



OMC Handbook

Dongguk University Los Angeles
440 Shatto Place
Los Angeles, CA 90020

college: 213.487-0110

clinic: 213.487-0150

dula.edu

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I. INTRODUCTION

Mission

The mission of Dongguk University Los Angeles is to:

1. Explore and embody the principles and practices of traditional East Asian medicine;
2. Develop a community of skilled medical practitioners; and
3. Provide accessible health care services to the local community.

Master's Program Educational Objectives

To train healers who are able to:

1. Demonstrate an understanding of the theoretical and historical contexts of Oriental Medicine;
2. Apply this understanding to accurately diagnose patients;
3. Utilize bio-medical diagnostic methods and refer to other practitioners as appropriate;
4. Competently plan, perform, assess and adjust acupuncture treatments for common conditions and patterns;
5. Competently prescribe and modify herbal formulae for common conditions and patterns;
6. Embody and advise on healthy lifestyle choices; and
7. Identify, define and model best practices for professional success.

DATM Program Purpose and Goals

The Statement of Purpose and Goals for the Doctor of Acupuncture and Traditional Medicine (DATM) Programs are:

- To develop competent traditional medicine practitioners through advanced academic and clinical programs.

- To develop healthcare professionals with clinical competencies, including collaborative care.
- To develop healthcare professionals with skills and competencies to contribute to the community and to the field.

DATM Program Education Objectives

To train healers who are able to:

- Demonstrate an understanding of the theoretical and historical contexts of oriental medicine.
- Apply this understanding to accurately diagnose patients.
- Utilize biomedical diagnostic methods and refer to other practitioners as appropriate.
- Competently plan, perform, assess, and adjust acupuncture treatments for common conditions and patterns.
- Competently prescribe and modify herbal formulas for common conditions and patterns.
- Embody and advise on healthy lifestyle choices, and
- Identify, define, and model best practices for professional success.
- Apply integrative diagnostic skills to provide effective patient care
- Obtain familiarity with contemporary community healthcare systems
- Conduct collaborate care with other healthcare professionals
- Develop and implement systems and plans for professional development
- Assess and integrate scholarship, research, and evidence-based medicine, or evidence-informed practice to enhance patient care

II. ABOUT THE OMC

This OMC Handbook provides students with a comprehensive overview of the official University policies and procedures developed to govern clinic management, patient care and most importantly, acquisition of clinical competencies by each student. These policies and procedures ensure the dual success of students' clinical education and the OMC itself.

Location & Hours of Clinic Operation

The DULA OMC is located at 440 Shatto Place, Los Angeles, California 90020. The patient reception area is directly adjacent to building elevators onto the second floor. Telephone numbers for the OMC reception desk are: (213) 487-0150 and (213) 487-0527 (fax).

OMC hours of operation are Monday through Saturday, and hours are subject to change.

Morning:	9:00 a.m. -- 1:00 p.m.
Afternoon:	2:00 p.m. -- 6:00 p.m.
Evening (Mon-Thurs only):	6:00 p.m. – 10:00 p.m.

California Law Pertaining to the Practice of Acupuncture

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 treatment. Legislation was passed which established acupuncture as a certified health care profession, certification dependent upon successful completion of a competency examination; 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; the 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](#))].

Scope of Practice for OMC Students

The scope of practice of students in the OMC is exactly that which is determined by the laws of the State of California as implemented by the OMC administration. Students are permitted to practice ONLY under the supervision of an OMC Clinic Supervisor. Students who engage in advising, consulting, history taking, examining, treating or other related activities under any other circumstances constitutes the unauthorized practice of acupuncture, and 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.

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

Students are so entitled in the OMC to denote his/her function not his/her degree or legal status in California. MSOM students may not refer to themselves as "acupuncturists." DAOM students who hold valid and non-expired license to practice as Acupuncturist in the state of California may refer to themselves as "acupuncturists" but shall practice ONLY under the supervision of an OMC Clinic Supervisor. Students also may not contact other health care professionals on behalf of a patient without the authorization of a Clinic Supervisor.

Clinic Space and Equipment

Treatment Rooms:	14 rooms
Clinic Space:	2637 sq ft
Treatment Beds:	23 beds

DULA Oriental Medical Center (OMC) at 2nd floor contains 12 treatment rooms, 2 treatment rooms for faculty clinic, herbal dispensary / storage / decoction room, Observation Theater room, Room for full-time Clinic Supervisors, Supervisor conference room, intern & resident conference room, and

offices for Director of OMC, Intern Coordinator, and Clinic Supervisors. Patient waiting room is spacious and open to hall and elevator.

Each treatment room contains 1 bio-hazard waste, 1 needle disposal containers, and 1 desk for consultation in addition to treatment tables with headrests or pillows, clean field area, alcohol, cotton balls, and chair. OMC provides various non-useable and reusable medical devices such as disposable acupuncture needles with various sizes and thickness, disposable portable trash bags, ear seeds, moxa, towels, gowns, pillows, diagnostic equipment (although all students are required to have their own), electro stimulator, cupping cups, gua-sha tools and portable blood pressure measure. Each student is required to have their own stethoscope and sphygmomanometer. There are two treatment rooms designated for special modality called moxibustion due to strong order created by moxa stick or cones.

Herbal dispensary room serves as herb storage, dispensary of needles or cupping cups for treatment, patient file storage, and control center of patient management. Spacious main room is consisted of reception area, raw herb, cupping, and power herb dispensary. Reception area, which consist two computers and phones, is in front of herbal dispensary, and receptionist manages overall patient flow from here. There is copy machine available at the corner so OMC can provide its own copy of papers. Patient files are securely kept in black fire-resist cabinet in a main room. All herb-made pills are stored in glass sliding open cabinet, and powdered herb is kept in wooden cabinet with top shelf. All the raw herbs used in the OMC are stored in wooden drawers made for herb storage, and these herbs are labeled in Chinese pinyin and systemic Latin name arranged in alphabetic order. In the middle of the herbal dispensary, there is a table for herbal preparation, packing, and distribution. Herbs that are required to be refrigerated are kept in refrigerator located in herbal decoction room. In herbal decoction room, one herbal extractor and packing devices are securely located under venting hood, and these two machines are regulated promptly upon herbal decoction.

Intern & resident conference room serves primarily as students' waiting room as well as internal lecture hall for clinic related practical education. Due to its spacious capacity and availability of good visual aid such as projector and a curved screen, most of important presentations are lectured in this conference room. There are various sizes of lockers available in this room, and each one is assigned upon request. Both locker and locks are provided by DULA OMC.

Supervisor conference room is mainly used for student-Clinic Supervisor communication and discussion. After patient intake, the students introduce the case and receive supervision from Clinic Supervisors in this room, and visit patients together for treatment. There are 1 large table for group discussion or meeting and 2 medium size tables for Clinic Supervisors. A large white board is also available in this room, so Clinic Supervisors' quick lecture is held upon students' request.

Patient waiting lobby is spacious and consisted of comfortable 20 chairs. There is TV attached on the wall to keep patient entertained while they are waiting, and both hot/cold water filter/extractor to keep them out of thirst. On the wall of hallway, there are pictures and licenses of each Clinic Supervisors as well as their specialty, so patients can refer, although receptionist receives appointment in accordance with patients' condition.

III. CLINICAL TRAINING OBJECTIVES

Clinic Supervisors will guide students in developing their clinical skills and competencies, helping to build upon students' theoretical knowledge of acupuncture and Oriental medicine, expanding their understanding through clinical application.

MSOM Program Clinical Training Objectives

The MSOM Program Clinical Training is sectioned into 3 phases of Internship and 1 residency: Level I (Observation and Herbal Practicum), Level II (Supervised Practice), Level III (Independent Practice). All Clinical Training take place under the supervision of OMC Clinic Supervisors or Faculty members, all of whom are expert experienced licensed acupuncturists.

Objectives for skill and competency outcomes are set forth here:

Level	Hours	Objectives of clinical training
Level I internship Observation and Herbal Practicum	Observation Theater (80HR) Observation Rounds (80HR) Herbal Practicum (40HR) Total 200 Hours	* Observation of treatments by clinic faculty * Record keeping * Management of Treatment rooms (keeping rooms stocked, clean, etc.) * Identification of herbs and management of Herbs
Level II internship Supervised Practice	560 Hours	* Supervised patient interviewing * Supervised OM Diagnosis & Treatment plan * Performance of Acupuncture treatment under the direct supervision of Supervisor
Level III internship	200 Hours	* Patient interviewing

<p>Independent Practice</p>		<ul style="list-style-type: none"> * OM Diagnosis and Treatment plan * Western medical assessments * Performance of independent treatment under the supervision of Supervisor
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DATM Program Clinical Training Objectives

In additional to the clinical internship level I – III described in MSOM program, DATM program also includes the additional 2-units of Integrative Clinical Rounds (40 clinical hours). Through this 40-hours, students will be able to provide integrated clinical experience through their clinical practice in AOM field, incorporate evidence-informed integrative practice into the clinical treatments and able to collaborate and communicate professionally with other multi discipline healthcare practitioners.

IV. APPLICATION FOR CLINICAL TRAINING & LEVEL EXAMS

MSOM Program

Required Documents

Students must prepare the following documents prior to applying for internship:

1. Application Form
2. One recently taken passport size (2"x2") photo
3. Copy of CPR & First Aid Certificate, Child/Adult - 8 hours training
4. Copy of CNT Certificate
5. English language proficiency – Please refer to “English Language Proficiency” under “Admissions” category in the current MSOM Catalog for more information
6. \$10 Name Tag Fee

Registration Order

Registration priority is determined by level of internship, and maximum priority given to current Level III interns, followed by incoming Level III interns, then current Level II interns, etc. If an intern, notwithstanding seniority, chooses to register late, their options will be limited to shifts currently available on a first-come, first-served basis.

Level Examination – Mid Curriculum Exam (MCE)

Prior to beginning their level II clinical internship, students are required to pass a Mid-Curriculum Exam / MCE (both written and practical) in order to evaluate their progress, skills, and competencies. The passing score for the MCE (both written and practical) is 70%.

From 200 questions that will be tested in MCE and CGE, 20 questions will be considered as mock questions. These 20 questions will not be counted for credit to the final result of the exam. Therefore, only 180 questions in total that will be counted for credit and students have to score at minimum of 70% to pass the exam (Passing score is 126 for written exam). Mock questions are defined as but

not limited to the new questions that have yet to be determined for their difficulty and appropriateness to the students' capability in either MCE or CGE. In efforts to standardize the difficulty level of the MCE practical acupuncture point location exam, 2 mock points are also being added to the 10 points. The mock points will not be counted for credit.

The MCE (written) will be held in the lotus room of 4th floor on the Saturday of the 7th week of the quarter: part 1 from 10AM - 12PM and part 2 from 2PM - 4PM. **The MCE (practical)** will be held in the lotus room of the 4th floor on the Thursday of the 7th week of the quarter (12PM -2PM).

Test materials will be provided by academic staff, including pencils and scantrons. Scratch paper will also be provided upon request. Please refer to the academic calendar for the exam date and registration period of each quarter. After the exam registration has ended, students are not allowed to register for the exam anymore and they have to re-register again following the same exam registration requirement as in other quarters. Please refer to the exam registration form and consult first with the Intern Coordinator for the exam requirement list. An exam registration form can be obtained at DULA front desk.

The total question numbers of the MCE that will be delivered for the written portion is 200 multiple choices. The content of the MCE (written) is consisted of following:

1. OM (17%) – (developing a diagnosis impression):
 - OM diagnosis 1 – 3 (11 questions)
 - OM theory 1 – 2 (11 questions)
 - Treatment Principle (12 Questions)
2. Acupuncture (32%):
 - Acupuncture anatomy 1 – 2 (21 questions)
 - Acupuncture physiology 1 – 2 (22 questions)
 - Meridian (21 questions)
3. Herbs (11%):
 - Intro herbs (10 questions)

- Herbs 1 - 4 (12 questions)
4. Biomedicine (33%) – Patient assessment:
- Anatomy and physiology 1 – 4 (46 questions)
 - CPR (10 questions)
 - WM terminology (10 questions)
5. Regulations for public health and safety (7%):
- CNT (14 questions)

MID-CURRICULUM (MCE) REQUIREMENTS*	
Completed units (class): over 100	HB110 Intro to Botany and Herbs
Completed level I observation hours: 200	HB211, 212, 213, 214) Herbs: Category 1, 2, 3, 4
OM121, 211 Basic Theory of OM 1, 2	AC111,112 Acupuncture Anatomy 1, 2
OM221, 311, 312 OM Diagnosis 1, 2, 3	AC211 Meridian Theory
WM110 WM Terminology	AC311, 312 Acupuncture Physiology 1, 2
BS211, 212, 213, 214 Anatomy and Physiology 1, 2, 3, 4	AC321 or AC322 At least one of Acupuncture Techniques 1 or 2
BS311 / 312 / 313 At least one of WM Pathology 1, 2, or 3	TB211 Tui-Na

Here is the list of instructions for the written portion of the MCE:

1. Test takers arrive at least 15 min before start time, and doors will be closed 10 minutes after start time.
2. All belongings, including cell phones, must be placed in the back of the room. **Turn off or Mute cell phones.** Students will be permitted to bring an unmarked bottle of water/beverage to the desk with them.

3. Take your assigned seat at the desks, which will be marked with your student ID number. A seating chart will also be posted on the testing door prior to entrance.
4. Once seated, all students must sign the examination agreement form before taking the exam.
No talking is permitted at all time during the test.
5. Sign the front page of the exam question paper. Students may use the back as scratch paper, but it must be turned in when students turn in their exam. If students require extra scratch paper, academic staff will provide it, but it must be collected when students turn in their exam.
6. Students will then be instructed to begin the exam. Students will have **2 hours** total to finish the test.
7. Upon completing the exam, students need to raise their hand for one of the test proctors to pick it up from them. Pick up your belongings from the back of the room and quietly exit the testing room.
8. Students are only permitted to go to the outside of the lotus room in the event of an emergency, accompanied by one of the proctors the whole time until they are back inside the lotus room. While students are leaving, the test and clock will still be counted, and students are not to be given any extra time. Students need to raise their hand during the test and they may leave the testing room with their proctor quietly.
9. Students are permitted to go to the restroom, accompanied by one of the proctors the whole time, until they are back to the inside the lotus room. While students are leaving, the test and clock will still be counted, and students are not to be given any extra time. Students need to raise their hand during the test and they may leave the testing room with their proctor quietly.
10. Students may leave upon completing the exam before 4PM.
11. The test results will be emailed to each student by the Academic Department.

Please see below for the guidelines of the practical portion of the MCE:

1. The exam will be held in the lotus room of the 4th floor on the Thursday of the 7th week of the quarter (12PM -2PM).
2. Please refer to the academic calendar for the exam date and registration period of each quarter.
3. Point locations

- 1) Point locations are based on *Chinese Acupuncture and Moxibustion* (CAM 3rd Edition 2010: Cheng, Xinnong).
- 2) Points on the exam have been chosen by a randomized selection.
- 3) Point markers on the trunk will be equal to the size of a quarter.
- 4) Point markers on extremities and face will be about a penny in size.
- 5) Acupuncture points will consist of all regular channel points and extra points.
- 6) No points list will be provided.

4. Grading

- 1) More than two clinic supervisors will grade the students' answers.
- 2) Students will receive credit as long as their sticker touches any part of the marker.
- 3) Students will receive credit if any one of the grading clinic supervisors passes a specific point.
- 4) If most exam takers fail a point within a reasonable range, the academic committee may review the grades based on the input of the grading clinic supervisors.
- 5) Each exam takers will be assigned with one (1) model.
 - a. Points on all models will be marked by one clinic supervisor based on the CAM textbook.
 - b. Marking, locating, and grading position of models are as follows:
 - a) For points on trunk (front), extremities, and face – lying down on the back (face up).
 - b) For points on trunk (back) – lying prone (face down).

MCE practical portion procedure:

1. Test materials will be provided (0.25” round colored stickers, list of 12 exam points) and students have the option to bring their own cun measurer. In efforts to standardize the difficulty level of the practical exam, 2 mock points are being added to the 10 points. The mock points will not count for credit, but rather will help evaluators determine those points which may be at a higher difficulty level for students.
2. Test takers arrive at least 15 min before start time, and doors will be closed 10 minutes after start time.
3. All belongings, including cell phones, must be placed on the indicated tables alongside of the room. Cell phones must be turned off or muted. Students may take an unmarked bottle of water/beverage with them to their seat.
4. Students will take a seat in the designated area. No talking is permitted.
5. When a student’s name is called, they will proceed to the testing area.
6. Students will be given their list of points at that time. Begin placing points on the indicated side of your model when the start time begins. Students will have 15 minutes total time to place all points.
7. In case of Human model, students may ask their model to move a body part, such as bend their arms or legs, turn over to face down, or turn or tilt their head. Other than these requests, all other communications with the model are not allowed.
8. When finished placing all 12 points, students need to raise their hand. They must then turn in the list of points to the proctor. Students will then pick up their belongings from the table and exit the lotus room and the 4th floor. No talking is permitted. Students do not stay for the checking of the points.
9. Students are only permitted to go to the outside of the lotus room in the event of emergency, accompanied by one of the proctors the whole time until they are back to the seating area inside the lotus room. This permission is only given while students are still waiting for their turn at the seating area and not during the 15 minutes of the practical test with the model. Students need to raise their hand during the test and they may leave the testing room with their proctor quietly.
10. Students are only permitted to go to the restroom, accompanied by one of the proctors the whole time until they are back to the seating area inside the lotus room. This permission is

only given while students are still in waiting for their turn at the seating area and not during the 15 minutes of practical test with the model. Students need to raise their hand during the test and they may leave the testing room with their proctor quietly.

Level Examination – Clinical Performance Exam (CPX)

Clinical Performance Exam (CPX) is established by Dongguk University Los Angeles (DULA) to evaluate the learning outcomes of students related to their competency in clinical skills at the end of clinical internship level 2.

CPX is designed to follow a format of Objective and Structured Clinical Examination (OSCE). During the CPX, each student will be simultaneously evaluated of their practical clinical skills competency through series of skill station phase as follows:

- Phase 1 – Competency of Neck Physical Exam
- Phase 2 – Competency of Back Physical Exam
- Phase 3 – Competency of Upper Extremities Physical Exam
- Phase 4 – Competency of Lower Extremities Physical Exam
- Phase 5 – Competency of Cupping
- Phase 6 – Competency of Moxibustion
- Phase 7 – Competency of Ear Acupuncture
- Phase 8 – Competency of Scalp Acupuncture
- Phase 9 – Competency of Body Acupuncture and Electroacupuncture
- Phase 10 – Competency of Herbology

Each phase of CPX Skill Station is designed to assess the current state of learning objectives related to the clinical skill competency that each student should acquire prior to advance to the clinical internship level 3.

Prerequisites to take CPX

Only level 2 or equivalent interns can register and participate in CPX.

CPX Passing Score Requirements

Interns should meet the minimum of 70% score in each phase and registration to the next phase of clinical internship will be locked if all requirements have not been met, including passing CPX. Total 5 chances will be given to students to pass all phases and scheduled fee will apply to each time of the test.

CPX Exam Registration Period

CPX Exam registration period is opened on a quarterly basis, starting from the 3rd – 7th week of academic quarter. Registration will be submitted to intern coordinator.

CPX Exam Date

CPX Exam is offered in every quarter. The exam will be conducted once every 10th week of academic quarter.

CPX Exam Procedure

Please follow this procedure regarding the exam registration:

1. Each student should register themselves to OMC Intern Coordinator to schedule their CPX exam date. Exam registration period is opened from 3rd – 7th week of academic quarter.
2. CPX will be delivered once every 10th week of academic quarter in DULA.
3. Each intern should bring their own human model for CPX. Special circumstances will be reviewed on a case-by-case basis under the guidance and approval of OMC Director.
4. Intern will be informed if they are approved to sit on CPX once the registration form has been received. If approved, the date of CPX and other related information will be informed to the registered intern.
5. Cancellation to take CPX should be submitted in written to OMC Intern Coordinator at least seven (7) days prior to CPX date.

Please follow this information regarding the technical procedure during the exam:

1. During the CPX, each intern should bring their own human model.
2. Through the model, interns will be simultaneously evaluated on their clinical competency through 10 phases of structural skill station.

The model represents series of CPX phases as follows:

- a. Human Model
For CPX Phase 1 – 4: Physical Exam (Neck, Back, Upper and Lower Extremities)
- b. Mannequin Model
For CPX Phase 5 – 6: Cupping, Moxibustion
- c. Ear and Scalp Mannequin Model
For CPX Phase 7 – 8: Ear and Scalp Acupuncture
- d. Mannequin Model
For CPX Phase 9: Body Acupuncture and Electroacupuncture
- e. Herbs Model (Herbs will be prepared by OMC)
For CPX Phase 10: Herbology

3. Clinical Faculty that has been assigned by OMC Director will evaluate the interns while they are completing 10 phases of CPX.
4. In each CPX Phase, there are list of checkpoints. Each point will be scored by clinical faculty while intern perform their clinical skill on the model.

Each checkpoint will be scored using the following score reference:

- Score 0: Incompetent, incomplete, unsatisfied or miss (skip) the required steps
- Score 1: Able to perform the required steps, however the performance is not fully satisfied and need further improvement
- Score 2: Able to perform the required steps with adequate knowledge and satisfied the standard of competency as described according to the related checkpoints

List of CPX Ear Acupuncture Points

During the CPX, clinical faculty will select 3 ear acupuncture points to evaluate the intern’s competency in CPX Phase 7: Ear Acupuncture. All ear acupuncture points that will be tested in CPX use the reference from “Chinese Acupuncture and Moxibustion by Cheng Xinnong – 13th printing edition, 2012”

Interns are required to be competent to locate, perform acupuncture needling and understand the function and indication of the following ear acupuncture points:

Anatomical Portion	Point Name
Helix Crus and Helix	Ear Apex
Scapha	Wrist
	Elbow
	Shoulder
Superior Antihelix Crus	Knee
	Ankle
Inferior Antihelix Crus	Ischium
Antihelix	Neck
	Chest
	Ear-Shenmen

Anatomical Portion	Point Name
Triangular Fossa	Triangular Depression
Periphery Helix Crus	Large Intestine
	Liver
Cymba Conchae	Kidney
	Heart
Cavum Conchae	Lung
	Intertragus (Endocrine)
	Spleen
Ear Lobule	Tongue
	Tonsil

List of CPX Scalp Acupuncture Points

During the CPX, clinical faculty will select 3 scalp acupuncture points to evaluate the intern’s competency in CPX Phase 8: Scalp Acupuncture.

Interns are required to be competent to locate, perform acupuncture needling and understand the indication of the following scalp acupuncture points:

Point Name	Anatomical Location	Indications
Motor Area Line	To begin with, draw a guidance line from midpoint of antero-posterior midline of head to intersection point where the anterior hairline meets the eyebrow line (if hair is not present, the focus location will be located directly above zygomatic arch). Motor Area Line: 0.5 cm posterior to midline. The line can be divided into 3 sections: <ul style="list-style-type: none"> • Upper 1/5 • Middle 2/5 • Lower 2/5 	Upper 1/5: Lower limb and trunk paralysis. Middle 2/5: Upper limb paralysis. Lower 2/5: Facial Area and Speech 1 Area (Upper Motor Neuron paralysis of face, motor aphasia, dribbling saliva, impaired speech).
Sensory Area Line	To begin with, draw a guidance line from midpoint of antero-posterior midline of head to intersection point where the anterior hairline meets the eyebrow line (if hair is not present, the focus location will be located directly above zygomatic arch). Sensory Area Line: 1.5 cm posterior to Motor Line. The line can be divided into 3 sections: <ul style="list-style-type: none"> • Upper 1/5 • Middle 2/5 • Lower 2/5 	Upper 1/5: Lower limb, head and trunk sensory related disorder (ie: pain, numbness or paresthesia). Middle 2/5: Upper limb area sensory related disorder (ie: pain, numbness or paresthesia). Lower 2/5: Facial area sensory related disorder (ie: pain, numbness or paresthesia).
Chorea Tremor Control Area Line	To begin with, draw a guidance line from midpoint of antero-posterior midline of head to intersection point where the anterior hairline meets the eyebrow line (if hair is not present, the focus location will be located directly above zygomatic arch). Chorea Tremor Control Area Line: 1.5 cm anterior to Motor Line.	Sydenham’s Chorea, tremors, palsy and related syndromes.
Speech 2 Area Line	Vertical line 2 cm located beside the Tuber Parietal on the posterior of the head. The Speech 2-line 3 cm in length.	Nominal Aphasia.
Speech 3 Area Line	3 cm horizontal line that overlaps Vertigo and Hearing line at the midpoint continues posterior, 1.5 cm superior to auricular apex. For reference, the Vertigo and Hearing line is 4 cm horizontal line centering on the auricular apex 1.5 cm superior to auricular apex.	Receptive Aphasia.
Stomach Area Line	Beginning of hairline 2 cm, extending posterior, directly on the inline with pupil of the eye.	Abdominal discomfort.
Vision Area Line	1 cm lateral to occipital protuberance, parallel to midline, 4 cm in length extend superior.	Cortical blindness.
Balance Area Line	3 cm lateral to external protuberance parallel to midline, 4 cm in length and extending inferior.	Losing balance due to cerebellar disorders.

List of CPX Physical Exam Orthopedic Tests

During the CPX, clinical faculty will select 3 orthopedic tests for each CPX Phase 1, 2, 3 and 4, which relates to the intern’s competency in Physical Exam (Neck, Back, Upper and Lower Extremities).

Interns are required to comprehensively review and competent to perform the following physical test:

Anatomical Region	Physical Test	Reference
Neck	Spurling A Test	https://www.youtube.com/watch?v=3AlqxRrsCB4&list=PL5940A9F7D61573C3&index=7
	Spurling B Test	https://www.youtube.com/watch?v=10MlrbaYK0&list=PL5940A9F7D61573C3&index=6
	Hoffmann’s Sign Test	https://www.youtube.com/watch?v=q_4gpNizwPg&index=15&list=PL5940A9F7D61573C3
	Babinski Sign Test	https://www.youtube.com/watch?v=q4z7VhdOoWc&index=20&list=PL5940A9F7D61573C3
	Adson’s Test	https://www.youtube.com/watch?v=EhUz2Ygz38&list=PL5940A9F7D61573C3&index=22
	L’Hermitte Sign Test	https://www.youtube.com/watch?v=c7YE-4sKOQ&index=9&list=PLKxkgBlw8L3YFULMQf9DkYoit29kJ_Xjb
Back	Straight Leg Raise (SLR) Test	https://www.youtube.com/watch?v=KziCDXXfC-4&list=PL005A7AAC229BFF9C&index=3
	Slump Test	https://www.youtube.com/watch?v=6ohO2CHy8NE&list=PL005A7AAC229BFF9C&index=5
	Sacroiliac Compression Test	https://www.youtube.com/watch?v=f4e7NSqR0vc&index=10&list=PL005A7AAC229BFF9C
	Sacroiliac Distraction Test	https://www.youtube.com/watch?v=szqvDYfIAGw&index=9&list=PL005A7AAC229BFF9C
	Kernig Test	https://www.youtube.com/watch?v=KzCvCBW-Ok0&index=26&list=PL005A7AAC229BFF9C
	Brudzinki Test	https://www.youtube.com/watch?v=MmMfBFiYlJA&index=34&list=PL005A7AAC229BFF9C
	Brudzinki-Kernig Test	https://www.youtube.com/watch?v=3TZb59N9n2A&list=PL005A7AAC229BFF9C&index=33
	Bowstring Test	https://www.youtube.com/watch?v=orb-VI51QF0&list=PL005A7AAC229BFF9C&index=36
Upper Extremities	Empty Can Test	https://www.youtube.com/watch?v=nSlrWoCfs4w
	Yergason Test	https://www.youtube.com/watch?v=DtRi96Cz6eU&list=PLDF3ABFE215B085A9&index=3
	Speed Test	https://www.youtube.com/watch?v=DtRi96Cz6eU&list=PLDF3ABFE215B085A9&index=3
	Neer Test	https://www.youtube.com/watch?v=O6k8ZV911ds&list=PLDF3ABFE215B085A9&index=14
	Hawkins Test	https://www.youtube.com/watch?v=DIUMizDhec4&list=PLDF3ABFE215B085A9&index=23

	Cozen Test	https://www.youtube.com/watch?v=iDQUeF77DOA
	Mill's Test	https://www.youtube.com/watch?v=sL-W5aeDsHl
	Tinel's Sign Elbow	https://www.youtube.com/watch?v=CPJpT_C0l4k
	Varus Stress Test Elbow	https://www.youtube.com/watch?v=rclGQ7daGek&list=PL1783CA8B0D93BC89
	Valgus Stress Test Elbow	https://www.youtube.com/watch?v=Cd25qGCo-kQ&list=PL1783CA8B0D93BC89&index=2
	Phalen's Test	https://www.youtube.com/watch?v=yA05fPPWmLE&list=PL1A5C58F6FB66B8AF&index=16
	Tinel's Sign Wrist	https://www.youtube.com/watch?v=3Mega3c8IZE
	Finkelstein Test	https://www.youtube.com/watch?v=1LShKFM3rY0&list=PL1A5C58F6FB66B8AF&index=26
Lower Extremities	Thomas Test	https://www.youtube.com/watch?v=SYz1TwillTlQ
	FABER Test	https://www.youtube.com/watch?v=CDHkXsN_FDo&list=PL7ED9D127BF2EEC2A&index=21
	McMurray's Test	https://www.youtube.com/watch?v=uKvQ_6C3U_o&list=PLAFF821CC4E003B9B&index=21
	Lachman's Test	https://www.youtube.com/watch?v=htJiomxxJ7Q&list=PLAFF821CC4E003B9B&index=24
	Varus Test Knee	https://www.youtube.com/watch?v=d7cHlrtz6b8&list=PLAFF821CC4E003B9B
	Valgus Test Knee	https://www.youtube.com/watch?v=m6mOr9anhdy&index=2&list=PLAFF821CC4E003B9B
	Anterior Drawer Test Knee	https://www.youtube.com/watch?v=hf0vOPy7snc&index=37&list=PLAFF821CC4E003B9B
	Posterior Drawer Test Knee	https://www.youtube.com/watch?v=u8hiqyxDcwo&list=PLAFF821CC4E003B9B&index=12
	Ober's Test	https://www.youtube.com/watch?v=WegGY5Yw_wg&list=PLAFF821CC4E003B9B&index=16
	Appley's Compression and Distraction Test Knee	https://www.youtube.com/watch?v=o60f9kEmGxE&list=PLAFF821CC4E003B9B&index=36
	Thompson's Test	https://www.youtube.com/watch?v=GtJF5cUmsll&list=PLD7027853E82AE901&index=3
	Kleiger Test	https://www.youtube.com/watch?v=DlyOoBnPF0w&list=PLD7027853E82AE901&index=13
	Achilles Tendon Palpation Test	https://www.youtube.com/watch?v=a9FI_OHpQ5Y&index=24&list=PLD7027853E82AE901

DATM Program

Required Documents

Students must prepare the following documents prior to applying for internship:

1. Application Form
2. One recently taken passport size (2"x2") photo
3. Copy of CPR & First Aid Certificate, Child/Adult - 8 hours training
4. Copy of CNT Certificate
5. English language proficiency – Please refer to “English Language Proficiency” under “Admissions” category in the current MSOM Catalog for more information
6. \$10 Name Tag Fee

Registration Order

Registration priority is determined by level of internship, and maximum priority given to current Level III interns, followed by incoming Level III interns, then current Level II interns, etc. If an intern, notwithstanding seniority, chooses to register late, their options will be limited to shifts currently available on a first-come, first-served basis.

PC700 Integrated Clinical Rounds can only be started when student has completed all required clinical hours of internship level III.

Level Examination

1. Mid-Curriculum Exam (MCE)
2. Clinical Performance Examination (CPX)

V. CLINICAL TRAINING REQUIREMENTS AND APPLICATION PROCEDURE

MSOM Program

Level I – Requirements and Application Procedure

Requirements for Entrance:

To apply Level I internship, Students must have successfully completed 60 units of didactic courses and these pre-requisite courses should be included.

OM 121/211	Basic Theory of OM I, II
OM 221/311/312	At least Two of OM Diagnosis I, II, III
HB 110	Introduction to Botany and Herbs
HB 211/212/213/214	At least Two of Herbs: Category I, II, III, IV
AC 211	Meridian Theory
AC 111/112	Acupuncture Anatomy I, II
BS 211/212/213/214	At least Two of Anatomy & Physiology I, II, III, IV
WM 110	WM Terminology
WM 210	CNT, Equipment & Safety Review
WM 321	CPR & First Aid

Steps to Registration:

1. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information of registration periods will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
2. On your registration day schedule shifts for the upcoming quarter with the Intern Coordinator. Scheduling shift is on first come first serve basis.
3. The Intern Coordinator will input your shifts into the school's main registration system.

4. Intern orientation session is held at the beginning of each quarter and attendance is mandatory.
5. Purchase clinical equipment (DULA scrub, stethoscope, sphygmomanometer, thermometer, Tweezer, ear acupuncture probe, etc.)

Requirements for Completion of Level I Observation and Herbal Practicum:

1. 200 Hours: 80 hours Observation Theater, 80 hours Observation Rounds, 40 hours Herbal Practicum
2. Successful pass of Intern Evaluations by Clinical Faculty
3. Successful completion of observing treatment of 50 patient visits
4. Successful pass of A Case Conference Exam (CCE)

Level II – Requirements and Application Procedures

Requirements for Entrance:

Students must complete 200 hours of Level I Observation and Herbal Practicum and pass Level II exam (Mid-Curriculum Exam / MCE) with 70% passing grade. And Students must have successfully completed 100 units of didactic courses and these pre-requisite courses should be included.

OM 221/311/312	OM Diagnosis I, II, III
HB 211/212/213/214	Herbs: Category I, II, III, IV
BS 211/212/213/214	Anatomy & Physiology I, II, III, IV
AC 311/312	Acupuncture Physiology I, II
AC 321/322	At least One of Acupuncture Techniques I, II
TB 211	Tui-Na
BS 311	At least One of Pathology I, II, III

Steps to Registration:

1. Apply for and pass Level II exam (Mid-Curriculum Exam / MCE; Both written and Practical Exam).

2. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information announcing registration times will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
3. On your registration day schedule shifts for the upcoming quarter with the Intern Coordinator. Scheduling shift is on first come first serve basis.
4. The Intern Coordinator will input your shifts into the school's main registration system.
5. Purchase clinical equipment (Small penlight/flashlight, Reflex Hammer, Portable container for storage of supplies, and other optional supplies such as tuning fork, massage oil, and ambient music to provide to patients during treatment).

Requirements for Completion of Level II Supervised Practice Internship:

1. 560 Hours of supervised practice
2. Successful pass of Intern Evaluations by Clinic Supervisor
3. Successful completion of treatment for 230 patient visits
4. Successful pass of A Case Conference Exam (CCE)

Level III – Requirements and Application Procedures

Requirements for Entrance:

Students must complete 560 hours of Level II Supervised practice internship and pass Level III exam (Clinical Performance Exam / CPX) with 70% passing grade. And Students must have successfully completed 150 units of specific didactic courses and these pre-requisite courses should be included.

OM 411/412/413/414	At least One of OM Internal Medicine I, II, III, IV
HB 311/312/313/314	At least Two of Herbal Formulas 1, 2
AC 321/322	Acupuncture Techniques I, II
AC 411/412	At least One of Acupuncture Therapeutics I, II

BS 311/312/313

Pathology I, II, III

WM 311/312/313

At least One of Western Medicine I, II, III

Steps to Registration:

1. Clinic registration occurs the week after academic registration to allow students to plan shifts around their academic schedule. Registration days are set-up by level, with priority given to more senior interns. Information announcing registration times will be posted on the clinic bulletin board at least 1 week in advance of the beginning of registration. (Please also refer to Academic Calendar on MSOM Catalog for more information about registration date).
2. On your registration day, schedule shifts for the upcoming quarter with the Intern Coordinator. Scheduling shift is on first come first serve basis.
3. The Intern Coordinator will input your shifts into the school's main registration system.

Requirements for Completion of Level III Independent Practice Internship:

1. 200 Hours of Independent practice
2. Successful pass of Intern Evaluations by Clinic Supervisor
3. Successful completion of treatment for 120 patient visits
4. Successful pass of A Case Conference Exam (CCE)

DATM Program

The Student who wants to enroll PD700 Integrated Clinical Rounds must complete at least 960 hours of clinical internship successfully.

PC700 Integrated Clinical Rounds

Steps to Registration:

To register on this clinical Rounds, please contact the program director and Intern Coordinator.

Requirements for Completion of PC700 Integrated Clinical Rounds:

1. Successful complete the 40-hours of Clinical Rounds
2. Successful pass of Student's Evaluation by Clinic Supervisor
3. Successful completion of one case study with oral presentation

VI. COURSE DESCRIPTION

MSOM Program

The following are guidelines regarding the role of student and Clinic Supervisor at each level of clinical training.

Level I (200 Hours) Observation and Herbal Practicum

The first level of internship training consists of 200 hours of observation including 80 hours of observation theater, 80 hours of observation rounds, and 40 hours of herbal practicum. Interns are introduced to all aspects of the clinical practice of acupuncture and oriental medicine, observing the formulation of diagnoses and treatments performed by clinical faculty.

In observation theater (80 hours), level I interns have opportunities to see how oriental medicine theory and practice are combined. In each shift, scheduled patients are interviewed, diagnosed, and treated by clinic faculty while level I interns observe. Following each patient's treatment, discussion of the patient's case is conducted.

In observation rounds (80 hours), level I interns have experience in observing clinic faculty in interviewing, diagnosing, and treating patients, as well as assisting clinic faculty in taking and recording a patient's history and physical exam. Level I interns take the patient's pulse and observe the patient's tongue with instruction by clinic faculty to understand the clinic faculty's diagnosis and treatment plan.

In herbal practicum (40 hours), level I interns will have opportunities to identify herbs, learn how to assemble granule and bulk herb formulas, learn how to fill an herbal prescription, and become familiar with the dispensary operations. It is expected that all level I interns participate in keeping treatment rooms clean and stocked.

LEVEL I INTERN'S ROLE & RESPONSIBILITY	SUPERVISOR'S ROLE
<ol style="list-style-type: none"> 1. Observe whole treatment procedures performed by Clinic Faculty in OMC (80 hours Observation Theater) 2. Assist Clinic Faculty in taking and recording patient's history and physical exams (80 hours Observation Rounds) 3. Take patient's pulse and observe patient's tongue by instruction of Clinic Faculty (80 hours Observation Rounds) 4. Categorize and organize herbs and check the herb inventory in Herbal Dispensary under the direction of Intern Coordinator and Supervisor (40 hours of Herbal Practicum) 5. Keep a log of treatments observed and Prepare Herbal Dispensary 6. Maintain cleanliness in Herbal Dispensary and treatment rooms with stocking medical equipment and supplies for patient treatment 	<p>Show the interns interview, diagnose, and treat patients with acupuncture, Herbal prescription and appropriate modalities.</p> <p>Teach interns conversation skills and bedside manners.</p> <p>Supervise interns' taking and recording patient's history.</p> <p>Teach category of Herbs and help interns learn how to maintain, organize, and make herbal formulas.</p> <p>Check intern list for the day and maintain his/her attendance file.</p> <p>Always check herb extractor safety and teach interns about safety measures.</p>

Objectives	<p>At the end of this level, students will be able to:</p> <ol style="list-style-type: none"> 1. Acquire a basic understanding of how to perform patient interview and diagnostic procedure with professionalism by observing supervisor's practice 2. Obtain knowledge regarding techniques of Acupuncture treatment and other modalities by observing supervisor's practice 3. Obtain knowledge in Herbal prescription with appropriate process of herbal dispensary by observing supervisor's practice 4. Acquire proper patient management skills such as creating comfortable atmosphere for the patient with bedside manners and befitting attitude by observing supervisor's practice
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	<ol style="list-style-type: none"> 5. Understand various treatment methodologies in assessing required treatment course and adjusting treatments for return patients by observing supervisor’s practice 6. Describe and demonstrate beginning level of skills in performing a physical examination, Tongue diagnosis and pulse diagnosis 7. Understand basic diagnosis and treatment plan 8. Demonstrate knowledge of OM herbs, by category, properties, functions, indications and contraindications. 9. Locate commonly used acupuncture points 10. Learn and be knowledgeable about clinic rules and regulations including CNT, HIPAA, OSHA protocols 11. Learn and be knowledgeable about Emergency Procedures and CPR protocols
<p>Evaluation</p>	<p>Pass/fail depending on:</p> <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Successful pass of one Case Conference Exam (CCE)

Level II (560 Hours) Supervised Practice

Level II internship consists of 560 hours of supervised acupuncture and oriental medical practice. Under the supervision of their clinic supervisors, interns diagnose and treat patients in the OMC and at other off-campus health care sites. Working individually or in pairs, interns apply their knowledge and skills of oriental and western medical assessments to interview and assess the condition of each new patient, formulating potential diagnoses and treatment plans based on this assessment, including acupuncture and other oriental medical modalities. Interns then discuss this diagnosis and treatment plan with clinic supervisor and treat the patient under the direct supervision of the clinic supervisor. Interns are expected to demonstrate proficiency in treatment techniques covered in the courses of their didactic studies. Interns will render possible nutritional and/or lifestyle recommendations and offer them to the patient after consultation with the clinic supervisor. Interns will also incorporate

herbal formula derivation and modification into treatment plans. Interns are expected to inform their patients of the ingredients and proposed effects of the formula, formula preparation/cooking instructions, appropriate dosage guidelines, and possible adverse effects. Interns are responsible for filling the herbal formulas for their patients.

LEVEL II INTERN'S ROLE & RESPONSIBILITY	SUPERVISOR'S ROLE
<ol style="list-style-type: none"> 1. Interview, diagnose and develop treatment plan of acupuncture and herbs with other applicable modalities 2. Perform Acupuncture treatment and Herbal treatment under the direct supervision of Clinic Supervisor 3. Record patient chart and get Supervisor's signature. 4. Return equipment and other materials to the original place after using them. 5. Take patients to front desk after treatments and help them to get next appointment 6. Organize and clean the treatment room after treatment and stock medical equipment and supplies for patient treatment. 	<p>Listen to what intern presents about patients' history, diagnosis, and treatment plan and assess intern's interviewing, diagnostic procedure and treatment plan.</p> <p>Visit patients with Interns to confirm intern's finding and supervise acupuncture and other Oriental medical treatments.</p> <p>Review Patient charts and confirm the completion of documentation before patients check out.</p> <p>Review Daily Internship Patient Record Sheet and Time Card and sign approval at the end of each shift.</p>

Objectives	<p>At the end of this level, students will be able to:</p> <ol style="list-style-type: none"> 1. Perform Acupuncture treatment, Herbal prescription, and other treatment modalities of patient under the direct supervision of Clinic Supervisor 2. Demonstrate competency in acupuncture point location and needling technique 3. Exhibit introductory competency in patient management by filling out necessary forms 4. Take the Oriental and Western medical history of patients 5. Perform complete patient’s physical examination 6. Evaluate patients’ condition for referral to other healthcare practitioners 7. Demonstrate professionalism, a positive attitude, and befitting bedside manner in welcoming and assisting patients 8. Demonstrate introductory competency in written and oral communication skills with patients, colleagues, clinic staff and other healthcare providers
Evaluation	<p>Pass/fail depending on:</p> <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Successful pass of one Case Conference Exam (CCE)

Level III (200 Hours) Independent Practice

Level III internship consists of 200 hours of independent practice of acupuncture and oriental medicine under the supervision of clinic supervisor. Interns complete a clinical impression and oriental medical diagnosis, as noted in Level II internship, for concurrence by the clinic supervisor. A treatment approach is recommended for concurrence by clinic supervisor, after which acupuncture or other modalities are employed to treat the condition. The clinic supervisor is not required to observe the actual diagnosis or treatment but must be near the location where the patient is being treated. Interns are required to consult with the assigned clinic supervisor before and after each treatment.

LEVEL III INTERN'S ROLE & RESPONSIBILITY	SUPERVISOR'S ROLE
<ol style="list-style-type: none"> 1. Perform patient intake. 2. Perform physical exam, patient diagnosis and treatment plan. 3. Consult with Supervisor prior to patient treatment. 4. Independently perform acupuncture treatment, herbal treatment, and other applicable modalities 5. Consult with clinic office staff to confirm patient appointment date. 6. Report immediately any problems or potential problems to the Supervisor. 	<p>Review intern's diagnosis, treatment content, treatment plan, acupuncture, herb, tui-na, moxibustion treatment.</p> <p>Render final diagnosis and treatment plan to begin treatment.</p> <p>Stay near interns and Be available when interns need help or advice.</p> <p>Confirm the completeness of treatment and advice any recommendation as needed.</p>

<p>Objectives</p>	<p>At the end of this level, students will be able to:</p> <ol style="list-style-type: none"> 1. Prescribe and provide acupuncture treatment, herbal prescription, and other treatment modalities 2. Perform procedures in the treatment of patient independently 3. Demonstrate mastery in acupuncture point location and needling techniques 4. Evaluate patient's condition for referral to other healthcare practitioners, and consult with them 5. Demonstrate professionalism, a positive attitude, and appropriate befitting manner to patients during the times in the clinic 6. Demonstrate fluency in written and oral communication skills with patients, colleagues, clinic staff and other healthcare providers
<p>Evaluation</p>	<p>Pass/fail depending on:</p> <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Successful pass of one Case Conference Exam (CCE)

DATM Program

The following are guidelines regarding the role of student and Clinic Supervisor at each level of clinical training. Please refer course description of MSOM internship Level 1, 2, 3.

PC700 Integrated Clinical Rounds (40-hours)

The final clinical phase of the DATM clinical practice consists of PC700 Integrated Clinical Rounds. This course provides integrated clinical experience for students as they practice under the guidance of an onsite DATM supervisor. Students incorporate evidence-informed integrative practice into their clinical treatments. Students will obtain competency in collaborating and communicating with other healthcare practitioners. At the end of the 40 hours, students submit a patient case study. The case study with appropriate details will be discussed and presented during the grand rounds with both western faculty and DATM supervisors to gain an understanding of western and eastern perspectives.

STUDENT'S ROLE & RESPONSIBILITY	SUPERVISOR'S ROLE
<ol style="list-style-type: none"> 1. Observes the Supervisor in regard to the patient care, assessment and treatment. 2. Participate in the active discussion with the faculty from multidiscipline field and other fellow students. 3. Perform patient intake. 4. Perform physical exam, patient diagnosis and treatment plan. 5. Consult with Supervisor prior to patient treatment. 6. Independently perform acupuncture treatment, herbal treatment, and other applicable modalities 7. Consult with clinic office staff to confirm patient appointment date. 8. Report immediately any problems or potential problems to the Supervisor. 9. Design 1 case study reflecting their learning experience and achievement form the clinical hours 	<p>Review student's diagnosis, treatment content, treatment plan, acupuncture, herb, tui-na, moxibustion treatment.</p> <p>Render final diagnosis and treatment plan to begin treatment.</p> <p>Stay near interns and Be available when interns need help or advice.</p> <p>Confirm the completeness of treatment and advice any recommendation as needed.</p> <p>Provides clinical expertise regarding patient diagnosis and treatment in the clinical setting.</p> <p>Provide active discussion with the student.</p> <p>Provides evaluation to the students in meeting the learning outcomes.</p>

Objectives	<p>At the end of this level, students will be able to:</p> <ol style="list-style-type: none"> 1. Provides integrated clinical experience through their clinical practice in AOM field 2. Incorporate evidence-informed integrative practice into the clinical treatments 3. Able to collaborate and communicate professionally with other multi discipline healthcare practitioners
Evaluation	<p>Pass/fail depending on:</p> <ol style="list-style-type: none"> 1. Satisfactory performance of roles and responsibilities 2. Achievement of objectives 3. Completion of one case study with oral presentation

Case Conference Exam (CCE) Guidelines

Background and Purpose

Case Conference Exam (CCE) is established by Dongguk University Los Angeles (DULA) to evaluate the learning outcomes of students at the end of each clinical internship phase. Currently, there are three (3) phases of clinical internship that each student must successfully pass as a requirement to graduate from Master of Science in Oriental Medicine (MSOM) program.

CCE Exam consists of 3 phases:

- CCE Level 1: Pre-requisites to begin clinical internship level 2.
- CCE Level 2: Pre-requisites to begin clinical internship level 3.
- CCE Level 3: Pre-requisites to graduate from MSOM program.

Each level of CCE is designed to assess the current state of learning objectives that each student should acquire prior to advance to the next level of clinical training.

Prerequisites to take CCE

There are 3 levels of CCE (CCE Level 1, CCE Level 2, CCE Level 3). To be eligible to sit on each CCE exam, each intern must have completed the pre-requisites as follows:

1. Pre-requisite of CCE Level 1: Complete at least 80 hours of internship level 1
2. Pre-requisite of CCE Level 2: Complete at least 280 hours of internship level 2
3. Pre-requisite of CCE Level 3: Complete at least 120 hours of internship level 3

CCE Exam Passing Score Requirements

Minimum required passing score of each CCE level is 70%. Registration to the next phase of clinical internship will be locked if all requirements have not been met, including passing CCE level exam.

Max Score in CCE Level 1 = 14 (100%), Min Passing Score CCE Level 1 = 9 (70%)

Max Score in CCE Level 2 = 14 (100%), Min Passing Score CCE Level 2 = 9 (70%)

Max Score in CCE Level 3 = 14 (100%), Min Passing Score CCE Level 3 = 9 (70%)

CCE Exam Registration Period

CCE Exam registration period will be opened from the 3rd – 6th week of each academic quarter.

CCE Exam Date

CCE Exam will be delivered once every academic quarter. Exam will be conducted on Saturday of the 9th week of the academic quarter.

CCE Exam Procedure

The following are the procedure and requirements of the CCE:

1. Each student should register themselves to OMC Intern Coordinator to schedule their CCE exam date. CCE exam registration date will be opened from 3rd – 6th week of each academic quarter.
2. Intern will be informed if they are approved to sit on CCE exam once the registration form has been received. If approved, the date of CCE and other related information will be informed to the registered intern.
3. CCE exam will be delivered once every academic quarter in DULA on Saturday, 9th week of academic quarter.
4. **Cancelation to take CCE should be submitted in written to OMC Intern Coordinator at least seven (7) days prior to CCE date.**
5. **Each intern should submit their case study report to OMC Intern Coordinator at least seven (7) days prior to CCE date.**
6. During the CCE date, each student will present and defend their case study report to the clinical faculty. Follow the information provided in this guideline regarding the materials that will be covered during the CCE.
7. Each intern will be given 15 minutes to present their case study. Q/A with the clinical faculty may vary, but usually will take about 15 – 30 minutes.

In order to adequately prepare and pass CCE, each intern is advised to follow the guideline for preparing the CCE Exam presented in this guideline.

Depending on each CCE Exam level, each level contains different composition of which subjects that interns should prepare. The guideline to prepare CCE comprises the percentage of each category that interns will be directly evaluated during their case conference session.

The interview will simultaneously assess the intern’s comprehensive knowledge to each of their presented case as well as their knowledge to the program materials stipulated in the category of OM, Acupuncture, Herbs and Biomedicine. Please also review the exam rubric given at the end of each guideline of CCE from level 1 – 3.

General inquiry and consultation regarding CCE can be scheduled with OMC Intern Coordinator (omcic@dula.edu).

Guideline for Preparing CCE Level 1

When designing a case study report, each intern may follow the case study format as published by DULA OMC. The case study format includes comprehensive review and analysis of SOAP format. Case study format is available at <https://dula.edu/forms/>

Reference on Exam Score for CCE Level 1:

- Score 0 = Incompetent knowledge
- Score 1 = Provide minimum knowledge but need further improvement
- Score 2 = Provide adequate and competent knowledge to the given criteria

There are 7 phases or criteria that will be tested to each interns in CCE Exam Level 1, out of these 7 phases:

- Maximum score for CCE Exam Level 1 = 14 (100%)
- Minimum passing score for CCE Exam Level 1 = 9 (70%)

Apart from designing the case study report, each intern is expected to fully sufficient of their knowledge according to the following covered materials:

1. Case Report Written and Oral Skill Competency

In this section, each interns are expected to meet the following objectives:

- a. Comprehensive, clear and organized case report study in SOAP format that meet the minimum requirement as set in DULA OMC case study format (see the format in <https://dula.edu/forms/>)
- b. Demonstrates a well written with correct grammar and words of in English language the submitted case report
- c. Provide a disciplinary and responsibility that reflected in the submission of the case report within the given deadline
- d. Demonstrates clear and structural oral presentation of the contents in the case report and meeting the objectives within the given time
- e. Oral presentation provides clear sentences, volume, intonation, appropriate speed, engage the interest of the audience and in clear English language
- f. Demonstrates a well and professional attitude during the entire case conference session

2. Case Report Knowledge Competency

In this section, each interns are expected to meet the following objectives:

- a. Understanding of the whole information covered in the presented case report
- b. Able to present the relevant analytical thinking that correlates from Subjective to Objective findings that stipulates to the current Assessment
- c. Able to present the correlative treatment principle and plans integrated to OM principle based on the presented case study

3. Foundation Theory and Diagnosis Skill in OM

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Competency of knowledge in Yin Yang and 5-elements theory
- b. Competency of knowledge in vital substances (Qi, Blood, Body Fluids, Essence and Shen)
- c. Competency of knowledge in Pathogenic Factors and treatment principle according to OM
- d. Competency of knowledge in OM diagnosis skills and theory including inspection of the body, 10-asking questions, tongue and pulse diagnosis
- e. Competency of 8 principles in OM Diagnosis

f. Competency of Zang Fu syndrome differentiation

4. Anatomy and Physiology in Basic Science of Biomedicine

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the competency of knowledge in the human anatomy and physiology of each system, consisted as follows:

- a. Musculoskeletal system
- b. Cardiovascular system
- c. Blood, Lymphatic and Immune System
- d. Respiratory System
- e. Digestive and Urinary System
- f. Nervous System and Special Senses (Eyes and Ears)
- g. Integumentary System
- h. Endocrine System
- i. Male and Female Reproductive System

5. Meridian and Acupuncture Physiology

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Knowledge of each meridian pathways, meeting points, influenced organs, signs and symptoms related to each meridian. The covered meridians are as follows
 - i. Sinews, Luo, Primary and Divergent Channels of LU, LI, ST, SP, HT, SI, UB, KD, PC, SJ, GB, LV
 - ii. 8 Extra-ordinary Vessels
- b. Knowledge of general function of acupuncture point category and list of points included in each category (Front Mu and Back Shu, 5-Shu points, Sea points and Lower He-Sea points, Influent points of 8 tissues, Confluent points of 8 channels, Command points, Ashi points)
- c. Knowledge of specific point function and indication as listed in each above point category

6. Single Herbs

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Knowledge of which category that belongs to each single herbs
- b. Knowledge of function and indication of each single herbs following their category
- c. Knowledge of general contraindication of single herbs based on their category

7. Clean Needle Techniques (CNT)

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Proper CNT procedure and requirements
- b. Knowledge of infection and transmissible disease, including bloodborne pathogens
- c. Definition of sterilization, disinfection, disinfectant, etc.

Guideline for Preparing CCE Level 2

When designing a case study report, each intern may follow the case study format as published by DULA OMC. The case study format includes comprehensive review and analysis of SOAP format. Case study format is available at <https://dula.edu/forms/>

Reference on Exam Score for CCE Level 2:

- Score 0 = Incompetent knowledge
- Score 1 = Provide minimum knowledge but need further improvement
- Score 2 = Provide adequate and competent knowledge to the given criteria

There are 7 phases or criteria that will be tested to each interns in CCE Exam Level 2, out of these 7 phases:

- Maximum score for CCE Exam Level 2 = 14 (100%)
- Minimum passing score for CCE Exam Level 2 = 9 (70%)

Apart from designing the case study, each intern is expected to fully sufficient of their knowledge according to the following covered materials:

1. Case Report Written and Oral Skill Competency

In this section, each interns are expected to meet the following objectives:

- a. Comprehensive, clear and organized case report study in SOAP format that meet the minimum requirement as set in DULA OMC case study format (see the format in <https://dula.edu/forms/>)
- b. Demonstrates a well written with correct grammar and words of in English language the submitted case report
- c. Provide a disciplinary and responsibility that reflected in the submission of the case report within the given deadline
- d. Demonstrates clear and structural oral presentation of the contents in the case report and meeting the objectives within the given time
- e. Oral presentation provides clear sentences, volume, intonation, appropriate speed, engage the interest of the audience and in clear English language
- f. Demonstrates a well and professional attitude during the entire case conference session

2. Case Report Knowledge Competency

In this section, each interns are expected to meet the following objectives:

- a. Understanding of the whole information covered in the presented case report
- b. Able to present the relevant analytical thinking that correlates from Subjective to Objective findings that stipulates to the current Assessment
- c. Able to present the correlative treatment principle and plans integrated to OM principle based on the presented case study

3. OM Diagnosis Skills

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Competency of knowledge in OM diagnosis skills and theory including inspection of the body, 10-asking questions, tongue and pulse diagnosis
- b. Competency of 8 principles in OM Diagnosis
- c. Competency of Zang Fu syndrome differentiation

4. Pathophysiology and Physical Exam in Western Medicine

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Competency of knowledge in the pathophysiology of each system, consisted as follows:
 - i. Musculoskeletal system
 - ii. Cardiovascular system
 - iii. Blood, Lymphatic and Immune System
 - iv. Respiratory System
 - v. Digestive and Urinary System
 - vi. Nervous System and Special Senses (Eyes and Ears)
 - vii. Integumentary System
 - viii. Endocrine System
 - ix. Male and Female Reproductive System
 - b. Competency of knowledge in Physical Exam:
 - i. Vital Signs and Assessment of State of Conscious and Mental Health
 - ii. Structured physical exam of each system from Head to Toes
 - iii. Special Physical Exam Test (Test procedure, Purpose of Test, Meaning of Findings from the Test)
5. Acupuncture Physiology and Techniques

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Knowledge of general function of point category and list of points included in each category (Front Mu and Back Shu, 5-Shu points, Sea points and Lower He-Sea points, Influential points of 8 tissues, Confluent points of 8 channels, Command points, Ashi points)
- b. Knowledge of specific point function and indication as listed in each above point category
- c. Knowledge of specific point function and indication from Scalp and Ear Microsystem Acupuncture
- d. Techniques of tonification, sedation in acupuncture
- e. Indication and Contraindication related to auxiliary treatment (Moxa, Cupping, Gua Sha, EA)

- f. Function and indication of each types of moxibustion including direct and indirect moxa
- g. Function and indication of each types of cupping techniques

6. Herbs Formula

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Knowledge of which category that belongs to each formula
- b. Knowledge of the chief herbs within each formula following their category (Know the chief herbs name, category and function)
- c. Knowledge of function and indication of each formula following their category
- d. Knowledge of general contraindication of formula based on their category

7. Clean Needle Techniques (CNT)

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Proper CNT procedure and requirements
- b. Knowledge of infection and transmissible disease, including bloodborne pathogens
- c. Definition of sterilization, disinfection, disinfectant, etc.

Guideline for Preparing CCE Level 3

When designing a case study report, each intern may follow the case study format as published by DULA OMC. The case study format includes comprehensive review and analysis of SOAP format. Case study format is available at <https://dula.edu/forms/>

Reference on Exam Score for CCE Level 3:

- Score 0 = Incompetent knowledge
- Score 1 = Provide minimum knowledge but need further improvement
- Score 2 = Provide adequate and competent knowledge to the given criteria

There are 7 phases or criteria that will be tested to each interns in CCE Exam Level 3, out of these 7 phases:

- Maximum score for CCE Exam Level 3 = 14 (100%)

- Minimum passing score for CCE Exam Level 3 = 9 (70%)

Apart from designing the case study, each intern is expected to fully sufficient of their knowledge according to the following covered materials:

1. Case Report Written and Oral Skill Competency

In this section, each interns are expected to meet the following objectives:

- a. Comprehensive, clear and organized case report study in SOAP format that meet the minimum requirement as set in DULA OMC case study format (see the format in <https://dula.edu/forms/>)
- b. Demonstrates a well written with correct grammar and words of in English language the submitted case report
- c. Provide a disciplinary and responsibility that reflected in the submission of the case report within the given deadline
- d. Demonstrates clear and structural oral presentation of the contents in the case report and meeting the objectives within the given time
- e. Oral presentation provides clear sentences, volume, intonation, appropriate speed, engage the interest of the audience and in clear English language
- f. Demonstrates a well and professional attitude during the entire case conference session

2. Case Report Knowledge Competency

In this section, each interns are expected to meet the following objectives:

- a. Understanding of the whole information covered in the presented case report
- b. Able to present the relevant analytical thinking that correlates from Subjective to Objective findings that stipulates to the current Assessment
- c. Able to present the correlative treatment principle and plans integrated to OM principle based on the presented case study

3. OM Internal Medicine

Each interns will be tested for their competency of knowledge in selected OM internal medicine cases to the principle of OM Diagnosis and Zang Fu syndrome differentiation

4. Western Internal Medicine and Supportive Diagnosis

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. The competency in the pathophysiology of system to the application of selected internal medicine case will be blended and evaluated concurrently, including knowledge in differential diagnosis and proper general treatment:
 - i. Orthopedics
 - ii. Cardiology and Vascular
 - iii. Hemato-immuno-oncology
 - iv. Pulmonology
 - v. GI system
 - vi. Urology
 - vii. Obstetric and Gynecology
 - viii. Neurology
 - ix. Ophthalmology and ENT
 - x. Dermatology
 - xi. Endocrinology
 - xii. Psychiatric Disorders
- b. Lab and Radiology Imaging
 - i. Basic Understanding of Hematology, biochemistry and metabolic tests
 - ii. Basic Understanding of Urinary and Fecal tests
 - iii. Basic Understanding of differentiation of X-Ray, USG, CT Imaging and MRI

5. Acupuncture Therapeutics

Each interns will be tested of their knowledge of point category, function and indication that will be evaluated in concurrent to selected internal medicine case as a therapeutic methods (internal medicine case will follow the reference from CAM 2010 edition)

6. Formula Modification and Nutrition

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Knowledge of how to modify formula based on current patient's condition (development of patient's condition will be created based on each case presented by students)

- b. Knowledge of combining herbs and acupuncture treatment
- c. Knowledge of when to refer patients
- d. Basic Understanding of nutrition and dietary from OM (Function, Indication and Contraindication)
- e. Basic Understanding of Minerals and Vitamins (Function, Indication and Contraindication)

7. Medical Ethics

Each interns will be tested of their competency in this area and expected to fully sufficient of their knowledge according to the following covered materials:

- a. Basic understanding of scope of practice as acupuncturist in state of CA
- b. Informed Consent and Patient Rapport
- c. HIPAA

VII. STUDENT EVALUATION

MSOM Program

The OMC's level performance evaluation assists students in achieving the most from his/her clinical experience while fulfilling curricular requirements. Progression through students' level depend on attendance, evaluations of clinic competencies, attitude and conduct. The design and purpose of the quarterly evaluations is to determine whether the student has demonstrated sufficient learning and clinical competence to the assigned Clinic Supervisor.

General Evaluation

All aspects of the students' learning and performance is assessed based on DULA's MSOM program educational goal:

- Demonstrate an understanding of the theoretical and historical contexts of Oriental Medicine;
- Apply this understanding to accurately diagnose patients;
- Utilize bio-medical diagnostic methods and refer to other practitioners as appropriate;
- Competently plan, perform, assess and adjust acupuncture treatments for common conditions and patterns;
- Competently prescribe and modify herbal formulae for common conditions and patterns;
- Embody and advise on healthy lifestyle choices; and
- Identify, define and model best practices for professional success.

Including;

- Technical competence (i.e.: diagnosis, treating, herb preparation, cleanliness, room preparation, etc.)
- Administrative ability (i.e.: report preparation, appointment, and charting etc.)
- General attitude (towards others in the clinic, cooperation, tolerance, punctuality, appearance, etc.)

The assigned Clinic Supervisor will prepare and submit student evaluation. In addition to these general evaluations, the student is assessed through Mid-Curriculum examination that may include

practical and written components, and Clinical Performance examination. These Exam are designed to test specific skill sets and competencies that are expected to be obtained in the internship.

Final Evaluation for Completion of Internship

At the end of clinical internship, each intern must have compiled the following:

- Total patient visits/treatments: 400 on patients log sheet
- Total internship hours: 960 hours on punch report
- Successful pass of 3 Case Conference Exam (CCE)
- CPR & First Aid card
- CNT Certificate

The Comprehensive Graduation Exam is the final method of evaluating didactic learning and clinical internship learning.

DATM Program

The OMC's level performance evaluation assists students in achieving the most from his/her clinical experience while fulfilling curricular requirements. Progression through students' level depend on attendance, evaluations of clinic competencies, attitude and conduct. The design and purpose of the quarterly evaluations is to determine whether the student has demonstrated sufficient learning and clinical competence to the assigned Clinic Supervisor.

General Evaluation

All aspects of the students' learning and performance is assessed based on DULA's DATM program educational objectives:

- Demonstrate an understanding of the theoretical and historical contexts of Oriental Medicine;
- Apply this understanding to accurately diagnose patients;
- Utilize bio-medical diagnostic methods and refer to other practitioners as appropriate;
- Competently plan, perform, assess and adjust acupuncture treatments for common conditions and patterns;
- Competently prescribe and modify herbal formulae for common conditions and patterns;
- Embody and advise on healthy lifestyle choices; and

- Identify, define and model best practices for professional success.
- Integrative diagnostic skills to provide effective patient care
- Familiarity with the contemporary community healthcare system
- Collaborate care with other healthcare professionals
- Developing and implementing systems and plans for professional development
- Assessing and integrating scholarship, research, and evidence-based medicine, or evidence-informed practice to enhance patient care and to support professional practice

Including;

- Technical competence (i.e.: diagnosis, treating, herb preparation, cleanliness, room preparation, etc.)
- Administrative ability (i.e.: report preparation, appointment, and charting etc.)
- General attitude (towards others in the clinic, cooperation, tolerance, punctuality, appearance, etc.)

The assigned Clinic Supervisor will prepare and submit student evaluation. In addition to these general evaluations, the student is assessed through Mid-Curriculum examination that may include practical and written components, and Clinical Performance examination. These Exam are designed to test specific skill sets and competencies that are expected to be obtained in the internship. The Comprehensive Graduation Exam is the final method of evaluating didactic learning and clinical internship learning. Student in DATM program is also required to successfully complete the 40-hours of PC700 Integrated Clinical Rounds.

Final Evaluation for Completion of Internship

At the end of clinical internship, each intern must have compiled the following:

- Total patient visits/treatments: 400 on patients log sheet
- Total internship hours: 1000 hours on punch report
- Successful pass of 3 Case Conference Exam (CCE) and one case study with oral presentation of PC700
- CPR & First Aid card
- CNT Certificate

VIII. GUIDELINES FOR PROFESSIONAL CLINICAL CONDUCT

Internship Clinic Hours

1. Students may register for a maximum of 4 shifts (160 hours) per quarter while taking didactic courses.
2. Level III Interns who have completed **all** didactic training may register for and complete up to 3 shifts (12 hours/week for a total of 120 hours) per quarter.
3. Students may complete internship hours during quarter breaks with the approval of the OMC Director. To be eligible, the student must have attended the mandatory clinic orientation session and completed all other requirements during the quarter. Students may complete a maximum of 80 hours of internship during any quarter break. Hours missed must be made up during the same quarter's vacation period – *not* after. Make-up hours are to be pre-scheduled and diligently completed.
4. Scheduled clinic hours/units must be registered. Students will not receive credit for clinic hours completed that are in excess of registered hours/units. Additionally, students will not receive credit for hours completed during shifts for which they are not registered, without written permission from the OMC Director.
5. The combining of more than one internship level during any given quarter is not allowed. For instance, if the student completes the Level II Internship during Fall Quarter, Level III Internship may not begin until Winter Quarter.
6. For DATM 40-hours of integrated clinical rounds, please contact program director and Intern Coordinator for more information regarding clinic hours and timeline management.

Attendance & Punctuality

It is vitally important that students view attendance at the OMC as they would at a job. The smooth functioning of the clinic, as well as maintaining good relationships with patients and building patient retention for follow-up treatments depends on intern attendance and punctuality. Please adhere to your schedule; any unavoidable changes to your shift schedules **MUST** be arranged by written petition with Intern Coordinator and approved by the OMC Director.

Students are expected to be on time for each shift. It is suggested that students clock in before the shift actually begins. Clocking in after the shift begins or before the shift ends will result in having to

complete make-up hours at the end of the quarter. For example, if your shift is from 6-10 pm, you must clock in no later than 6:00 pm and clock out no earlier than 10:00 pm. The following schedule may be used to determine any make-up hours that may be needed. Time is cumulative for each quarter:

- a) 31-75 minutes late: Make up 2 hours
- b) 76-120 minutes late: Make up 3 hours
- c) Missing more than 8 hours due to tardiness or absence during any quarter may result in having to repeat the entire 40-hour shift.
- d) Every missed shift and each missed hour must be made up.

In case of absence due to illness or other such emergencies, it is the student's responsibility to inform the Intern Coordinator at the beginning of the day, as well as provide documentation (doctor's note, etc.) for the absence. Lack of attendance on a scheduled day without a phone call is an unexcused absence. Unexpected and excessive absences and lack of punctuality are factors included in the evaluation of each student. **In maintaining the compliance with ACAOM regulations, three unexcused absences may result in an "F" grade for the shift and no hours earned.**

Documentation of Clinic Hours Worked

1. Beginning Spring Quarter, 2017, all clinic hours attended must be documented by clocking in and out via fingerprint scan.
2. Students must clock out when going to lunch and returning for the afternoon shift. Lunch is not included in clinic hours.
3. Clinic internship / residency hours will be tallied and totaled electronically by the Intern Coordinator. All students should turn in their patient logs to the Intern Coordinator at the end of each quarter. These records become part of your permanent student file.
4. Credit will be given only for actual time logged in the clinic. For this reason, it is important that you arrange your schedule in such a way that clinic hours do not overlap with didactic/academic classes. Registration for didactic courses during the internship / residency 4-hour shift or vice versa will result in "F" grades for both.

- Attendance at clinic orientation and internship meetings are mandatory. **Interns may not begin internship unless they have attended the mandatory orientations.** Attendance will be taken and the latest updated information and important events will be discussed.

Professional Conduct & Grooming

As an integral part of the internship and residency process, students are expected to cultivate and maintain a professional appearance and demeanor, keeping in mind that at all times they represent the University and also the acupuncture profession. DULA Scrubs and/or white lab coat, with nametag attached, are expected to be worn at all times while working and regularly taken home for laundering. Clothing must be neat, clean, odorless, wrinkle-free and always presentable; grooming should be appropriate to the clinical setting.

DO'S	DO NOT'S
<ul style="list-style-type: none"> • Wear DULA scrubs (White Lab Coat for DATM program students) • Wear socks/stockings • Wear shoes without holes • Tie back unruly hair • Tattoos that are offensive to patients and co-workers must be covered • Nametag must be worn at all times, and must be clearly visible 	<ul style="list-style-type: none"> • Flip flop sandals, heels higher than 2" • Chewing gum in the presence of patients • Long nails interfering pulse-check/needling • Facial piercings, stretched ear piercing • Rings of more than 2 per hand • Earrings of more than 2 per ear • Hats, caps, headgear • Excessive make-up • Excessive perfume causing strong odor

Designated "Theme days" attire will be allowed by approval of OMC Director.

As health care providers in training, students are required by law to maintain clean hands and fingernails. It is a health precaution for both your patient and yourself. Please be noticed that this dress code will be strictly enforced; students who violate this dress code will not be allowed to have

any shift for the day with warning, and will be forced to drop the internship for the whole quarter upon third violation without refund of tuition. Also, it is important to exhibit and maintain professionalism during clinic internship and residency. Therefore, any apparel against professionalism of health care provider in training will not be allowed.

Misconduct

Students are required to comply with all provisions of the Program Catalog. While in the OMC, students must also take care to avoid unbecoming, improper or unprofessional conduct, which includes the use of or residual effects of alcohol, and illegal drugs. Students must also avoid making false or misleading statements to a patient for incurable disease such as cancer, AIDS, leukemia or coronary artery disease. In addition to the above, the following are considered conduct unbecoming of university standards and will be reviewed by the OMC Director accordingly: injury of a patient during any procedure; removal of a patient file from the OMC or any other illegal act, theft, or willful destruction of DULA property; falsification of clinic records, including both patient records and intern / resident requirements, as well as signing in for another intern / resident; falsification of a Clinic Supervisor's signature; refusal to treat or otherwise provide assistance to any patient; the use of unauthorized procedures, techniques or therapies; moral turpitude; representation of an intern as a licensed doctor; violation of the OMC dress code.

Malpractice Insurance

All students must ensure that they obtain malpractice insurance coverage, available from the main office for a flat fee, before the start of each quarter. Students who do not obtain coverage will not be allowed to perform treatments in the OMC.

Sexual Harassment

The United States Equal Employment Opportunity Commission defines Sexual Harassment as “unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.” Such behavior is against the law. DULA is committed to creating a workplace for both its employees and its students free from sexual harassment so that all may enjoy their work. Sexual harassment has no place in any healing environment, and sexual harassment against a DULA employee, fellow student or patient will be considered grounds for dismissal.

Use of Clinic Time

Your clinic time is integral to the process of applied learning. Please avail yourself of knowledge to potentially be gained from every patient intake, observation and treatment. Studying in the intake room is not permitted, and students without scheduled treatments may either offer assistance to occupied students or study in the intern lounge, making themselves available for walk-in patients. Observers in the intake room should participate fully in diagnosis of new patients, listening and asking questions when the case is discussed by the treating student and the Clinic Supervisor. Questions should be directed to the patient only once, initiated by the student assigned to the patient. Be sensitive about asking personal questions, and please show consideration to the patient by not talking amongst yourselves or working excessively on chart notes during an intake and diagnosis. During downtime without patients, it is suggested that students discuss questions they may have on various topics with a free Clinic Supervisor, or help each other by practicing point location or techniques, reviewing point or herbal selection strategies or studying through an area of weakness. Students are asked to please confine their discussions to the Intern Lounge or Conference Room, in order to keep the reception and waiting areas quiet and professional.

Clinic Supervisors may neither fill out prescriptions for nor discuss the illnesses of students or their family members during clinic hours, unless that family member has made an appointment and is present in the clinic as a patient. Because of the time-pressure under which Clinic Supervisors are placed while in the clinic, students are requested to refrain from asking questions of Clinic Supervisors during clinic hours which are unrelated to immediate clinic function and necessity (e.g. concerning classroom courses).

Cell Phones, Pagers and other Electronic devices

Cell phone use by students in treatment rooms and hallways is strictly prohibited. Students are required to switch their phones off or into silent mode while on shift. All other Electronic devices are prohibited in examination or treatment areas unless Clinic Supervisor approves for clinical use only with patient consent.

Equipment

Students are required to purchase the following equipment upon enrollment in acupuncture techniques courses and is used throughout the internship. Equipment is to be maintained in excellent condition. The list of the instruments and supplies required by all students is as follows:

Level I (MSOM and DATM)

1. DULA scrub
2. Nametag
3. Stethoscope
4. Sphygmomanometer (manual)
5. Matches/lighter
6. Tweezer or Forceps
7. Ear acupuncture probe

Level II, III (MSOM and DATM)

1. DULA scrub
2. Nametag
3. Stethoscope
4. Sphygmomanometer (manual)
5. Matches/lighter
6. Tweezer or Forceps
7. Ear acupuncture probe
8. Small penlight/flashlight
9. Reflex Hammer
10. Portable container for storage of supplies

Integrated Clinical Rounds PD700 (DATM)

1. White Lab Coat
2. Stethoscope
3. Sphygmomanometer (manual)
4. Matches/lighter

5. Tweezer or Forceps
6. Ear acupuncture probe
7. Small penlight/flashlight
8. Reflex Hammer
9. Portable container for storage of supplies

Smoking and Alcohol

Smoking/Alcoholic beverages are not permitted within the confines of the OMC. Students shall not consume other drugs that may alter the student's performance prior to working with patients.

Food and Beverages

Food and Beverages are to be confined to designated areas. Food and beverages are not permitted in examination or treatment areas.

Use of Lavatories/Restrooms

Always wash hands after visiting the lavatory/restroom following CNT protocols.

Bulletin Board Postings

The OMC regularly updates its bulletin boards with various important communications to students. No postings may be made or removed without appropriate authorizations.

Infractions, Incident Reports & Disciplinary Action

When a student is found to be in violation of any policy or protocol listed in this handbook, staff and Clinic Supervisors will file an incident report. The report will be forwarded to the OMC Director for review, investigation and action, and then the OMC Director will discuss the report with the student, who at that time will have the opportunity to explain and/or refute the alleged incident. The disciplinary action will be commensurate with the nature and severity of the infraction, and may be influenced by prior history of infractions and /or recommendations by a Clinic Supervisor or staff member. If warranted, the OMC Director will refer the matter to the Executive Committee for further investigation, following protocols outlined in the Program Catalog.

The following guidelines may be used as the minimum disciplinary action for first/single violation of the infractions listed below. The disciplinary actions may include but are not limited to a loss of credit earned and/or any other actions deemed appropriate by the OMC Director. Repetitive or multiple offenses will result in more severe penalties, possibly including dismissal from the OMC. OMC also reserves the right to impose disciplinary actions for infractions that are not listed below. The following list exemplifies infractions that will result in disciplinary action including but not limited to failure of clinical internship, loss of credit, suspension and expulsion:

- Unauthorized treatment of patients, including but not limited to unauthorized chiropractic adjustments, unauthorized needling and/or herbal recommendations
- Treatment of OMC patients outside of the OMC or one of its supervised programs
- Fraudulent entry into the patient record, including but not limited to entering false data and failing to enter pertinent information
- Inappropriate dress and/or poor personal hygiene
- Failure to follow or carry out a Clinic Supervisor's recommendations or orders
- Failure to maintain patient records in the appropriate filing area in the OMC
- Failure to follow OMC policies and procedures
- Forgery of any document or instrument related to OMC activity
- Utilizing evaluation or treatment techniques that are not authorized in the OMC

Appeal of Disciplinary Judgment

See [Program Catalog](#) for description of procedures and the appeal process for disciplinary actions involving clinic internship / residency failure and other disciplinary actions.

IX. PATIENT TREATMENT PROTOCOL

Patient-Intern Relationship

Students are expected to protect patients' rights to privacy and confidentiality, following protocols outlined by HIPAA (for more detail please consult the [HIPAA Handbook](#)). This not only applies to patients' health and treatment but also all communications occurring between patient and intern/resident. Discussions with Clinic Supervisors and students regarding patients' health concerns often involves matters personal and sensitive to the patient. All such discussions must take place only in clinic areas where patient confidentiality can be protected. Students must also take all precautions to avoid any situation where a patient is completely disrobed without clinical justification. Patients must be enrobed appropriately during examinations and treatment. A patient may not be involved in case demonstrations involving students without the patient's full and informed consent. Both Clinic Supervisors and the OMC Director maintain oversight over such issues and are obligated to take disciplinary action when necessary.

Unassigned, non-observing and non-treating students may not be present in the treatment room to observe either the treatment, evaluation or examination of patients without the patient's full and informed consent. All clinical case demonstrations and observations shall be scheduled and conducted by Clinic Supervisors.

During the treatment process, patients must not be left alone in the treatment room. To monitor treatment and to protect the patient, at least one intern must be present at all times.

No Fraternization Policy

Relationships between students and members of the OMC must be maintained within acceptable professional and ethical boundaries. Students are prohibited from dating or engaging in any intimate and/or sexual activity with their assigned patients and with any patient or staff member of a DULA affiliated outreach activity or program. Students violating this policy will be removed and/or excluded from the DULA activity or program.

Appointments

Students are encouraged to refer prospective patients to the OMC to take advantage of its quality care and affordable rates. The Intern Coordinator schedules patients to Clinic Supervisor who has

specialties related with patients' complaint. Both the Intern Coordinator and the Clinic Receptionist book all patient appointments and Students are not allowed to book appointments for patients; the Intern Coordinator keeps the front desk informed of all students' and Clinic Supervisors' schedules to aid patients who wish to receive treatment by a specific student or Clinic Supervisor.

Patient Management

Once the DULA OMC Staff (Receptionist) has prepared a patient's file, the staff will call the student's name. The student will then proceed to the front of OMC Pharmacy front desk to receive the patient's file and then greet the patient that he/she is assigned.

Students are not allowed to enter OMC Pharmacy room unless permitted by the OMC staff and/or Clinic Supervisor. Students may ask permission to OMC staff and/or Clinic Supervisor at any time to enter the OMC Pharmacy if they need to, for example if the students need to check the current stock of herbs that the OMC has. In case when students need to request to use OMC equipments (such as acupuncture needles, moxa, E-stim, guasha, cotton balls, hand gloves, alcohol swab, etc), they may request with the OMC staff in charge in front of the OMC front desk for assistance.

After greeting a new patient and introducing themselves, students are expected to provide the patient with a brief explanation of the intake/diagnosis procedure. Follow-up patients should be acknowledged in the waiting area; this is particularly if a student is behind in schedule, to ensure that the patient is able and willing to wait. If a student is more than 15 minutes late to the call or not responding after 3rd call from front desk, his/her patient will be assigned to another student. Scheduled patients have priority over walk-in patients, but if a patient is more than 20 minutes late for an appointment, students should check with the Receptionist to determine whether the patient may still be seen that day.

Patient Consent

Prior to treatment, Clinic Supervisors and students shall confirm that the patient has signed all informed consent forms. Patients may not be treated at DULA OMC unless all required consent forms are signed.

Patients' Right to Refuse Treatment

When advising patients of the proposed course of treatment and the various possible clinical protocols involved, Clinic Supervisors and students shall respect any patients' right to reject treatment

of any or all procedures and/or protocols. Should the patient refuse part or all of the proposed treatment, the student must document such refusal in the patient file. In any event, the patient is entitled to be fully informed of the diagnoses, examinations and any health care outcomes assessed by the Clinic Supervisor or student, who are obligated to clearly and thoroughly inform and explain proposed treatment protocols along with potential risks prior to initiating treatment.

Patient Check-Out & Follow-up

Once a treatment is finished, the student must ask assigned Clinic Supervisor about follow-up plan and escort the patient to the front desk for check out and schedule follow-up visits, as recommended by Clinic Supervisor. Students are responsible for cleaning up the treatment room and any equipment used during the patient visit following each treatment.

If a patient fails to keep a scheduled appointment, the student assigned to that patient must inform the OMC front desk. The OMC front desk staff may either request the student to call the patient or make the call themselves to determine if the patient is all right and whether or not he/she wishes to re-schedule.

Clinical Records Policy

All patient files, including chart notes, exam results, x-ray films, test results and narratives, are the property of DULA and are protected by patient confidentiality laws and regulations. Copies may be provided to the patient or other authorized recipient only after properly executed forms are submitted according to due process (see [HIPAA Handbook](#)). Note that HIV-related information is not covered by standard record release authorizations; separate and distinct authorization is required to release HIV information.

Clinic Supervisors and students must maintain accurate, detailed and thorough documentation and charting within patient files. Adequate charting accurately and legibly documents a patients' progress throughout the treatment course. All documents in the patient file shall indicate the date of treatment, treatment protocols utilized, student name and Clinic Supervisor name. White out should never be used to correct errors; all errors should be neatly drawn through with a single line and initialed.

After treating a patient, charting and obtaining a Clinic Supervisor's signature, the student must return their file to Clinic Receptionist or Intern Coordinator. Strict compliance with this procedure secures patient privacy and limits the legal liability of lost files. If a patient's file is needed for case

discussion or case study preparation, a student may request the file from the Intern Coordinator who will record the date and time the file was taken out, and by whom.

Unless the patient authorizes and consents in writing, patient files or copies of such may not be removed from the OMC. Copies of patient files may be forwarded pursuant to request made by a duly authorized health care provider or to request by legal authority. The OMC Director shall be primarily responsible to approve all requests for copies of patient files and to ensure payment for such copies is received. Unauthorized removal or transmission of any original or copies of patient records is prohibited and will be considered a violation of clinic policy, potentially resulting in disciplinary action.

Clinical Records Keeping Procedure:

1. Patients check in on sign-up sheet by writing their name and time in presence of the appointment time.
2. After, the receptionist pulls out the patient file from fire-resist cabinet in herbal dispensary, and hand over the file to student for intake.
3. After the treatment, the student returns the file to receptionist, and receptionist put the file in the last drawer of cabinet.
4. At the end of shift, Clinic Supervisors come to herbal dispensary and pull their patient files for final check.
5. If all the patient files have both student and Clinic Supervisors' signature and completed, the receptionist returns it to the cabinet where it belongs.
6. The patient file is arranged in alphabetic order.

Treating Patients

Students may not alter, modify or otherwise in any way change the Clinic Supervisor approved treatment protocols and herbal prescription. In the event that a student alters, modifies or otherwise changes the approved treatment protocol or herb prescription, disciplinary procedures may be imposed on such student up to and including disqualification of internship hours for one quarter and dismissal from DULA.

Prior to treatment, patients must be examined. Further examinations must be conducted to assess patient progress. A final examination is required in order to discharge the patient from OMC care. Treatments may not vary from established clinical practice of the acupuncture and Oriental medical

practitioner community in California. Treatment modalities that are within the acupuncture and Oriental medical practitioners' scope of practice pursuant to California law are currently: electro-acupuncture, acupressure, cupping, indirect moxibustion, oriental massage (Tuina), breathing techniques, exercise, nutritional counseling, heat lamps, hot/cold therapy, herbal formula and patient informal counseling.

Referring Patients to Other Health Care Providers

Patient referral to other health care providers shall be made only by Clinic Supervisors when it is determined that the patient requires care that is outside the scope of practice of a licensed acupuncturist. In the event the patient is referred to another health care provider, the Clinic Supervisor must document the recommended referral in the patient's file. The Clinic Supervisor must record the health care provider's name and contact information if available.

Treating Students

Students may receive treatments during clinic hours for which they are not assigned intern duties. An exception may be made if a student is not feeling well during clinic hours and would prefer to receive treatment. He/she may then do so after clocking out of the clinic and checking with the supervising doctor and the OMC front desk.

Teaching Clinic

Patients are aware that the OMC is a teaching clinic. Observers should at all times be able to enter treatment rooms and follow patient treatments. Students must inform OMC front desk staff if a patient object to being observed by students. Clinic Supervisors may request an exception to student presence in the treatment room if requested by the patient. Limitations of student presence may include minimizing the number of students in the treatment room at one time or patient preference of the gender of the student(s). Students must be sensitive to the requests and emotional needs of the patient.

Herbal Prescriptions

Herbal prescriptions are filled either by the Intern Coordinator, Herbologist, an observing intern, resident or Clinic Supervisor. An herbal formula sheet must be completed before the prescription is filled, and Clinic Supervisors must approve all herbal prescriptions by signing both the prescription

sheet and the patient chart. Herbal prescriptions written by non-affiliated practitioners cannot be filled through the OMC Herbal Dispensary. Students must inform the patient of the cost of herbal formulas before they are filled.

Raw herbs should be placed in the provided bag, with the patient's name and date of prescription clearly written on the front of the package; total cost to the patient should also be noted. It is the student's responsibility to explain to the patient how to take their prescribed herbs. If the formula is meant for external use only, this must be marked clearly, in red, on the bag. If the formula is in the form of a prepared herb pill, a label must be affixed to the pill container that includes the following: patient's name, date administered, indicated dosage. This information must also be listed in the patient's chart. Leave all prescriptions at the receptionist's desk. Patient will be directed to pick-up their herbal prescription after making payment. Do not give herbs directly to the patient.

Herbal Housekeeping

Students must assist the Intern Coordinator in keeping the herb drawers full. Herbs may be restocked from bins inside the storage room adjacent to the Herbal Dispensary. Empty or near-empty supplies are to be noted on a re-order list. Students are also responsible for keeping the herbal dispensary table, herbal and file cabinets, floor and all adjoining areas clean and orderly. Students may be called upon to prepare herb samples for classes and to assist the front desk or the Intern Coordinator if requested.

Referring Patients to Herbal Emporiums and External Pharmacies

Referring patients to other pharmacies for filling herbal prescriptions may raise legal issues. Because the herbs were prescribed by the OMC if the patient experiences any adverse reaction, DULA may have legal liability. It is therefore against DULA policy to refer any patient, in person or over the phone, to any non-DULA herb store.

Herb Return Policy

Students must inform the patient of the approximate cost of herb formulas **before** filling the prescription. Since herbal formulas (raw and powdered herbs) are custom prescribed they cannot be reused. Therefore, the OMC maintains a no return policy. It is recommended that if a formula is being given to a patient for the first time, initially prescribe a smaller amount. If the patient does not experience adverse reactions to the herb formula(s), he/she may obtain a larger refill at his/her

next visit. Patients who are to pick up herbal formulas must be requested to pay in full and in advance for the herbs.

Patient Rights & Responsibilities

OMC students and Clinic Supervisors must ensure the following patient rights are upheld:

- Impartial access to care, irrespective of race, gender, religion or national origin
- Respectful and considerate care in an environment that permits reasonable privacy
- Request to have another person present during examination and/or treatment
- Complete, current information concerning his/her diagnosis, treatment and prognosis
- Informed consent regarding procedures, risks and alternatives
- Prompt and reasonable responses to questions and requests
- Refusal of treatment, except as otherwise provided by law
- Know the identity and professional status of the individuals providing service, and to know who has primary responsibility for coordinating his/her care
- Reasonable safety within a health care environment
- Expectation that all communications and records pertaining to his/her care will be subject to appropriate confidentiality
- By fully advised of and accept or refuse to participate in any research project and/or experimental procedure(s)
- Examine and receive an explanation of charges for services rendered
- Express grievances regarding any perceived violation of his/her rights, through the institution's grievance procedure, to appropriate regulatory agencies

Patient Grievance Policies and Procedures

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) regarding his/her handling or treatment by DULA, or made more specifically against a DULA student, Clinic Supervisor or clinic staff member must be forwarded to Intern Coordinator, Clinic Supervisor and/or OMC Director.

Resolving complaints through informal patient interaction with the Clinic Supervisors or staff is encouraged. When such conversations fail to produce satisfactory resolution, or when the complaint

involves unprofessional or unethical behavior, or when the complaint is made in writing, the OMC Director must be informed.

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

Care of Minors/Parental Consent

A parent or guardian must provide written consent for the evaluation or treatment of any patient under the age of 18.

Patient Confidentiality

All information obtained about the patient must be held in the strictest confidence, including case history, interviews, patient records or verbal interactions. Discussion with the Clinic Supervisor and/or student is necessary. However, discussions about individual cases in the clinic should be limited. Patient information should never be shared with other patients. Students are responsible for their patient's file during the clinic shift. Files will be signed in and out by the student to ensure that the whereabouts of every patient chart is known. Patient names or other identifiers may not be used in case history presentations or in clinic notebooks. Patient initials may be used in place of names in order to identify individual cases.

Patient Gowning and Draping

Prior to undergoing examination, patients should be instructed to remove all clothing except undergarments, if necessary, for the examination, and to wear an examination gown with opening to the back or front. Areas receiving treatment must be exposed to allow direct visualization of needles. Patient draping is essential when palpating and/or needling sensitive, private areas of the body such as the abdomen, and near the breasts, buttocks or groin areas. In cases of males treating females and females treating males, particularly when palpating or needling private body areas, a Clinic Supervisor or fellow intern should always be present.

X. PATIENT TREATMENT COSTS

Standard Fees

All students must be fully informed of the cost of treatments to be rendered. Some insurance plans may be accepted for full or partial payment for services rendered at the OMC which include Worker’s Compensation, Medi-Cal and some managed care plans. Patients are responsible for payment for all uncovered services, including deductibles and co-payments. Patients will be given payment receipts that they may submit to third parties for reimbursement. Payments are to be received only by the front office staff person authorized to receive patient payments.

Discounted Rates

Special treatment rates are offered to the following groups: seniors (65+), low income patients, current active (must registered for 6 units minimum) DULA students and their immediate family.

Table below is current service fee effective July 15, 2019:

	BY INTERN	\$ 30.00
	BY RESIDENTS	\$ 35.00
ACUPUNCTURE	BY CLINICAL ACUPUNCTURIST	\$ 35.00
TREATMENT	BACK AND FRONT ACUPUNCTURE	EXTRA \$ 10.00
	BY SUPERVISOR ONLY	\$ 75.00 & ABOVE
	COSMETIC ACUPUNCTURE (BY PROFESSIONAL)	\$ 150.00 & ABOVE
INITIAL	BY INTERN	\$ 30.00
CONSULTATION	BY RESIDENT / SUPERVISOR / CLINICAL ACUPUNCTURIST	\$ 50.00
CONSULTATION	BY INTERN	\$ 20.00
ONLY	BY RESIDENT / SUPERVISOR / CLINICAL ACUPUNCTURIST	\$ 40.00
	TUINA BY INTERN	\$ 10.00 / 10 MIN.
	MASSAGE BY SUPERVISOR	\$ 30.00 / 10 MIN.
	(30 MIN. MAX.) ADD GUASHA	EXTRA \$ 10.00
ADDITIONAL	ELECTRICAL STIMULATION	\$ 10.00
MODALITIES	MOXA (HEAT THERAPY)	\$ 10.00
	REGULAR CUPPING	\$ 10.00
	FIRE CUPPING	\$ 10.00
	AURICULOTHERAPY (EAR SEED)	\$ 5.00
	TABLET	\$ 22.00
	CAPSULE	\$ 30.00
HERB	POWDER	\$7.00 / DAY & ABOVE
	RAW	\$10.00 / DAY & ABOVE
	DECOCTION (BOILING)	\$ 250.00 & ABOVE
DISCOUNT	ACUPUNCTURE BY INTERN SENIOR (ABOVE 65)	\$ 25.00
INFORMATION	BY RESIDENT LOW INCOME (UP TO 64)	\$ 20.00
	BY RESIDENT SENIOR (ABOVE 65)	\$ 30.00

		LOW INCOME (UP TO 64)	\$ 25.00
		DULA STUDENT / ALUMNI / STAFF /	
		FAMILY	\$ 15.00
	HERBS	TABLET	\$ 15.00
		CAPSULE	\$ 21.00
		PAYMENT HISTORY	\$ 20.00
		MEDICAL RECORD	\$ 20.00
DOCUMENTATION		MEDICAL RECORD AND PAYMENT HISTORY	\$ 30.00
FEE		MEDICAL RECORD, PAYMENT HISTORY AND FAX	\$ 35.00
		RETURNED CHECK PENALTY	\$ 25.00
		*PROCESSING TIME: 6 BUSINESS DAYS	
ORIENTAL			
MEDICINE			
DIAGNOSIS FEE	EXAMINATION AND ANALYSIS		\$ 50.00

DISCLAIMER:

- Discounts are only applicable for acupuncture treatment and pill / capsule herb
- Proof of document for low income must be updated annually
- Students must be enrolled in the current quarter with at least 6 units registered
- Student family members must be direct (Spouse, Parents, Children, Siblings)
- Additional modalities are not provided without acupuncture treatment
- Approval of supervisor / clinical acupuncturist is required for additional modalities

* All information maybe changed by DULA Oriental Medical Center (OMC) at any time without prior notice or explanation to the customer.

For more information regarding patient treatment costs, please contact DULA Oriental Medical Center (OMC) directly at 213-487-0150.

XI. CHARTING & CLINIC PROCEDURES

The patient chart is a legal document, serving as validation and record of services rendered. It also tracks and monitors the patient's condition over time, including written record of treatment followed, and the patient's response to that and past treatments. Inadequate charting may lead to inadequate treatment or poor documentation of treatment rendered, leaving the OMC and its Clinic Supervisors liable should the charts be used in legal proceedings. Therefore, it is in both the patient's and DULA's best interest to render the best possible service with the maximum amount of information. In order to ensure proper documentation, both the information sheet and intake sheets have been designed to assist you in your clinical work. Any suggestions for improvement will be welcomed by the OMC Director.

In addition to providing medical and legal records of treatment, the patient chart may be necessary to communicate information to other health care providers. All involved practitioners may use the patient's record of treatment to monitor the patient's progress, therefore accuracy, legibility, clarity and completeness are essential.

Since patient records are confidential and legal documents it is required that they be maintained securely; the proper maintenance of these documents cannot be understated. Patient records may not be copied, photographed or otherwise reproduced, and they may not, for any reason, be removed from the OMC. The inclusion of patient names into student notebooks or charts is not permitted and students should identify the patient by his/her initials only. Compromising the security and confidentiality of patient files is grounds for dismissal from the OMC.

Range of Treatment

Upon arriving at the clinic, patients will be given standard medical forms that will assist the student in his/her understanding of the patient. Students must carefully review all information provided and ensure that the patient has responded to all items. Pursuant to DULA's malpractice insurance policy, only patients who sign the arbitration agreement will be seen and treated.

Charting Styles

There are two main types of charting styles:

General

Overall findings including patient progress, patient complaints, pulse, tongue, treatment plan, treatment used and results.

Specific

“SOAP” note protocol. This is used to identify the patient’s statements, observations by practitioners, findings and treatment. This is usually referred to as S.O.A.P. charting which stands for Subjective, Objective, Assessment and Procedure/Plan.

Subjective: Described by the patient; their reported symptoms as well as their self-appraisal should be quoted in their own words. Both positive and negative symptoms should be recorded. The response to treatments is also recorded in the patient’s own words.

Example: S (Subjective) - “I sleep a lot,” “I get out of breath easily,” “lately I feel very tired,” “my hands and feet are always icy cold,”

Objective: Clinical signs obtained through observation, assessment or palpation by the student. Any pertinent medical test results supplied by the patient should be noted here.

Example: O (Objective) - Dark circles around eyes, yawning, sighs frequently, cyanotic fingernails, pulse: weak and thready; tongue: pale.

Assessment: Conclusions reached based on observation, inquiry, palpation and other assessment tools and based on patient response to treatment and recommendations.

Example: A (Assessment) - Deficiency of kidney Qi. Deficiency of Lung Qi.

Procedure/Plan: This is a notation of the treatment plan and specific therapeutic intervention performed and plan for follow up visits, including patient education and treatment plan.

Example: P (Procedure/Plan) - Energize and Tonify LU1, LU7, K3, SP6.

DULA's OMC uses the "Specific" charting format with the SOAP notes protocol. All charting and comments listed in the patient's charts are to be written in English. There will be no exceptions. To maintain clarity and legibility, charting must be done in black ink. Students are reminded that before any treatment can be initiated the Clinic Supervisor must initial the patient's chart indicating his/her approval of the proposed course of treatment.

Because patient files are medical records and legal documents that serve as evidence of services rendered, the following guidelines are to be followed during every intake:

- All written entries should be charted in black or blue ink
- All entries must be clearly dated using the month, date and year
- Record all data collected from and about the patient
- Be certain that entries are not ambiguous and can be clearly interpreted
- Record ALL recommendations made to the patient, including diet, herbal, exercise and life-style recommendations
- Document any mishaps or unusual occurrences such as fainting, moxa burns or bruising from needles or cupping by completing an Incident Report Form as deemed necessary by the Clinic Supervisor
- Document any referrals made to other health care practitioners or physicians, the reason for the referral and the date of the referral
- Document any phone calls or other pertinent interactions with the patient, including content of the communication, date and time
- Document evidence of patient non-compliance
- NEVER destroy or replace a prior record. To correct a notation, draw a single line through it, allowing it to remain readable, and complete the correction as necessary, finishing with your initials and the date.

Patient Intake Procedures

The patient intake is the most important tool for assessing a patient's condition and to deliver a meaningful diagnosis. The patient intake form is comprised of questions regarding all aspects of a patient's health. Vital signs are an important part of the intake and must be taken and documented. Student should understand the purpose of the questions and be efficient in gathering information.

An effective treatment depends on a thorough intake. For returning patients, the student must review the patient's record thoroughly. Observing interns must only observe the treating intern and/or Clinic Supervisor as he/she asks questions of the patient and wait until invited to ask any questions.

Formulating Diagnoses

Once all relevant information has been gathered and assessed by the student, he/she will present the case to the Clinic Supervisor who will then accompany the student to re-examine the patient and review the findings. A diagnosis, treatment principle and treatment plan will have been formulated by the student and reviewed by the Clinic Supervisor. The internship level and competency of the intern will determine the extent and nature of the Clinic Supervisor's input.

It is advised that DAOM resident to consult with Clinic Supervisor prior to begin the treatment. The case discussion with Clinic Supervisor will differ between resident and intern. The resident is expected to have a more thorough discussion, suggestions, opinions, advance treatment techniques and/or scientific references when discussing the cases with Clinic Supervisor to fulfill the DAOM clinical coursework learning objectives. The resident is also required to report to the Clinic Supervisor prior to discharging the patients. The Clinic Supervisor will then finalize and be responsible with all the treatment, referral and other patient care (including but not limited to re-examination, consultation, follow up, etc) of the patient.

DAOM students who are in preceptorship and/or mentorship hours are not allowed to perform any direct treatment to OMC patients during their preceptorship / mentorship hours. Their main duty is to closely observing their assigned supervisor and do any other assigned tasks by their supervisor.

Treatment Plan

The treatment plan is a natural extension of the diagnosis. Once the student and Clinic Supervisor have agreed upon a treatment plan, the student may begin the treatment. A treatment plan that has been approved may not be altered in any way without the express written approval of the Clinic Supervisor. All changes and additions must be indicated on the intake form. Never erase anything, and never, ever use white-out on a patient chart. Mistakes are to be neatly lined through so as to be visible, with initials and the date written to the side of the correction. Students operate under the Clinic Supervisor's acupuncture license and are therefore obligated to follow his/her instruction. In the event of unauthorized additions/changes, written warnings will be issued, and no credit will be granted for that treatment.

Needle Count

Accounting for every needle used is essential for patient safety. It is critical that students count the number of needles inserted prior to leaving the patient to rest. When removing the needles after the treatment, the number must coincide with the number indicated on the intake form. Keeping an accurate needle count ensures that you will remove each needle and prevent the patient from leaving the table with a needle in their body since it is possible to overlook a needle has been inserted in an obscure location or has broken.

Patient Comfort

Once the patient has rested for approximately 10 minutes, the student should check on his/her comfort. Patients at times may move and disrupt a needle position, creating significant discomfort. A heat lamp can also create discomfort from either insufficient or over abundant warmth; it is important to ensure heat lamp settings are optimal and safe before leaving the room. Lighting should also be adjusted for optimal comfort. Before leaving the patient, students should be sure to ask if they have any additional needs that can be met in order to best promote their ability to relax and enjoy the treatment. Needles are typically retained from 12-20 minutes and should not be left in the patient longer than 30-40 minutes. It is the student's primary responsibility to manage his/her time when treating patients.

XII. OTHER POLICIES

Guest Speaker Policy

The OMC may at times approve guest speakers who are competent or have expertise to address various academic and clinical practice subject matter at intern training lectures. Guest speakers are approved based on the following guidelines. The topic must be relevant to the clinical internship or DAOM clinical coursework practice description and objectives as detailed in OMC Handbook. The content of the presentation must be consistent with DULA's mission statement and DULA's program educational objectives. And, there must be reasonable expectation that the guest lecturer will demonstrate appropriate professional respect for colleagues, DULA and its constituents. The lecture must be feasible within the schedule and resource limitations of the clinical internship level. Acupuncture or other techniques taught and/or demonstrated by guest lecturers are not approved for use in the OMC unless part of DULA's curriculum.

Transfer Student Policy

The following procedures and requirements apply for all students who may have clinical internship experience at a prior institution and are transferring to DULA:

- Orientation: attendance is mandatory for all transfer students prior to entering clinical internship.
- Level Exam: transferring students must complete level entrance requirements including Level Examination.
- CPR & First Aid Card: A valid CPR and First Aid card must be submitted to participate in clinical internship.
- The DULA/CNT (Clean Needle Technique) Certificate must be presented to participate
- Evidence of prior successful completion of clinical internship from Program Director.
- Prerequisites: transfer students should consult with program directors for completion of prerequisites before applying to clinical internship.
- Satisfactory of English Language Proficiency (please refer to program catalog for more information).

DULA DATM program does not accept any transfer credit for clinical course works.

Externship Policy

DULA doesn't accept any externship other than DULA provides.

Student can apply for DULA's externship program and it may be credited to his/her internship. DULA's externship program is equivalent to DULA's internship regarding clinic procedures, treatment protocols, and student's performance evaluations. DULA OMC Clinic Supervisor will be assigned and supervise all clinical activities including diagnostic procedure, acupuncture treatment, herbal treatment, and patient management. All other DULA's internship procedure including Intern's learning notes, patient log sheet, intern evaluation, and case study will be applied to the externship program equally.

Externship manual at AIDS Health Foundation (AHF) Healthcare Center at Hollywood Presbyterian Medical Center:

1. Training Plan:

Dongguk University Los Angeles has established an externship program to provide for our students the following:

- The opportunity to observe and treat a variety of conditions.
- To learn patient management and treatment methodologies in a real-life clinic at a major university.
- To have the opportunity to introduce acupuncture to AHF patient population.
- a. Date of Externship Program:
From November 2017; and ongoing.
- b. Names and license numbers of the Clinic Supervisors at the clinic:
Please contact OMC Director at omcdirector@dula.edu
- c. Length of time the student will be participating at the externship clinic:
Minimum of 40 hours per quarter and up to a maximum of 200 hours total per each student.
- d. Identify the entire spectrum of clientele that the students will be treating at the clinic:
A wide spectrum of clientele including teenagers, adolescents, adults and seniors.
- e. How many patients, per week, will the students be treating:
Each student will treat about 10 - 12 patients per week.
- f. Number of students involved in externship training:

Two to Four students per afternoon (2pm to 6pm) shifts of once a week.

g. Patient chart management

Use EMR or computerized patient chart provided at the AHF.

2. How will the training provided by the Externship Program Clinic Supervisors be monitored by the Acupuncture Board-approved school:

The training provided by the externship program Clinic Supervisors is monitored by the acupuncture board-approved school in the following ways:

- The students will evaluate the training provided by the externship program and the Clinic Supervisors by filling out the appropriate evaluation forms.
- The externship program Clinic Supervisors will fill out timecards for students that were present and on time.
- DULA will conduct routine checks of the externship program.
Students will be directly supervised by DULA Supervisory personnel for the full duration of the program.

3. How will the training provided for the students be monitored by the Acupuncture Board -approved school:

- Evaluations forms
- Timecards
- Routine Checks
- Direct supervision

XIII. SAFETY AND EMERGENCY PROCEDURES

Cardio-Pulmonary Resuscitation (CPR) & First Aid

Attendance and successful completion of a CPR & First Aid class is mandatory for all students. DULA hosts a CPR & First Aid class regularly or students may choose to go through an external certification service so long as they are Red Cross or American Heart Association certified. The cards given after successful course completion are a requirement for students entering the clinic. It is the student's responsibility to maintain current CPR & First Aid Certifications. It is a requirement for internship and/or DAOM clinical training at the OMC and required to sit for California Acupuncture Licensing Exam.

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 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. Students should show special concern towards those who are oversensitive or nervous.

Depth of needle insertion

In order to avoid causing injury to the patient, students must pay close attention to the direction and depth of the insertion according to major acupuncture texts, variations in body proportions, and your Clinic Supervisor's instructions.

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, after which needle should remove easily. If the needle is still stuck, needle nearby to relax the spasms muscle. If the needle is entangled in fibrous tissue turn it slightly to the opposite direction until it becomes loose, then withdraw. Students always can ask Clinic Supervisor for help.

Broken needles

Always check the needle prior to treatments. The student should remain calm while advising your patient to relax and not to move. Contact a Clinic Supervisor or OMC 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.

Needlestick

Needlestick or Other Exposure to Bloodborne Pathogens, per CDC guidelines & CNT 7th edition;

1. Immediately & thoroughly wash affected area with soap and water
2. Flush splashes to the nose, mouth, or skin with water
3. Irrigate eyes with clean water or saline (in the Intern Room)
4. Report the incident to your Clinic Supervisor & file an incident report
5. Immediately seek medical advice from a licensed physician as soon as possible

Note: Several studies indicate PEP (post-exposure prophylaxis) should be started within 2 hours if the level of exposure warrants. As soon as possible after exposure (within 24 hours) baseline tests for HIV, HBV, and HCV should be conducted. Periodic follow-up testing is recommended.

The CDC provides an HIV PEP treatment hotline if questions about treatment or advice are needed. Call 888-448-4911, if desired.

Note: Students must obtain medical evaluation and testing for the above exposures.

Fainting

Signs and symptoms: dizziness, vertigo, oppressive feeling in chest, pallor, nausea, palpitation, cold extremities, cold sweating, weak pulse, loss of consciousness, hypotension and shock.

Causes: Nervous tension, fatigue or extreme weakness of the patient, hunger, forceful manipulation resulting in excessive stimulation.

Management: Remove all needles immediately; Contact your Clinic Supervisor or OMC Director immediately. Allow patient to lay flat and elevate feet (to allow increased blood circulation to the brain). Offer the patient warm water. If the patient is having trouble in breathing contact your Clinic Supervisor or OMC Director immediately (always observe the facial color and expression). If symptoms continue, call Emergency Medical Assistance (911).

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 should also not be applied crossing the spine (from one side to another side) on the back. Electro-stimulation should avoid “implanted cardiac device and pacemaker”.

Moxibustion

Be aware of your patient’s heart condition, especially with elderly patients or those with nerve damage or diabetes. If a patient has been burned, contact the Clinic Supervisor. Do not apply moxa for hot, febrile diseases, nor those with neuropathy. Be cautious about the use of moxa on the abdominal area during pregnancy.

Hand Washing

All students must scrub wash their hands with soap under a stream of warm running water before and after performing acupuncture on every patient and whenever your hands become contaminated. Other methods of cleaning the finger tips prior to the insertion of the needle may be used. Using alcohol or antimicrobial hand cleaners such as Purell are acceptable.

Biohazardous Material Disposal

Students must immediately isolate and dispose of used and unused loose needles. Each treatment room has designated biohazard receptacles (sharp containers) that are intended for needles and other sharp implements. Before removing needles, roll the cart close to the table to reduce handling time of the needle. Be sure that the biohazard or sharps container is securely placed on the cart to avoid potential destabilization of the biohazard receptacle. When the biohazard receptacle is near or at 3/4 full, the student must promptly notify a Clinic Supervisor, the OMC Director or Intern Coordinator.

According to OSHA regulations a used acupuncture needle is considered a contaminated sharp. All needles that have been used for treating must immediately thereafter be placed in the sharps container, not the waste basket, treatment tables, clean field or treatment room floor. Because this

is so integral to ensuring the safety of patients, students and staff (particularly cleaning staff) we will repeat: ALL USED NEEDLES ARE TO BE PLACED IMMEDIATELY IN THE SHARPS CONTAINER.

Contaminated signifies either the presence of or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface. Contaminated sharps therefore by definition include any contaminated object that can penetrate the skin. This includes, but is not limited to, acupuncture needles, seven star and other cutaneous needles, lancets, etc. All contaminated needs must be placed immediately in a sharp container.

Please note that if a needle has been used to treat a patient, once its' package has been opened it is no longer considered to be sterile. It is a violation of CNT, OSHA policy and OMC policy to use unsterile needles on patients; they should be disposed of in the sharps container as if they were contaminated.

All cotton balls used to prepare acupuncture points may be discarded in the trash can, unless they met blood, in which case dispose of them in the biohazard trash can available near the standard waste bin. Never place cotton balls in a sharp container.

Clean Needle Technique

Students must show proof of successful completion of the Clean Needle Technique (CNT) and safety course (WM210) offered by DULA prior to entry into the OMC. The knowledge and skills gained in this class must be part of the student's day-to-day DULA clinic practice.

The Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) offers a CNT course which cannot be used in place of WM210. This course is a one-day course offered throughout the year. Although DULA will make every effort to host a CNT course on campus, DULA cannot guarantee such. Students are responsible for taking and passing this CNT course in order to take the NCCAOM examination. Students must maintain a working knowledge of the methods and procedures defined and required in the "Clean Needle Technique Manual for Acupuncturists, 7th Edition" published by the National Acupuncture Foundation, Washington, D.C.

Gloves

It is recommended that a rubber glove be used when there is a risk of contact with blood or other potentially infectious body fluid. The use of gloves is not necessary during the routine acupuncture practice in the absence of significant bleeding.

Gloves or a finger cot should be worn when the practitioner has a break in the intact skin barrier such as cuts, scratches, or punctures, when treating patients, handling or touching contaminated items or surfaces, and when it can be reasonably anticipated that a student may have contact with blood.

Laundry Service

Laundry must be handled as little as possible with a minimum of agitation. Place soiled laundry immediately in laundry bags; do not leave these bags in treatment rooms. The front desk staff will see to it that the laundry is then cleaned and re-stocked.

Cleanliness

Upon completion of treatment, and after the patient has left, clean the room and prepare it for the next patient. All working surfaces and treatment tables shall be sanitized after each patient. Treatment table cover, pillow covers, and the clean field must be changed after each patient. Food and drink are not permitted in treatment areas and shall not be kept in refrigerators, freezers, or on countertops where blood or other potentially infectious materials may be present. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure by potentially infectious material. Lab coats should not be worn out of the clinic area and need to be clean and pressed at all times.

Universal Health Precautions

The best way to reduce occupational risk of infection is to follow universal precautions. Health care workers must assume all patients are infected with HBV and HIV, and take adequate non-discriminatory precautions to protect themselves. Universal precautions should apply to blood, body fluids containing visible blood, sweat, saliva, semen, vaginal secretions, tissues, cerebrospinal fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. The Centers for Disease Control (CDC) has developed procedures to help health care workers protect themselves from a variety of possible infections including HBV and HIV. In general, these precautions include the use of an appropriate barrier (gloves, masks, goggles, etc.) to prevent contact with infected body fluids. Additionally, standard sterilization and disinfection measure as well as effective waste disposal procedures are to be followed. These practices are especially important for all invasive procedures. In addition to gowns, gloves, and surgical masks, protective eyewear or face shields should be worn

where generation of droplets or splashing of blood or body fluids is possible. If the protective barrier becomes torn, it should be replaced immediately or as soon as patient safety permits. In the event of injury to the health care practitioner, the barrier should be removed, and the wound treated promptly. Any such injury should also be followed up with an incident report. For further detailed procedures regarding Blood Borne Pathogens and the procedures to handle all incident, please refer to the section below.

Cleaning and Sterilization

All instruments including cupping cups, gua-sha tools, and work surfaces must to be sanitized and decontaminated as soon as possible after contact with patients or other potential infective material. Since cupping cups and gua-sha tools are reusable, these materials must be sterilized immediately following every use.

To sterilize cupping cups and gua-sha tools use the following procedure:

Sterility Category of Equipment	Acupuncture Practice Example	Disinfectant Level Required before Reuse	Disinfecting Procedure
Non-Critical	BP cuff, Stethoscope, e-stim clip,	Low or intermediate disinfecting agents acceptable.	Fabric equipment (BP cuffs) may be disinfected with isopropyl alcohol EPA approved solutions for non-critical items Smooth surfaces can be disinfected through 2 steps; soap and water cleaning followed by wiping with a low or

			intermediate disinfecting agent.
		Intermediate disinfecting agents required.	<p><u>Step 1.</u> Removal of all biological and foreign material (e.g., soil, organic material, skin cells, lubricants) from objects using soap and water.</p> <p><u>Step 2.</u> Soak in appropriate FDA –cleared disinfectant for the time indicated for reusable equipment. Follow label directions for use as intermediate disinfecting agent.</p>
Semi-Critical	Cupping cups and gua-sha tools used on skin	Sterilize with high level disinfectant before re-use	<p><u>Step 1</u> Removal of all biological and foreign material (e.g., soil, organic material, skin cells, lubricants) from objects using soap and water.</p> <p><u>Step 2</u> Soak in high-level disinfectant (Sporox)</p>

			as per product label instructions
Reusable Critical	Equipment that breaks the skin or enters the vascular system; No AOM equipment falls in the category.	Must be sterilized.	Example: Autoclave
Sterility Critical; non-reusable	Needles, 7-star hammers, lancets, press tacks, ear seeds.	Cannot be reused.	Example: Ethylene oxide gas

Disinfectant wipes and Lysol are available in the Herbal Dispensary to sanitize work surfaces such as treatment tables, intake tables and chairs, faucet handles and door handles, countertops, heat lamp knobs and instrument carts.

Hands should be thoroughly washed after performing the above procedures.

OSHA Policy

OSHA stands for Occupational Safety and Health Administration which was created in 1970 within the U.S. Department of Labor to:

- Reduce hazards within the workplace and to implement new or improved existing safety and health programs
- Develop innovative ways of dealing with occupational safety and health problems
- Establish separate but dependent responsibilities and rights for employees and employers
- Maintain reporting and record keeping systems to monitor work related injuries and illnesses
- Establish training programs to increase the number and competence of occupational safety and health personnel
- Develop mandatory job safety and health standards and enforce them effectively; provide for the development, analysis, evaluation and approval of state occupational safety and health programs

All DULA students at all phases of internships must be educated in OSHA policies and standards. DULA provides training and education in topics including, but not limited to, bloodborne pathogens, OPIM, disease transmission, universal precautions, sterilization procedures, personnel protective equipment, how to clean a blood or bodily fluid spill, dealing with biohazardous material, DULA's exposure control plan, and safe practice techniques. Students must attend one training session per year, beginning with the New Intern Orientation, to keep their knowledge and skills current. No one is permitted to work in the clinic without an OSHA training/Clinic Orientation. Students will be given a selection of times to attend one OSHA training/Clinic Orientation at the beginning of each year. OSHA guidelines apply to all businesses and industry. Healthcare professionals and all workers within such settings face an even greater risk of exposure to bloodborne pathogens. OSHA mandates work practice and how one deals with bloodborne pathogens, accidents, such as blood or body fluid spills, and needlesticks. For acupuncturists, techniques such as bleeding, bloodletting with cupping, and simply needling are identified as potential risks for bloodborne pathogen exposure. Any exposure to blood or body fluids presents a risk of exposure to pathogens. Bloodborne and OPIM pathogens include but are not limited to hepatitis and HIV. Hepatitis is the most easily transmitted bloodborne pathogen. Safe practice will reduce the risk of exposure to bloodborne pathogens. The guidelines contained in this Handbook (see Bloodborne Pathogen Control Plan, *infra*) must be used by all practitioners and are in accordance with OSHA, the Center for Disease Control and the Council of Colleges of Acupuncture and Oriental Medicine Clean Needle Technique.

Preventing Needlestick Injuries: <http://www.cdc.gov/niosh/docs/2000-108/pdfs/2000-108.pdf>

Emergency Needlestick Guidelines: <http://www.cdc.gov/niosh/topics/bbp/emergnedl.html>

Post-exposure Guidelines for HIV: <http://www.cdc.gov/mmwr/PDF/rr/rr5409.pdf>

Post-exposure Guidelines for HBV, HCV and HIV: <http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

Fire Safety and Emergency Evacuation Procedure

In the event of fire or emergency evacuation, the following must be accomplished calmly and immediately:

- Promptly remove all the needles from patient.
- Instruct the patient to get dressed and gather his/her belongings immediately.
- Stay calm and wait for the Evacuation announcement

- Proceed to the nearest exit.

A Clinic Supervisor responsible for acting as a searcher will be assigned to every shift. He/she will ensure that everyone in the OMC has been evacuated, please do not assume this role yourself. Follow directions given by the Searcher and/or OMC Director, and do not re-enter the OMC until you have been instructed to do so by a DULA official.

COVID-19 Safety protocol

INTRODUCTION

Dongguk University Los Angeles (DULA) is committed to providing a safe and healthy environment for all of our students and employees. Accordingly, the following COVID-19 Prevention Plan has been developed to ensure a safe return to campus operations.

Our goal is to mitigate the potential for transmission of COVID-19 in the classroom, workplace, and community. All students, faculty, and staff of DULA are responsible for implementing and complying with all aspects of this COVID-19 Prevention Plan. Leadership, supervisors of staff, and faculty have the full support in enforcing the provisions of this plan.

This Plan is created to meet the guidelines set forth by local, state, and federal health agencies, and additional state orders in effect where DULA operates physical facilities.

INFECTION PREVENTION PROTOCOLS

All interns, staffs and supervisors of DULA OMC must cooperate in a concerted effort to prevent the spread of illness. At campuses and offices, the following protocols are in effect and must be followed.

Physical Presence Protocols

- Interns use of campus facilities is limited only to students who have a scheduled on-campus instruction where distance learning is not possible. Student use of campus facilities is limited only to the time of the scheduled course.
- Staffs and Supervisors whose physical presence is not necessary to support required on-campus instruction will be expected to continue remote work to the greatest extent possible, excepting employment activities required for minimum business operations, until further notice.

Hygiene Protocols

- Avoid touching eyes, nose, and mouth.
- Cover coughs or sneezes with a tissue, then throw the tissue in the trash.
- Wash hands often with soap and water for at least 20 seconds, especially after using the restroom; before eating; and after blowing nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Consider changing clothes when arriving home from school and washing any clothing that has been in public spaces.

Masking Protocols

- Interns, staffs and supervisors are required to wear a face mask to enter the campus.
- A face mask must be worn at all times.
- If a intern, staff or supervisor arrives to the campus without a face mask, then a mask may be provided by DULA. A reminder will be given that a mask is required for future physical presence at the campus. Repeated attempts to enter the campus or office without a mask may result in academic or workplace attendance ramifications and entry may be denied.

- In cases where a mask cannot be worn due to medical reasons, a disability accommodation must be requested and approved.
- Face masks may include homemade cloth face masks, as long as they meet CDC guidelines and are washed daily when worn. CDC guidelines may be reviewed at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-facecoverings.html>.

Social Distancing Protocols

- Maintain a distance of at least 6 feet (about two arms' length) from other people to the greatest extent possible.
- Assigned seating requirements or workstation requirements to interns, staffs and supervisors must be observed and followed, and stay in your assigned area as much as possible.
- Eliminate physical contact with others, including but not limited to handshakes, hugs, high-fives, etc.
- Avoid touching high-touch surfaces to the greatest extent possible.
- Follow all directional signs to reduce the flow of traffic in the campus.
- No gatherings of greater than 15 people in the same physical space are allowed until further notice.
 - Classrooms and treatment rooms will be organized to allow for the lesser of 15 chairs/personnel stations, or 50% of the maximum occupancy limit for the room, with at least 6 feet of spacing.
 - Sitting or standing positions should not exceed the minimum distance required.
 - Common areas, including but not limited to student and employee break rooms, student lounge, faculty lounge and unused classrooms are closed until further notice.
- Hands-on practice and internship may necessitate the instruction to minimize the risk of infection.

- Interns, staffs and supervisors will not utilize other's personal medical equipment, protective equipment, phones, computer equipment, or other personal work tools and equipment.

Travel-Based Restrictions

All interns, staffs and supervisors of DULA are required to self-disclose recent travel to DULA prior to returning to the campus if the travel meets any of the following conditions:

1. Any international travel outside of the United States.
2. The travel included any time aboard a cruise ship regardless of destination ports.

DULA will impose a 14-Day Travel-Based Restriction on any student or employee meeting any one of the above conditions regardless of whether the individual is symptomatic or asymptomatic; and the 14-day restriction will commence the day following return from the qualifying-conditioned travel. A Travel-Based Restriction will prohibit the student or employee from participating in any activity that requires in-person presence at a DULA campus or that requires in-person presence at off-site events sponsored and controlled by the College.

Non-Essential Business Travel

All non-essential business travel of the College has been cancelled until further notice. DULA will continue to assess its travel planning in consultation with governmental recommendations and health guidelines.

CLEANING, DISINFECTING, AND DECONTAMINATION PROTOCOLS

Cleaning removes dirt and most germs and is usually done with soap/detergent and water. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore risk of spreading infection. Disinfecting kills most germs, depending on the type of chemical (e.g., EPA-registered disinfectants), and only when the chemical product is used as directed on the label. Disinfecting does not necessarily clean dirty surfaces or remove germs, but killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Cleaning Protocols

- Nightly cleaning services will be conducted by the janitor hired by DULA or third-party janitorial firms per the terms of their contracts with DULA. Cleaning and Disinfecting Protocols after On-Site Activities
- At the end of each treatment, interns must clean and disinfect high-touch areas in the treatment room including but not limited to tables, counters, chairs, door handles, floor underneath face hall of treatment bed, etc.
- Staffs and supervisors are expected to regularly clean and disinfect high-touch areas in offices and work stations used by the employee, including but not limited to desks, chairs, keyboards, touch screens, door handles, telephones, etc.

Decontamination Protocol After Facility Exposure to Confirmed COVID-19 Case

- Should a known case of COVID-19 occur on the premises, the location will be closed until an enhanced cleaning has been conducted.
- The enhanced cleaning will follow the most recent recommendations and guidelines on environmental cleaning published by the CDC and Work Health Organization (WHO) and OSHA and may include use of broad spectrum kill disinfectant products and techniques.
- Focus areas will be touch points the infected individual may have come in contact with and common area spaces.

PROMPT IDENTIFICATION OF SICK PERSONS

Assumption of Risk

On-campus instructional activities that cannot be performed in a distance learning modality and on-site employment activities that cannot be performed remotely present a risk of exposure to COVID-19 even when social distancing, hygiene, and other preventative measures are undertaken. Students and employees will be required to read and acknowledge this plan showing an understanding that visiting a campus, office, or other location of DULA to pursue an academic experience or to work is a voluntary decision and operates as an express assumption of risk.

Self-Screening Protocols Prior to Entering to clinic

Interns, staffs and supervisors are required to self-screen for signs and symptoms of COVID-19 via a Daily Self-Screening Checklist prior to entering to DULA facility.

1. If you feel healthy and have not been in close contact with a person with COVID-19: Check for symptoms before coming to a College facility. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.

- Complete a Daily Self-Screening Checklist before coming to the DULA facility.
- Consult a healthcare professional and follow CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-aresick/steps-when-sick.html>), if symptoms develop.

2. If you feel healthy, but recently had close contact with an asymptomatic person who had close contact with a person with COVID19 (i.e. a contact of a contact): Check for symptoms before coming to a College facility. Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.

- Complete a Daily Self-Screening Checklist before coming to the DULA facility.

- Consult a healthcare professional and follow CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-aresick/steps-when-sick.html>), if symptoms develop.

3. If you feel healthy but had close contact with a person with COVID-19 within the last 14-days: (Close Contact is spending 15 or more minutes within six feet of an individual with confirmed COVID-19, including a period of time of 48 hours before the individual became symptomatic): Do not come to DULA facility.

Self-Quarantine

- Stay home until 14 days after last exposure.
- Check temperature twice a day and watch for symptoms of COVID-19.
- Notify DULA student service coordinator or HR manager.
- Consult a healthcare professional and follow CDC guidance (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-aresick/steps-when-sick.html>), if symptoms develop.

Return to DULA Facility

- After 14-days since last exposure has passed, and
- Experience no symptoms of COVID-19

4. If you have been diagnosed with COVID-19 after being tested for COVID-19, or are waiting for test results, or have cough, fever, shortness of breath, or other symptoms identified on the Daily Self-Screening Checklist: Do not come to DULA facility.

Self-Isolate

- Stay home.
- Notify DULA student service coordinator or HR manager.

- Consult a healthcare professional and follow CDC guidance for caring for yourself (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-aresick/steps-when-sick.html>)

Return to DULA Facility

- If you were symptomatic, but never had a test to confirm diagnosis, then all of the following must be true to return:
 - 10 days since symptoms first appeared, and
 - 3 days with no fever without use of fever-reducing medications, and
 - Other symptoms have improved (i.e. when your cough or shortness of breath have improved)
- If you were symptomatic and were diagnosed after being tested, then all of the following must be true to return:
 - 10 days since symptoms first appeared, and
 - 3 days with no fever without use of fever-reducing medications, and Other symptoms have improved (i.e. when your cough or shortness of breath have improved)
- If you were tested, but were never symptomatic, then the following must be true to return:
 - 10 days have passed since test

This guidance is current as of this publication, but is superseded by any additional CDC guidance published at: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-aresick/end-home-isolation.htm>.

In all cases, follow the guidance of your doctor and local health department. The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Some people, for example those with conditions that weaken their immune system might continue to shed virus even after they recover.

Development of Symptoms While at the DULA Facility

DUAL shall designate a space as an Isolation Room to be solely used in the event of a intern or staff or supervisor became ill. The purpose of the room is to provide a holding location for the Interns, staffs and supervisors to be picked up or attended by emergency services. The Isolation Room will be disinfected after use by a person with COVID-19 symptoms. If Interns, staffs and supervisors develops a cough, fever, shortness of breath, or other symptoms identified on the Daily Self-Screening Checklist; receives notification that they have tested positive for COVID-19; or learns that they had been in close contact with an individual diagnosed with COVID-19 while at the DULA facility, then:

- Notify Intern coordinator or supervisor, OMC Director, and immediately go to the isolation room on campus.
- Contact health care provider via phone for consultation.
- Do not use public transportation. Either a) drive home, if able; or b) contact a friend/family member(s) for transportation. Remain in the isolation room until campus departure.

After leaving the building:

- DULA will institute appropriate cleaning, disinfecting, or decontamination protocols.
- The sick individual should remain in contact with DULA to ensure proper support is provided to the student or employee.
- Sick individual must self-isolate according to the CDC guidelines.
- For students, the faculty or Academic department will provide, whenever possible, homework make-up assignments. If a student misses clinical, every attempt will be made to provide make-up sessions for the student to ensure success and mastery of objectives. However, depending on the severity and length of the absence, a medical leave may be the best option for the student. The Dean and faculty will collaborate to ensure the best options have been vetted for the student. Existing policies and practices regarding student attendance remain in effect.

- For employees, the employee's supervisor will work with the employee and put the employee in contact with the human resources department for further guidance consistent with DULA employee sick policies.

Documentation of Reported COVID-19 Symptoms and Health Information

Upon notification that a student or employee has been diagnosed with COVID-19, has COVID-19 symptoms, or has had close contact with a person diagnosed with COVID-19, DULA will contact the student/employee to gather necessary information for DULA response.

All COVID-19 health information collected will be kept in a confidential health record separate from the student's academic record or employee's employment record. Access to this information will be granted on a need-to-know basis for purposes of DULA response and planning, and only to the extent allowed under law.

Response to a Confirmed Case of COVID-19

- Upon notification that a confirmed COVID-19 case on campus, DULA will contact the appropriate health officials for required reporting and guidance.
- The location where it was exposed will be closed until an enhanced cleaning has been conducted.
- The enhanced cleaning will follow the most recent recommendations and guidelines on environmental cleaning published by the CDC and Work Health Organization (WHO) and OSHA and may include use of broad spectrum kill disinfectant products and techniques.
- DULA will perform contact tracing to attempt to identify all persons who may have been in contact with the diagnosed individual at DULA. Unless required by the local health authority, the name of the infected individual will not be disclosed.
- DULA will notify individuals when they have been in contact with a diagnosed individual.

- Individuals without close contact with the person who is sick can return to the location immediately after disinfection.

PERSONNEL TO ENSURE IMPLEMENTATION OF THE PLAN

Campus Emergency Directors will supervise, manage and support the ongoing implementation of this plan. Intern coordinator will be direct contact person to be reached from Interns, staffs and supervisors regarding this plan (omcic@dula.edu, 213-487-0150).

All PPE and cleaning supplies must be stored in accordance with product recommendations, and in a secure and locked area. Access to PPE and cleaning supplies is restricted to those persons with responsibilities for distribution and use.