient Privacy Handbook*, and the *OCOM Clinic Policies and Procedures Handbook* before beginning PICS.

Students also need the following items for all PICS and ICS experiences:

- A white lab coat
- A name badge (mandatory at every site). These are ordered through the Office of the Registrar when a student signs up for their first PICS shift, and are distributed to each student's mailbox. The cost for the name badge (as well as any subsequent replacements) is applied to each student's account.

DACM and MACM students must have their CCAHM Clean Needle Technique certificate before beginning Clinic Trainee I; MAC students must have this before beginning MAC Team Intern I. This course is taken after students have completed AC610 Acupuncture Techniques I course. More information on this certification will be provided to students after the completion of the course.

Internship Clinical Studies (ICS)

Students may begin internship only after they have successfully completed the following prerequisites:

- Successful completion of all required courses in the first six quarters (MAC) or all required courses in the first twelve quarters (MACM and DACM) of the program
- Successful completion of all Pre-Internship Clinical Studies coursework; any "Incompletes" must be successfully resolved prior to entering internship
- Passing score (75 percent or better) on each section of the comprehensive Clinic Entrance Exam
- Current certification in Adult and Child CPR/First Aid/AED

Clinic Scheduling

Pre-Internship Clinical Studies (PICS) Scheduling

A student in the MAc program completes their PICS experiences over the course of the first and second years of their program. A student in the DACM and MACM programs complete their PICS experiences over the course of the first, second, and third years of their program. All PICS experiences run Monday through Friday.

Each quarter, the Registrar sends out a survey to all students asking about their availability to be placed in PICS experiences. The Registrar then places students into PICS experiences on the basis of student availability and space on individual shifts.

Internship Clinical Studies (ICS) Scheduling

A student in the MAc program completes their ICS experiences over the course of the second and third years of their program. A student in the DACM or MACM program completes their ICS experiences over the course of the final year of their program. All ICS experiences run Monday through Saturday.

An intern in the MAc program is scheduled for two intern shifts per week in Fall and Winter and three intern shifts in Spring quarter. For one full quarter, one of the shifts will be at an off-site internship location. Opportunities for a second off-site internship may be available, but are not required.

An intern in the MACM or DACM program is scheduled for three or four intern shifts per week, depending on the quarter. For one full quarter, one of the shifts will be at an off-site internship location.

A student who signs up for an entire day of internship that is split between two clinic locations will have a one-hour break between shifts for travel time.

Off-site Scheduling

Information regarding site specifics, mandatory orientations, and other prerequisites is distributed quarterly with shift scheduling information by the Office of the Registrar.

NOTE: Students will not be allowed to begin at certain off-site clinic locations (Legacy, Fora Health, Quest Center for Integrative Health) until required paperwork, background checks, and fingerprinting (Quest Center for Integrative Health only) are complete. Additionally, vaccinations are required at off-site clinic locations.

Intern Scheduling Tracks

All students will be assigned to an intern scheduling group the Summer quarter prior to the beginning of internship. Students will be required to follow these group assignments when scheduling their internship shifts.

Intern Scheduling Appointments

All scheduling for internship is done via scheduling appointments held approximately two months before the beginning of the quarter being scheduled, but dates of scheduling and overall process may be impacted by the ongoing global pandemic, so may be subject to change.

Students will also sign up for classes during this appointment. Scheduling appointments are prioritized according to groups and a random number generator is used to put students into the groups. The Registrar will phone students during the registration period for scheduling classes and clinics. The Registrar will share an appointment list and class and clinic schedules with students each quarter prior to their appointment. Scheduling student appointments will go according to the groups and rotations. The order of scheduling will change each quarter. Students have by the end of the second week to add or change sections. Students may drop a shift up to the 10th week of the quarter. Dates will vary depending on the length of the quarter.

Attendance and make-up policies for pre-interns

Documentation of Clinical Experience

For all students, clinical shift attendance is tracked on Populi. Additional shift data are also recorded on paper

forms for both Pre-Internship Clinical Studies (PICS) and Intern Clinical Studies (ICS) students. Each clinical student is required to document their clinical experience using the appropriate form and have their clinical faculty members sign them.

Documentation of Pre-Internship Clinical Studies Hours

Online PICS tracking will be via electronic hours sheets. These hours sheets are completed each quarter by the faculty members. The hours sheet will be shared as View Only for the student, but is editable by all clinic faculty. Any faculty member who substitutes on a shift will be able to enter the hours for the student. Students will also be able to look at their individual hours sheet in real time or after a shift ends to see how many shifts/hours are completed and how many may be missing/missed so they can schedule their make-up shifts promptly. The Registrar also has access to view the hours sheets.

Additionally, one "Record of Pre-Internship Clinical Studies Hours" form should be completed per quarter for each PICS shift. These include: Clinical Theater I and II; Herbal Clinical Theater; Clinic Rounds I and II; Herbal Rounds I and II; Herbal Medicinary Practicum; Asian Bodywork Clinic I and II; Clinic Trainee, I, II, and III; and Integrative Clinic.

The student must fill in their name and check the appropriate box under "Type of Clinical Study."

A clinical faculty signature is needed at the end of every shift or class for all forms. Substitute clinical faculty members should sign and print their name at the end of the class/shift. This paperwork will be housed in a file under the supervisor's name until the end of the quarter.

As a backup, PICS students are encouraged to make copies or take photos with their mobile device of their clinical hours documentation forms at the end of every class/shift.

Documentation of Internship Clinical Studies Hours

ICS students should follow the instructions below for documenting their clinical hours:

On-site and off-site clinical shifts and patient counts are tracked both on the "Record of Intern Clinical Experience (RICE)" sheet in Google Drive and on paper using the "Record of Intern Clinical Experience (RICE)" form. At the end of every shift, interns complete RICE forms and present them to the supervisor, who in turn enters the data into the online RICE sheet for that day.

Each intern should check to see that their supervisors have accurately entered their data into their RICE at the end of every shift to ensure that the record reflects the progress they're making toward completion of internship. Interns should pay particular attention to the following:

- For the "Number of Patients Seen as Primary Intern," the intern should record the number of patients in which the intern leads the patient interview and treatment of a patient on a given shift.
- For the "Number of Patients Seen as Secondary Intern," the intern should record the number of patients in which the intern observed another intern lead the patient interview and assisted the treatment of a patient on a given shift.
- "Number of New Patients" is a record of the number of patients that are new to the intern, regardless of whether or not the patient has been seen at an OCOM clinic before. In other words, whether a primary or secondary, if this patient has never been seen, then the patient should be considered a new patient.

Additional shift tracking considerations:

- Any make-up shifts done should be recorded using the "Make-up Shift" form.
- Interns should make regular copies of all shift tracking forms and keep the copies in a secure location for their own records.

Formula count requirement

- MACM and DACM students are required to write 110 formulas in their internship year

After gathering subjective and objective information from the patient interview, the student will find the appropriate TCM disease diagnosis and pattern diagnosis for the patient. They will then find or create an appropriate herbal formula for the patient using herbs from the *Chinese Materia Medica*.

The student will record the herbal ingredients for the formula, along with the dosage of each herb (or

percentage of each ingredient if the formula is premade). The formula will be entered into Endao if it is to be prescribed, or written on paper if it is a practice formula.

The student will discuss their formula with their supervisor and modify the formula as advised by the supervisor. Herbal formula proposals can be written on the Practice Herbal Formula form.

The student will create a written treatment plan for the formula including any herbal preparation instructions, dosage per day, potential side effects to watch for, how long to take the formula, and when to return to the clinic for reevaluation. The student will share these written instructions with the patient.

The patient need not take the formula for the formula to count. If patent formulas or topical formulas are the most appropriate formulas for the patient these count too. However the student will need to investigate the ingredients of the prepared formula, write them down, and include a treatment plan. All prescribed herbal medications need to be entered into Endao.

Refills of formulas will count if appropriate consideration of modifications have been made. Prescribed formulas should be included in the Unified Practice (UP) herbal RX area and scanned Endao formula sheets should be referred to in UP to indicate a new formula has been prescribed. Treatment plan information should be written in the Advice RX area of UP.

Attendance Policy

In a professional medical program such as OCOM's, attendance is essential for acquiring knowledge and skills needed for safe and effective practice. As such, students are expected to attend all their classes and clinic shifts.

Contact the Patient Service Team (PST) and the clinical supervisor as soon as the absence is known. Twenty-four hours notice is preferred. This will enable them to reschedule the intern's patients in a timely manner. Email the team at pst@ocom.edu. For the campus **OCOM Clinic**, call 503-445-0951. For **OCOM Hollywood Clinic**, call 503-281-1917.

A student who does not contact clinic front desk staff and their clinical supervisor to alert them of an impending absence prior to a regularly scheduled or make-up shift will receive an unexcused absence. A second unexcused absence at any point during the program will result in sanctions, up to and including possible suspension from clinic or the program.

Students are required to notify their scheduled patients, the Patient Services Team, and their supervisor of an impending absence due to a religious observance a minimum of one week in advance.

Excused and unexcused absences, absences caused by supervisor absences or emergency closures of OCOM clinic shifts, are to be made up during the quarter they occur. Students do not need to make up absences due to holidays, or absence due to religious observance, except when the combined absences in any quarter exceeds 25 percent of the time in a single clinic shift. In such a case, students must make up the number of shifts to bring them over 75 percent attendance. In all cases, when a student is not able to achieve the required number of treatments or required number of herbal formulas for a clinic shift because of absence, the student must make up enough missed shifts to comply with minimum required numbers.

Any absences from a previous quarter must be made up by the midpoint of the following quarter or the student will receive a failing grade for the shift, lose all accumulated patient contacts and hours for that shift, and the entire shift must be taken again in a subsequent quarter. Make up shifts are scheduled through the Registrar.

Any student who misses more than 25 percent of a clinical section (three shifts, Fall through Spring quarter) will receive a failing grade for the course ("F"). Any student requesting an exception must submit a written petition to the Associate Dean of Clinical Studies. The student may be required to submit additional documentation to process the petition, the nature of which will be determined by the Associate Dean of Clinical Studies.

Pre-intern clinical shifts are four hours. Intern shifts are 4.75 hours. Attending partial shifts is not permitted. Arriving late (more than 15 minutes) or leaving early, or any combination of the two, twice in one quarter, constitutes one absence. More frequent tardiness or leaving early may result in failure of the course.

While disability accommodations cannot be given retroactively, any student who has missed more than

25 percent of the attendance requirement due to a medical condition will be referred to the Disability Access Services and Tutoring Programs Coordinator. Students can then engage in the interactive process for requesting accommodations under the ADA and Section 504 of the 1973 Rehabilitation Act.

A student who fails a class because of excessive absences will need to repeat the class or clinic shift. Patient numbers for a failed clinic shift will be forfeited. In certain circumstances, this may require adding an additional year to the program of study.

Americans with Disabilities Act (ADA) Services and ADA Accommodations:

Oregon College of Oriental Medicine will provide reasonable accommodations for students with known disabilities in accordance with the definitions provided by the Americans with Disabilities Act and Section 504 of the 1973 Rehabilitation Act. Individuals with disabilities must formally request accommodation under the ADA for OCOM to provide reasonable accommodations. Students shall make their request to the Academic Programs and Accessibility Coordinator, who will verify the disability and collaborate with the student in identifying reasonable accommodations and ways to implement these accommodations.

Making Up Intern Shifts

Schedule all make-up shifts with the Registrar.

Make-up shifts should be of the same type of shift as the one that was missed. If this type of shift is not available, substitutions will be made on a case-by-case basis. A different type of shift or observation of a regular or herbal shift may, in some cases for PICS, be offered as a substitute.

If an intern or pre-intern joins a shift — in person or online — without proper approval from the Office of the Registrar, it will not be counted.

Making up a shift during a time when another class is scheduled is not allowed.

When making up a shift, let the Registrar and the clinical supervisor know exactly what type of shift is being made up.

If unable to attend a scheduled make-up shift — on break week or during the quarter — the intern is to notify the Registrar, the clinical supervisor, and the Patient Services Team (PST) 24 hours in advance.

Absences that may be made up during the quarter

Pregnancy related absences: Because each case is unique, contact the Academic Programs and Accessibility Coordinator, to arrange appropriate accommodations.

Supervisor Absence: If a supervisor is absent and was unable to find a substitute, the intern or pre-intern may make up this shift during the quarter it was missed, during break week, or up to the midpoint of the next quarter.

If there is a weather event that causes the school to close students can make up these shifts during the quarter it was missed, during break week, or up to the midpoint of the next quarter.

In the unlikely event that inclement weather causes the clinic to be closed for an extended period of time, extra shifts may be created to assist students with their make-up hours at the discretion of the clinic administration.

Absences resulting from holidays or religious observances

There are holiday scheduling issues that impact clinics each year. Because the number of hours in our MACM and DACM programs exceeds accreditation standards, students in these programs will schedule make-up shifts for these clinics missed due to holidays if their patient counts are affected. MAc students in observation clinic will have to make up clinics missed due to a holiday schedule, A student who has a clinic shift that would normally be scheduled during such days and is in MAc observation clinics should contact the Office of the Registrar to schedule a make-up shift.

Monday shifts in Winter quarter (MLK Jr. Day closure)

Monday shifts in Spring quarter (Memorial Day closure)

Shifts on June 19 during the Spring quarter (Juneteenth closure)

Shifts on July 4 during the Summer quarter (Independence Day closure)

Religious absences do not count against attendance requirements. However, students are required to notify the clinic front desk and their supervisor of an impending absence due to a religious observance a minimum of one week in advance.

Explanation of Break Week

A “break week” takes place the week after the last day of each quarter. Before the end of the quarter, the Office of the Registrar sends out a form for interns to indicate how many shifts are needed to be made up. Remember, all missed shifts must be made up as outlined above. The number and type of shifts scheduled will be based on the responses to this form. Break week shifts give students the opportunity to work with different students and supervisors while helping provide continuity of care for OCOM patients.

A break week occurs after each quarter: Fall, Winter, Spring, and Summer. The break week during Summer quarter will occur after graduation.

Absences that must be made up during Break Weeks

Absences that don’t fall into the categories described above must be made up on shifts during break week after each quarter. Any delays in completing make-up shifts may result in a delay in entering clinical internship. All missed PICS shifts must be made up prior to entering internship in the Fall quarter.

Anticipated absences will need to be made up during break week. Examples include: vacations, mental health days, doctor’s appointments, or other planned absences, illnesses unrelated to COVID-19, family or pet illnesses.

Students are encouraged to make up any absence from their shift during the break week immediately following the quarter in which the absence occurs. However, if that is not possible, students may schedule make-up shifts up to the midpoint of the subsequent quarter. For most quarters, this is Week 6. For Summer quarter, this is Week 3.

**ACAHM sets the guidelines for students’ clinical experience, which must be followed by all acupuncture schools to maintain their accreditation. ACAHM guidelines were updated several times in 2020 to reflect the evolving situation with COVID-19 and account for an increase in telehealth shifts. All updates can be found on their website.*

Policy for Extending Clinic Internship Beyond Graduation

Intern Clinical Studies (ICS) students have some control over when they schedule make-up shifts. Therefore, it is important that they are aware that OCOM charges tuition for extending their internship into Fall quarter after graduation to meet their required internship hours or patient counts.

The Clinical Internship Continuation tuition can be avoided by tracking one’s internship progress and with careful planning. It is important to utilize break weeks to make up missed shifts. Students who finish their shifts prior to the first day of the Fall quarter will not be charged, while those who finish their shifts after the first day of Fall quarter will be charged.

The following policy has been adopted for students who need to make up additional clinical shifts in the quarter(s) after their expected date of graduation:

OCOM will charge a “Clinical Internship Continuation Tuition” to any student who continues their clinical internship into additional quarters. Tuition is \$500 per quarterly scheduled shift (13 weeks in Fall, 12 weeks in Winter/Spring, and 8 weeks in Summer). Tuition may be prorated in the event that interning an entire quarter is not necessary to meet graduation requirements. Prorated tuition will depend on how many shifts and weeks the student will need to complete.

Continuing Internship students will schedule their shifts with the Registrar. OCOM will charge a \$50 per quarter Clinic Intern fee until all clinical requirements are met. Students wishing to use financial aid during Continuing Internship must drop three full shifts and work a minimum of 31 individual shifts to reach the credit requirement needed for financial aid eligibility. Make-up shift work due to absences from previously scheduled intern shifts do not meet the requirements necessary for financial aid assistance. Questions regarding continuation tuition and fees should be directed to the Office of the Registrar.

Continuing Clinic Interns are not given shift location or time priorities. Supervisor preference cannot be

guaranteed. Students who continue their clinical internship into Fall quarter are required to pass their clinic exit exam during Summer quarter before starting Fall clinic. Students who divide their clinical internship into two years may only sit for the Clinic Exit Examination at the end of their second year. Students must notify and petition the Associate Dean of Clinical Education requesting extending clinical internship as soon as they determine the need to make up additional shifts after graduation.

Students who are continuing for an entire quarter must attend Case Management class for compliance trainings and are responsible for course material not offered the previous year. Students are responsible for certain course-related reviews as designated by the Associate Dean of Clinical Education until internship hours have been satisfied in full. Students will be required to sign an agreement outlining their responsibilities pertaining to Case Management trainings/required review classes and the completion of their remaining shifts.

Students who will complete their requirements prior to the end of Fall quarter must work with their supervisor(s) to identify interns in the continuing cohort to whom their patients can be referred. It is imperative that referrals take place a minimum of two weeks before the completion of the intern's shifts to ensure a seamless transition in patient continuity of care. Additionally, if a student does not complete all their required hours by the end of the break week following Fall quarter, they will be required to schedule the remaining shifts during the following quarters until they have completed graduation requirements.

Professionalism

Clinical training requires students to interface with the public, their peers, staff, and clinical supervisors, often under fast-paced circumstances. Professional conduct is not only a requirement in all clinical settings at OCOM and its partner clinics, but an essential skill to master for future practice success. Professionalism is part of the Technical Standards required of all students as an academic requirement to pass clinic.

The concept of professionalism spans many areas, from ethical behavior and treating patients with the right balance of objectivity and compassion, to dressing appropriately and maintaining clean treatment rooms, to a positive, mature attitude in all personal dealings.

Clinical students have qualified for the privilege to learn under the supervision and license of skilled professionals. It is important to remember that this is a privilege. We expect students to receive new information and correction with an open mind and a humble heart. An intern might not always agree with the supervisor, but bear in mind that interns are practicing under their supervisor's license. As such, the supervisor always has the final say when it comes to patient care.

OCOM's Definition of Professionalism

We expect all members of our community to exhibit professional behavior at all times. Ongoing collective attention to the task of maintaining high standards of professionalism will ensure that OCOM's leading role as a center of excellence in acupuncture and Chinese medical education will continue into the future.

Four primary domains define the scope of professionalism at OCOM. These domains are:

1. High Ethical Standards
2. Appropriate Demeanor and Styles of Interpersonal Interaction
3. Appropriate Levels of Engagement
4. Appropriate Deportment and Appearance

Each domain is described in detail in the program's Student Handbook, of which all students have received a copy. Students are responsible for its content.

Professionalism and Ethical Standards in Patient Care

While literally all professions attach great significance to ethics and integrity, health care fields pay particularly close attention to these matters for various reasons. OCOM has identified the following distinct elements of ethical behavior in patient care, which we expect all members of our learning community to attend to at all times.

Patient Confidentiality

In any clinical setting, patient confidentiality concerns invariably arise. OCOM is committed to maintaining patient confidentiality, in keeping with the guidelines set out in the Health Information Portability and

Accountability Act (HIPAA) of 1996, and any other federal, state, and local regulations that apply. Any member of the OCOM community who has regular contact with patients or their medical records must bear these confidentiality-related concerns in mind at all times and act accordingly. Patient personal health information (PHI) is protected, and confidentiality should be maintained at all times. Patient PHI should never be shared by speech, email, or on any social media site. Students should never email patients or call them from their personal phones. HIPAA violations are a serious matter and may result in sanctions, up to and including expulsion from the program.

All OCOM students are required to attend the annual Patient Privacy training. For more information regarding patient confidentiality, consult the *Patient Privacy Policy Handbook*.

Patient Safety

Although the evidence suggests that traditional healing practices such as acupuncture are, in general, very safe, patient safety issues remain important considerations in our work. Any member of the OCOM community who has regular contact with patients, or who works with needles or other devices, or with Chinese herbs, must attend closely and at all times to safety-related concerns, including Clean Needle Technique (CNT) and the appropriate disposal of medical waste. See the *Clinic Policies and Procedures Handbook* for more details.

Accuracy and Completeness in Medical Record Keeping

Accurate and complete medical record keeping represents a vital element of documenting the patient care process in a health care setting. As such, medical records are important legal documents. Ethical integrity in patient care requires that OCOM interns, supervisors, and all staff working in clinical settings always carefully attend to the accuracy and completeness of the medical records they are responsible for at all times.

Legal “Scope Of Practice” Limitations

Maintaining a constant awareness of scope of practice limitations is another important component of ethical patient care — particularly in “alternative” medical settings such as OCOM’s clinics. It is never ethical or appropriate to treat patients using modalities, recommendations, or practices that fall outside the defined legal scope of practice for the profession. Students, faculty, and staff at OCOM should always keep in mind these limitations, and act accordingly. Details on the scope of practice in the state of Oregon are provided below.

Compliance with Other Applicable Laws, Rules, and Regulations

In addition to core scope of practice concerns, laws and rules often establish various legally binding requirements that interns and practitioners must be aware of, and that must guide their actions as they do their work. Professional standards of ethical practice require a knowledge of these restrictions and definitions, and a willingness to abide by them at all times when caring for patients.

Maintenance of Appropriate Patient-Practitioner Relationships

As is true for all health care professions, the maintenance of appropriate boundaries with patients is essential for the integrity of the treatment process, and represents another important element of ethical patient care. It is seldom if ever appropriate for practitioners to treat close friends or family members. Practitioners should not have any non-platonic or sexual relationships with patients. Patient-practitioner boundaries must be clearly established and maintained at all times when working in the treatment room.

Scope of Practice

OCOM’s Clinical Studies program follows the rules and regulations established by the Oregon Medical Board (OMB) regarding acupuncture clinic training. Students interested in sitting for the state licensing examinations in states other than Oregon should consult with those states regarding their particular requirements before commencing clinical training at OCOM.

All clinical students and faculty members must practice acupuncture and Chinese medicine according to the scope of practice outlined by the “Oregon Medical Board Acupuncture Administrative Rules,” Chapter 847, regulating the practice of acupuncture (Division 070, definitions 847-070-0005 through 847-070-0055).

The scope of practice is defined as follows:

1. “Acupuncture” means an Oriental health care practice used to promote health and to treat neurological,

organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. "Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

2. The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board:

- a. traditional and modern Oriental Medical and acupuncture techniques of diagnosis and evaluation;
- b. Oriental massage ("Oriental massage" means methods of manual therapy, including manual mobilization, manual traction, compression, rubbing, kneading and percussion, with or without manual implements, for indications including limited range of motion, muscle spasm, pain, scar tissue, contracted tissue and soft tissue swelling, edema and inflammation, as described in instructional programs and materials of Oriental or Asian health care. NOTE: Oriental massage as practiced in Oregon does not include high-velocity, short-amplitude, manipulative thrusting procedures to the articulations of the spine or extremities.);
- c. exercise and related therapeutic methods; and
- d. the use of Oriental pharmacopeia, vitamins, minerals, and dietary advice.

NOTE: It is a felony to practice acupuncture without a license in the state of Oregon. OCOM clinical students can only insert needles under the supervision of an OMB-approved supervisor. Inserting needles in people or animals outside of the clinic constitutes grounds for expulsion and legal prosecution. Moreover, OCOM assumes that if the practice is not specifically outlined in the Oregon scope of practice, clinical faculty and students shall not practice it.

Professional Liability Insurance

All clinical students and clinical instructors (clinic supervisors and OCOM Herbal Medicinary supervisors) are covered by OCOM's professional liability insurance. This coverage is extended to all clinical activities in OCOM's clinics and at recognized off-campus treatment sites.

Coverage by the policy assumes that all activities are legal and within the scope of practice of an acupuncturist. Again, clinic supervisors (both on and off campus) are licensed acupuncturists and responsible for all diagnosis and treatment decisions. Clinical students must defer to these licensed professionals for all clinical decisions or risk expulsion from the program.

Legal Responsibility of Clinic Supervisors in Patient Care

Clinic supervisors assume primary responsibility for patient care in the clinic under the scope of practice for acupuncturists outlined above. Clinical students are practicing under the supervision of their supervisor under the auspices of the college. Patients seen by the clinical students are under the direct care of clinic supervisors. Quality patient care should follow from this general rule. Clinical students may only make suggestions to patients regarding a diagnosis or treatment with prior approval from their supervisor. Clinical students must discuss their diagnosis and treatment plan in private with their supervisor before speaking with the patient. The supervisor must approve all treatments, including acupuncture, herbal treatments, massage, and patient recommendations.

All treatments must be recorded in each patient's chart. It is also important that clinical students never contradict a supervisor in the presence of a patient. Instead, they should talk to the supervisor about their questions or reservations outside the treatment room.

At no time may a student intern commence patient treatment without the approval of their assigned supervisor. Incidents of such behavior may result in immediate removal from the clinic until the student intern is brought before the Vice President of Academic Affairs, Associate Dean of Clinical Education, and the attending clinic supervisor for a violation of the Technical Standards. Further incidents may result in expulsion from the program for practicing acupuncture without a license.

Dress Code for Clinical Studies Students

We serve a wide demographic in our clinics, and our goal is to be a welcoming space for all people in need of our services. The college's Student Dress Code Policy is designed with this goal in mind. While the clinical faculty and administration at OCOM are sensitive to student concerns about self-expression, as professionals we must put the needs of our patients before our own. The following dress code standards for Clinical Studies students have been appended from the general OCOM dress code for employees.

Clinical Studies students are encouraged to dress comfortably while still maintaining a neat and professional appearance, appropriate for their role at the college. While working in OCOM's clinics during regular hours of operation, Clinical Studies students should maintain commonly recognized professional standards of attire, grooming, personal hygiene, and wear a clean, pressed, white lab coat*. Students should also adopt similar standards any time they are representing the college off campus.

Since "standards" are often subject to broad interpretation, some specific examples are provided below. This is by no means an exhaustive list; however, if there is uncertainty, contact a clinic supervisor, the Vice President of Academic Affairs, or the Associate Dean of Clinical Education for guidance. Generally, if a student is unsure about a particular wardrobe item, they should choose something else or inquire before wearing it.

General Appearance Guidelines at OCOM

Acceptable/encouraged

- Business casual, slacks, skirts (mid-length to long), khakis, corduroys, dresses, button-down shirts, polo shirts, blouses, turtlenecks, sweaters, blazers, sportcoats, dress shoes (with or without heel), dress boots, loafers.
- While in the clinic, long hair should be tied back.
- Scrubs are encouraged on clinical shifts.

Unacceptable

- Jeans, shorts, short skirts, sweatpants, or leggings (unless they are worn under a dress/skirt, or under a tunic length top). In general, leggings are not to be worn as "outerwear." Athletic or exercise wear, t-shirts (even OCOM-branded t-shirts), tank tops, sweatshirts, sleeveless shirts, halter tops or other tops that expose the midriff, athletic shoes‡, work boots, hiking boots or sandals (e.g. Keens®), flip-flops. In the clinic, open-toed shoes or sandals (e.g. Birkenstocks®) are prohibited.
- Supervisors reserve the right to excuse a student from shift if they are inappropriately dressed.

‡In certain instances, a Clinical Studies student may need to wear a certain type of shoe that may otherwise be unacceptable. In such a situation, the Clinical Studies student should petition the Associate Dean of Clinical Education with a formal request, asking for an exception to the rule.

Also, the display of tattoos and body piercings should be moderate and not distract patients from their care. Examples of piercings that are discouraged in OCOM's clinics include:

- piercings of the nasal septum
- eyebrow piercings
- lip piercings
- cheek piercings
- glabella (between the eyebrow) piercings
- chin piercings

The college reserves the right to require Clinical Studies students to cover any tattoos that may be deemed offensive (i.e. sexual, violent, or discriminatory imagery, language, or symbols; racial, ethnic, or religious slurs; profanity), to remove body piercings that might cause cross-contamination, or to change any article of clothing deemed inappropriate.

Finally, the college strives to maintain a healthy and comfortable environment for everyone that is conducive to health care, education, and productivity, and is free from unnecessary distractions and annoyances.

Recognizing that some people have sensitivity or allergic reactions to various fragrant products, OCOM

has been designated a fragrance-free facility. To ensure this, personal products with fragrances (colognes, lotions, deodorants, hair products, etc.) are prohibited. Clothes detergents and fabric softeners should also be fragrance-free. Other fragrant products, whether natural or artificially scented (e.g., candles, potpourri, room deodorizers) are also not permitted on the OCOM campus. With the exception of products used for instructional or therapeutic purposes, anyone required by medical necessity to use medicinal lotions or skin creams that contain odors perceptible to others may request a reasonable accommodation from the Director of Human Resources (staff) or Academic Programs and Accessibility Coordinator (students). Contact the administrators if there is a concern about scents or odors.

During the COVID-19 emergency, OCOM requires the use of Personal Protective Equipment (PPE) including face masks and face shields for students and faculty working in the clinic. This requirement is necessary for the protection of our entire community and is mandated by the state of Oregon. As such, all students are expected to comply with this requirement. Failure to do so is a violation of OCOM's Professionalism Guidelines and may result in sanctions, including removal from clinic.

Americans with Disabilities Act (ADA) Services

OCOM will provide reasonable accommodations for students with diagnosed disabilities in accordance with the definitions provided by the Americans with Disabilities Act, and in accordance with Section 504 of the 1973 Rehabilitation Act. Individuals with disabilities must formally request accommodations with the Academic Programs and Accessibility Coordinator. Refer to the Student Handbook for more information.

Clinical Studies at OCOM: An Overview

Whether they are in the MAc, MACM, or DACM degree program, all OCOM students are engaged in clinical training from the very beginning of their program. In the course of their studies, students progress through distinct stages of clinical training, with MAc students progressing through two stages, while MACM and DACM progress through three stages. How these stages correspond to the two primary components of clinical training at OCOM — **Pre-Internship Clinical Studies (PICS)** and **Internship Clinical Studies (ICS)** — is indicated below:

MAc Degree Program

Pre-Internship Clinical Studies (PICS)

Internship Clinical Studies (ICS)

Stage I - Observation

Stage II - Internship

MACM and DACM Degree Programs

Pre-Internship Clinical Studies (PICS)

Internship Clinical Studies (ICS)

Stage I - Observation

Stage II - Clinic Trainee

Stage III - Internship

An overview of the progression through these different stages of clinical training along with descriptions of the clinical coursework taken at each stage are described below:

Pre-Internship Clinical Studies (PICS)

Pre-Internship Clinical Studies courses occur at OCOM Clinic, the campus' 4th floor treatment facility, and at OCOM Hollywood Clinic. Details are provided below.

Overview of Stage I – Observation

MAc Degree Program

Students are introduced to the fundamental skills necessary to practice safely, professionally, and effectively in a clinical medicine setting and observe the treatment of patients by experienced practitioners in clinical theater settings and in clinical rounds in OCOM's clinics.

As they continue through Stage I, MAc students may be asked by their supervisor to assume a more active role in the patient's treatment by recording chart notes for the supervisor, conducting patient interviews, practicing Chinese medical examination and diagnostic procedures and Western orthopedic exams, participating in patient diagnosis and development of treatment plans, and assisting the clinical supervisor with treatments by administering cupping, gua sha, and moxibustion as necessary.

MACM and DACM Degree Program

Students are introduced to the fundamental skills necessary to practice safely, professionally, and effectively in a clinical medicine setting and observe the treatment of patients by experienced practitioners in clinical theater settings and in clinical rounds in the OCOM's clinics.

As they continue through Stage I, MACM and DACM students may be asked by their supervisor to assume a more active role in the patient's treatment by conducting patient interviews, practicing Chinese medical examination and diagnostic procedures and Western orthopedic exams, participating in patient diagnosis and development of treatment plans, and assisting the clinical supervisor with treatments by administering cupping, gua sha, tuina/shiatsu, and moxibustion as necessary.

MACM and DACM students will prepare herbal formulas in the college medicinary in Stage I. Finally, some students may choose to observe faculty members treating patients with herbs in Herbal Rounds, while others may choose to do an Asian Bodywork selective, treating patients in the clinic under supervision.

DACM degree students will have the additional experience observing in Integrative Clinical Theater, where a greater emphasis is placed on assessing patients from both the biomedical and Chinese medical perspectives and integrating biomedical information into patient treatment planning and case management.

Description of Courses in Stage I – Observation

Introduction to Clinic

This course provides students with an overview of the skills necessary to practice safely, professionally, and effectively in a clinical medicine setting. Topics covered include best practices for safety and risk management, professional conduct and the role of the observer in clinic, patient-practitioner rapport, medical charting, and evidence-informed practice.

Clinical Theater I and II

Over two quarters, in live "clinical theaters" in a classroom setting, students observe real-life patient care as provided by an OCOM faculty member who is a licensed acupuncturist. Students will have the opportunity to observe how an experienced practitioner presents case presentations, establishes rapport, conducts patient histories and examinations, charts patient progress thoroughly yet concisely, selects appropriate assessment measures to demonstrate patient progress, and arrives at a quick and accurate diagnosis of a patient's condition using Eastern and Western diagnostic procedures.

Students will practice comprehensive history taking by recording patient history and exam results for every patient they observe and will have the opportunity to observe patients' tongues to understand how this diagnostic element factors into the instructor's overall diagnosis and treatment. At appropriate times, students will have the opportunity to ask questions regarding each case. (Note: MAc students will do fewer hours of Clinical Theater than MACM and DACM students.)

Integrative Clinical Theater

This course, specifically designed for DACM program students, is structured like Clinical Theater I and II.

However, at this stage in their learning, students are expected to participate more fully in discussion of biomedical assessment and therapies and how to integrate this information effectively into patient care as a Chinese medical practitioner.

Clinical Rounds I and II

These two courses continue the process begun in Clinical Theater of preparing students for clinical internship through observation of a licensed practitioner treating patients in a clinical setting. Over two quarters, students follow a faculty practitioner treating patients in one of the school's teaching clinics.

Under the supervision of the faculty practitioner, students will participate in case presentations and take chart notes, recording a patient's history and exam results as well as assessments and treatments for each patient they observe. As they progress through this course and gain facility with charting, students may be asked by the practitioner to record the actual chart notes for a patient. Students will have the opportunity to take patients' pulses and observe their tongues to understand how these diagnostic elements factor into the instructor's overall diagnosis and treatment. At appropriate times, students will have the opportunity to ask questions regarding each case.

Under the supervision of the faculty practitioner, students may participate in direct patient care by administering cupping, gua sha, tuina/shiatsu, and moxibustion as necessary. Once CNT is completed, students may also remove needles from patients. Also, students will learn how to communicate to patients basic instructions regarding herbal prescription preparation and use.

Finally, as part of the overall strategy for developing the skills required of a successful practitioner, students will be responsible for cleaning and stocking the treatment rooms at the beginning and the end of each shift and preparing the room between patients. (Note: MAC students will do 24 more hours of Clinical Rounds than MACM and DACM students.)

Chinese Herbal Medicinary Practicum

Chinese Herbal Medicinary Practicum (HMP) offers students an opportunity to spend one quarter in the college's OCOM Herbal Medicinary, discussing and dispensing herbal formulas for clinic patients and assisting in medicinary operations while studying Chinese herbs in the classroom. (Note: only MACM and DACM students take this course.)

Herbal Rounds I and II

This course supports students' learning of Chinese herbal medicine by allowing them to observe a clinical faculty member diagnose and treat a patient using Chinese herbs exclusively.

Under the constant, direct supervision of the faculty practitioner, students will participate in case presentations and take chart notes, recording a patient's history and exam results as well as assessments and treatments for each patient they observe. As they progress through this course and they gain facility with charting, students may be asked by the practitioner to record the actual chart notes for a patient.

Students will have the opportunity to take the patients' pulses and observe their tongues to understand how these diagnostic elements factor into the instructor's overall diagnosis and treatment. At appropriate times, students will have the opportunity to ask questions regarding each case. In Herbal Rounds I, students will observe a licensed professional interview and form a custom herbal formula and treatment plan for a patient. In Herbal Rounds II, observation will take place during an herbal internship shift. (Note: only MACM and DACM students take this course.)

Asian Bodywork Clinic I and II

Any MACM and DACM students who complete Shiatsu I-IV or Tuina I-IV may take Asian Bodywork Clinic as part of their pre-internship clinical requirements instead of Herbal Rounds I and II. In this supervised bodywork clinic, students apply their shiatsu or tuina skills to the treatment of patients. They engage in patient interviews, assessment, charting, and treatment. This experience will enhance their clinical skills as they prepare for clinical internship.

Overview of Stage II – Clinic Trainee

(for MACM and DACM Degree programs only)

In Stage II, MACM and DACM students participate in all facets of patient care, including needling, under the direct supervision of a clinical supervisor, who is physically present to observe all patient interactions. Students at this stage are expected to put the practice management skills they are learning into practice.

Stage II serves as a bridge between clinical observation and clinical internship. Over the three quarters of Clinic Trainee I-III, students progressively develop the skills to proceed confidently into clinical internship, where they will function with greater autonomy in caring for patients.

Description of Courses in Stage II

Clinic Trainee I-III

For students in the MACM and DACM programs, Clinic Trainee serves as a bridge between Stage I (Observation) and Stage III (Clinical Internship). In Clinic Trainee I-III, students participate in all facets of patient care, including needling, under the direct supervision of a clinical supervisor, who is physically present at all times to observe all student-patient interactions. Students are responsible for greeting patients, explaining their role, conducting patient histories and exams, and documenting all patient progress and treatment interactions. In concert with the clinical supervisor, students formulate a diagnosis and devise an appropriate treatment plan after which they are assisted by the supervisor in treating the patient. Over the course of Clinic Trainee I-III, students will assume a greater role in the diagnosis, treatment planning, and actual treatment of patients as they prepare for the next phase of their clinical education, clinical internship, where they will function with greater autonomy in caring for patients. Students are in charge of cleaning and stocking the room in all PICS shifts. (Note: only MACM and DACM students take these courses.)

Internship Clinical Studies (ICS)

Off-Campus Internship Clinics

During clinical internship, students will see a diverse patient population and treat a variety of acute and chronic medical conditions and health concerns at OCOM's clinics and on clinical rotations at a variety of off-campus clinics.

Off-campus Clinics

Options for clinical rotations may vary from quarter to quarter and interns may not get their first choice of off-site clinical rotations. However, all off-site rotations provide a rich experience for learning and introduction to unique patient populations.

Quest Center for Integrative Health, 2901 E Burnside St #1831, Portland, OR 97214

Director: David Eisen, LAc; <https://quest-center.org/>

"Our three primary service communities are low-income, people living with HIV, and LGBTQIA2S+. We seek to provide a comfortable and honest space in which anyone can express themselves along the spectrum of gender and sexuality. Our commitment to evidence-based practice with at-risk populations is fundamental to our work and essential to the health of our community. All of our providers honor the diversity of our community members."

Fora Health Center Shift Information, 10230 SE Cherry Blossom Dr, Portland, OR 97216

Supervisor: Heather Heatlie MAcOM, LAc; <https://forahealth.org/our-story/>

This is a 92-bed in-patient medically assisted detox facility

- Community style group acupuncture with focus on auricular and scalp acupuncture
- Scrubs and nametags; no white coats.
- Bring needle kits, no moxa. Herbal formula availability in the works.
- Interns must be in good academic standing and not on probation or pending probation, suspension, or termination action. Interns must carry a copy of a current CPR card in their student file and be free of acute illness, respiratory symptoms, or infected or draining skin lesions when on shift.
- Vaccinations, immunization background checks, and drug screening are all required prior to attending a shift at Fora Health Clinic.

Partner Hospitals

OCOM partners with local hospitals where select program students have an opportunity to work clinical rotations administering acupuncture in an integrative health care setting. Students will need to pass a background check and 10-panel drug screening to attend these shifts.

Legacy Pain Management Center, 1130 NW 22nd Ave., Building 3, Suite 345.

Clinical Supervisor: Robert Kaneko, DAOM, LAc

Legacy Health Pain Management Center, part of Legacy Health, is a multidisciplinary specialty practice with expertise in chronic pain management. In collaboration with Legacy providers, OCOM interns provide multiple approaches to manage the complex needs of pain patients. Patients are actively encouraged to take part in self care through education and support, to help manage their conditions and regain an active lifestyle.

Details of Internship Clinical Studies

MAc Degree Program

MAc degree program students will complete 504.5 hours of internship.

Overview of Stage II

Students in MAc Team Intern I and II work in teams under the direct supervision of a clinical supervisor who is physically present to observe all needling of patients.

As they move through MAc Internship I-III, students develop greater clinical autonomy in creating treatment plans and treating patients, and engage in case studies with their faculty and peers to better manage their patients' cases. Students also develop interprofessional communication skills at partner internship and externship sites and employ the practice management skills that will support their practice success upon graduation.

Description of Courses in Stage II

MAc Team Intern I and II

Working in pairs in Team Intern I and II, students participate in all facets of patient care, including needling, under the direct supervision of a clinical supervisor, who is physically present at all times to observe all student-patient interactions. Students are responsible for greeting patients, explaining their role, conducting patient histories and exams, and documenting all patient progress and treatment interactions.

In concert with the clinical supervisor, students formulate a diagnosis and devise an appropriate treatment plan after which they are assisted by the supervisor in treating the patient. Over the course of MAc Team Intern I and II, students will assume a greater role in the diagnosis, treatment planning, and actual treatment of patients as they prepare for the next phase of their clinical education, where they will function with greater autonomy in caring for patients.

In MAc Team I, supervisors will be physically present at all times to observe all student-patient interactions. In MAc Team II, students work in pairs and supervisors are physically present to observe interns needle patients.

MAc Internship I

In this first experience of clinical internship, MAc degree program students work under the supervision of experienced, licensed acupuncturists and are responsible for greeting patients, explaining their role, conducting patient histories and exams, documenting all patient progress and treatment interactions, and proposing to the clinical supervisor a diagnosis and treatment plan for the patient. After the clinical supervisor examines the patient and reviews the diagnosis and treatment plan, the student is then responsible for explaining the treatment plan to the patient and administering the treatment, which the supervisor observes as necessary to ensure proper treatment.

MAc Internship II

MAc degree program students continue to conduct patient histories and exams, document all patient progress and treatment interactions, and propose to the clinical supervisor a diagnosis and treatment plan for the patient. The clinical supervisor continues to examine the patient, review the diagnosis and treatment plan, and observe and provide guidance as needed to the student, who administers the treatment and explains the treatment plan to the patient.

MAc Internship III

Building on the skills developed in the previous quarters of internship, MAc degree program students attain a higher level of knowledge, ability, and independence as clinicians while continuing to assume the complete range of treatment responsibilities under the supervision of a clinic faculty member. This phase of training culminates in MAc degree program student interns achieving the level of clinical ability and independence appropriate for entry into the profession.

MACM and DACM Degree Programs

MACM and DACM degree program students are required to complete the following number of hours of clinical internship:

MACM degree: 703 hours

DACM degree: 760 hours

Overview of Stage III

MACM Degree Program

Students develop greater clinical autonomy in creating treatment plans and treating patients, and engage in case studies with their faculty and peers to better manage their patients' cases. Students develop interprofessional communication skills at partner internship and externship sites and employ the practice management skills that will support their practice success upon graduation.

DACM Degree Program

Students develop greater clinical autonomy in creating treatment plans and treating patients, engage in case studies with their faculty and peers, and apply advanced case analysis and research skills to effectively manage their patients' cases. Students further develop interprofessional communication, integrative medicine, and collaborative care skills on clinical rotations at OCOM clinics and at partner internship and externship sites — including hospitals and community health clinics — and employ the practice management skills that will support their practice success upon graduation.

Description of Courses in Stage III

Clinic Paired Internship

In this first experience of clinical internship, DACM and MACM degree program students work in pairs under the supervision of experienced, licensed acupuncturists and are responsible for greeting patients, explaining their role, conducting patient histories and exams, documenting all patient progress and treatment interactions, and proposing to the clinical supervisor a diagnosis and treatment plan for the patient. After the clinical supervisor examines the patient and reviews the diagnosis and treatment plan, the student team is then responsible for explaining the treatment plan to the patient and administering the treatment.

The supervisor is present for all needling to ensure proper treatment.

Clinic Internship I

At this stage of internship, DACM and MACM degree program students progress from working in pairs to assuming individual responsibility for greeting patients, explaining their role, conducting patient histories and exams, documenting all patient progress and treatment interactions, and proposing to the clinical supervisor a diagnosis and treatment plan for the patient. After the clinical supervisor examines the patient and reviews the diagnosis and treatment plan, the student is responsible for explaining the treatment plan to the patient and administering the treatment, which the supervisor observes as necessary to ensure proper treatment.

Clinic Internship II

DACM and MACM degree program students' skill, autonomy, and confidence increase at this stage as they assume a greater range of clinical responsibilities. Students continue to conduct patient histories and exams, document all patient progress and treatment interactions, and propose to the clinical supervisor a diagnosis and treatment plan for the patient. The clinical supervisor continues to examine the patient, review the diagnosis and treatment plan, and observe and provide guidance as needed to the student, who administers the treatment and explains the treatment plan to the patient.

Clinic Internship III

Building on the skills developed in the previous quarters of internship, DACM and MACM degree program students attain a higher level of knowledge, ability, and independence as clinicians while continuing to assume the complete range of treatment responsibilities under the supervision of a clinic faculty member. This phase of training culminates in DACM and MACM degree program student interns achieving the level of clinical ability and independence appropriate for entry into the profession.

Herbal Internship I and II

In this portion of internship, a small group of DACM and MACM degree program interns and a clinical faculty member diagnose and treat a patient using Chinese herbs exclusively. Ample time is allowed for discussion of cases and herbal treatment options.

Integrative Clinic

DACM students work in teams with a clinical faculty member who is experienced in integrative patient assessment and case management. Integrating all the skills they have learned to date, interns in Integrative Clinic will demonstrate the ability to apply basic clinical biomedicine and integrative medicine toward patient care, analyze situations requiring referral or emergency interventions and respond appropriately, and collaborate effectively with other health care providers. (Note: only DACM students take this course.)

Additional Clinical Studies Requirements

In addition to the Clinical Internship requirements described above, students are expected to complete the following additional requirements during their last year in the program:

- Case Management I-IV (MACM and DACM students only)
- MAc Case Management I-III
- Advanced Case Analysis and Clinical Research I-IV (DACM students only)

Case Management I-IV

This course provides a structure for students to develop case reporting and case presentation skills, as well as an opportunity to discuss clinical cases in groups. This course introduces clinical case review and management in a clinical setting, including history taking, data collection from subjective findings and objective findings, case assessment, treatment plan and treatment outcomes, analyzing data to modify patient care and continuity of care, follow-up care and clinical outcomes, prognosis and future medical care, referral and risk management, emergency procedures, as well as collaboration with other health care providers.

Expert medical testimony, independent medical review, and medical-legal reports are discussed in the context of disputes for personal injury, workers' compensation, and insurance claims. As part of their coursework, students will prepare medical-legal reports based on the cases they see in clinic. (Note: only MACM and DACM students take this course.)

MAc Case Management I-III

This course, designed for the MAc degree program student, covers much of the same material as Case Management I-IV, with the exception of discussion of Chinese herbal therapy.

Pre-Internship Clinical Studies (PICS) and Internship Clinical Studies (ICS) Requirements

Hours Requirements

PICS students are required to complete the following total number of hours in Pre-Clinical Internship Studies:

MAc degree program: 156 hours

MACM degree program: 444 hours

DACM degree program: 480 hours

These hours are composed of the PICS courses described in the preceding section.

ICS students are required to complete the following total number of direct patient care hours in Internship Clinical Studies:

MAc degree program: 513.5 hours

MACM degree program: 703 hours

DACM degree program: 760 hours

These hours are clinical, direct patient-care hours (i.e., non-classroom) during the course of internship.

Internship Patient Count Requirements

In addition to the hours requirements listed above, ICS students have to meet the following minimum patient count requirements for graduation:

MAc degree program: 250 patients

MACM degree program: 350 patients

DACM degree program: 350 patients

Student engagement on shift is a mark of professionalism and a competency that is assessed by clinical faculty throughout pre-internship and internship. For ICS students, it is additionally important because of the minimum patient count requirements for graduation. Interns who do not have a patient scheduled are expected to work with another intern to receive credit for seeing a patient.

Interns are ultimately responsible for all their shift-tracking documentation. Discrepancies between recorded shifts/hours and their records should be resolved with shift supervisors as soon as noted. Interns should be proactive about keeping their records accurate and up-to-date.

Charting Standards

Maintaining accurate patient charts is essential to good patient care, particularly in clinics like OCOM's where patients are often seen by multiple practitioners. Students should be aware that patient charts are considered legal documents in a court of law. So, apart from ensuring effective patient care, accurate documentation of the clinical encounter is an important risk management skill for any practitioner.

Be advised, too, that if it isn't charted, it didn't happen (even if, in fact, it was done or said). Many practitioners

have been on the losing end of a lawsuit because they did not record something that they actually did or said during a treatment.

Students begin to practice charting during their second quarter in Clinical Theater and continue through the rest of Observation (Clinical Rounds) recording the interviews, exams, and treatments of all patients performed by clinical faculty members as if they were the practitioner.

These chart notes are submitted for assessment and feedback, and prepare students for assuming full charting responsibility in subsequent stages of clinical training.

OCOM uses Unified Practice as its electronic health record (EHR) system, and once students begin to treat patients themselves (Clinic Trainee, MAc Team Intern), they will be charting all patient encounters electronically. All student chart notes must be completed at the time of the treatment and prior to the end of a shift.

Assessment, Evaluation, and Grading of Pre-Internship Clinical Studies (PICS) and Internship Clinical Studies (ICS) Students

Student performance in clinical training is assessed according to a set of staged clinical competencies. While assessment and feedback occurs regularly and informally on shifts throughout a quarter, clinical faculty provide more structured assessment twice each quarter: once at mid-term and once at the end of the quarter.

Mid-term assessments are an opportunity for the clinical faculty member to point out the student's strengths and to bring awareness to any areas of clinical deficiency the student may need to correct and improve before the final evaluation and grading at the end of the term.

Clinical competencies at OCOM are based on the program learning outcomes for the respective degree programs, which in turn are informed by ACAOM, California Acupuncture Board, and NCCAOM standards and competencies.

MAc and MACM Program Learning Outcomes:

The learning outcomes of the MAc and MACM programs differ only in terms of ACAHM's Chinese herbal medicine study requirement for Oriental Medicine (OM) programs.

Graduates of OCOM's Master of Acupuncture (MAc) and Master of Acupuncture and Chinese Medicine (MACM) programs will:

1. Practice Chinese medicine safely and effectively in a clinical setting by:
 - a. demonstrating a thorough knowledge of Chinese medical theory and its application in the practice of acupuncture, Chinese herbal medicine (MACM only), and other modalities;
 - b. interviewing and examining patients utilizing traditional and modern diagnostic methods;
 - c. analyzing information gathered from the history and physical examination to formulate a diagnosis;
 - d. creating a treatment plan and report of findings;
 - e. employing appropriate modalities and techniques;
 - f. modifying treatments appropriately according to changes in a patient's presentation; and
 - g. recognizing their limitations and seeking assistance when confronted with complex patient care situations.
2. Apply biomedical knowledge to better evaluate and manage their patients' conditions;
3. Recognize situations requiring referral or emergency interventions and respond appropriately;
4. Communicate effectively with other health care providers and appreciate additional approaches to patient care and treatment;
5. Communicate effectively with patients by:
 - a. active and empathetic listening;
 - b. counseling and educating them on lifestyle;
 - c. working effectively with a wide range of patient populations and health conditions;
 - d. demonstrating awareness of the many issues that influence health, including but not limited to addictions, socioeconomic, culture/ethnicity, and family/community.

6. Apply the principles of evidence-informed practice to patient care using information from a variety of sources, including texts, research data, continuing education seminars, journals, professional consultations, and other medical information sources.
7. Demonstrate the necessary skills to establish, manage, and grow a private practice, including:
 - a. recruiting new patients and retaining established patients;
 - b. practicing within established ethical, legal, and professional guidelines to reduce risk and ensure quality of care;
 - c. employing appropriate documentation and coding systems for diagnosis, evaluation, treatment, and claims management purposes;
 - d. developing a business and marketing plan based on an evaluation of multiple practice and business models;
 - e. demonstrating facility with electronic health records and electronic medical records systems.
8. Understand the importance of lifelong learning, including developing their awareness of qi in themselves, both professionally and personally, and their patients.

DACM Program Learning Outcomes:

While the DACM shares the same eight general program learning outcomes (competencies) as the two master's programs, several of them are distinguished by the addition of distinct sub-outcomes (secondary competencies) that more explicitly address doctoral-level competencies.

Graduates of OCOM's Doctor of Acupuncture and Chinese Medicine (DACM) program will:

1. Practice Chinese medicine safely and effectively in a clinical setting by:
 - a. demonstrating a thorough knowledge of Chinese medical theory and its application in the practice of acupuncture, Chinese herbal medicine, and other modalities;
 - b. interviewing and examining patients utilizing traditional and modern diagnostic methods;
 - c. evaluating information gathered from the history and physical examination to formulate a diagnosis;
 - d. creating a treatment plan and report of findings;
 - e. employing appropriate modalities and techniques;
 - f. modifying treatments appropriately according to changes in a patient's presentation; and,
 - g. evaluating their limitations and seeking assistance when confronted with complex patient care situations.
2. Integrate biomedical information to better evaluate and manage their patients' conditions.
 - a. Explain the clinical indications, risks, and benefits for diagnostic procedures;
 - b. Review findings from relevant diagnostic studies with objective and subjective findings from the assessment of the patient;
 - c. Describe the relevant laws and regulations, including scope of practice, that may govern or limit conducting diagnostic studies;
 - d. Outline the principles and applications of equipment utilized for diagnostic imaging, laboratory, and other relevant diagnostic tools;
3. Analyze situations requiring referral or emergency interventions and respond appropriately;
4. Communicate and collaborate effectively with other health care providers and appreciate additional approaches to patient care and treatment:
 - a. Communicate and collaborate effectively with other health care providers regarding patient diagnosis and treatment;
 - b. Assess possible solutions to health care disparities due to socioeconomic factors;
 - c. Guide a patient into appropriate health care systems, e.g., homeless care, elder care, and family services;
 - d. Analyze the role of acupuncture professionals within current health care systems and the impact of that role on patient care;
 - e. Differentiate between models of care and treatment modalities.

- f. Discuss, in the appropriate context, the patient's condition using vocabulary and concepts common to other members of the health care team;
 - g. Describe the prevailing and emerging organization, structure, and responsibilities of the health care team and the impact that organizational culture and established systems have on patient care;
 - h. Explain the importance of supporting and participating in professional activities and organizations;
5. Communicate effectively with patients by:
 - a. active and empathetic listening;
 - b. counseling and educating them on lifestyle;
 - c. working effectively with a wide range of patient populations and health conditions;
 - d. demonstrating awareness of the many issues that influence health, including but not limited to addictions, socioeconomics, culture/ethnicity, and family/community;
 6. Integrate the principles of evidence-informed practice into original written work and into patient care using information from a variety of sources, including texts, research data, continuing education seminars, journals, professional consultations, and other medical information sources;
 7. Demonstrate the necessary skills to establish, manage, and grow a private practice, including:
 - a. recruiting new patients and retaining established patients;
 - b. analyzing and practicing within established ethical, legal, and professional guidelines to reduce risk and ensure quality of care;
 - c. employing appropriate documentation and coding systems for diagnosis, evaluation, treatment, and claims management purposes;
 - d. developing a business and marketing plan based on an evaluation of multiple practice and business models;
 - e. demonstrating facility with electronic health records and electronic medical records systems;
 8. Understand the importance of lifelong learning, including:
 - a. appraising areas of professional weakness and formulating plans for their remediation;
 - b. investigating a variety of resources for ongoing professional development;
 - c. using available professional development resources to respond to changes in the local, state, regional, and national health care environment;
 - d. developing their awareness of qi in themselves, both professionally and personally, and their patients.

Clinical Competency Domains

OCOM assesses student clinical competency according to the following 10 clinical competency domains: *(Numbers in brackets indicate the specific OCOM program learning outcomes addressed by each domain.)*

1. Professional Conduct And Communication [5, 7b]
2. Case Presentation, Interview/History Taking, Charting [1, 5, 7b]
3. Physical Exam [1]
4. Assessment [1, 2, 3, 6]
5. Treatment Planning, Case Management [1, 2, 3, 5, 6]
6. Physical Treatment (Acupuncture, Moxibustion, Massage, etc.) [1, 5]
7. Herbal Treatment [1, 5]
8. Safety And Legal Issues [1, 4, 7b]
9. Practice Management [7a, 7b]
10. Lifelong Learning/Professional Development [8]

As OCOM students progress through the different stages of clinical training, new skills are introduced, and student competency is assessed according to the following standard:

Assessment of Knowledge, Skill, Ability/Attitude

ND = Competence Not Demonstrated

PC = Partial Competence

C = Competence

How assessments are determined, how they translate into a grade, and their implications are explained in the Grading section of this handbook.

Formal assessment happens twice each quarter: once at the mid-quarter and once at the end of the quarter. Mid-quarter assessments provide students who are struggling to demonstrate competency in one or more areas an opportunity to receive feedback from the clinical faculty and recommendations for improving their performance prior to the end of the quarter when final grades are due.

It is expected that students in Stage I of clinical training will need more frequent prompting and guidance to demonstrate competency than those in Stages II and III. Similarly, the frequency of prompting and guidance will always be greater at the beginning of each stage as new skills are introduced. By the end of each quarter, however, the student is expected to consistently demonstrate a skill with minimal prompting, and by the time a student intern is ready to graduate they should routinely achieve acceptable standards of work with minimal guidance.

Finally, while students in all stages are expected to need guidance, a student should never need to be prompted to keep their patients safe or to maintain professional conduct and communication.

Evaluation forms for each stage of clinical training are found in the Appendices.

Pre-Internship Clinical Studies (PICS) Assessment

Stage I (Observation) Assessment

For all OCOM students, Observation starts in their second quarter. Stage I courses for the different programs are as follows:

MAc:

MAc Clinical Theater I and II

MAc Clinical Rounds I and II

Asian Bodywork Clinic I and II (*Note: an option for MAc students who complete Shiatsu I-IV or Tuina I-IV using their electives*)

MACM:

Clinical Theater I and II

Clinical Rounds I and II

Herbal Rounds I and II

Chinese Herbal Medicinary Practicum (*Note: as Chinese Herbal Medicinary Practicum does not involve direct patient care, this experience has a unique set of competencies*)

Asian Bodywork Clinic I and II (*Note: an option for MACM students who complete Shiatsu I-IV or Tuina I-IV instead of Herbal Rounds I and II*)

DACM:

Clinical Theater I and II

Clinical Rounds I and II

Integrative Clinical Theater

Herbal Rounds I and II

Chinese Herbal Medicinary Practicum (*Note: as Chinese Herbal Medicinary Practicum does not involve direct patient care, this experience has a unique set of competencies*)

Asian Bodywork Clinic I and II (*Note: an option for DACM students who complete Shiatsu I-IV or Tuina I-IV*)

instead of Herbal Rounds I and II)

The competency domains assessed in Stage I (with the exception of Chinese Herbal Medicinary Practicum) are:

1. Professional Conduct And Communication
2. Case Presentation, Interview/History Taking, Charting
3. Physical Exam
4. Assessment
5. Treatment Planning, Case Management
6. Physical Treatment (Acupuncture, Moxibustion, Massage, etc.)
7. Herbal Treatment (MACM and DACM only)
8. Safety And Legal Issues

The competency domains assessed in Chinese Herbal Medicinary Practicum are:

1. Professional Conduct And Communication
4. Assessment
7. Herbal Treatment
8. Safety And Legal Issues

The main clinical competencies that students in Stage I (Observation) must demonstrate are professional conduct and communication, basic charting, and safety.

Students are expected to participate in case discussions and to chart patient findings legibly, thoroughly, and accurately by following the supervisor's interview and exam. PICS students are required to record chart notes of every patient treated in Clinical Theater, Clinical Rounds, Herbal Rounds, and Integrative Clinical Theater (DACM students only). These chart notes are submitted for assessment and feedback.

Students in Clinical Rounds will have the opportunity to participate in observing the tongue and taking the pulse of the patient. While students in observation do not needle patients, at times they may be asked by the supervisor to perform adjunctive techniques like bodywork, cupping, or gua sha. In addition, the supervisor may ask students to:

- Conduct a portion of a patient interview
- Review informed consent and perform a PARQ (Procedures, Alternatives, Risks, Questions) conference
Locate acupuncture points
- Remove needles
- Research ICD-10 codes

Appendices 5 and 6 are the evaluation forms used to assess student clinical competency during Stage I (Observation) of clinical training during Clinical Theater I and II.

Stage II - Clinic Trainee Assessment (MACM and DACM Degree Programs)

Stage II - Clinic Trainee is for the MACM and DACM programs only and starts in the 10th quarter. Stage II (Clinic Trainee) courses are as follows:

Clinic Trainee I, II, and III

The competency domains assessed in Stage II - Clinic Trainee are:

1. Professional Conduct and Communication
2. Case Presentation, Interview/History Taking, Charting
3. Physical Exam
4. Assessment
5. Treatment Planning, Case Management
6. Physical Treatment (Acupuncture, Moxibustion, Massage, etc.)
7. Herbal Treatment
8. Safety and Legal Issues
9. Practice Management

The clinical competencies students demonstrate in Stage II (Clinic Trainee) include the competencies from Stage I plus knowledge, skills, and abilities/attitudes related to direct patient care. These include increased expectations in the area of patient assessment, the performance of physical exams in addition to tongue and pulse, formulation of treatment plans, needling of the patient, and the creation and dispensing of herbal prescriptions. While a number of these competencies are still performed with significant prompting and guidance by the supervisor, Stage II represents a significant advance in the competency expectations for the student.

Internship Clinical Studies (ICS) Assessment

Internship starts in the ninth quarter for the MAc program and in the thirteenth quarter for the MACM and DACM programs. Courses for the different programs are as follows:

Stages II and III Assessment (MAc Program):

- Stage II: MAc Team Intern I and II
- Stage III: MAc Intern I, II, and III

Stages III Assessment (MACM and DACM Programs):

- Clinic Paired Internship
- Clinical Internship I, II, and III
- Herbal Internship I and II
- Integrative Clinic (Note: only DACM students take this course.)

During Internship Clinical Studies, all 10 competency domains are assessed:

1. Professional Conduct and Communication
2. Case Presentation, Interview/History Taking, Charting
3. Physical Exam
4. Assessment
5. Treatment Planning and Case Management
6. Physical Treatment (Acupuncture, Moxibustion, Massage, etc.)
7. Herbal Treatment (MACM and DACM only)
8. Safety and Legal Issues
9. Practice Management
10. Lifelong Learning/Professional Development

The clinical competencies students demonstrate in internship include the competencies from the previous stages plus knowledge, skills, and abilities/attitudes related to practice management and lifelong learning/professional development.

Students in the DACM program are also expected to demonstrate more advanced skills in biomedical assessment, case management, and collaborative care. Additionally, they are expected to integrate the principles of evidence-informed practice into original written work and into patient care.

In addition to the clinical competencies outlined above, students must also meet the Technical Standards for the Practice of Acupuncture and Chinese Medicine throughout the clinic program.

Grading

At the end of a quarter, PICS and ICS students can receive one of the following final grades:

P = Pass

I = Incomplete

F = Fail

These grades are based on the assessment of student clinical competence by the clinical faculty. An explanation for how each assessment designation corresponds to the final grade and the implications for each is provided in the following chart:

Assessment	Grade	Implication
<p>C = Competence The student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter</p>	<p>P = Pass</p>	<p>The student continues into the subsequent quarter with no conditions.</p>
<p>PC = Partial Competence A) The student is not demonstrating competence in at least one but no more than three knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> B) The student has one but no more than three outstanding absences by the end of the quarter.</p>	<p>I = Incomplete</p>	<p>The student proceeds to the subsequent quarter under the following conditions: A) The student will be placed on a remediation plan. The student will have until midway into the following quarter to demonstrate competence. <i>and/or</i> B) The student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail," the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.</p>

Continued

<p>ND = Competence Not Demonstrated</p>	<p>F = Fail</p> <p>The student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Vice President of Academic Affairs, a grade of Failure ("F") may be applied in the event of an egregious violation of OCOM Technical Standards through a violation of clinic policy or a repeat instance of policy violation.</p>	<p>The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.</p> <p>A student who fails a course on the second attempt or who commits an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program.</p> <p>Failure of a clinic shift places a student on academic probation.</p>
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Risk of Failure

Students are at risk of failure for the following reasons:

- Not demonstrating satisfactory clinical competence
- Committing a sanctionable violation of OCOM’s clinic policies or behavior or professionalism guidelines

Students who are at risk of failing a quarterly shift due to deficiencies in clinical performance will be notified verbally and in writing by their clinical faculty, usually by the middle of the quarter to provide time for students to improve their performance. The notification will include specific details about the deficiencies with recommendations for improvement and clear expectations about what is required to achieve competence. These suggestions may include recommendations for tutoring or other work. Copies of this letter are sent to the Associate Dean of Clinical Education.

Sanction/Failure Event(s)

If a student commits an actionable violation of clinic policy, the student will receive a written notice of a violation of the Technical Standards by the clinical supervisor, the Associate Dean of Clinical Education and Vice President of Academic Affairs.

A student will be issued a sanction when they violate any of the policies of the clinic, including but not limited to:

- Unexcused absences from a clinical shift
- Failure to follow the clinic attendance and shift make-up policy
- Failure to follow clinic policies and procedures as described in the Clinic Policies and Procedures Handbook
- Failure to follow the instructions or recommendations of the supervising faculty
- Refusal to comply with the instructions of clinical faculty, Vice President of Academic Affairs, Associate Dean of Clinical Education, or clinic staff
- Breaching patient confidentiality
- Removing any patient ID information from the clinic
- Acting in an unprofessional, unethical, or inappropriate manner at any time
- Practicing medicine without a license (i.e., outside the scope of practice of a licensed acupuncturist in the state of Oregon) or practicing clinically outside of the supervised school setting prior to becoming licensed
- Failing to comply with Clean Needle Technique (CNT) or Bloodborne Pathogen safety policies and procedures, or committing any other violation that endangers the safety of patients, fellow students, or staff

The consequence of violating the Technical standards will depend on the severity of the offense and can range from required remediation, loss of clinical hours and patient contacts for the day in which this event occurred, suspension from the clinic, failure of the clinic shift, to expulsion from the college. The clinical supervisor, Associate Dean of Clinical Education, or their designee, and Vice President of Academic Affairs will determine the type of sanction. All sanctions represent a failure to meet the Technical Standards and therefore comprise an academic sanction. A student may file an academic grievance according to the Student Grievance Policy as outlined in the *Academic Catalog*.

List of Appendices

- OCOM Record of Pre-Internship Clinical Hours Form
- OCOM Record of Intern Clinical Experience (RICE) Form
- OCOM Record of Intern Clinical Experience (RICE) Form – Make-up Shift

Evaluation forms

- OCOM Stage I (Observer) – Clinic Theater I Evaluation
- OCOM Stage I (Observer) – Clinic Theater II Evaluation
- OCOM Stage I (Observation) – Clinical Rounds Evaluation
- OCOM Stage I (Observation) – Herbal Rounds Evaluation
- OCOM Stage I (Observer) – Integrative Clinical Theater Evaluation
- OCOM Stage II (Clinic Trainee) – Evaluation
- OCOM Stage II (MAc Internship) – MAc Team Intern - Evaluation
- OCOM Stage II (MAc Internship) – MAc Intern I - Evaluation
- OCOM Stage II (MAc Internship) – MAc Intern II - Evaluation
- OCOM Stage II (MAc Internship) – MAc Intern III - Evaluation
- OCOM Stage III (Internship) – Paired Internship - Evaluation
- OCOM Stage III (Internship) – Clinic Intern I - Evaluation
- OCOM Stage III (Internship) – Clinic Intern II - Evaluation
- OCOM Stage III (Internship) – Clinic Intern III - Evaluation
- OCOM Stage III (Internship) – Integrative Clinic - Evaluation



Record of Intern Clinical Experience

OCOM

Student Name _____ Section # _____

Day, Time _____ Supervisor Name _____

Type of Clinical Experience:



OCOM Clinical Internship: OCOM Clinic, OCOM Hollywood Clinic

Herbal Internship

Off-Site Clinical Internship

	Date (mm/dd/yy)	Number of Patients as Primary Intern	Number of Patients as Secondary Intern	Total Number of Patients	Number of New Patients	Number of Formulas Prescribed	Supervisor's Signature (Substitute supervisor sign and print name)
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
Total							

Directions: If you miss a shift, leave the line blank or draw a line through it. Record the make-up shift on a make-up shift form.
You may not miss more than 25% of your clinic shifts for each section. All missed shifts need to be made up.

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Record of Intern Clinical Experience Make-up Shifts

Student Name _____

First make-up shift

Date (mm/dd/yy)	Number of Patients as PRIMARY Intern	Number of Patients as SECONDARY Intern	Total Number of Patients	Number of New Patients	Number of Formulas Prescribed	Supervisor's Signature

Indicate the shift, day/time, shift section number, and supervisor that the absence prompting this make-up shift occurred:

Second make-up shift

Date (mm/dd/yy)	Number of Patients as PRIMARY Intern	Number of Patients as SECONDARY Intern	Total Number of Patients	Number of New Patients	Number of Formulas Prescribed	Supervisor's Signature

Indicate the shift, day/time, shift section number, and supervisor that the absence prompting this make-up shift occurred:

Third make-up shift

Date (mm/dd/yy)	Number of Patients as PRIMARY Intern	Number of Patients as SECONDARY Intern	Total Number of Patients	Number of New Patients	Number of Formulas Prescribed	Supervisor's Signature

Indicate the shift, day/time, shift section number, and supervisor that the absence prompting this make-up shift occurred:



**OCOM Stage I (Observation)
Clinical Theater I - Evaluation**

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of class.			
C	The student behaves and communicates professionally with patients, faculty, and other students			
D	The student is engaged throughout the class.			
E	The student has attended all classes.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student participates in case discussions in the pre-shift meeting and at designated points during the class			
C	The student charts basic patient findings legibly, thoroughly, and accurately by following the supervisor's interview and exam.			
D	The student can present a thorough, concise case presentation in written format.			
6. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			

**Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.*

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EXPLANATION OF GRADES

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "incomplete" will convert to a "fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.



**OCOM Stage I (Observation)
Clinical Theater II - Evaluation**

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of class.			
C	The student behaves and communicates professionally with patients, faculty, and other students			
D	The student is engaged throughout the class.			
E	The student has attended all classes.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student participates in case discussions in the pre-shift meeting and at designated points during the class			
C	The student charts basic patient findings legibly, thoroughly, and accurately by following the supervisor's interview and exam.			
D	The student can present a thorough, concise case presentation in written format.			
6. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			

**Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.*

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EXPLANATION OF GRADES

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "incomplete" will convert to a "fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.



OCOM Stage I (Observation)
Clinical Rounds – Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	The student charts patient findings legibly, thoroughly and accurately by following the supervisor's interview and exam.			
D	The student charts basic patient findings legibly, thoroughly and accurately by following the supervisor's interview and exam.			
E	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly when asked.			
F	The student selects the appropriate ICD-10, E&M, and CPT codes when asked.			
3. PHYSICAL EXAM		ND	PC	C
A	The student is able to describe the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and is able to describe the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			

4. ASSESSMENT		ND	PC	C
A	The student can assess a patient according to the Eight Principles.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student can identify acupuncture points quickly when asked.			
B	The student safely and effectively performs cupping, gua sha, bodywork or moxibustion when asked by the supervisor.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			

**Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.*

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EXPLANATION OF GRADES

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.



OCOM Stage I (Observation)
Herbal Rounds - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	The student charts basic patient findings legibly, thoroughly and accurately by following the supervisor's interview and exam.			
D	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly when asked.			
E	The student selects the appropriate ICD-10, E&M, and CPT codes when asked.			
3. PHYSICAL EXAM		ND	PC	C
A	The student is able to describe the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and is able to describe the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
4. ASSESSMENT		ND	PC	C
A	The student can assess a patient according to the Eight Principles.			

EVALUATION – Herbal Rounds
Page 1 of 3

7. HERBAL TREATMENT		ND	PC	C
A	Prompted and guided by the supervisor, the student effectively communicates instructions regarding herbal prescription preparation and use to patients.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.

SUPERVISOR COMMENTS:
 Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:
 P = Pass
 I = Incomplete
 F = Fail

EVALUATION – Herbal Rounds
Page 2 of 3

EXPLANATION OF GRADES

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "incomplete" will convert to a "fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION – Herbal Rounds
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OCOM Stage I (Observer)

Integrative Clinic Theater - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of class.			
C	The student behaves and communicates professionally with patients, faculty, and other students.			
D	The student is engaged throughout the class.			
E	The student has attended all classes.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	Guided by the supervisor, the student can present a thorough, concise case presentation.			
C	The student participates in case discussions in the pre-shift meeting and at designated points during the class.			
D	The student can present a thorough, concise case presentation in written format.			
3. ASSESSMENT		ND	PC	C
A	Guided by the supervisor, the student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng: i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory).			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	The student contributes to an appropriate acupuncture point prescription.			
B	The student contributes to an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
C	Prompted and guided by the supervisor, the student recognizes circumstances necessitating a referral.			
E	Guided by the supervisor, the student effectively communicates lifestyle counseling and self-care information to patients.			
7. HERBAL TREATMENT		ND	PC	C
A	The student contributes to an appropriate herbal prescription.			
B	Guided by the supervisor, the student effectively communicates instructions regarding herbal prescription preparation and use to patients.			

EVALUATION – Integrative Clinic Theater
Page 1 of 3

8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
E	The student researches all medications and investigates possible herb-drug interaction, cautions, and contraindications when considering an herbal formula.			

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

P = Pass
 I = Incomplete
 F = Fail

EVALUATION – Integrative Clinic Theater
Page 2 of 3

EXPLANATION OF GRADES

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "incomplete" will convert to a "fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION – Integrative Clinic Theater
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OCOM Stage II (Clinic Trainee)
Clinic Trainee - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts.			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	Guided by the supervisor, the student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	Guided by the supervisor, the student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects the appropriate ICD-10, E&M, and CPT codes when asked.			
3. PHYSICAL EXAM		ND	PC	C
A	Guided by the supervisor, the student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	Guided by the supervisor, the student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic)			

EVALUATION – Clinic Trainee
Page 1 of 4

4. ASSESSMENT		ND	PC	C
A	Guided by the supervisor, the student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng: i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory).			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	The student contributes to an appropriate acupuncture point prescription.			
B	The student contributes to an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
C	Prompted and guided by the supervisor, the student recognizes circumstances necessitating a referral.			
E	Guided by the supervisor, the student effectively communicates lifestyle counseling and self-care information to patients.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points accurately.			
B	Guided by the supervisor, the student safely and effectively needles the patient.			
C	The student safely and effectively performs cupping, gua sha, bodywork, or moxibustion as needed.			
D	The student is able to perform electrostimulation as needed.			
7. HERBAL TREATMENT		ND	PC	C
A	The student contributes to an appropriate herbal prescription.			
B	Guided by the supervisor, the student effectively communicates instructions regarding herbal prescription preparation and use to patients.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			
D	The student requests medical records on all new patients. (The patient may decline the request.)			
E	The student researches all medications and investigates possible herb-drug interaction, cautions, and contraindications when considering an herbal formula.			
9. PRACTICE MANAGEMENT		ND	PC	C
A	With supervisor prompting, the student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			

**Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.*

EVALUATION – Clinic Trainee
Page 2 of 4

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EVALUATION – Clinic Trainee
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EXPLANATION OF GRADES

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION – Clinic Trainee
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OCOM Stage II (Mac Internship)
MAc Team Intern - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
 ND = Competence Not Demonstrated
 PC = Partial Competence C = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	Guided by the supervisor, the student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	Guided by the supervisor, the student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects appropriate ICD-10, E&M, and CPT codes.			
3. PHYSICAL EXAM		ND	PC	C
A	The student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	Guided by the supervisor, the student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic)			

EVALUATION – Mac Team Intern
 Page 1 of 4

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EVALUATION – Mac Team Intern
 Page 3 of 4

4. ASSESSMENT		ND	PC	C
A	Guided by the supervisor, the student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng: i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory)			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	Guided by the supervisor, the student creates an appropriate acupuncture point prescription.			
C	Guided by the supervisor, the student creates an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
D	Guided by the supervisor, the student creates an appropriate acupuncture point prescription.			
E	Guided by the supervisor, the student understands pre-existing Western medical diagnoses.			
F	Prompted and guided by the supervisor, the student recognizes circumstances necessitating a referral.			
G	Prompted and guided by the supervisor, the student can prioritize the complaints of complex patients while maintaining focus on the chief complaint.			
H	Guided by the supervisor, the student effectively communicates lifestyle counseling and self-care information to patients.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points quickly and accurately.			
B	Guided by the supervisor, the student safely and effectively needles the patient.			
C	The student safely and effectively performs cupping, gua sha, bodywork or moxibustion as needed.			
D	The student is able to perform electrostimulation as needed.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			
D	The student requests medical records on all new patients. (The patient may decline the request.)			
E	The student researches all medications.			
9. PRACTICE MANAGEMENT		ND	PC	C
A	Prompted by the supervisor, the student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			
C	The student demonstrates facility with electronic health records and electronic medical records systems.			
10. LIFELONG LEARNING/PROFESSIONAL DEVELOPMENT		ND	PC	C
A	The student engages in self-reflection and analyzes clinical strengths and weaknesses.			

EVALUATION – Mac Team Intern
 Page 2 of 4

EXPLANATION OF GRADES

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	F = Fail	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION – Mac Team Intern
 Page 4 of 4



OCOM Stage II (MAc Internship)
MAc Internship I – Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
 ND = Competence Not Demonstrated
 PC = Partial Competence C = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all charting at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	The student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects the appropriate ICD-10, E&M, and CPT codes.			
3. PHYSICAL EXAM		ND	PC	C
A	The student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	The student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic.)			

EVALUATION – MAc Internship I
 Page 1 of 4

4. ASSESSMENT		ND	PC	C
A	Guided by the supervisor, the student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng: i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory)			
B	Guided by the supervisor, the student can explain the etiology and pathogenesis of a patient's condition.			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	The student creates an appropriate acupuncture point prescription.			
B	Guided by the supervisor, the student creates an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
C	The student clearly communicates the treatment plan to the patient.			
D	Guided by the supervisor, the student understands pre-existing Western medical diagnoses.			
E	Guided by the supervisor, the student recognizes circumstances necessitating a referral, can distinguish urgent from non-urgent referral situations, and can manage referrals effectively.			
F	Guided by the supervisor, the student can prioritize the complaints of complex patients while maintaining focus on the chief complaint.			
G	The student effectively communicates lifestyle counseling and self-care information to patients.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points quickly and accurately.			
B	The student safely needles the patient.			
C	The student is able to demonstrate basic tonification and sedation techniques.			
D	The student safely and effectively performs cupping, gua sha, bodywork or moxibustion as needed.			
E	The student is able to perform electrostimulation as needed.			
7. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			
D	The student requests medical records on all new patients. (The patient may decline the request.)			
E	The student understands all medications and investigates possible herb-drug interaction, cautions, and contraindications when considering an herbal formula.			
8. PRACTICE MANAGEMENT		ND	PC	C
A	The student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			

EVALUATION – MAc Internship I
 Page 2 of 4

C	The student demonstrates their facility with electronic health records and electronic medical records systems.			
9. LIFELONG LEARNING/PROFESSIONAL DEVELOPMENT		ND	PC	C
A	The student engages in self-reflection and analyzes clinical strengths and weaknesses.			
B	The student demonstrates evidence-informed practice by incorporating scholarship and research into patient care (DACM students only).			

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

P = Pass
 I = Incomplete
 F = Fail

EVALUATION – MAc Internship I
 Page 3 of 4

EXPLANATION OF GRADES

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence. <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail", the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION – MAc Internship I
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OCOM Stage II (MAc Internship)
MAc Internship II - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
 ND = Competence Not Demonstrated
 PC = Partial Competence C = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts.			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	The student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects the appropriate ICD-10, E&M, and CPT codes.			
3. PHYSICAL EXAM		ND	PC	C
A	The student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	The student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic)			

EVALUATION – MAc Internship II
Page 1 of 4

4. ASSESSMENT		ND	PC	C
A	Guided by the supervisor, the student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng; i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory)			
B	Guided by the supervisor, the student can explain the etiology and pathogenesis of a patient's condition.			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	The student creates an appropriate acupuncture point prescription.			
B	Guided by the supervisor, the student creates an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
C	The student clearly communicates the treatment plan to the patient.			
D	Guided by the supervisor, the student understands pre-existing Western medical diagnoses.			
E	Guided by the supervisor, the student recognizes circumstances necessitating a referral, can distinguish urgent from non-urgent referral situations, and can manage referrals effectively.			
F	Guided by the supervisor, the student can prioritize the complaints of complex patients while maintaining focus on the chief complaint.			
G	The student effectively communicates lifestyle counseling and self-care information to patients.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points quickly and accurately.			
B	The student safely needles the patient.			
C	The student is able to demonstrate basic tonification and sedation techniques.			
D	The student is able to demonstrate advanced needling techniques.			
E	The student safely and effectively performs cupping, gua sha, bodywork or moxibustion as needed.			
F	The student is able to perform electrostimulation as needed.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			
D	The student requests medical records on all new patients. (The patient may decline the request.)			
E	The student understands all medications and investigates possible herb-drug interaction, cautions and contraindications when considering an herbal formula.			
9. PRACTICE MANAGEMENT		ND	PC	C
A	The student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			

EVALUATION – MAc Internship II
Page 2 of 4

C	The student demonstrates facility with electronic health records and electronic medical records systems.			
10. LIFELONG LEARNING/PROFESSIONAL DEVELOPMENT		ND	PC	C
A	The student engages in self-reflection and analyzes clinical strengths and weaknesses.			

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EVALUATION – MAc Internship II
Page 3 of 4

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION – MAc Internship II
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OCOM Stage II (MAc Internship)
MAc Internship III – Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts.			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	The student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects the appropriate ICD-10, E&M, and CPT codes.			
3. PHYSICAL EXAM		ND	PC	C
A	The student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	The student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic)			

EVALUATION – MAc Internship III
 Page 1 of 4

4. ASSESSMENT		ND	PC	C
A	The student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng: i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory)			
B	The student can explain the etiology and pathogenesis of a patient's condition.			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	The student creates an appropriate acupuncture point prescription.			
B	The student creates an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
C	The student clearly communicates the treatment plan to the patient.			
D	The student understands pre-existing Western medical diagnoses.			
E	The student recognizes circumstances necessitating a referral, can distinguish urgent from non-urgent referral situations, and can manage referrals effectively.			
F	The student can prioritize the complaints of complex patients while maintaining focus on the chief complaint.			
G	The student effectively communicates lifestyle counseling and self-care information to patients.			
H	The student can complete all phases of assessment and treatment with minimal assistance.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points quickly and accurately.			
B	The student safely needles the patient.			
C	The student is able to demonstrate basic tonification and sedation techniques.			
D	The student is able to demonstrate advanced needling techniques.			
E	The student safely and effectively performs cupping, gua sha, bodywork or moxibustion as needed.			
F	The student is able to perform electrostimulation as needed.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			
D	The student requests medical records on all new patients. (The patient may decline the request.)			
E	The student understands all medications and investigates possible herb-drug interaction, cautions and contraindications when considering an herbal formula.			
9. PRACTICE MANAGEMENT		ND	PC	C
A	The student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			
C	The student demonstrates facility with electronic health records and electronic medical records systems.			

EVALUATION – MAc Internship III
 Page 2 of 4

10. LIFELONG LEARNING/PROFESSIONAL DEVELOPMENT		ND	PC	C
A	The student engages in self-reflection and analyzes clinical strengths and weaknesses.			

**Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.*

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EVALUATION – MAc Internship III
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EXPLANATION OF GRADES

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION – MAc Internship III
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OCOM Stage III (Internship)
Paired Internship - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts.			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	Guided by the supervisor, the student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	Guided by the supervisor, the student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings legibly, thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects the appropriate ICD-10, E&M, and CPT codes.			
3. PHYSICAL EXAM		ND	PC	C
A	The student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	The student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic).			

EVALUATION - Paired Internship
Page 1 of 4

4. ASSESSMENT		ND	PC	C
A	Guided by the supervisor, the student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng: i.e., The Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory)			
B	Guided by the supervisor, the student can explain the etiology and pathogenesis of a patient's condition.			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	Guided by the supervisor, the student creates an appropriate acupuncture point prescription.			
C	Guided by the supervisor, the student creates an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
D	Guided by the supervisor, the student clearly communicates the treatment plan to the patient.			
E	Guided by the supervisor, the student understands pre-existing Western medical diagnoses and can effectively integrate biomedical information into their patients' treatment plans.			
F	Guided by the supervisor, the student recognizes circumstances necessitating a referral, can distinguish urgent from non-urgent referral situations, and can manage referrals effectively.			
G	Prompted and guided by the supervisor, the student can prioritize the complaints of complex patients while maintaining focus on the chief complaint.			
H	Guided by the supervisor, the student effectively communicates lifestyle counseling and self-care information to patients.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points quickly and accurately.			
B	The student safely and effectively needles the patient.			
C	The student is able to demonstrate basic tonification and sedation techniques.			
D	The student safely and effectively performs cupping, gua sha, bodywork, or moxibustion as needed.			
E	The student is able to perform electrostimulation as needed.			
7. HERBAL TREATMENT		ND	PC	C
A	Guided by the supervisor, the student creates an appropriate herbal prescription.			
B	Guided by the supervisor, the student effectively communicates instructions regarding herbal prescription preparation and use to patients.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			
D	The student requests medical records on all new patients. (The patient may decline the request.)			

EVALUATION - Paired Internship
Page 2 of 4

E	The student understands all medications and investigates possible herb-drug interaction, cautions and contraindications when considering an herbal formula.			
9. PRACTICE MANAGEMENT		ND	PC	C
A	Prompted by the supervisor, the student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			
C	The student demonstrates facility with electronic health records and electronic medical records systems.			
10. LIFELONG LEARNING/PROFESSIONAL DEVELOPMENT		ND	PC	C
A	The student engages in self-reflection and analyzes clinical strengths and weaknesses.			
B	The student demonstrates evidence-informed practice by incorporating scholarship and research into patient care (DACM students only).			

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency. ND is also used when the patient is seen on a telemedicine shift and the student does not have the ability to participate. (Examples include taking a patient's blood pressure or feeling a patient's pulse.)

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EVALUATION - Paired Internship
Page 3 of 4

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form and/or b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence and/or b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated	F = Fail Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION - Paired Internship
Page 4 of 4



OCOM Stage III (Internship)
Clinic Internship I - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
 ND = Competence Not Demonstrated
 PC = Partial Competence C = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts.			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	The student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects the appropriate ICD-10, E&M, and CPT codes.			
3. PHYSICAL EXAM		ND	PC	C
A	The student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	The student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic).			

EVALUATION - Clinic Internship I
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4. ASSESSMENT		ND	PC	C
A	Guided by the supervisor, the student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng; i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory)			
B	Guided by the supervisor, the student can explain the etiology and pathogenesis of a patient's condition.			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	The student creates an appropriate acupuncture point prescription.			
B	Guided by the supervisor, the student creates an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
C	The student clearly communicates the treatment plan to the patient.			
D	Guided by the supervisor, the student understands pre-existing Western medical diagnoses and can effectively integrate biomedical information into their patients' treatment plans.			
E	Guided by the supervisor, the student recognizes circumstances necessitating a referral, can distinguish urgent from non-urgent referral situations, and can manage referrals effectively.			
F	Guided by the supervisor, the student can prioritize the complaints of complex patients while maintaining focus on the chief complaint.			
G	The student effectively communicates lifestyle counseling and self-care information to patients.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points quickly and accurately.			
B	The student safely needles the patient.			
C	The student is able to demonstrate basic tonification and sedation techniques.			
D	The student safely and effectively performs cupping, gua sha, bodywork, or moxibustion as needed.			
E	The student is able to perform electrostimulation as needed.			
7. HERBAL TREATMENT		ND	PC	C
A	The student creates an appropriate herbal prescription.			
B	The student effectively communicates instructions regarding herbal prescription preparation and use to patients.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			
D	The student requests medical records on all new patients. (The patient may decline the request.)			
E	The student understands all medications and investigates possible herb-drug interaction, cautions and contraindications when considering an herbal formula.			

EVALUATION - Clinic Internship I
Page 2 of 4

9. PRACTICE MANAGEMENT		ND	PC	C
A	The student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			
C	The student demonstrates facility with electronic health records and electronic medical records systems.			
10. LIFELONG LEARNING/PROFESSIONAL DEVELOPMENT		ND	PC	C
A	The student engages in self-reflection and analyzes clinical strengths and weaknesses.			
B	The student demonstrates evidence-informed practice by incorporating scholarship and research into patient care (DACM students only).			

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EVALUATION - Clinic Internship I
Page 3 of 4

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form and/or b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence and/or b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	F = Fail	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION - Clinic Internship I
Page 4 of 4



OCOM Stage III (Internship)
Clinic Internship II - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts.			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	The student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects the appropriate ICD-10, E&M, and CPT codes.			
3. PHYSICAL EXAM		ND	PC	C
A	The student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	The student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic)			

EVALUATION – Clinic Internship II
 Page 1 of 4

4. ASSESSMENT		ND	PC	C
A	The student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng: i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory)			
B	The student can explain the etiology and pathogenesis of a patient's condition.			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	The student creates an appropriate acupuncture point prescription.			
B	The student creates an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
C	The student clearly communicates the treatment plan to the patient.			
D	Guided by the supervisor, the student understands pre-existing Western medical diagnoses and can effectively integrate biomedical information into their patients' treatment plans.			
E	The student recognizes circumstances necessitating a referral, can distinguish urgent from non-urgent referral situations, and can manage referrals effectively.			
F	The student can prioritize the complaints of complex patients while maintaining focus on the chief complaint.			
G	The student effectively communicates lifestyle counseling and self-care information to patients.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points quickly and accurately.			
B	The student safely needles the patient.			
C	The student is able to demonstrate basic tonification and sedation techniques.			
D	The student is able to demonstrate advanced needling techniques.			
E	The student safely and effectively performs cupping, gua sha, bodywork or moxibustion as needed.			
F	The student is able to perform electrostimulation as needed.			
7. HERBAL TREATMENT		ND	PC	C
A	The student creates an appropriate herbal prescription.			
B	The student effectively communicates instructions regarding herbal prescription preparation and use to patients.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			
D	The student requests medical records on all new patients. (The patient may decline the request.)			
E	The student understands all medications and investigates possible herb-drug interaction, cautions and contraindications when considering an herbal formula.			

EVALUATION – Clinic Internship II
 Page 2 of 4

9. PRACTICE MANAGEMENT		ND	PC	C
A	The student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			
C	The student demonstrates facility with electronic health records and electronic medical records systems.			
10. LIFELONG LEARNING/PROFESSIONAL DEVELOPMENT		ND	PC	C
A	The student engages in self-reflection and analyzes clinical strengths and weaknesses.			
B	The student demonstrates evidence-informed practice by incorporating scholarship and research into patient care (DACM students only)			

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EVALUATION – Clinic Internship II
 Page 3 of 4

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	F = Fail	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION – Clinic Internship II
 Page 4 of 4



OCOM Stage III (Internship)
Clinic Internship III - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
 ND = Competence Not Demonstrated
 PC = Partial Competence C = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts.			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student can present a thorough, concise case presentation.			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	The student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects appropriate ICD-10, E&M, and CPT codes.			
3. PHYSICAL EXAM		ND	PC	C
A	The student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	The student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic).			

EVALUATION - Clinic Internship III
 Page 1 of 4

4. ASSESSMENT		ND	PC	C
A	The student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng: i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory)			
B	The student can explain the etiology and pathogenesis of a patient's condition.			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	The student creates an appropriate acupuncture point prescription.			
C	The student creates an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
D	The student clearly communicates the treatment plan to the patient.			
E	The student understands pre-existing Western medical diagnoses and can effectively integrate biomedical information into their patients' treatment plans.			
F	The student recognizes circumstances necessitating a referral, can distinguish urgent from non-urgent referral situations, and can manage referrals effectively.			
G	The student can prioritize the complaints of complex patients while maintaining focus on the chief complaint.			
H	The student effectively communicates lifestyle counseling and self-care information to patients.			
J	The student can complete all phases of assessment and treatment with minimal assistance.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points quickly and accurately.			
B	The student safely needles the patient.			
C	The student is able to demonstrate basic tonification and sedation techniques.			
D	The student safely and effectively performs cupping, gua sha, bodywork or moxibustion as needed.			
E	The student is able to perform electrostimulation as needed.			
7. HERBAL TREATMENT		ND	PC	C
A	The student creates an appropriate herbal prescription.			
B	The student effectively communicates instructions regarding herbal prescription preparation and use to patients.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			
D	The student requests medical records on all new patients. (The patient may decline the request.)			
E	The student understands all medications and investigates possible herb-drug interaction, cautions and contraindications when considering an herbal formula.			

EVALUATION - Clinic Internship III
 Page 2 of 4

9. PRACTICE MANAGEMENT		ND	PC	C
A	The student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			
C	The student demonstrates facility with electronic health records and electronic medical records systems.			
10. LIFELONG LEARNING/PROFESSIONAL DEVELOPMENT		ND	PC	C
A	The student engages in self-reflection and analyzes clinical strengths and weaknesses.			
B	The student demonstrates evidence-informed practice by incorporating scholarship and research into patient care (DACM students only).			

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EVALUATION - Clinic Internship III
 Page 3 of 4

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form and/or b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence and/or b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
ND = Competence Not Demonstrated Student is not demonstrating competence for their stage of clinical training. This could include partial competence in more than three knowledge, skills, or abilities listed on their evaluation form, a deficiency in any single skill that is severe enough that the clinical faculty does not believe it can be improved through standard remediation, or more than four absences. At the discretion of the Dean or Associate Dean, a grade of failure may be applied in the event of an egregious violation of OCOM clinic policy or a repeat instance of policy violation.	F = Fail	The student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift. Students who fail a course on the second attempt or who commit an egregious violation of OCOM clinic policy or professionalism guidelines may be subject to dismissal from their program. Failure of a clinic shift places a student on academic probation.

EVALUATION - Clinic Internship III
 Page 4 of 4



OCOM Stage III (Internship)
Integrative Clinic - Evaluation

Student Name _____
 Quarter _____
 Shift Day/Time _____
 Supervisor _____
 Evaluation Date _____

Assessment of Knowledge, Skill, Ability/Attitude
ND = Competence Not Demonstrated
PC = Partial Competence **C** = Competence

1. PROFESSIONAL CONDUCT AND COMMUNICATION		ND	PC	C
A	The student comes appropriately dressed and groomed.			
B	The student is punctual and prepared for the start of shifts.			
C	The student behaves and communicates professionally with patients.			
D	The student behaves and communicates professionally with colleagues, supervisor, and staff.			
E	The student is engaged throughout the shift.			
F	The student has attended all shifts.			
G	The student establishes and maintains professional boundaries.			
H	The student cleans and re-stocks treatment rooms and completes all paperwork at the end of the shift.			
I	The student escorts patient to and from treatment room and assists patient at checkout.			
2. CASE PRESENTATION, INTERVIEW/HISTORY TAKING, CHARTING		ND	PC	C
A	The student can present a thorough, concise case presentation.\			
B	The student participates in case discussions in the pre-shift meeting and at designated points during the clinic shift.			
C	The student interviews the patient with appropriate focus on chief complaint using the OPQRST format and 10 Questions.			
D	The student charts patient findings thoroughly and accurately.			
F	The student reviews informed consent and performs a PARQ (Procedures, Alternatives, Risks, Questions) conference correctly.			
G	The student selects appropriate ICD-10, E&M, and CPT codes.			
3. PHYSICAL EXAM		ND	PC	C
A	The student accurately describes the basic tongue coat and body characteristics (color, moisture, thickness of coat; color, size and shape of tongue body) to the supervisor.			
B	The student demonstrates proper hand position and accurately describes the basic pulse qualities (depth, rate, width, strength, and regularity).			
C	The student properly takes vitals (height, weight, blood pressure, heart rate and, if necessary, temperature) for each new patient and records information in chart.			
D	The student performs additional physical exams as appropriate to the case (channel palpation, abdominal, ROM, orthopedic).			

EVALUATION – Integrative Clinic
Page 1 of 4

4. ASSESSMENT		ND	PC	C
A	The student formulates an accurate assessment according to Disease Diagnosis (Bian Bing) and Pattern Identification (Bian Zheng: i.e., the Eight Principles, Zang-Fu, Five Phases, Qi/Blood/Body Fluids, Channel/Collateral, Pathogen, Six Stages, Four Levels, or Triple Burner Theory)			
B	The student can explain the etiology and pathogenesis of a patient's condition.			
5. TREATMENT PLANNING, CASE MANAGEMENT		ND	PC	C
A	The student creates an appropriate acupuncture point prescription.			
C	The student creates an appropriate treatment plan, which includes frequency of treatment, number of treatments till reevaluation, and prognosis/expected improvement.			
D	The student clearly communicates the treatment plan to the patient.			
E	The student understands pre-existing Western medical diagnoses and can effectively integrate biomedical information into his/her patients' treatment plans.			
F	The student recognizes circumstances necessitating a referral, can distinguish urgent from non-urgent referral situations, and can manage referrals effectively.			
G	The student can prioritize the complaints of complex patients while maintaining focus on the chief complaint.			
H	The student effectively communicates lifestyle counseling and self-care information to patients.			
J	The student can complete all phases of assessment and treatment with minimal assistance.			
L	The student communicates and collaborates effectively with other health care providers.			
M	The student can guide a patient into appropriate health care systems (e.g., homeless care, elder care, and family services).			
N	The student can discuss the patient's condition using vocabulary and concepts common to mainstream health care professions.			
6. PHYSICAL TREATMENT (ACUPUNCTURE, MOXIBUSTION, MASSAGE, ETC.)		ND	PC	C
A	The student locates acupuncture points quickly and accurately.			
B	The student safely needles the patient.			
C	The student is able to demonstrate basic tonification and sedation techniques.			
D	The student safely and effectively performs cupping, gua sha, bodywork, or moxibustion as needed.			
E	The student is able to perform electrostimulation as needed.			
7. HERBAL TREATMENT		ND	PC	C
A	The student creates an appropriate herbal prescription.			
B	The student effectively communicates instructions regarding herbal prescription preparation and use to patients.			
8. SAFETY AND LEGAL ISSUES		ND	PC	C
A	The student demonstrates familiarity with clinic policy and procedures.			
B	The student is able to execute CNT.			
C	The student safely manages needles.			

EVALUATION – Integrative Clinic
Page 2 of 4

D	The student requests medical records on all new patients. (The patient may decline the request.)			
E	The student understands all medications and investigates possible herb-drug interaction, cautions and contraindications when considering an herbal formula.			
9. PRACTICE MANAGEMENT		ND	PC	C
A	The student manages time with patients and finishes treatments on time.			
B	The student recruits new patients and retains existing patients.			
C	The student demonstrates facility with electronic health records and electronic medical records systems.			
10. LIFELONG LEARNING/PROFESSIONAL DEVELOPMENT		ND	PC	C
A	The student engages in self-reflection and analyzes clinical strengths and weaknesses.			
B	The student demonstrates evidence-informed practice by incorporating scholarship and research into patient care. (DACM students only)			

*Any skill scoring receiving ND or PC must be accompanied by comments and include specific recommendations on how to remediate the deficiency.

SUPERVISOR COMMENTS

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

FINAL GRADE:

- P = Pass
- I = Incomplete
- F = Fail

EVALUATION – Integrative Clinic
Page 3 of 4

ASSESSMENT	GRADE	IMPLICATION
C = Competence Student is demonstrating competence in all the knowledge, skills, and abilities/attitudes listed on their evaluation form commensurate with their level in the program and have no outstanding absences by the end of the quarter.	P = Pass	Student continues into the subsequent quarter with no conditions.
PC = Partial Competence a) Student is not demonstrating competence in at least one but <u>no more than three</u> knowledge, skills, and abilities/attitudes listed on their evaluation form <i>and/or</i> b) Student has one but <u>no more than three</u> outstanding absences by the end of the quarter.	I = Incomplete	Student proceeds to the subsequent quarter under the following conditions: a) Student will be placed on a remediation plan. Student will have until midway into the following quarter to demonstrate competence <i>and/or</i> b) Student must successfully complete all outstanding absences by the midpoint of the following quarter or the "Incomplete" will convert to a "Fail"; the student will lose all accumulated patient contacts and hours for that shift and have to repeat the shift.
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EVALUATION – Integrative Clinic
Page 4 of 4