

Southern California University
School of Oriental Medicine and Acupuncture



Clinic Handbook
2014- 2015

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SCUSOMA MISSION STATEMENT

Southern California University School of Oriental Medicine and Acupuncture (“SCUSOMA”) is committed to the highest ideals in Oriental medical education. Not only will our graduates be among the most professional and competent healthcare providers in the medical field, they will also exemplify the virtues of mature and compassionate people (human being/much better). SCUSOMA endows its graduates with the values, knowledge and skills to address the needs of a dynamic world. SCUSOMA also prepares its graduates for leadership in Oriental medical education and in public service.

We Promote:

- Excellence in teaching and learning.
- Fellowship and collaboration with colleagues, the community, and other health professions;
- Diversity in people, ideas, and experiences;
- Effective and compassionate communication;
- Respectful and ethical behavior; and
- Commitment to health and well-being of society.

EDUCATIONAL OBJECTIVES

- 1 . Graduates will be able to pass the California State license exam required of all primary care providers in Oriental medicine.
- 2 . Graduates will be able to prepare business plans to make successful transitions from students to healthcare providers.
- 3 . Graduates will be able to demonstrate:
 - a. Knowledge and clinical application of theories, principles and therapeutic approaches of Oriental medicine. They include, but are not limited to, acupuncture, herbology, tui-na, cupping, moxibustion, and qi gong.
 - b. Knowledge of the various causes of diseases from both biomedical and Oriental medical perspectives, and the ways in which they operate on the body.
 - c. Knowledge of the normal and pathological structures and functions of the body and its major organ systems from both biomedical and Oriental medical perspectives.

4 . Graduates will be able to provide the highest quality patient care in Oriental medicine with the ability to:

- Obtain accurate medical history, formulate diagnosis, and design appropriate treatment plans.
- Perform appropriate physical and Oriental medical assessments.
- Develop patient management protocols and maintain accurate medical records.

Communicate effectively with, and make referral to, other healthcare providers or emergency care services when necessary. or emergency care services when necessary.

INTRODUCTION

Welcome to the clinical program at Southern California University School of Oriental Medicine and Acupuncture (“SCUSOMA”). SCUSOMA is committed to the highest ideals in Oriental Medicine and Acupuncture Education and our goals are providing our graduate Clinical Training that prepares competent entry-level Health Professionals as well as to practice independently. Only by applying the concepts to real problems presented in the clinical environment can students develop intimate understanding of the dynamics of Oriental medicine.

Clinical training is where various disciplines of the academic program are integrated into the practice of Oriental Medicine and Acupuncture (“OMA”). In the clinic, OMA is transformed from a myriad of concepts to a cohesive medical paradigm. How this transformation takes place is the essence of the internship experience.

Acupuncture, herbal medicine, Qi cultivation, and nutrition are integrated into a therapeutic whole through the clinical process. It is in this setting that you will transition from student to practitioner. It is through the understanding of the clinical experience that we can transform our patients into active participants of the healing process

In order to facilitate this training the University operates a comprehensive health clinic that provides quality health care for patients in our community. Students not only will be able to receive training class in SCUSOMA clinic but also be committed to many community outreach and special externship projects which include providing health services for Hispanic community around the Los Angeles metro area, giving Interns more wide learning opportunity base on team care.

The overall goal of the clinical training program is fundamentally aligned with the overall mission and objectives of SCUSOMA. Specifically, the objectives of the clinical training program are to produce graduates who:

1. Are amongst the most professional and competent healthcare providers in the medical field;
2. Possess knowledge of and clinically apply theories, principles, and therapeutic approaches of Oriental medicine, including but not limited to, acupuncture, herbology, tuina, cupping, moxibustion, and qi gong;
3. Can obtain accurate medical history, formulate a diagnosis and design an appropriate treatment plans for patients;

4. Can perform appropriate physical and Oriental medical assessments;
5. Can develop patient management protocols and maintain accurate medical records; and
6. Can communicate effectively with, and make referrals to, other healthcare providers or emergency care services when necessary.

The clinical program is designed to facilitate practical application of the principles and techniques of OMA. The program covers all facets of practicing OMA. The program will explore and demonstrate numerous core theories in practice: using medicine to treat patients; counseling patients to incorporate the ideas of OMA; the impact of patient-practitioner interactions; and the direct link between the health care providers' understanding of the clinical practice and their success.

You will find the clinical education at SCUSOMA the best available. How much you benefit from the experience is dependent on the degree of immersion in the clinical practice. This handbook is part of that educational process. The information in this handbook will enable you to safely begin the transition from a student to a practitioner of OMA. Only in the clinic do we truly become doctors. At the end of clinical education, students will find yourself on the path to being a living embodiment of OMA.

The teaching clinic is where students develop clinical skills by applying the knowledge acquired in the didactic portion of the program. Interns observe and practice the application of OMA in a supervised environment under the tutelage of the clinical faculty.

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

- Effectively participate as a clinician;
- Maximize the educational benefit of clinic participation;
- Learn the skills that will enable the safe and effective treatment of patients as an intern and as a licensed acupuncturist;
- Comply with legal and ethical requirements of a primary healthcare provider;
- Complete the clinical requirements of the degree of Master of Science in Oriental Medicine and Acupuncture ("MSOMA") at SCUSOMA; and
- Observe the variety of clinical styles represented by the clinical faculty.

I. REGISTRATION PROCEDURES

(A) Requirements

The following requirements must be met to the respective level of your clinical training.

1.1. Herbal Pharmacy

- 60 Units of didactic classes.
- Introduction to Oriental Medicine I and II.
- Oriental Medical Terminology.
- Fundamentals of Meridian Theory.

- Introduction to Herbology.
- Passing scores on the Level 1 Intern Examination and OSHA/ HIPAA Standards Examination.
- Mandatory attendance at the Clinic Orientation.
- Mandatory requirement of CNT, CPR, CHEST X-RAY, *TOEFL, Hepatitis B Vaccination Refusal Form

*Students who are not native speakers of English must take Tests of English as a Foreign Language (TOEFL). International students who hold a degree from a United States university or from a country in which English is the language of instruction may request a waiver of the TOEFL exam.

1.2. Observation Internship (Level 1)

- Basic Theory of Oriental Medicine I and II.
- Two out of the Herbology I, II, III and IV.
- Meridian Theory I and II.
- Two out of the Anatomy and Physiology I, II, III and IV.

1.3. Supervised Practice Internship (Levels 2)

- Basic Theory of OM III and IV.
- Two out of the OMA Diagnosis I, II and III.
- Acupuncture Anatomy and Acupuncture Energetics.
- Acupuncture Techniques I or II.
- Two out of the Herbal Formulas I, II, III, and IV.
- Anatomy & Physiology I, II, III and IV.
- Western Physical Assessment.
- Achieve the 70% out of a possibility of 100% to pass the Level II Exam.

1.4. Independent Practice Internship (Levels 3)

Completion or Concurrent registration of the following didactic coursework.

- OM Diagnosis.
- Acupuncture Techniques I and II.
- Acupuncture Therapeutics I or II.
- Herbal Formulas.
- Western Clinical Practice I or II.

1.5 Advanced Internship/Externship (Elective)

- Complete level up to 3.

(B) Registration Procedures

Interns must discuss the availability of the clinic blocks with Clinic Director or Intern Coordinator prior to register and determine the shift. Once the shift is decided interns must fill out the registration form and obtain the approval sign of the Clinic Director of Intern coordinator.

Clinic blocks are four hours each and assigned via a lottery system conducted at the Mandatory Clinic Meeting. The Mandatory Clinic Meeting is held during the academic term immediately prior to the term for which the internship will take place. Priority is given to those who attend the mandatory meeting. Subsequent availability is on a first come, first serve basis. Lottery

assignment is based on seniority, with Level 3 Practice Interns given highest priority, followed by Level 2 Practice Interns. Level 1 Observation Interns have a separate lottery system from the Practice Interns. The Observation Interns' lottery is also conducted during the Mandatory Clinic Meeting. Please note that during third phase of internship, interns must complete and submit a clinic management business plan on a quarterly basis. Additionally, they must demonstrate knowledge and skill required to fully comprehend and submit documents for insurance and worker's compensation matters and relevant billing codes.

Following factors should be considered when completing the Clinic Registration Form:

- You must request four-hour clinic blocks. Clinic blocks run according to the operational hours of the clinic as provided below:

Monday-Saturday	9:00 am to 1:00 pm 2:00 pm to 6:00 pm
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- You should not register for partial blocks. You must plan on being in the clinic for the entire block you registered for.
- You must register for the defined blocks. You should not start and stop your block at other than the above stated times.
- You should register for no more than 5 blocks (20 hours). However, if you obtain permission from the Clinic Director, you may request additional blocks after the initial registration period has lapsed. This time constraint is to give all students a fair opportunity to register for their maximum blocks. The additional blocks will be available on a first come, first serve basis.
- Priority status will be given to those who attend the Mandatory Clinic Meeting. Any intern who is not at the meeting will not be placed in clinic blocks until after all interns who attended the meeting have been assigned blocks.
- You should not register for blocks which conflict with your classes. You will not be allowed to leave in the middle of a block to attend a class or vice versa.
- You must register for the entire clinic term, including the time between academic terms. If you intend to take time off, this should be indicated on the registration form.
- If you need to make changes to your registered clinic blocks, you may do so by completing the Clinic Add-Drop Form and submitting your request to the Clinic Director.
- Unless an intern can demonstrate extenuating circumstances, changes to the clinic schedule will not be permitted after the second week of the quarter. This is to ensure a stable environment of continuous healthcare in the clinic.
- Prior to start internship all interns require to participate Intern orientation.

II. INTERNSHIP REGULATIONS AND REQUIREMENTS

The clinical program is designed to launch a lifelong study of OMA. The program will give successful interns the tools to safely and ethically commence their clinical practice. The clinical environment is where the principles of OMA are incorporated into a coherent practice.

(A) Intern Categories

There are three categories of Interns in the SCUSOMA Clinic:

1. Herbal Pharmacy: Interns will learn the basic knowledge of herbs used in the pharmacy and the location of the each herb. Interns also need to display adequate management care and storage of the herbs, herbal products and the proper procedure for sanitation and clean – up.
2. Observation Interns (Level 1): Observation Interns observe the licensed practitioners, clinic supervisors, and supervised practice interns during the treatment episode. They also assist practice interns with maintaining the treatment rooms and preparing herbal formulas. Observation Interns also assist the clinic staff in tasks related to clinic maintenance and restocking supplies.
3. Supervised Practice Interns (Levels 2): Practice Interns conduct treatments under the supervision and guidance of the Clinic Supervisors. Treatments include interviewing and examining patients, establishing diagnosis, developing treatment plans, administering treatments, and patient follow-ups.
4. Independent Practice Interns (Levels 3): Practice Interns conduct treatments independently under the supervision and guidance of the Clinic Supervisors. Treatments include interviewing and examining patients, establishing diagnosis, developing treatment plans, administering treatments, and patient follow-ups.
5. Advanced Clinical Interns(optional): The Interns can continue to practice and to gain understanding more specifically the highest standards of professionalism and responsibility for patients as well as profound knowledge of herb formula, diagnosis, implementation of treatment plan and prognosis for wide variety of individual patients until such standards become habit under the supervision.

More information on both the Observation Internship and the Practice Internship is available in the relevant sections of this handbook.

(B) Internship Principles

Several principles guide the internship process:

- The patient's safety and comfort are of paramount importance. Every effort must be made to treat each patient as you would want to be treated. Interns must provide each patient with the best healthcare possible under the supervision of the Clinical Faculty. This supervision includes attention to the health and safety of the patients.
- The patient's privacy must be assured as much as possible under the operational conditions of the teaching clinic. All interns must comply with all institutional and professional standards regarding privacy. Information about a specific patient may leave

the patient's file only with the expressed prior written consent of the patient, or upon being served a legal subpoena in connection with the patient's chart information. No intern may copy or remove a file from the clinic.

- Clinic Supervisors and other clinical staff must be treated in a respectful and professional manner.
- The safety of the patients, interns, clinical staff, and clinical faculty must be considered in any procedure where there is risk. Risk must be avoided to the extent possible in the clinical environment. It is the policy of SCUSOMA and the guiding principle of this program that safety is the first and primary consideration in all policies and procedures.
- In conjunction with the didactic portion of the course of study at SCUSOMA, successful completion of the clinical program enables the candidate to complete their training for the degree of MSOMA. Completion of the degree program enables the successful candidate to sit for the California Acupuncture Licensing Examination ("CALE").

(C) Legal Background on Acupuncture & Oriental Medicine

In 1978, AB 1391 (Torres) essentially established acupuncturists as "primary health care providers" [B&P Code, section 4926](#) by eliminating the requirement for "prior diagnosis or referral" by a doctor, dentist, podiatrist, or chiropractor. AB 2424 [(Chapter 1238, Statutes of 1978) Jim Keysor, Democrat, San Fernando] authorized Medi-Cal payments for acupuncture treatments. Legislation was passed which established acupuncture as a certified healthcare profession. Upon passing the competency examination, Certification is awarded. Four public members were added to the Acupuncture Advisory Committee. It was also clarified that the Division of Allied Health Professions ("DAHP") within the Board of Medical Quality Assurance had the authority to enforce acupuncture laws. DAHP was directed to establish training standards and authorized to establish apprentice programs and continuing education requirements for acupuncturists. SB 1106 (Song); [B&P Code sections 4927, 4928, 4940 and 4945](#).

(D) Clinic Scope of Practice

Interns' scope of practice in the Clinic is determined by the laws of the State of California and administered by SCUSOMA. Interns are permitted to practice only under the supervision of a Clinic Supervisor. Interns advising, consulting, documenting patient history, treating, or examining under any other circumstances constitutes unauthorized practice of acupuncture. Doing so is grounds for criminal malpractice in the State of California. For further clarification of the scope of practice issue, please see the Department of Consumer Affairs Legal Office's Legal Opinion No. 93-11, dated December 14, 1993.

Interns are not authorized to execute any documents intended for external entities including insurance forms, clinical status or progress forms, work, school, or gym excuses, disability certificates, or any other official document. All correspondence to doctors, attorneys, and insurance personnel must be signed by a licensed acupuncturist. However, interns' notations in patients' charts, including history and examination forms, narrative reports, and progress notes must be signed by the intern in ink and by a Clinic Supervisor.

Interns are entitled in the Clinic to denote his/her function but not his/her degree or legal status in California. Interns may not refer to themselves as "acupuncturists." Interns also may not contact other health care professionals on behalf of a patient without the authorization of a Clinic Supervisor.

(E) Location & Clinic hours

The Clinic is located on the third floor of 1541 Wilshire Boulevard, Los Angeles, California 90017.

The patient reception desk telephone numbers are:

Phone (213) 413-9500
Fax (213) 413-5400

Hours of operation and clinic intern shift schedules are Monday through Saturday:

Morning Shift: 9:00 a.m. - 1:00 p.m.
Lunch Break: 1:00 p.m. - 2:00 p.m.
Afternoon Shift: 2:00 p.m. - 6:00 p.m.

(F) Clinic Staff

Clinic Director	Katherine Cho, Ph.D., L.Ac.
Clinic Supervisor	Kyung Hwan Kim M.S., L.Ac.
Clinic Supervisor	Dong Hee Kim M.S., L.Ac.
Clinic Supervisor	Dave Park M.S., L.Ac.
Clinic Supervisor	Gina Yoo, MSOM., L.Ac.
Assistant Clinic Supervisor	William Sui, M.S., LAc
Clinic Manager	Joy Kim

(G) Curriculum of Clinical Training

Clinical training is structured in different phases of clinical internship. Each phase is discussed in detail in the corresponding sections of this handbook.

Prerequisites for Clinical Training: Students must pass the Level 1 Clinical examination covering basic AC and HB courses.

		<u>Units</u>	<u>Hours</u>
<u>CL 400</u>	<u>HERBAL PHARMACY</u>	<u>3</u>	<u>60 (Internship)</u>
 <u>LEVEL 1</u>			
OB 1	CLINICAL OBSERVATION	2	40 (Internship)
OB 2	CLINICAL OBSERVATION	2	40 (Internship)
OB 3	CLINICAL OBSERVATION	2	40 (Internship)
OB 4	CLINICAL OBSERVATION	2	40 (Internship)
<u>OB 5</u>	<u>CLINICAL OBSERVATION</u>	<u>2</u>	<u>40 (Internship)</u>
Clinical Observation Internship Total		= 10 units	= 200 hours
 <u>LEVEL 2</u>			
CL 1	CLINICAL INTERNSHIP	2	40 (Internship)
CL 2	CLINICAL INTERNSHIP	2	40 (Internship)
CL 3	CLINICAL INTERNSHIP	2	40 (Internship)

CL 4	CLINICAL INTERNSHIP	2	40 (Internship)
CL 5	CLINICAL INTERNSHIP	2	40 (Internship)
CL 6	CLINICAL INTERNSHIP	2	40 (Internship)
CL 7	CLINICAL INTERNSHIP	2	40 (Internship)
		=14 units	= 280 hours

LEVEL 3

CL 8	CLINICAL INTERNSHIP	2	40 (Internship)
CL 9	CLINICAL INTERNSHIP	2	40 (Internship)
CL 10	CLINICAL INTERNSHIP	2	40 (Internship)
CL 11	CLINICAL INTERNSHIP	2	40 (Internship)
CL 12	CLINICAL INTERNSHIP	2	40 (Internship)
CL 13	CLINICAL INTERNSHIP	2	40 (Internship)
CL 14	CLINICAL INTERNSHIP	2	40 (Internship)
CL 15	CLINICAL INTERNSHIP	2	40 (Internship)
CL 16	CLINICAL INTERNSHIP	2	40 (Internship)
CL 17	CLINICAL INTERNSHIP	2	40 (Internship)
CL 18	CLINICAL INTERNSHIP	2	40 (Internship)
Clinical Supervised Practice Internship	Total	= 18units	= 440 hours

Total Clinic Hours = 980

Total hours of clinical training required for Graduation = **980 hours**

ADVANCED INTERNSHIP/ EXTERNSHIP (ELECTIVE)

ACL 1	ADVANCED CLINICAL INTERNSHIP	2	40 (Internship)
ACL 2	ADVANCED CLINICAL INTERNSHIP	2	40 (Internship)
ACL 3	ADVANCED CLINICAL INTERNSHIP	2	40 (Internship)
ACL 4	ADVANCED CLINICAL INTERNSHIP	2	40 (Internship)
ACL 5	ADVANCED CLINICAL INTERNSHIP	2	40 (Internship)
Clinical Supervised Practice Internship	Total	= 10 units	= 200hours

The following section outlines the structure of the clinical program at SCUSOMA.

(H) DESCRIPTION OF CLINICAL TRAINING COURSES

(REQUIREMENTS) Recommended Courses prior to the clinic are numerically in order as follows:

CL HP HERBAL PHARMACY Total (3 units / 60 hours)

This course provides supervised clinical practice experience in the herbal pharmacy. Students will select, weigh, and compound herbal prescriptions. Students will gain a deeper understanding of how herbs are used in formulas and will be more familiar with the herbs on the State Board list. Students will learn how to identify the most commonly used raw and prepared substances in the Materia Medica. Students will also learn their taste, temperature, entering meridians, actions, contraindications, clinical applications and common biomechanical constituents for drug interactions, and common dosage guidelines.

Students will gain the knowledge in contraindications of individual herbs such as toxicity, both traditional and biochemical; rules of combination, effect of preparation, dosage variance and possible side effects and students will understand the ethical considerations with respect to prescribe herbs and to sell. They will also learn to appropriately manage, care for, and store herbs and herbal products as to prevent spoilage and infestation of bugs.

Required courses, units, and a passing score of the Level 1 Exam must be completed before entering this phase of the clinic.

OB 1-5 CLINIC OBSERVATION INTERNSHIP (LEVEL 1) Total (10 units / 200 hours)
Each (2 units / 40 hours)

This course is the first stage of clinical training and consists of five consecutive 40-hour clinic blocks. Students will gain a practical understanding of theories and techniques learned fundamentally based on traditional oriental medicine theories of physiology and pathology in prior courses. Students will also learn how the theories relate to patient management and care by observing and assisting senior interns who are supervised by faculty acupuncturists. Observers may not apply acupuncture during this phase of internship. The observer's main objective is to view the acupuncturists and senior interns to visually increase their knowledge. In this way, the student will gain more knowledge and confidence to work independently with the patients and the clinic front desk.

Required courses, units, and a passing score of the Level 1 Exam must be completed before entering this phase of the clinic.

CL 1-7 CLINICAL INTERNSHIP (LEVEL 2) Total (14 units / 280 hours)
Each (2 units / 40 hours)

In this next stage of training, students will begin the transition from observer to intern under the guidance of supervisors. Students will become more involved in the diagnosis by observation, interrogation, hearing of smelling and palpitation, evaluation, and treatment of patients. Level 2 interns may physically apply acupuncture and many other modalities which are within the scope of practice (moxibustion, cupping, tuina, gua sha). Students also will learn how to assess the effectiveness of the treatment strategy and its execution by re-examination and comparison with previously conditions and expectations of the patients. For scope of practice, review the California Acupuncture Board and other local agencies for current updates. Student involvement with patient treatment is dependent on students' knowledge and the supervisors' evaluation during practice internship. Students will learn how to comply with practices as established by the profession and society at large through record keeping and patient confidentiality. During the Level 2 Internship, clinical training interns will be under constant supervision of a program approved supervisor. Supervisors will assist interns with every aspect of the diagnosis, evaluation, and treatment of the patient. There are seven 40 hours-blocks in the Level 2 Internship.

CL 8-18	CLINICAL INTERNSHIP (LEVEL 3)	Total	(22 units / 440 hours)
		Each	(2 units / 40 hours)

The final stage of interns' training is also conducted under the supervision of clinical supervisors. Interns are required to demonstrate a complete and thorough understanding of all elements of clinical diagnosis, evaluation, and treatment. During this level of internship, interns may apply acupuncture and other modalities with the supervision of a qualified faculty acupuncturist (clinical supervisor). Interns are required to demonstrate their skill and knowledge from patient intake and diagnosis to acupuncture treatment and herbal prescription. Case presentation will also include any relevant ethical considerations. At this stage, students are encouraged to present their own treatment modalities for instructor evaluation. This course is intertwined with supervised clinical practice internship and is the next step toward graduation, state and national examinations for licensure, licensure, and private practice. There are eleven 40 hours-blocks in the Level 3 Internship.

(ACL 1-5) ADVANCED CLINICAL INTERNSHIP/EXTERNSHIP (ELECTIVE)

Total	(10 units / 200 hours)
Each	(2 units / 40 hours)

In this elective stage of clinical internship training the students can continue to learn and to gain understanding more specifically the highest standards of professionalism and responsibility for patients as well as profound knowledge of herb formula, diagnosis, implementation of treatment plan and prognosis for wide variety of individual patients until such standards become habit. During this level of internship the intern may apply herbal formulas according to the patient conditions and symptoms and meticulous diagnosis and treatment principles. Additionally interns learn to organize clinical data and the professional and ethical responsibilities of being a primary care provider.

Please take note of the following:

1. You must complete all block assignments. If you need to take time off between quarters, you must submit the request in writing to the Clinic Director.
2. If you wish to change clinic blocks, you must submit the request in writing to the Clinic Director.
3. You must successfully complete your hours for each Intern level before registering for a more advanced level. Internship level is determined at the time of the intern meeting. If you believe you are ready to advance to the next internship level, you must tally your hours and take the total to the Clinic Director prior to the next intern lottery. Successful completion means completing all the necessary hours for each intern level at a competency deemed adequate by the Clinic Supervisors and the Clinic Director.
4. SCUSOMA recommends all interns to keep copies of the patient's intake records that way we can count how many patients the interns have seen past quarter. These copies will be invaluable in the event your clinic records are lost, or if there is a discrepancy between clinic records and your estimation of clinic hours or patient load. Interns are not allowed to release any of patient's personal information outside of SCUSOMA for any purpose. In the event of a dispute between you and the institution regarding your clinic hours, reliability will be on written records primarily.

5. You must be physically in the clinic for the hours you signed up. The times you are not physically present in the clinic will not be credited toward your clinic time.
6. It is recommended that you do not attempt to take extra clinic hours at the beginning of your clinical education. If you wish to add additional hours because you are on an accelerated program, you should add the hours at the end of your program when you will have a larger patient load.

(I) Attendance Policy

In order to receive a passing grade for registered clinic hours, an intern must complete 10 weeks or 40 hours in the clinic for every shift (4 hours / 2 units) registered.

An intern who completes less than 10 weeks (40 hours) but more than 8 weeks (32 hours) in a quarter will receive an "Incomplete" for every shift registered. That is, an intern may miss up to, but no more than 3 weeks to receive an "Incomplete" grade. Hours missed for any "Incomplete" must be made up during the vacation period of the current quarter. If the missed hours are made up in the requisite timeframe, the "Incomplete" grade will be changed to a "Pass" grade. If the missed hours are not made up during the vacation period of the current quarter, the "Incomplete" grade will automatically convert to "Fail" grade.

An intern who completes less than 8 weeks (32 hours) for any registered clinic shift will receive a "Fail" grade. That is, any intern who misses more than 3 weeks in a quarter will receive a "Fail" grade. All hours worked and logged during the registered clinic shift for which an intern received a "Fail" grade will be forfeited. The intern must register for and repeat the entire clinic shift. Tuition paid for any "Fail" clinic shifts will not be refunded.

There are currently 13 weeks structured into each quarter at SCUSOMA. An intern is only required to complete 10 weeks for each clinic shift registered, i.e., a total of 40 hours for each clinic shift. This arrangement allows for 3 weeks of "vacation time" for each intern every quarter. Interns wishing to work beyond their requirement of 40 hours will have the extra hours recorded and logged into their clinic file but there will be no extra credit earned for the extra hours worked. Extra hours worked may not be carried over into the next quarter.

Interns whose shifts are impacted by clinic closures due to major holidays must make arrangements to make up their hours in order to fulfill the 40 hour requirement for each registered shift.

Interns who have verifiable emergencies or who have extenuating circumstances requiring their prolonged absence from the clinic are strongly advised to drop their clinic shifts. Such cases will be reviewed and addressed on a case-by-case basis.

(J) Time Keeping Responsibilities

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

All Interns must clock in on their respective timecards at the beginning of their clinic shift and clock out on the same timecard at the end of the shift. Only time logged on the timecards will be given credit.

No one may clock in or clock out for another student for any reason. Doing so will result in disciplinary action for all parties concerned.

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

Each Intern is expected to be present in the clinic during the blocks that they have registered for. Interns may not leave their assigned shifts early even if they do not have patients scheduled. If an intern must leave the clinic for any reason, the clinic front desk must be notified. If you are expected to be away for more than 15 minutes, you must also clock out on your timecard. Please make sure that your patients are attended to at all times.

No Intern may rotate or switch hours with other Interns.

All Observation and Practice Interns are required to attend all Mandatory Clinic Meetings.

(K) Patient Treatment Requirements

1. Observation Internship

Each Observation Intern is required to complete 200 Observation Hours. Observers have the option of observing senior student interns or experienced supervisors.

2. Practice Internship

Each practice intern is required to log in a total of 350 patient treatments throughout the entire period of Practice Internship training. Of the 350 patient treatments, there must be a minimum of 50 new patient treatments. Only patients attending the clinic for the first time can be counted as new patients. Patients who are new to the intern but not new to the clinic may not be counted as new patients. All patient treatments must be logged in on the proper Patient Treatment Forms which must be signed by the respective Clinic Supervisor. Patient treatments without a Supervisor's signature will not be counted. At the end of each quarter, interns are to turn in completed forms to the Clinic Manager for filing in the respective intern's student file.

(L) CPR Requirements

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

(M) Vaccination Requirement

All Interns are must have Hepatitis B vaccinations prior to starting their internships. Interns who choose to be not vaccinated must sign a vaccination waiver which will be kept in the intern's file.

(N) Equipment Requirements

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

1. Hard sided physician's bag;

2. Moxa extinguisher;
3. Matches or lighter;
4. Electro-acupuncture device;
5. Sphygmomanometer;
6. Stethoscope;
7. Forceps;

(O) Malpractice Insurance

All clinic interns are covered while legally performing supervised treatments in the SCUSOMA Clinic and/or designated off-campus location. A Malpractice Insurance fee is to be paid each quarter when registering for the clinic. This fee must be paid in advance by all students including those on financial aid. There will be no refund for this fee. The fee is assessed each quarter to provide coverage only for that quarter. Should an intern need to complete or make up hours in the next quarter, a new fee must be paid.

(P) Evaluation Procedures

All Observation and Practice Interns are evaluated according to the following parameters:

1. Completion of the required hours for each level of clinic training.
2. Completion of the required number of patient treatments / observation assignments, including fulfilling the requirement of *50 new patients.
3. Assessment of the individual intern by their respective clinic supervisors. An intern working with more than one supervisor in a quarter will receive an individual assessment from each of his/her assigned supervisors for the quarter. A standard assessment list is used for all interns within the same level of internship training. There are four different assessment lists corresponding to the three levels of internship training and herbal pharmacy in the clinic. At the end of the assessment period, students will sign an acknowledgement that they have been assessed and counseled by their respective supervisors. The assessment records will be filed in the respective intern's student file. Interns found to be generally weak in their performance or persistently deficient will be referred to the Clinic Director for further counseling.
4. Overall performance of the following nonexclusive factors are also considered: professional conduct in the clinic, completeness and thoroughness of charting and paperwork, punctuality, and tardiness.

III. GENERAL GUIDELINES ON PROFESSIONAL CONDUCT

(A) General Compliance

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

(B) General Appearance and Dress Code

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

For women:

- Clean, white lab coat
- Conservative dress or dress slacks
- Conservative jewelry
- Professional footwear that is closed toe and provides adequate foot protection

For men:

- Clean, white lab coat
- Tie and dress shirt
- Slacks
- Professional footwear that is closed toe and provides adequate foot protection

The following forms of apparel / appearance are considered inappropriate in the clinic:

- Denim shirt or jeans
- T-Shirt or sweatshirts
- Leggings, sweatpants, and workout pants
- Shorts
- Excessively short skirts
- Low cut blouses, bare midriffs, or other immodest apparel
- Open toe shoes, sandals, flip-flops, platform shoes, all types of sports shoes, i.e., tennis, running, basketball, cross trainers, shoes with large or high heels, and boots
- Excessive amounts of jewelry or accessories
- Excessive make-up or use of fragrance
- Hats or caps. Head-gear will only be allowed if it is for religious requirements
- Lack of good personal hygiene, i.e., excessive body odor, foul breath, or hair odor

Interns who are inappropriately attired will not be allowed to attend to patients. In the event of a dispute regarding appearance or hygiene, the Clinic Director will make the final decision.

(C) Punctuality and Time Management

Interns are to arrive on time for all assigned clinic blocks. In the event of illness or an emergency, the clinic must be informed as soon as possible so that scheduled patients can be reassigned or rescheduled. In the event that a Practice Intern is late, Front Desk personnel may reassign a patient to another intern when the patient agrees with such reassignment. Interns who show persistent tardiness may be subject to disciplinary actions.

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

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

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

Interns whose shifts are impacted by clinic closures due to major holidays must make arrangements to make up their hours in order to fulfill the 40 hour requirement for each registered shift.

(D) Vacations and Time Off

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

Recognizing the fact that certain holiday periods may be popular times for vacations and time off, priority will be given to interns with outstanding performance in terms of number of patients treated and Clinic Supervisors' evaluations.

(E) Patient Confidentiality

The SCUSOMA clinic is fully compliant with HIPAA requirements pertaining to patient privacy and confidentiality. All patient information is confidential and patient privacy must be protected during all clinic procedures. No clinic file may be photocopied without the prior written permission of the patient or upon service of a legal subpoena for the patient file. For the purposes of legal duplication, the Clinic Manager shall serve as the Custodian of Records and accordingly, handle all subpoenas. No inquiry regarding pending actions will be addressed without prior permission of the Custodian of Records. This includes all pending matters including personal injury cases and SCUSOMA intern compensation cases.

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

(F) Physical Examination of Patients

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

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

(G) Maintenance of Treatment Rooms

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

Interns must treat patients only in the assigned treatment rooms unless the Front Desk approves the use of another room.

(H) Financial Matters

Please direct all questions regarding financial matters to the Clinic Manager or the Clinic Director. Interns and/or Clinic Supervisors may not offer fee discounts to patients without the prior approval of the Clinic Director. In the event of a fee dispute, the decision of the Clinic Director will be final.

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

(I) Clinic Promotion and Patient Recruitment

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

To further attract patients to the clinic, the clinic has a fee discount structure for matriculated SCUSOMA students, their immediate families, senior citizens, and SCUSOMA alumni. Please inquire with the Clinic Manager for the current fee structure.

(J) Patient Follow-Up

Patient follow-up is a key element in maintaining a successful practice. In addition to being able to determine the clinical efficacy of the treatment that you have provided and track the progress of the patient, actively following up on a patient will foster a stronger practitioner-patient relationship.

In our effort to provide our interns with a training that will equip them to be successful practitioners, the Clinic strongly encourages all Practice Interns to actively follow-up with the patients they treated.

The below is the recommended follow-up procedure:

1. Schedule continuing patients for their follow-up visits. We generally recommend weekly visits but interns should discuss with their supervisors what the appropriate follow-up frequency is for each patient.
2. Call first time patients soon after you have treated them. Ask them how they feel and if they have any questions about the treatment. Many patients will appreciate the extra attentiveness you show.
3. Sometimes patients fail to show up for their appointments. When it happens, call them to make sure they are well, or find out if there was a problem with the last treatment. You may also want to remind them of the clinic's cancellation policy (see next section).

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

(K) Cancellation Policy for Patients

The clinic has a cancellation policy that requires patients to cancel appointments at least 24 hours before the scheduled appointment time. Failure to do so will lead to a cancellation charge.

(L) Professional Courtesy

Because this is a teaching clinic, all interns are strongly encouraged to share clinic resources with other interns. Practice Interns must share relevant information regarding the cases with Observation Interns. Practice Interns must also provide appropriate patient access to Observation Interns. Occasionally, interns other than the attending Practice Intern may be present during some phase of treatment on the recommendation of the Clinic Supervisors. Such situations must be handled with diplomacy to ensure comfort for the patient.

Loud noise and chatting in the clinic area is prohibited. It is disturbing to the patient and disruptive to the clinic ambience.

(M) Causes for Disciplinary Action

Causes for disciplinary actions include, but are not limited to:

1. Not showing up in a timely manner for the clinic blocks for which you are assigned;
2. Leaving an assigned block early without the permission of the Clinic Director;
3. Making changes in the Practice Intern's patient appointments or room assignments without the prior authorization of front desk personnel;
4. Carrying out procedures and providing treatments that are not approved by the attending Clinic Supervisor;
5. Carrying out procedures and providing treatments that are not recognized as part of the scope of practice under California Acupuncture Laws and Regulations;
6. Carrying out procedures and providing treatments that are explicitly prohibited by the Clinic Faculty, Clinic Director, or SCUSOMA policies;
7. Carrying out procedures and providing treatments to a patient assigned to another intern without the permission of the assigned Intern;
8. Performing any hazardous procedures;
9. Performing any procedures that do not adhere to the standard of practice for acupuncturists in the State of California;
10. Failure to maintain your assigned treatment room in a clean and orderly condition;

11. Insubordination or unprofessional conduct in dealings with Clinic Faculty, Clinic Staff, Clinic Manager, or Clinic Director;
12. Disrespectful, unprofessional, or inappropriate behavior toward patients;
13. Acts of dishonesty or fraud; or
14. Any criminal conduct.

(N) Enforcement Policy

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

1. Verbal warning from the Clinic Director;
2. Written warning from the Clinic Director;
3. Academic probation;
4. Suspension from the clinic for the remainder of the clinic quarter in which the violation occurred; and/or
5. Expulsion from SCUSOMA pending a hearing with the President, the Clinic Director and the Intern involved.

(O) Grievance Procedure

In the event that an intern believes that s/he has not been treated fairly by the Clinic Staff or Faculty, the intern may submit a written complaint to the Clinic Director. The complaint will be investigated as quickly as possible.

The Clinic Director will have the authority to suspend or dismiss any intern who has engaged in any activity that is deemed damaging to SCUSOMA Clinic Program. The Academic Dean will mail a notice of official action to the intern. Lesser infractions of policy will be handled by the Clinic Supervisor. The above sanctions will be carried out according to the procedures in SCUSOMA Catalog, under the section titled "Academic Policies and Standards," subsection "Disciplinary Actions." In part, it reads:

"In cases of repeated cheating, repeated plagiarism, or serious violations in student conduct, a Hearing Committee shall determine the appropriate disciplinary actions. Disciplinary actions may include placing the student on probation, suspension, or dismissal.

If a student believes that he or she has been wrongfully charged or penalized, the student may appeal the decision to the Student Conduct Appeals Committee."

IV. DUTIES AND RESPONSIBILITIES OF THE PRACTICE INTERN

The following is a general description of the routine procedures as well as the duties and responsibilities of a Practice Intern.

(A) Attendance

At the beginning of each shift, all interns must clock-in on their individual timecards. Timecards must not be removed from the reception area. Timecards are collected every week to tabulate the hours. Detailed information regarding timecard administration can be found with the Clinic Manager.

Only logged time will apply as credit towards program requirements. Any handwritten changes to the timecards must be approved by the Clinic Manager or the Clinic Director.

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

Under no circumstances is an intern allowed to attend didactic classes during their scheduled clinic shift.

If an intern must leave the clinic for any reason, the front desk staff must be notified. If the intern will leave the clinic for 15 minutes or more, the intern must clock out on the timecard, and clock back in upon their return. It is the responsibility of the intern to ensure that their patients are attended to at all times.

(B) Patient Care

1. Interns are responsible for checking the patient schedule at the beginning of each shift to make sure they know the time their patients have been scheduled.
2. When an intern is notified that a patient has arrived, the intern picks up the patient chart from the supervisor's room, greets the patient, and escorts the patient to their assigned treatment room.
3. The intern will start the session by recording the medical history and conducting physical examination of the patient.
4. All pertinent information must be documented in the patient's chart in permanent black ink. All changes and corrections in the patient's chart must be written legibly, with the intern placing his or her initials next to the item(s) changed. "White-out" or liquid paper may not be used at any time.
5. After conducting the history and physical examination on the patient, the intern will engage his or her assigned supervisor to discuss the treatment plan for the patient. The supervisor will accompany the intern back into the treatment room to examine the patient and verify the physical findings.
6. After examining the patient with the supervisor, the intern may leave the treatment room with the supervisor to further discuss the findings, diagnosis, and treatment plan. A specific treatment plan will then be put together and the supervisor will sign the patient chart to indicate their approval of the treatment plan.
7. Depending on the level of training of the individual intern, the intern will commence treatment with or without the physical presence of the supervisor. In all cases, the

supervisor should return to the treatment room after all the needles have been inserted to verify proper adherence to the treatment plan as well as to check on the point locations and needle insertions. The supervisor has the right to be present in the treatment room at every phase throughout the entire treatment session.

8. If herbal treatment is required, the intern is responsible for discussing the herbal prescription with their supervisor. All herbal prescriptions must be approved by the supervisor. Supervisors must sign the herbal prescription form to indicate their approval of the herbal prescription. Practice Interns are responsible for insuring that the herbal prescription is filled. Interns may do so by preparing the herbs personally, or they may ask other interns, including Observation Interns, or the herb lab staff to assist them in the herbal preparation. All herbal preparations must be checked and recorded by the Herb Lab Manager. The original prescription form for the herbal formula must be filed in the patient's chart.
9. After the designated length of time for needle retention has passed, the needles are removed from the patient. At that point, the treatment session is finished. The intern will then instruct the patient to dress and proceed to the front desk to make a follow-up appointment and to pay for the treatment received.
10. Interns should discuss and encourage patients to schedule follow-up appointments in order to provide continued care to the patient. SCUSOMA Clinic business cards are available at the front desk to the interns for this purpose.
11. It is the responsibility of interns to provide information on herbal dosages and methods of herbal preparation to their patients. Brochures on how to prepare a decoction are available from the herb lab.
12. Interns should always bear in mind the time allocated for each treatment session. Typically, new patients shall be in the treatment room for no more than two hours, and continuing patients no more than one hour.
13. It is the responsibility of interns to make sure that the patient's charts are correctly and fully completed. Persistent sloppiness in charting will negatively affect the intern performance evaluations.

(C) Maintenance

1. Interns are responsible for maintaining the physical facilities of the clinic in general. They are also responsible for the organization and cleanliness of their assigned treatment rooms. At the end of each shift, interns are to make sure their assigned treatment rooms and the rooms they have been authorized to use are stocked with blankets, gowns, needles, cotton, and alcohol. As a courtesy to fellow interns, please maintain all clinic rooms in a state of operational readiness at all times.
2. Interns are responsible for washing the cups they have used. Cup washing instructions are posted on all the wash areas in the clinic.
3. SCUSOMA Clinic is a teaching clinic. All interns are strongly encouraged to contribute positively to creating and maintaining environment conducive to learning. Interns engaging in disruptive behavior in the clinic will be subject to disciplinary measures.

(D) Procedure for Ordering Herbal Products from External Suppliers

Students and interns may only order herbal products from external suppliers if a specific product is unavailable in the SCUSOMA pharmacy. Interns who refer patients to external suppliers for herbal products that are available at the SCUSOMA pharmacy will be subject to disciplinary actions.

1. All orders of herbal concentrates/capsules from external suppliers must be approved by the respective clinic supervisor. Orders must be made on the prescribed order forms and signed by both the supervisor and the intern. All such orders must be made through the clinic front desk staff.
2. The intern will submit the orders to the clinic front desk staff who will fax the orders to the supplier after payment has been received. The herbal products will usually be shipped directly from the supplier to the patient, unless otherwise instructed by the patient. It remains the responsibility of the intern to instruct the patient on the usage and dosage of those herbal products.

(E) Procedure for Ordering Laboratory Tests

1. All laboratory tests are ordered only with the prior permission of a Clinic Supervisor.
2. After the supervisor and the intern have decided on what laboratory tests are necessary, the intern must fill out the Laboratory Test Order form available at the front desk. The order form must include the following:
 - i. Patient's name;
 - ii. Patient's age and sex;
 - iii. Tests that are needed;
 - iv. Where the test results should be sent; and
 - v. Any special instructions for the patient prior to testing, i.e., fasting.
3. All orders for laboratory tests must be documented in the patient's charts.
4. All laboratory test fees are the patients financial responsibility..

(F) Procedures for Ordering Diagnostic Imaging

When interns feel that diagnostic imaging, i.e., x-ray, MRI, or CT scan, is required, they must consult their supervisor and obtain the approval of the Clinic Director. The clinic will then refer the patient to the appropriate healthcare provider, usually an M.D., to order such imaging procedures. Due to various limitations on insurance payment, no imaging procedures should be ordered directly by interns. When such imaging procedures have been completed, the clinic receives a report of the imaging findings rather than the actual films themselves.

V. DUTIES AND RESPONSIBILITIES OF THE OBSERVATION INTERN

The following is a general description of the routine procedures as well as the duties and responsibilities of an Observation Intern.

1. All Observation Interns are required to attend the Mandatory Intern Meeting.

2. Observation Interns may observe a licensed practitioner directly or observe a supervised Practice Intern.
3. Observation Interns are required to assist Practice Interns with cleaning and maintaining treatment rooms.
4. During treatments, Observation Interns are to observe supervised Practice Interns and licensed practitioners in all phases of the intake and treatment.
5. During those periods when the Observation Intern's assigned Practice Intern is not busy, the Observation Intern should work with another supervised Practice Intern who is seeing patients.
6. During the patient medical history taking session, the Observation Intern should not ask the patient any questions unless invited to do so by the treating Practice Intern.
7. During the physical examination, the Observation Intern should observe the tongue, pulse, and other objective findings where possible. Observation Interns may not conduct any physical examination of the patient unless asked to do so by the Practice Intern or the Clinic Supervisor.
8. When the Practice Intern is not directly involved with patient care, the Observation Intern should discuss with the Practice Intern any aspect of a treatment episode in which the Observation Intern is unclear.
9. When herbal formulas need to be filled, Observation Interns are required to be available to help the Practice Interns and/or Herbal Pharmacy staff in filling prescriptions.
10. The Observation Intern is required to complete one Observation Assignment per shift using the prescribed Observation Assignment Form (Appendix A). A total of 60 Observation Assignments are required for the entire 200 hours of Observation Internship.
11. The Observation Assignment must be as detailed as possible and should include:
 - i. Patient's age and sex;
 - ii. Patient's chief complaint;
 - iii. Subjective findings;
 - iv. Objective findings;
 - v. Assessment, including diagnosis and changes in status since the last treatment;
 - vi. Treatment plan, including treatment principle;
 - vii. Acupuncture points selected; and
 - viii. Herbal formula used.

V. CHARTING AND MAINTENANCE OF RECORDS

(A) Charting General Guidelines

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

The following guidelines apply for charting patient records:

1. All charting must be completed in permanent black ink.
2. All entries must be legible.
3. All data, positive and negative, which will directly affect treatment and patient care must be recorded.
4. If an entry must be corrected, draw a single line through the part that is to be changed. Do not use liquid paper or white out. Initial and date the change.
5. All items, boxes, blanks and checklists must be completed. If there are no unusual findings in any area, document the absence of findings.
6. Document the relevant concerns of your patient and/or their family. Record evidence of patient non-compliance.
7. Document all procedures and treatments that you have carried out. Record all recommendations that you have made including diet, exercise, and medical referrals.
8. Document all incidents, mishaps, or unusual occurrences and report these to the Clinic Supervisor immediately.
9. Do not re-write, destroy, or replace any previous records.

The attending Practice Intern is responsible for ensuring that the clinical charts of all treated patients are completed in an appropriate manner and signed by both the attending intern and the Clinic Supervisor. If a chart is not signed by the Clinic Supervisor, it will be understood that the particular treatment charted is not approved. Therefore, the attending intern will be subject to disciplinary action for carrying out an unapproved treatment.

(B) Legal Documentation

No patient may be treated without the following:

1. An arbitration agreement signed by both the clinic staff and the patient or the patient's designated signatory; and
2. A consent-to-treatment form signed by the patient or the patient's designated signatory.

(C) Order of Clinical Charting

1. "SOAP"

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

- i. **S:** Subjective Findings: The chief complaint, associated presenting symptoms and history of present and previous illnesses.
- ii. **O:** Objective Findings: The tongue and pulse findings, as well as other physical findings including any relevant physical signs, palpation, and neuromuscular

examination. The appropriate laboratory and radiological findings are charted in this section if applicable.

- iii. **A: Assessment:** The diagnosis, differential diagnosis, and any relevant confirmatory information.
- iv. **P: Plan:** The treatment plan, treatment principle, acupuncture prescription, herbal formulas, other treatment modalities used, referrals made to other providers, and patient instructions.

2. Additional Notes

- i. All acupuncture prescriptions should include points needled, type of needle used, and any special techniques used.
- ii. When electro-acupuncture is used, the chart notes should include documentation of the points stimulated. The points should be noted in the following format: “from point A to point B.” The chart should also include information regarding the mode used, i.e., continuous, alternating, or mixed, and the frequency applied in Hz. Where the mixed frequency was used, both frequencies should be noted.
- iii. When moxibustion is used, the location, type of moxibustion, and duration of moxibustion should be noted.
- iv. When cupping is used, the area or location of the cupping and the nature of the cupping, i.e., stationary cups, walking cups, etc., should be noted.
- v. When acupressure is used, the location and type of procedure used should be noted.
- vi. Any additional procedure such as tui-na or gua-sha must be charted in the “Plan” section of the clinical notes.
- vii. No mark or designation reflecting the nature of the diagnosis may appear on the outside of the chart.

VII. ETHICS

SCUSOMA Clinic provides healthcare to the general public. As such, the clinic is bound by the ethical requirements of healthcare providers. The principles of informed consent, privacy, and continuity of care are standard practices strictly adhered to by healthcare providers and the clinic.

(A) Informed Consent

No patient may be treated without informed consent. This means fully informing the patient of the nature of all procedures that will be performed in connection with their care. The patient must understand the potential side effects of these procedures. All patients, including students and faculty, must sign informed consent forms prior to receiving any procedures, including acupuncture, herbal medicine, acupressure, cupping, tui-na, gua-sha, electro-acupuncture, and acupressure massage.

(B) Privacy

Patient files are confidential records. No patient file may be duplicated without a patient signed record release and only for the purposes described in the release. Records may also be released when the Clinic Director is served with a valid subpoena from the appropriate authorities. No patient file may leave the Clinic. While this is a teaching clinic, and some discussion of patient care must take place in the course of intern training, no patient may be discussed outside of the clinic and case review environment. For the purposes of case review, notes may be taken regarding cases to be presented. Copies of patient records may not be made for the purposes of case presentation pursuant to HIPAA Regulations and the Privacy Act.

The only exception to the above policy is in the event of a report of child abuse, elder abuse, rape, or battery. Any patient that is believed to be the victim of the above crimes should be reported to the appropriate authorities, beginning with the local police. No such report should be made without the prior approval of the Clinic Director. All such reports should be made in a timely manner and after careful consideration of the need and consequences of such action.

(C) Continuity of Care

Individual who are under the care of the clinic faculty and/or clinic interns must be referred to appropriate healthcare providers if and when the clinic faculty or Clinic Director feels it is no longer in the best interest of the patients to continue to receiving healthcare at SCUSOMA. All such referrals must be made with the prior approval of the Clinic Director.

(D) Non-Discrimination

No patient may be denied patient care at SCUSOMA Clinic because of race, religion, gender, sexual orientation, handicap, or diagnosis. A patient that presents with a condition that would best be treated elsewhere because of high risk or necessity must be referred to the appropriate treatment facility or emergency care. All such referrals are to be made with the prior approval of the Clinic Director or attending Clinic Supervisor.

(E) Incompetent Patients

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

(F) Sexual Ethics

Interns may not examine or treat patients in a manner that results in exposure or palpation of the breasts of female patients, or the genitals of female or male patients without the following:

1. Prior permission by the patient for such a procedure;
2. Carefully explaining to the patient the necessity of performing such a procedure;
3. Draping the patient as much as possible during the procedure;
4. Prior permission of the Clinic Supervisor;

5. Presence of a chaperone of the same sex as the patient for the entire duration of such exposure or palpation; and
6. Taking care to assure to comfort of the patient during the procedure.

No intern may enter into a sexual relationship with any person whom they have treated in the SCUSOMA Clinic. No sexual or romantic contact between patient and practitioner or patient and intern is allowed during the course of treatment and/or duration of professional contact.

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

(G) Patient Grievances

These policies and procedures are intended to provide a mechanism for responding to and resolving patient complaints and allegations. All written complaints or allegations by a patient or his/her legally recognized advocate against an intern, faculty member, or clinic staff regarding the handling or treatment at SCUSOMA must be forwarded to the appropriate Office Manager, Clinic Supervisor, and/or Director.

Informal resolution through interaction between patients and clinic supervisors or staff is encouraged. When informal interactions fail to produce satisfactory resolution, the Director must be informed.

The Director must also be informed in complaints involving unprofessional or unethical behavior, as well as all complaints made in writing.

The Director shall respond in writing to all written complaints or allegations. When indicated, the Director shall forward information regarding the patient's complaint or allegation to the Clinic Director and/or the President for appropriate action. For each written complaint, the Director will retain for at least one year a file consisting of the complaint or allegation, any investigative notes and associated documentation, the written response, and any other related correspondence.

VIII. SAFETY AND PUBLIC HEALTH

SCUSOMA has an established Risk Management Program. The Risk Management Plan is part of the SCUSOMA Clinic Master Manual, which is located in Clinic Management Office and the Administrative Office. All interns are to read and familiarize themselves with the Risk Management Program. A copy of the Risk Management Program Handbook is distributed to all interns. Additional copies can be obtained from the Clinic Director.

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

(A) Biohazard Safety

Pursuant to OSHA standards, the following is mandatory for SCUSOMA operations.

Potentially biobiohazardous materials at SCUSOMA include:

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

All personnel who come in contact with patients or any of the above infectious materials are required to observe all appropriate Universal Infection Precautions. Universal Infection Precautions are listed below. All personnel involved in the use of acupuncture needles are required to handle acupuncture needles as described in the Acupuncture Needle Safety section below.

The purpose of this section is to:

1. Minimize occupational exposure to blood or other potentially infectious materials;
2. Identify those interns who are at risk of exposure to potentially infectious materials;
3. Provide training to interns; and
4. Comply with the OSHA Blood Borne Pathogen Standard 29 CFR 1910.1030.

(B) Definitions

1. **Blood Borne Pathogen:** Any microorganism or viral agent that is present in human blood and is capable of causing disease in humans.
2. **HIV:** Human Immunodeficiency Virus is an RNA-containing retrovirus that may be transmitted via blood, blood products, sexual transmission, maternal-infant transmission including breast milk, and clinical accidents such as an accidental needle stick.
3. **HAV:** Hepatitis A virus is an RNA-containing virus that is transmitted via oral-fecal contamination.
4. **HBV:** Hepatitis B virus is a DNA-containing virus that may be transmitted by blood and blood products, contact with contaminated body fluids such as blood, semen, and vaginal fluid, and mother-infant transmission.
5. **HCV:** Hepatitis C virus is an RNA-containing virus formerly known as the viral agent causing non-A and non-B hepatitis. HCV has been shown to be transmitted via blood and blood products. There is a high prevalence of HCV infections in intravenous drug users. This virus may be transmitted by sexual contact.
6. **Contamination:** The presence of potentially infectious material on patients, clinic personnel, clinical equipment, or surfaces.

(C) Procedures Requiring Exercise of Universal Infection Precaution

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

1. Palpation and examination of skin lesions, the mouth, genital, and peri-anal areas;
2. Insertion of acupuncture needles;
3. Bleeding acupuncture points;
4. Plum blossom technique;
5. Disposal of contaminated sharps; and
6. Gua-sha (scraping).

(D) Universal Infection Precaution

1. Wash hands before and after all patient or specimen contact;
2. Handle the blood of all patients as potentially infectious;
3. Wear gloves for potential contact with blood or bodily fluids;
4. Place used needles and sharps immediately in designated impermeable containers; DO NOT recap or manipulate used needles in any way;
5. Wear protective eyewear and mask if splatter with blood or body fluids is possible;
6. Wear gowns when splash with blood or bodily fluids is anticipated;
7. Handle all linen soiled with blood and/or bodily secretions as potentially infectious;
8. Place all "Biohazardous Wastes" such as cotton or linen that is saturated with blood in the appropriate biohazard disposal bags;
9. Process all laboratory specimens as potentially infectious;
10. Wear masks if possibility of risk for tuberculosis and other respiratory organisms are present; HIV is not an airborne virus and therefore does not require masks; and
11. Place emergency equipment where emergencies are likely to occur.

(E) Acupuncture Needle Safety

Needling Procedures

1. Use only approved pre-sterilized, disposable acupuncture needles.
2. Do not re-use needles.
3. Use a new needle for each insertion. Do not reuse needles.
4. Use the appropriate needle for the planned procedure.

5. Do not place used needles in trays at the treatment table. Place all used needles directly into the Sharps container.
6. Do not hand used acupuncture needles to Observer or Practice Interns.
7. Do not insert an acupuncture needle into the patient up to the handle. Always leave some portion of the needle between the skin and the handle.
8. Do not exceed needle insertion depths.
9. Do not needle at an angle or depth where the patient's lungs can be injured.
10. Be sure that the patient is stable and comfortable before beginning needle insertion.
11. Be sure that the patient has consumed food within a few hours before the needling.
12. Be sure that the patient is not fearful prior to needling. Reassure the patient about the procedure before beginning to needle the patient.
13. Do not wear gloves during the needle stick insertion procedure. The gloves will not protect you from a needle stick accident and will make handling the needles more difficult. Gloves are only needed when there is the risk of exposure to blood or bodily fluids.

Disposal of Acupuncture Needles

1. Used and contaminated needles must be placed directly into the appropriate sharps containers.
2. Sharps containers must be hard-sided plastic containers approved for use as a biohazard container by the Clinic Director. They must be leak proof, puncture resistant, and easily accessible to personnel that use acupuncture needles.
3. Only acupuncture needles may be placed in the sharps containers.
4. Sharps containers must be clearly labeled as containing Biohazardous materials. Each container must have a tight sealing closure that is placed on the container when full. Full containers must be filled to no more than the indicated fill line on the containers. Once the containers are filled to capacity, the container is sealed and picked up by the appropriate biohazard pick up service. SCUSOMA may not transport full sharps containers.

Accidental Needle Stick Procedure

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

1. Inform the Clinic Supervisor and Clinic Director of the incident.
2. Disinfect the area with Betadine or other equivalent iodine solution. Do not use an ethanol swab.
3. Administer baseline hepatitis and HIV blood tests.

4. Follow-up health care and Hepatitis vaccinations shall be made available to the employee by an appropriately trained healthcare provider. During the course of their employment, SCUSOMA will also provide follow-up care and vaccinations to first-aid personnel employed by the institution who were exposed to potentially infectious blood or fluids in the course of rendering first-aid.
5. Obtain follow-up Hepatitis tests at one and two month intervals.
6. Obtain follow-up HIV tests after six months.

Waste Disposal

1. Used and contaminated needles must be placed directly into the appropriate sharps containers.
2. Used cotton and other disposable materials are to be placed in the general waste disposal containers.
3. Only waste materials that are saturated with blood are to be considered as "BioHazardous Waste." All such waste must be placed in the appropriate biohazardous waste disposal bags. Once in the biohazard container, the material must remain in the container and may not be transferred to any other container. Biohazardous waste must be picked up by the appropriate designated biohazard disposal service within 30 days of generating the biohazardous waste.
4. No biohazard materials are to be placed in any temporary container, or left exposed on any open surface.
5. Sharps containers must be hard-sided plastic containers approved for use as a biohazard container by the Clinic Director. They must be leak proof, puncture resistant, and easily accessible to personnel who use acupuncture needles. Labels and containers should be red or predominantly red, and have the international biohazard symbol on each container. Each container must have a tight sealing closure that is placed on the container when full. Full containers must be filled to no more than the indicated fill line on the containers. Once the containers are filled to capacity, the container is sealed and picked up by the appropriate biohazard pickup service. SCUSOMA personnel may not transport full sharps containers.

(F) Biohazardous Material

For the purposes of the Risk Management and Exposure Control Plan, biohazardous material is defined as material that is saturated with blood or other bodily fluids.

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

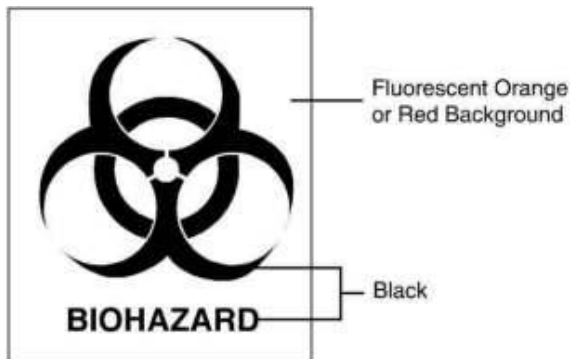
(G) Other Contamination Control Procedures

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

All personnel handling materials contaminated by blood or bodily fluids must wear single use disposable examination gloves. The glove requirement is not applicable to handling acupuncture needles. Should a glove become damaged in the course of use, it must immediately be replaced with a new glove. No single-use glove may be washed and reused. Always wash your hands with a disinfectant soap before and after performing a procedure that involves potentially infectious materials.

Used acupuncture needles may be handled without gloves as long as personnel handling them do so in a manner commensurate with routine use.

All containers containing infectious material must be labeled with the biohazard symbol below:



The clinic area is equipped with a sink area, disinfectant soap of an iodophor solution, Betadyne, and paper towels. The area and supplies are provided for all personnel working in the area.

The clinic is also equipped with a designated eye wash area for use by clinic personnel involved in blood spills and other accidents involving the eyes. The eye wash station is located in the central wash area of the clinic.

All employees who work in areas with potential exposure to medical waste must receive training in proper handling of biohazard materials. All employees who must receive biohazard training must do so annually as part of their retraining program. All biohazard training must be documented as outlined in the record keeping section of this program. Biohazard training records must be kept for three years.

Employees must wash their hands at the following times:

1. Between patients;
2. When exposed to hazardous fluids;
3. When handling potentially infected equipment or laundry;
4. Before and after preparing an herbal formula;

5. Before and after eating;
6. Before and after using restroom facilities;
7. Before and after applying cosmetics or changing contact lenses; and
8. Before and after all other activities where there is contact with mucous membranes, eyes, or breaks in the skin.

All surfaces where potentially infectious procedures will be performed are to be disinfected on a daily basis with a 10% bleach solution. Personnel disinfecting with bleach solution must wear rubber utility gloves.

IX. FIRST AID AND EMERGENCY MEDICAL ASSISTANCE

Employees must have emergency and medical assistance available to them in a timely manner in the event of an emergency.

In the event of an emergency, the Clinic Director shall be informed immediately. First aid must be available to employees at all times. It is the responsibility of the Clinic Director to insure that qualified first aid personnel are on staff during all shifts.

In the event that an emergency exists which requires attention beyond First Aid, the ill or injured employee should be referred to the nearest medical center with emergency facilities.

The nearest medical center with emergency facilities is:

Good Samaritan Hospital
(213) 977-2121
1225 Wilshire Boulevard
Los Angeles, CA 90017

If the Clinic Director or the Clinic Director's representative cannot transport the ill or injured employee to an appropriate emergency facility, or if the ill or injured employee is clinically unstable, 911 should be contacted. Upon city emergency personnell's arrival, they shall be directed to the location of the ill or injured employee.

All accidents, including those involving injury or death of an employee must be immediately reported to the Clinic Director or his/her representative.

The Clinic Director is responsible for maintaining a well stocked first aid kit on site at all times.

(A) Accidental Needle Stick Procedure

A needle stick is a situation in which the intern has been injured by a used needle. In the event of an accidental needle stick accident, the following procedure is to be followed:

1. Inform the Clinic Supervisor and Clinic Director of the incident.
2. Disinfect the area with Betadine or other equivalent iodine solution. Do not use an ethanol swab.

3. Administer baseline hepatitis and HIV blood tests.
4. Follow-up health care and Hepatitis vaccinations shall be made available to the employee by an appropriately trained healthcare provider. During the course of their employment, SCUSOMA will also provide follow-up care and vaccinations to first-aid personnel employed by the institution who were exposed to potentially infectious blood or fluids in the course of rendering first-aid.
5. Obtain follow-up Hepatitis tests at one and two month intervals.
6. Obtain follow-up HIV tests after six months.

(B) Electro-Acupuncture Safety

1. Use only approved electro-acupuncture devices.
2. Do not use an electro-acupuncture device on a patient with a cardiac pacemaker.
3. When attaching the leads of an electro-acupuncture device to a patient's needles, do not set up the circuits in such a way that the current crosses the patient's anterior sagittal line.
4. Limit the current intensity to the level required to treat the patient.
5. Use only battery-powered devices.

(C) Management of a Stuck Needle

When a needle is stuck during a treatment episode:

1. Reassure the patient that the situation is NOT critical.
2. Ask the patient to remain still.
3. Massage the muscles in and around the area where the needle is stuck.
4. Needle nearby points that will relax the spasm.
5. Rotate the needle in the opposite direction that was used to stimulate the needle initially.
6. Never remove a stuck needle by force.

(D) Management of Broken Needles

1. Inform the Clinic Supervisor immediately.
2. With the Clinic Supervisor's assistance, attempt to remove the needles in accordance to standard procedures described in acupuncture texts.
3. If the needle cannot be removed, dial 911 to transport the patient to the nearest emergency room.

(E) Moxibustion Safety

1. Perform only moxibustion modalities approved by the Clinic supervisor.
2. Do not perform scarring moxibustion under any circumstance.
3. Do not burn the patient.
4. When performing moxibustion, regularly remove the ash from the moxa to prevent the hot ash from falling onto the patient.
5. Do not moxa heat-type conditions.
6. Do not moxa patients who express discomfort or sensitivity to the moxa.
7. Do not moxa patients with respiratory disorders that are exacerbated by the moxa smoke.
8. Do not moxa patients with sensory deficits. These patients may not be able to assist the intern in determining when too much heat has been applied.
9. Be aware of the patient's tolerance to heat, especially the elderly or very young patients.
10. Do not moxa the face, breasts, or over large blood vessels.
11. Moxa pregnant women with extreme caution if at all.
12. Do not moxa patients suffering from vascular disease.

(F) Management of Fainting due to Needle Insertion

1. Do not needle an extremely weak patient.
2. Prevent fainting by not needling patients who are in a hypoglycemic state, i.e., those who have not eaten and are sensitive to a drop in blood sugar.
3. Do not needle an extremely fearful patients.
4. When needling a patient, if the patient feels faint or indeed faints:
 - i. Remove all of the needles;
 - ii. Apply pressure to Du 26 (the center of the frenulum) with a fingernail;
 - iii. Percuss the bottom of the heels;
 - iv. If the patient is in a sitting position, place his/her head between their knees; and
 - v. If the patient is lying down, place the patient on his/her back and elevate their feet.

(G) Needle Insertion

1. Positioning your patient: The patient should always be placed in a comfortable position that can be maintained for the length of the treatment. Elderly or handicapped patients may need assistance getting on and off the treatment table. Children should never be left unattended during the treatment. Always ensure that the patient is comfortable before leaving the treatment room. After needles have been inserted all patients must be checked regularly at intervals. Interns should show special concern towards those who are hypersensitive or nervous.

2. Depth of needle insertion: In order to avoid causing injury to the patient, interns must pay close attention to the direction and depth of the insertion according to major acupuncture texts, variations in body proportions, and your supervisor's instructions.
3. Stuck needle: Never insert a needle up to the handle. Explain to the patient the necessity of lying still while undergoing acupuncture. If a needle is stuck due to a muscle spasm ask the patient to relax and massage gently around the point, which allows for easy needle removal. If the needle is still stuck, needle nearby areas to relax the muscle spasm. If the needle is entangled in fibrous tissue, turn it slightly to the opposite direction until it becomes loose, then withdraw.
4. Broken needles: Always check the needle prior to treatments. The intern should remain calm while advising the patient to relax and to not move. Contact a clinic supervisor or Clinic Director immediately. If the entire needle is under the skin, do not allow the patient to move, and immediately seek appropriate medical care or call 911.
5. Fainting: Fainting symptoms and signs include dizziness, vertigo, oppressive feeling in chest, pallor, nausea, palpitation, cold extremities, cold sweating, weak pulse, loss of consciousness, hypotension, and shock. Common causes for fainting include nervous tension, fatigue or extreme weakness, hunger, and forceful manipulation resulting in excessive stimulation. In cases where the above symptoms present, remove all needles immediately and contact your supervisor or Director immediately. Allow the patient to lay flat and elevate their feet to allow increased blood circulation to the brain. Offer the patient warm water. If the patient is experiencing difficulty in breathing contact your supervisor or Director immediately. Always observe the patient's facial color and expression. In case of fainting, follow your supervisor's instructions. If symptoms persist, call for emergency medical assistance or 911.
6. Electro-Stimulation: Use only AC current electrical stimulation. The level of Electro-stimulation should never approach the level of pain. Electro-stimulation should not be applied from one side of the chest to the other (front to back or side to side) because it may interfere with the action of the heart muscle. Electro-stimulation also should not be applied across the spine in the back (from one side to another side).
7. Moxibustion: Be aware of your patient's heart condition, especially with elderly patients and those suffering nerve damage or diabetes. If a patient has been burned, contact the supervisor. Do not use direct moxa. Do not use moxa on hot or febrile diseases. When treating pregnant patients, use caution in using moxa on the abdominal area.

(H) Clean Needle Technique ("CNT")

Interns must show proof of successful completion of the Clean Needle Technique ("CNT") requirements. The knowledge and skills gained in this class must be part of the intern's daily clinic practice.

The Council of Colleges of Acupuncture and Oriental Medicine ("CCAOM") offers CNT courses which cannot be used in place of PM 500. This course is a one-day course offered throughout the year. Although SCUSOMA will make every effort to host a CNT course on campus, we cannot guarantee the course offering. Students are responsible for taking and passing this CNT course in order to take the National Certification Commission for Acupuncture and Oriental Medicine ("NCCAOM") examination. Interns must maintain a working knowledge of the methods and procedures defined and required in the "Clean Needle Technique Manual for Acupuncturists,"

published by the National Acupuncture Foundation of Washington, D.C. This manual is available in Korean, Chinese, and English.

**ADDENDUM
ANNUAL MANDATORY OSHA / HIPAA COMPLIANCE EXAMINATION**

As of August 2007, all students who wish to commence or continue clinical internships are required to take the mandatory OSHA/HIPAA compliance examination administered by SCUSOMA and obtain a passing score of 70% or higher. This requirement is imposed on students who wish to enter the clinical observation and students who wish to continue their current clinical internships.

This examination is offered on a quarterly basis and must be passed annually. Students may obtain a copy of the OSHA/HIPAA Compliance Workbook from the clinic office or the administrative office.

This addendum was reviewed by SCUSOMA's Executive Committee and approved on August 2, 2007.

**APPENDIX A
OBSERVATION ASSIGNMENT SHEET**

Observers Name: _____ Quarter: _____ 20_____

Patients Name	Chief Complaint	TCM Diagnosis	Senior Intern	Date: / Shift	Supervisor Sign
---------------	-----------------	---------------	---------------	---------------	-----------------

1)					
2)					
3)					
4)					
5)					
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50)					

**APPENDIX B
PATIENT PROGRESS REPORT**

PATIENT NAME: _____						Date: _____	
SUBJECTIVE:							
OBJECTIVE:							
Pain Scale: 0 1 2 3 4 5 6 7 8 9 10				Improvement: Yes [] No [] No Change []			
BP: _____ / _____							
Tongue: _____							
Pulse: Lt/ _____				R/ _____			
ASSESSMENT (DIAGNOSIS):							
Western Diagnosis (if applicable): _____							
ICD code: _____							
OPT code: _____							
PLAN (TREATMENT)							
Acupuncture: _____							
Recommendation: _____							
Electric Stimulation [] Points: _____							
Frequency: _____		Strength: _____		Duration: _____			
Moxa [] Points: _____							
Cupping [] Points or Area: _____							
Infrared Lamp [] Area: _____							
Others [] _____							
Herbs [] _____							
Intern's Name: _____ / _____ / _____							
Intern's Signature: _____ / _____ / _____							
Supervisor's Name _____				Supervisor's Signature _____			
Rev010809							

Intern				Intern			
Supervisor				Supervisor			

**APPENDIX D
INTERN EVALUATION**

Clinical Competencies (Herbal Pharmacy Intern) Evaluation Form

Herbal Pharmacy Intern Name: _____ Quarter/Year: _____

Please evaluate the herbal pharmacy intern on the following competencies: Areas Needing Further Development=ANFD YES ANFD NO

		YES	ANFD	NO
1	The intern is punctual and on time for their shift.			
2	The intern dressed in an appropriate and professional manner.			
3	The intern demonstrates the knowledge of the OSHA standards and its procedures with relevance to the pharmacy (e.g. clean fields and sanitation).			
4	The intern demonstrates the knowledge of the HIPAA standards and the rights to patient privacy.			
5	The intern demonstrates the basic knowledge of the herbs used in the pharmacy and its relevance to western pharmacology.			
6	The intern has the knowledge of the location of the herbs in the pharmacy.			
7	The intern has the ability to prepare herbal formulas and the proper procedures for them in the pharmacy.			
8	The intern properly and accurately prepares herbal formulas and completes the tasks in a timely manner.			
9	The intern has displayed adequate management, care and storage of the herbs, herbal products and the proper procedures for station sanitation and clean-up.			
10	The intern has the adequate skills and disciplined needed to progress from this stage.			

Recommendation/ Comments:

YES=10 points ANFD=5 points NO= 0 points

The intern being evaluated must receive a minimum score of 70% out of a possibility of 100% to pass this clinical phase.

_____ / 100 Pass Fail

Supervisor Name and Signature _____ Date _____

Clinical Competencies (Level 1) OB Evaluation Form

Intern Observer Name: _____ Quarter/Year: _____

Please evaluate the intern Observer on the following competencies: **Areas Needing Further**

Development=ANFD

YES ANFD NO

1	The intern is punctual and on time for their shift.			
2	The intern dressed in an appropriate and professional manner.			
3	The intern demonstrates the knowledge of the OSHA and the Clean Needle Technique (CNT) standards.			
4	The intern demonstrates the knowledge of the HIPAA standards and the rights to patient privacy.			
5	The intern demonstrates the basic knowledge of the herbs used in the pharmacy and its relevance to western pharmacology.			
6	The intern has the basic knowledge and skills to recognize and address emergency situations in a clinical setting.			
7	The intern has demonstrated the ability to assist clinic interns within the observer's scope of practice.			
8	The intern has displayed professionalism and ability to communicate successfully with the senior interns and work together in a team effort.			
9	The intern has demonstrated the basic skills and knowledge to read and write an intake form and follow-up form.			
10	The intern has adequate knowledge of western physical assessment (e.g. measurement of height, weight, blood pressure and etc.).			
11	The intern has knowledge of assessment methods used in Oriental Medicine (e.g. measurement of tongue and pulse).			
12	The intern has the basic skills to assess and diagnose a case from a western medical aspect.			
13	The intern has the basic skills to assess and diagnose a case from an Oriental medical aspect.			
14	The intern has the basic skills to create a treatment plan.			
15	The intern has the basic skills to create a point prescription plan, their locations and indications and why it would be the most effective.			
16	The intern has the basic skills to create an herbal combination, their indications and possible contra-indications and an explanation of why it would be most effective.			
17	The intern has the basic skills and knowledge to determine if the treatment has been effective.			
18	The intern has the basic skills and knowledge to determine if the treatment has not been effective and recommendations to remediate the situation.			
19	The intern has demonstrated the ability to follow clinical procedures and guidelines and the direction of their senior interns.			
20	The intern is ready to progress to level 2 internship (supervised clinical practice).			

Recommendation/ Comments:

Clinical Competencies (Level 2) Supervised Practice Evaluation Form

Clinic Intern Name: _____ Quarter/Year: _____

Please evaluate the (Level 2) intern on the following competencies: Areas Needing Further

Development=ANFD

YES ANFD NO

1	The intern is punctual and on time for their shift.			
2	The intern dressed in an appropriate and professional manner.			
3	The intern demonstrates the knowledge of the OSHA and the Clean Needle Technique (CNT) standards.			
4	The intern demonstrates the knowledge of the HIPAA standards and the rights to patient privacy.			
5	The intern demonstrates the basic knowledge of the herbs used in the pharmacy and its relevance to western pharmacology.			
6	The intern has the knowledge and skills to recognize and address emergency situations in a clinical setting.			
7	The intern has demonstrated the ability to properly lead and instruct junior interns (OB) on the policies and procedures of the school clinic.			
8	The intern has displayed professionalism and ability to communicate successfully with the senior interns and work together in a team effort.			
9	The intern has demonstrated the skills and knowledge to read and write an intake form and follow-up form.			
10	The intern has adequate knowledge of western physical assessment (e.g. measurement of height, weight, blood pressure and etc.).			
11	The intern has knowledge of assessment methods used in Oriental Medicine (e.g. measurement of tongue and pulse).			
12	The intern has the skills to assess and diagnose a case from a western medical aspect.			
13	The intern has the skills to assess and diagnose a case from an Oriental medical aspect.			
14	The intern has the skills to create a treatment plan using either and 8 principles, yin yang, 5 elements, channel and organ theory and etc.			
15	The intern has the skills to create a point prescription plan, their locations and indications and why it would be the most effective.			
16	The intern has demonstrated the knowledge and skills to accurately and properly insert the needles with the correct technique and confidence.			
17	The intern has the skills to create an herbal combination, their indications and possible contra-indications and an explanation of why it would be most effective.			
18	The intern has the skills and knowledge to determine if the treatment has been effective and if not the proper recommendations to remediate the situation.			
19	The intern has demonstrated the following of clinical procedures and guidelines, the direction of their senior interns and supervisors and clearly and effectively communicating with their patients.			
20	The intern is ready to progress to level 3 internship supervised clinical practice.			

Recommendation/ Comments:

YES=5 points ANFD=3 points NO= 0 points

The intern being evaluated must receive a minimum score of 70% out of a possibility of 100% to pass this clinical phase.

_____ / 100 Pass Fail

Supervisor Name and Signature _____ **Date** _____

Clinical Competencies (Level 3) Supervised Practice Evaluation Form

Clinic Intern Name: _____ Quarter/Year: _____

Please evaluate the (level 3) intern on the following competencies: Areas Needing Further

Development=ANFD

YES ANFD NO

		YES	ANFD	NO
1	The intern is punctual and on time for their shift.			
2	The intern dressed in an appropriate and professional manner.			
3	The intern demonstrates the knowledge of the OSHA and the Clean Needle Technique (CNT) standards.			
4	The intern demonstrates the knowledge of the HIPAA standards and the rights to patient privacy.			
5	The intern demonstrates the basic knowledge of the herbs used in the pharmacy and its relevance to western pharmacology.			
6	The intern has the knowledge and skills to recognize and address emergency situations in a clinical setting.			
7	The intern has demonstrated the ability to properly lead and instruct junior interns and observers on the policies and procedures of the school clinic.			
8	The intern has displayed professionalism and ability to communicate successfully with observers, junior interns and supervisors and work together in a team effort.			
9	The intern has demonstrated the skills and knowledge to effectively read and write an intake form and follow-up form.			
10	The intern has the knowledge and the skills necessary to perform western physical assessments (e.g. measurement of height, weight, blood pressure and etc.).			
11	The intern has knowledge of assessment methods used in Oriental Medicine (e.g. measurement of tongue and pulse).			
12	The intern has the skills to assess and diagnose a case from a western medical aspect.			
13	The intern has the skills to assess and diagnose a case from an Oriental medical aspect.			
14	The intern has the skills to create a treatment plan using either and 8 principles, yin yang, 5 elements, channel and organ theory, shanghanlun/wenbing and etc.			
15	The intern has the skills to create a point prescription plan, their locations and indications and why it would be the most effective.			
16	The intern has demonstrated the knowledge and skills to accurately and properly insert the needles with the correct technique and confidence.			
17	The intern has the skills to prescribe herbal formulas and modules and to create modification according to the stage of disease and reasons why it is most effective.			
18	The intern has the skills and knowledge to determine if the treatment has been effective and if not the proper recommendations to remediate the situation.			
19	The intern has demonstrated the ability to clearly and effectively communicating with their patients, follow clinical procedures and guidelines, follow the direction of their supervisors.			
20	The intern has demonstrated the ability to recruit patients and apply the knowledge gained from the clinic management course to create a business plan to successfully transition from a student to a health care provider. Also the basic knowledge of insurance/ work comp billing codes and how the forms for each must be processed.			

Recommendation/ Comments:

YES=5 points ANFD=3 points NO= 0 points

The intern being evaluated must receive a minimum score of 70% out of a possibility of 100% to pass this clinical phase.

____ / 100 Pass Fail

Supervisor Name and Signature _____ **Date** _____

APPENDIX E
Supervisor Evaluation

SOUTHERN CALIFORNIA UNIVERSITY
SCHOOL OF ORIENTAL MEDICINE AND ACUPUNCTURE

Supervisor Evaluation
(To be filled out by interns)

Supervisor _____ **Quarter** _____

Intern Name (Optional) _____ **Level** _____

	POOR	FAIR	GOOD	EXCELLENT
Formula writing Skill				
Encourages students to write formulas				
Explains methodology when using herbs				
Ability to instruct in needling technique				
Checking of point location				
Knowledge of Acupuncture theory				
Diagnostic Skill				
Bedside manner				
Openness to student's ideas				
Appearance and professionalism				
Willingness to spend time with the patient				
Use of electrostim, cupping and moxa				
Overall quality of supervision				

Other Comments: _____

**SOUTHERN CALIFORNIA UNIVERSITY
SCHOOL OF ORIENTAL MEDICINE AND ACUPUNCTURE**

**Evaluation of Clinic Director
(To be filled out by intern/ supervisor)**

Clinic Director's Name _____ **Quarter** _____

Intern/ Supervisor Name (Optional) _____ **Level** _____

	Poor	FAIR	GOOD	EXCELLENT
Interaction with supervisors and interns				
Encourages interns/ supervisors to write formulas				
Punctuality				
Ability to instruct in needling technique				
Checking with the overall performance of the clinic				
Knowledge of Acupuncture theory				
Diagnostic Skill				
Overall handling of conflict resolution				
Openness to Supervisors/ Intern's ideas				
Appearance and professionalism				
Willingness to spend time with the Supervisors/ Interns				
Unbiased rulings				
Overall quality of Clinic Director				

Other Comments: _____

**APPENDIX F
NEW PATIENT INTAKE FORM**

**SOUTHERN CALIFORNIA UNIVERSITY
SCHOOL OF ORIENTAL MEDICINE & ACUPUNCTURE CLINIC**

PATIENT NAME ----- (M.F) DATE -----

TONGUE Body, Color, Coating

PULSE Left Right

HEIGHT:
WEIGHT:
TEMPERATURE:

History of Complaint:

DIFFERENTIATION

TREATMENT PRINCIPLE

TREATMENT METHODS
*Acupuncture *Electro Stimulation * Moxa * Cupping *Tui-Na * Herbs
*Other -----
Acupuncture Points -----
Duration: [] 10min [] 15min [] 20min [] 30min [] minutes

Supervisor Signature:-----*Intern Signature:*-----

SOUTHERN CALIFORNIA UNIVERSITY
SCHOOL OF ORIENTAL MEDICINE & ACUPUNCTURE

Reason for visit today

Are you currently using pharmaceutical drugs? Yes No If Yes, Please List _____

Have you had Chinese Medicine before? Yes No

Family Medical History

Allergies Disease	Arteriosclerosis	Cancer	Diabetes	Seizures	Asthma	Heart
Stroke	High Blood Pressure					

Your Past Medical History ^{Rev 10/06}

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Aids/HIV | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Scarlet Fever | Other (Specify) |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Herpes | <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Surgeries (List) | |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Measles | <input type="checkbox"/> Thyroid Disorders | <input type="checkbox"/> Attempted Suicide |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Presently seeing a Therapist |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Mumps | <input type="checkbox"/> Typhoid Fever | <input type="checkbox"/> Pregnant at this time |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Ulcers | |
| <input type="checkbox"/> Goiter | <input type="checkbox"/> Polio | <input type="checkbox"/> Venereal Disease | |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Whooping Cough | |

Gan

- | | | | | |
|-------------------------------------|--|--|---|------------------------------------|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Dry Eyes | <input type="checkbox"/> Tinnitus | <input type="checkbox"/> Spots in the Eyes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Blurry Vision | <input type="checkbox"/> Constant Irritability | <input type="checkbox"/> Tremors | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Rib/Flank Pain | <input type="checkbox"/> Excessive Sighing | <input type="checkbox"/> Tics | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Red Eyes | <input type="checkbox"/> Feeling of lump in the throat | <input type="checkbox"/> Withered and Brittle nails | |
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Excessive Tearing | <input type="checkbox"/> Feeling of tightness in the chest | <input type="checkbox"/> Glaucoma | |

Rev 10/06

Gynecological

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Length of Period
= Days | <input type="checkbox"/> Heavy Flow | <input type="checkbox"/> Normal Color | <input type="checkbox"/> Bleeding between
Periods |
| <input type="checkbox"/> Length of Cycle
= Days | <input type="checkbox"/> Light Flow | <input type="checkbox"/> Clots | <input type="checkbox"/> PMS |
| <input type="checkbox"/> Age when
Menstruation
Began - | <input type="checkbox"/> Pale Color | <input type="checkbox"/> Pain Relieved by
Passing Clots | <input type="checkbox"/> Breast Tenderness |
| <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Bright Red Color | <input type="checkbox"/> Irregular
Menstruation | <input type="checkbox"/> Amenorrhea |
| <input type="checkbox"/> Breast Lumps | <input type="checkbox"/> Number of
regnancies = | <input type="checkbox"/> Number of live
Births = | <input type="checkbox"/> Premature Births |
| <input type="checkbox"/> Menopause
Age it began = | <input type="checkbox"/> Vaginal Odor | <input type="checkbox"/> Uterine Fibroids | Date of Last Menstrual
Period_____ |
| <input type="checkbox"/> Miscarriage. If so,
how many ? | <input type="checkbox"/> Abortion. If so,
how many? | Date and result of last Pap
smear_____ | |

Pi

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Worry |
| <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Bloating | <input type="checkbox"/> Edema | <input type="checkbox"/> Vaginal Discharge
<input type="checkbox"/> Yellow <input type="checkbox"/> White |
| <input type="checkbox"/> Loose Stools | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Muscle Weakness | <input type="checkbox"/> Cloudiness of the head in
the morning |
| <input type="checkbox"/> Flatulence | <input type="checkbox"/> Heavy limbs | <input type="checkbox"/> Prolapse | <input type="checkbox"/> Lack of Taste |
| <input type="checkbox"/> Bleed or Bruise
Easily | <input type="checkbox"/> Excessive Saliva | | |

Xin

- | | | | |
|---------------------------------------|-------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Palpitations | <input type="checkbox"/> Stuttering | <input type="checkbox"/> Red Face | <input type="checkbox"/> Easily Startled |
|---------------------------------------|-------------------------------------|-----------------------------------|--|

- | | | | |
|--------------------------------------|--|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Aphasia | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Bitter Taste
in the morning |
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Incessant Talking | <input type="checkbox"/> Shortness of
Breath | <input type="checkbox"/> Dream Disturbed
Sleep |
| <input type="checkbox"/> Phobias | <input type="checkbox"/> Inappropriate
Laughter | <input type="checkbox"/> Mouth and
Tongue Sores | <input type="checkbox"/> Excessive
Dreaming |
| <input type="checkbox"/> Tachycardia | <input type="checkbox"/> Irregular
Heartbeat | <input type="checkbox"/> Fainting | <input type="checkbox"/> Heart Disease |

Shen

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Memory Problems | <input type="checkbox"/> Hot Flashes | <input type="checkbox"/> Weakness of the
Knees and Ankles |
| <input type="checkbox"/> Frequent
Urination | <input type="checkbox"/> Infertility | <input type="checkbox"/> Chronic Sore
Throat | <input type="checkbox"/> Brittle Bones |
| <input type="checkbox"/> Incontinence | <input type="checkbox"/> Impotence | <input type="checkbox"/> Problems with
Concentration | <input type="checkbox"/> Night Sweats |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Black circles
Under Eyes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Low Grade Fever
in afternoon and/or
evening |
| <input type="checkbox"/> Problems with
Hearing | <input type="checkbox"/> Teeth Problems | <input type="checkbox"/> Premature
Ejaculation | <input type="checkbox"/> Increased Libido |
| | <input type="checkbox"/> Nocturnal Emission | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Decreased Libido |

Fei

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Acute Cough | <input type="checkbox"/> Spontaneous
Sweating | <input type="checkbox"/> Weak Voice | <input type="checkbox"/> Excessive
Grief or Sadness |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Yellow Phlegm | <input type="checkbox"/> Bleeding from the
Nose |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> White Phlegm | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Loss of smell | <input type="checkbox"/> Fullness in the chest | <input type="checkbox"/> Wheezing |
| <input type="checkbox"/> Difficulty
Breathing when
Lying Down | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Pleurisy |

Wei

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Excessive
Appetite | <input type="checkbox"/> Hiccup | <input type="checkbox"/> Loss of Appetite | <input type="checkbox"/> Belching |
| <input type="checkbox"/> Epigastric Pain | <input type="checkbox"/> Nausea | <input type="checkbox"/> Constipation | <input type="checkbox"/> Swelling and Pain
of the Gums |
| <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Tiredness in the
Morning | <input type="checkbox"/> Bleeding Gums |
| <input type="checkbox"/> Bad Breath | <input type="checkbox"/> Vomiting of Clear
Fluid | | |

Dan

- Bitter Taste Indecisiveness Stiff Neck Ear Infection
- Timidity Yellow Complexion Fatty Stools Lack of Initiative

Da Cheng

- Constipation Tenesmus Burning Sensation in the Mouth Fever
- Diarrhea Blood in the Stool Abdominal Pain and Distention Cold Sensation in the Abdomen
- Black Stools Itchy Anus Burning Anus Rectal Pain
- Number of bowel Movements per day

Pang Guang

- Pain with Urination Urgent Urination Unable to hold urine Wake up to urinate often
- Frequent Urination Blood in Urine Incomplete Urination Bladder and/or Kidney stones

Lifestyle Habits

Alcohol Smoking Marijuana Eating Disorder
 Hard Drugs

Exercise? Yes No

If Yes, describe _____

Diet

Give a brief description of what you eat.

Breakfast _____

Lunch _____

Dinner _____

INTERN TREATMENT SHEET

Name: _____ Quarter/Year: _____

Registered Level: 1 2 3

	Mon	Tue	Wed	Thurs	Fri	Sat		
am								
pm								

#	Date	Patient's #	Interns Notes	Supervisor sign
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

ADDENDUM

SCUSOMA'S EXTERNSHIP AFFILIATION WITH HOLLYWOOD SUNSET FREE CLINIC ("HSFC")

HSFC is located at:

3324 W. Sunset Blvd. Los Angeles, CA 90026

Phone#: 323-660-7959

Fax#: 323-663-6410

Director: Teresa (Tacy) Padua

HSFC is a clinic that has an open door policy to any and all patients regardless of economic status. It is a non-profit organization which helps people in the poverty line. It was established in 1968 and has been fully operational for over 40 years in helping the community of Hollywood and its surrounding areas. They have medical doctors who perform western exams and treatments. They have included acupuncture as one of there types of treatments. They perform everything from in-clinic blood work to x-rays, gynecological, routine exams, tattoo removal, counseling, planned parenthood, drug/ alcohol rehabilitation, HIV/ AIDS and etc. HSFC has over 30,000 patient visits per month. They also have many other volunteer programs such as feeding and clothing the needy. For more information, please refer to the HSFC brochures that can be received from either HSFC or the SCUSOMA administration.

SCUSOMA is proud to offer our clinical interns the experience of externship and community service at this off-campus location. Externs will practice acupuncture and all of its modalities as stated in the regulations manual by the California Acupuncture Board in its definition of within the scope of practice. Externs will have the opportunity to practice their skills for a wide array of subjects; different ethnicities, cultures, diseases and disorders and etc. and in great volume. SCUSOMA believes that experiences gained will be that of an invaluable one and the lessons taught in human compassion will be incalculable. As per our mission statement and educational goals and objectives, we here at SCUSOMA promote and encourage our graduates to be amongst the most professional and competent healthcare providers in the medical field, and to exemplify the virtues of a mature and compassionate human being. SCUSOMA endows its graduates with the values, knowledge and skills to address the needs of an ever-changing world. SCUSOMA also prepares its graduates for leadership in Oriental medical education and public service.

We Promote:

- Excellence in teaching and learning.
- Fellowship and collaboration with colleagues, the community, and other health professions.
- Diversity of people, ideas, and experiences.
- Effective and compassionate communication.
- Respectful and ethical behavior.
- Commitment to the health and the well being of society.

Forms are available for review on the subsequent pages.

If you are interested in participating in the externship program, please contact the SCUSOMA administration for further details.

**APPENDIX G
EXTERNSHIP AGREEMENT**

Externship Agreement

I _____ understand that the externship offered by SCUSOMA through its affiliate HSFC is not a right as a student or intern of SCUSOMA, but is a privilege. I also acknowledge that I must abide by SCUSOMA's clinic policies in conjunction with the policies set forth at the (HSFC) Hollywood Sunset Free Clinic. I understand that all institutional policies apply whether I am at the school's clinic or the off-campus location. I am obligated to the same attendance policies of that of SCUSOMA; at the off-campus location. If I default on policies of either location, I will be subject to disciplinary actions.

My (CPR) Cardio-Pulmonary Resuscitation certification is up to date and I have successfully passed my (CNT) Clean Needle Technique. I have also successfully passed the institutional OSHA/HIPAA compliance examination and the level exam for which level I have registered for. I have thoroughly reviewed SCU's clinic handbook and I comprehend all the rules and regulations that apply.

I am aware of the fact that I may only complete a portion of my total clinical hours at the off-campus location. With administrative approval I may complete a total of 195 clinical training hours at the off-campus location.

I do understand that I am covered through SCUSOMA's malpractice insurance while I am applying procedures that are outlined in the California Acupuncture Board's regulations as in the scope of practice for acupuncture. I will not attempt to nor advise in matters that are not in the scope of practice of acupuncture regardless of where I am performing my clinic internship/ externship hours.

I understand that I am fully responsible for all personal property and any personal injuries that may occur at the off-campus location. SCUSOMA disclaims any liability from personal injuries and personal property either at or in route to the off-campus location. In the event of an unforeseen emergency externs must follow the off-campus location protocols.

All interns will be mandated to wear specific apparel when participating in the externship program.

I have completely read and reviewed the statements above and adhere to the conditions. By signing this document I do agree to abide by all policies set forth.

Intern Name: _____ **Student ID#:** _____

Intern Sign: _____ **Date:** _____

Administrative Approval:

Administrator's Name: _____ **Title:** _____

Signature: _____ **Date:** _____

**APPENDIX H
EXTERNSHIP INTERN TREATMENT SHEET**

Intern Name: _____ Registered Phase: Level I II III

Student ID#: _____ Quarter: _____ Year _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
: am								Total Hours
: pm								

Acupuncture College Additional Location:

Location Name: (HSFC) Hollywood Sunset Free Clinic Location Director Name: Teresa (Tacy) Padua
 Location Address: 3324 W. Sunset Blvd. City: Los Angeles, CA zip code: 90026
 Location Phone: 323-660-7959 Location Fax: 323-663-6410

No.	Date:	Patient No.	Intern Notes	Supervisor Name	Supervisor Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					

22					
23					
24					
25					

Administrator Approval:

Admin.Name: _____

Admin. Sign: _____

Date: _____