

WONGU HEALTH CENTER CLINIC STUDENT HANDBOOK

2023





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CLINIC STUDENT HANDBOOK**

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I INTRODUCTION

The Wongu Health Center (WHC) Clinic Student Handbook provides clinic students with a comprehensive overview of the curriculum requirements, rules, regulations, policies, protocols, and procedures of an operational clinic designed to serve the public. All clinic students are responsible for reading, understanding, and adhering to all the information contained within the WHC Clinic Student Handbook, and must follow the procedures and protocols during their clinical training at Wongu Health Center.



CLINIC EDUCATION

Wongu University’s clinical education aims to develop clinical skills and confidence of the clinic students (Observers and Interns) to become competent and compassionate practitioners of Oriental medicine through direct patient care while providing affordable and good quality Oriental medicine care for the community.

The clinical training aims to develop the professionalism and ethical behaviors appropriate for patient care, effective patient management and communication skills, including appropriate health education; effective techniques of history taking physical examination and patient assessment, appropriate skills in record-keeping including full and accurate charting.

The use of Oriental Medicine into effective diagnostic skills and treatment protocols, with a proficiency in a variety of methods of acupuncture practice, including accurate point prescriptions, point location, needle insertion, manipulation, and removal techniques will also be emphasized and part of the essence of clinical training. The proficiency in prescribing appropriate raw and processed Herbal medicines based on diagnosis, as well as the ability to practice clinically within the safety requirements of OSHA, CNT, HIPAA, and accepted standards for clinical practice including Acupuncture, Herbal prescriptions, and adjunct treatment techniques (including Moxa, Cupping, Electrostim, Gua Sha, and Tui Na) complete the overall clinical competency.

CLINIC TRAINING

Wongu University clinic training integrates the theories and skills acquired in the didactic part of the program to real life clinical situations. The clinic training is divided into Clinic Observation and Clinic Internship. Observation is the student’s introduction to the WHC. The Observer is limited to observation of Supervisors and Interns and assisting with maintenance of the treatment environment and dispensary needs. Internship is the student’s practical training, examining patients, developing a diagnosis and treatment plan under the supervision of Clinic Supervisor’s, and administering those treatments to the patient.

The total hours of the clinical education and training program are:

Observation	160
Herbal Dispensary	40
Internship	800
Total Hours	<u>1000</u>

CLINIC OBSERVATION

Clinical Observation is the first phase of clinical training at Wongu which accustoms the student with the settings and routines of the clinic, familiarizes them with the routine procedures and clinical treatments, and demonstrates professional interactions with patients, peers and supervisors. Students will observe how the practitioner arrives at and implements diagnostic and assessment procedures and formulates and carries out treatment strategies. Students observe practitioners working with basic Oriental medicine equipment (needles, moxa, and herbs) developing a familiarity with the proper handling, care, and application. The student observer experience also provides an opportunity for students to observe a wide variety of patients and their response to Oriental medicine. Clinic Observation consists of four courses for a total of 160 hours.

OVERVIEW OF CLINICAL OBSERVATION

The Clinical Observation provides education for the students in:

- Interact in a professional and ethical manner with patients, peers, supervisors and clinic staff.
- Employ active observation and listening skills in the treatment rooms.
- Make detailed notes concerning patient history, physical findings, diagnoses, treatment planning, treatment implementation, and other patient care actions.
- Demonstrate knowledge of routine clinic procedures, including patient intake, charting, recording patient files, making patient presentations, implementing treatments, prescribing, dispensing and explaining herbal formulas, and checking-out patients.
- Locate and obtain necessary supplies for restocking the treatment room (i.e., cotton balls, sheets, forms, etc.).
- Assist other interns in housekeeping chores (e.g., room set-up, cleaning protocol).

PREPARATION FOR ENTERING OBSERVATION

1. Purchase of a white laboratory coat
2. A functioning Wongu University student I.D.

PREREQUISITES FOR CLINICAL OBSERVATION

Students must complete a minimum of 50 units of didactic courses, including specific prerequisite courses, to begin the Clinic Observation. This ensures that students have attained a thorough understanding of the Oriental and Western medicine basics. Prerequisite courses: AC300-302, 370, 375; HB300-304; OM301-302, 401-402; WM300-304. Completion CPE/AED/First Aid/ BLS Adult and Pediatric certification from AHA or American Red Cross. Completion Clean Needle Techniques (CNT) certification from Council of College of Acupuncture and Herbal Medicine. In addition, CP301 is also a prerequisite to enter CP305, CP311-313.

CLINIC OBSERVATION COURSES

CP301 Introduction to Clinic Observation (40 hours), CP305 Herbal Dispensary (40 hours)

Students become familiar with basic clinic procedures, patient and doctor interactions, clean needle technique (CNT), herbal dispensary procedures and the diagnosis and treatment planning. Students gain exposure to patient/practitioner relations, intake procedures, diagnosis, evaluation, treatment plans, treatment procedures, and follow-up care. Observers learn governing regulations (OSHA, HIPAA), office procedures, clean needle technique, and maintenance of the Herbal Dispensary including storage, care, inventory, and preparation of herbal formulas. Please refer to Wongu Academic and Student Catalog for the course description of CP301 and 305.

CP311, 312, 313 Clinical Observation (120 hours)

Students observe the practice of Clinic Supervisors and/or clinical interns to gain exposure to WHC clinical protocols, patient/practitioner relations, intake procedures, diagnostic work-up, evaluation, treatment, and follow-up care. Observation prepares students to perform their next stage of clinic training, clinical internship. After observing higher level Interns function in the clinic, Observers should have a clear idea of their upcoming responsibilities as an Intern. Please refer to Wongu Academic and Student Catalog for the course description of CP311-313.

RULES AND RESPONSIBILITIES FOR OBSERVERS

1. The Observer's main responsibility is to observe, assist, and learn how a professional clinic is organized and run. This experience will provide the knowledge necessary to initially function as an intern in WHC and eventually run a practice once the student graduates. Observers will document each patient observed on the Clinic Observation Form.
2. Arrive punctually for all assigned clinic shifts. See timekeeping section for details and responsibilities.
3. Observers are required to stay for the entire shift regardless of patient availability.
4. Observers are not allowed in the clinic unless they are scheduled to be there.
5. Observers must maintain patient confidentiality and follow HIPAA rules the same as any Intern.
6. Observers must cooperate and work in a respectful and professional manner with the Supervisors, Interns and all Staff personnel.
7. Observers must dress professionally and abide by the dress code of WHC.
8. Observers are strictly prohibited from performing Acupuncture; they are also prohibited from discussing with or advising patients on their diagnosis, treatments or any type of recommendations for their health – this is the Intern's and Supervisor's role.
9. Attendance for the entire shift is mandatory. Failing to remain in the clinic for the duration of a shift or not taking part in the observation process is means for a failing grade.
10. No food is to be brought in the treatment rooms. Be mindful of cell phones, ringers etc., all trash should be emptied from the observation treatment rooms.
11. Respect all property within the treatment rooms.

CPR Certification

All Observers are required to maintain current professional CPR and First Aid certification during their Clinic tenure. Wongu will ONLY accept CPR and First Aid courses that are certified by the American Heart Association (these courses are known as “Healthcare Provider CPR” or “BLS for Healthcare Providers” and “Heartsaver First Aid”) and/or by the American Red Cross. New Observers to the Clinic must make sure to acquire CPR and First Aid certifications prior to begin clinic observation shifts. The certificate from the completed training must be shown to the Clinic Manager.

Clean Needle Technique (CNT) Certification

All students are required to complete the CNT course well before clinic observation. It is wise to complete the certification at least one quarter prior to entering the clinic as an Observer. Please see the CCAHM website (https://www.ccahm.org/ccaom/Clean_Needle_Technique.asp) for details. The certificate from the completed training must be shown to the Clinic Manager.

EVALUATION

1. Observers will receive a “P” passing grade if they have:
 - a. Completed 160 hours of clinical observation, 40 hours of herbal dispensary
 - b. Completed approximately 50 patient contacts as recorded on the Clinic Observation Form.
2. Observers will receive an “Inc” incomplete for the course if they have completed 80% or more but less than 100% registered hours.
3. Observers will receive an “F” failing grade for the course by the end of the quarter if
 - They have completed less than 80% of registered hours,
 - Failed to complete an “incomplete” prior to the beginning of next quarter,
 - Violated ethical, OSHA, HIPAA or professional standards.

A more detailed list of evaluation criteria is contained in the Clinic Grading Rubric used each term by Supervisors to evaluate the Observers.

CLINIC INTERNSHIP

INTERNSHIP PREPARATIONS

Prior to enrolling in CP411 Internship, Observers must satisfy the course prerequisites, obtain the appropriate certifications (see below), pass the Institutional Exam I, and prepare the required equipment.

Course Prerequisites:

The following courses are prerequisite for entering clinic Internship:

- For CP411-414 ~ Complete CP313, OM401, at least 1 from OM402,450, at least 1 from AC401-403, at least 1 from HB401-404, at least 1 from WM401-404, complete WM315,340,350,450 and pass Institutional Exam I
- For CP511-514 ~ Complete CP414 and pass Institutional Exam II
- For CP611-612 ~ Complete CP514 and pass Institutional Exam III

Malpractice Insurance Certification

All Interns are required to maintain malpractice coverage for the duration of their clinic tenure. Malpractice insurance is provided through Wongu University. A non-refundable fee is assessed each quarter when registering for clinic courses and must be paid by all students.

CPR and Clean Needle Technique (CNT) Certification

All Interns are required to maintain current professional CPR and First Aid certification during their Clinic tenure. Wongu will ONLY accept CPR and First Aid courses that are certified by the American Heart Association (these courses are known as “Healthcare Provider CPR” or “BLS for Healthcare Providers” and “Heartsaver First Aid”) and/or by the American Red Cross. All students are also required to have the CNT certification from the Council of College of Acupuncture and Herbal Medicine (CCAHM).

Pre-Clinical Exam – INSTITUTIONAL EXAM 1

Students entering Internship are required to pass Institutional Exam I. Students register for the exam during the term in which it is offered. The exam is typically held during the 8th week of the quarter. The exam consists of a didactic part (5 content domains) and a practical part. For the didactic part, a score of 70% or higher in each content domain is required to pass. For the practical part a score of 70% is required to pass. Refer to Wongu Academic Catalog for more information.

Didactic Part:

Domain	Topics
Oriental medicine Acupuncture Herbology	Basic OM philosophy, OM diagnosis Meridian theory, Point locations and energetics, cautions and contraindications Single herbs, cautions and contraindications, characteristics of herbs, preparation methods
Western medicine & Clinical procedures CNT, Ethics, Law and Regulations	Anatomy and physiology Medical terminology First Aids and CPR, Emergency protocol, CNT, HIPAA and OSHA WHC procedures

Practical Part:

Things to bring	Dot stickers. Follow WHC dress code. Bring Intern equipment, tools, and supplies (see requirements below).
CNT	Clean field, hand wash, PPE, Cleaning treatment room
Point locations	14 meridians LU, LI, SP, ST, HT, SI, UB, KD, PC, SJ, GB, LV, DU and RN 40 extra points
Vital signs	Heart rate (HR), Respiration rate (RR), Blood pressure (BP), Body temperature (Temp), Pain status

Remediation

Wongu University expects all students who have dedicated themselves to the study of acupuncture and Oriental medicine to successfully pass the Institutional Exams. Any student who does not pass an exam is encouraged to meet with the Academic Dean for advisement. In the event of a student failing any domain of the didactic part, an opportunity to re-take that portion of the exam in the following week is advisable. If the student fails again, a final opportunity to re-take the exam in the following week is available. Please consult with the Academic Dean. In the event of failing the practical part, one re-take is available. If the student cannot proceed into the clinic, the student may register for the Institutional Exam in the following term. If the student fails the exam in the following term, the student will have a compulsory meeting with the Academic Dean and be placed on Academic Probation. Exam fee for re-takes of the institutional exams 1–3 is \$25.00, and the re-takes of the institutional exam 4 (graduation exam) is \$50.00.

Intern Equipment Requirements

Each Intern is required to provide the equipment listed below. The required equipment must be brought to the clinic during each clinic shift to which the Intern is assigned:

- Approved hard-sided doctor's bag (travel kit)
- Moxa extinguisher and spoon (prepared by the clinic)
- Lighter
- Working Electro-stimulation machine
- Sphygmomanometer (prepared by the clinic)
- Stethoscope
- Medical examination Penlight
- Hemostatic Clamp or non-serrated medical tweezers
- A watch or clock with second (sweep) hand or a digital display of the seconds
- Working digital Thermometer (with covers if required) (prepared by the clinic)
- Gua Sha tool
- Plastic Rescue (Pocket CPR) Mask
- Lab Coat and nametag
- CPR & BLS cards; signed and laminated

Recommended:

- ENT kit: Ophthalmoscope and Otoscope –with disposable cones
- Reflex hammer

INTERNSHIP LEVELS

The Intern participates in a structured program of increasing responsibility, from Level 1, where the Intern is closely supervised in all phases of clinic practice, to Level 3, where the Intern practices almost independently under minimal supervision of the Clinic Supervisor.

Level 1 CP411 – 414 Clinic Internship

Clinic Internship Level 1 consists of 320 hours under direct supervision of clinic Supervisors. The Intern follows the clinical Supervisor's diagnosis, treatment plan and treatment method. Supervisors closely monitor each Intern's ability to conduct a patient history intake, formulate a diagnosis and treatment plan, and deliver appropriate care. Clinical training at this level emphasizes interviewing patients, proper examination, developing diagnosis and treatment plans, point location, needling technique, and the preparation of herbal prescriptions. Emphasis is placed on building confidence and accuracy with regards to diagnosis, point location and needle technique. Supervisors are responsible for the diagnosis, treatment plan, and periodically checking in on the Intern during administering the treatment phase. In CP411-414 coursework series, during the diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient. The clinic supervisor shall also be physically present at the needling of the patient.

Level 1 Objectives

Upon completing Level 1 Clinical Internship, Interns should be able to:

- Observe clinical guidelines, including OSHA, HIPAA, CNT
- Demonstrate and perform routine basic diagnostic methods for collecting clinical information, including but not limited to patient interview skills to obtain history and findings pertinent to the chief complaint(s), vital signs, tongue and pulse, and palpation, as well as focused assessments necessary for a specific chief complaint (including range of motion, muscle strength testing, and neurologic assessment).
- Present summary of chief complaint and findings to the Supervisor.
- Demonstrate competent execution of acupuncture treatment including accurate point location, CNT skills, and basic acupuncture techniques, maintain awareness and monitor patient reactions during treatment.
- Chart professionally and accurately.
- Establish rapport with patients and show compassion, and respect patients' different views and attitudes.
- Complete herbal prescription forms, dispense the herbal prescriptions, and educate patients on the preparation and administration of their herbal prescription.
- Perform clinical procedures and protocols including emergency protocols
- Exercise treatment room management (set up, clean up, restock, etc.)
- Demonstrate beginner skills in patient interviewing and patient management
- Perform beginner skills of western physical assessment
- Apply beginner skills of OM theory and diagnosis, treatment principles, treatment plan, acupuncture treatment and other OM protocols, and herbal prescription
- Demonstrate beginning skills in the application of Eastern and Western diagnostic procedures
- Demonstrate beginning skills in herbal prescription writing, preparation of herbal prescriptions and patient counseling.
- Identify red flag signs/symptoms
- Provide patient education and any necessary referrals if applied
- Demonstrate professional conduct that meets ethical and legal requirements.

Level 1 Evaluation

1. Interns will receive a "P" passing grade if they have:
 - Completed 320 hours of clinic internship.
 - Completed approximately 200 patient contacts as recorded on the Record of Patients form.
 - Received a satisfactory evaluation from their Clinic Supervisor(s).
2. Interns will receive an "Inc" incomplete for the course if they have completed 80% or more but less than 100% registered hours.
3. Interns will receive an "F" failing grade for the course by the end of the quarter if they have:
 - Completed less than 80% of registered hours,
 - Failed to complete an "incomplete" prior to the beginning of next quarter,
 - Violated ethical, OSHA, HIPAA or professional standards.

A more detailed list of evaluation criteria is contained in the Clinic Grading Rubric used each term by Supervisors to evaluate the Interns.

Level 2 CP511 – 514 Clinic Internship

Clinic Internship Level 2 consists of 320 clinic hours under moderate supervision of clinic Supervisors. Interns assume responsibility for monitoring their patients' progress, developing and modifying treatment plans, including formulation of herbal prescriptions. Interns formulate diagnosis, treatment plans, and treatment methods with the assistance of clinical supervisors. Throughout this process, Supervisors are required to see each patient and to make or confirm each diagnosis and treatment plan. Patient's charts are signed by the supervisor after the intern has completed recording the diagnosis and treatment. Attention to charting ensures that each supervisor and intern communicate clearly in diagnosis and treatment of each patient. In CP511-514 coursework series, during the diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient. The clinic supervisor shall also be physically present at the needling of the patient.

Prerequisites for Clinic Internship Level 2

- Complete CP414
- Pass Institutional Exam 2. Details of Institutional Exam dates are posted on the term schedule.

Level 2 Objectives

Upon completing level 2 Clinical Internship, Interns should be able to:

1. Observe clinical guidelines, including OSHA, HIPAA, CNT
2. Demonstrate and perform routine basic diagnostic methods for collecting clinical information, including but not limited to patient interview skills to obtain history and findings pertinent to the chief complaint(s), vital signs, tongue and pulse, and palpation, as well as focused assessments necessary for a specific chief complaint (including range of motion, muscle strength testing, and neurologic assessment).
3. Present a summary of the chief complaint and findings to the Supervisor.
4. Demonstrate confidence in execution of acupuncture treatment including accurate point location, CNT skills, and acupuncture techniques, maintain awareness and monitor patient reactions during treatment.
5. Demonstrate confidence in execution of adjunct therapies such as cupping, tuina, electro-acupuncture and moxibustion, guasha, etc
6. Chart professionally and accurately.
7. Establish rapport with patients and show compassion, and respect for patient's with different views and attitudes.
8. Complete herbal prescription forms, dispense the herbal prescriptions, and educate patients of the preparation and administration of their herbal prescription.
9. Perform clinical procedures and protocols including emergency protocols
10. Exercise treatment room management (set up, clean up, restock etc.)
11. Demonstrate intermediate skills of patient interviewing and patient management
12. Perform intermediate skills of western physical assessment
13. Apply intermediate skills of OM theory and diagnosis, treatment principles, treatment plan, acupuncture treatment and other OM protocols, and herbal prescription
14. Demonstrate intermediate skills in the application of Eastern and Western diagnostic procedures
15. Demonstrate intermediate skills in herbal prescription writing, preparation of herbal prescriptions and patient counseling
16. Maintain proper and confidence follow up assessment and management
17. Identify red flag signs/symptoms
18. Provide patient education and any necessary referrals if applied
19. Demonstrate professional conduct that meets ethical and legal requirements
20. Manage patient flow and time management

Level 2 Evaluation

1. Interns will receive a "P" passing grade if they have:
 - Completed 320 hours of clinical internship.
 - Completed at least 350 treatments of student-delivered patient care as recorded on the Record of Patients form. The total of 350 treatments is accumulated from CP411-414, CP511-514, CP611-612.
 - Received a satisfactory evaluation from their Clinic Supervisor.
2. Interns will receive an "Inc" incomplete for the course if they have completed 80% or more but less than 100% registered hours.
3. Interns will receive an "F" failing grade for the course by the end of the quarter if they have:
 - Completed less than 80% of registered hours,

- Failed to complete an “incomplete” prior to the beginning of next quarter,
- Received an unsatisfactory evaluation from their Clinic Supervisor.

A more detailed list of evaluation criteria is contained in the Clinic Grading Rubric used each term by Interns to self-evaluate and Supervisors to evaluate the Interns.

Level 3 CP611 – 612 Clinic Internship

Clinic Internship Level 3 consists of 160 clinic hours of semi-independent supervision of clinic Supervisors. Interns function semi-independently with the most degree of responsibility by supervisors. Interns master their skills in diagnosis, developing treatment plans to include all oriental medicine modalities, including modification of acupuncture and herb formulas. Students are still required to consult with the clinic supervisor before for the approval of the diagnosis and treatment plan, as well as after the treatment for the approval for discharging the patient. Supervision at this level is mainly for the approval of diagnostic accuracy, treatment plan and safety. In CP611-612 coursework series, during the diagnosis, evaluation and clinical practice, the clinic supervisor does not necessarily be physically present at all times however shall be in close proximity to the location at which the patient is being treated during the clinical instruction.

Prerequisites for Clinic Internship Level 3

- Pass CP514
- Pass Institutional Exam 3. Details of Institutional Exams are posted on the term schedule.

Level 3 Objectives

Upon completion of level 3 Clinic Internship, Interns should be able to:

1. Observe clinical guidelines, including OSHA, HIPAA, CNT
2. Demonstrate advanced or effective clinical skills, including professionalism, interpersonal and communication skills, patient-centered care, teamwork, clinical data gathering, assessment and analysis, treatment planning, acupuncture point formulation, and skillful application of acupuncture and other modalities in the treatment of patients.
3. Demonstrate effectiveness and consistency in execution of acupuncture treatment including accurate point location, CNT skills, and acupuncture techniques, maintain awareness and monitor patient reactions during treatment.
4. Demonstrate effectiveness and consistency in execution of adjunct therapies such as cupping, tuina, electro-acupuncture and moxibustion, guasha, etc
5. Formulate herbal treatment plans, select appropriate herbal administration (patent, powder, raw, etc.), select base formulations, modify formulations, and prescribe correct dosages with safety and herb–drug interactions taken into consideration.
6. Perform clinical procedures and protocols including emergency protocols
7. Exercise treatment room management (set up, clean up, restock etc.)
8. Perform independent treatment under moderate supervision
9. Demonstrate advanced or effective skills of patient interviewing and patient management
10. Perform advanced or effective skills of western physical assessment
11. Apply advanced or effective skills of OM theory and diagnosis, treatment principles, treatment planning, acupuncture treatment and other OM protocols, and formulating herbal prescriptions.
12. Chart professionally and accurately.
13. Establish rapport with patients and show compassion, and respect for patient's with different views and attitudes.
14. Develop familiarization with marketing skills and business management.
15. Demonstrate mastery in writing herbal prescriptions, and preparing herbal prescriptions.
16. Demonstrate mastery in counseling patients regarding herbal medicine, home follow-up care, exercise and dietary recommendations.
17. Demonstrate mastery in the application of Eastern and Western diagnostic procedures.
18. Maintain proper and effective follow up assessment and management
19. Identify red flag signs/symptoms
20. Provide patient education and any necessary referrals if applied
21. Demonstrate professional conduct that meets ethical and legal requirements
22. Manage effective patient flow and time management

Level 3 Evaluation

Interns will receive a “P” passing grade if they have:

- Completed 160 hours of clinical internship.
- Completed at least 350 treatments of student-delivered patient care as recorded on the Record of Patients form. The total of 350 treatments is accumulated from CP411-414, CP511-514, CP611-612.
- Received a satisfactory evaluation from their Clinic Supervisor.

2. Interns will receive an “Inc” incomplete for the course if they have completed 80% or more but less than 100% registered hours.
3. Interns will receive an “F” failing grade for the course by the end of the quarter if they have:
 - Completed less than 80% of registered hours,
 - Failed to complete an “incomplete” prior to the beginning of next quarter,
 - Received an unsatisfactory evaluation from their Clinic Supervisor.

A more detailed list of evaluation criteria is contained in the Clinic Grading Rubric used each term by Supervisors to evaluate the Interns.

GRADUATION CRITERIA AND PROCEDURES

Students are required to complete 200 clinical observation hours (40 hours of CP301, 40 hours of CP305, 120 hours in total for CP311–313) and 800 clinical internship hours (CP411-414, CP511-514, CP611-612) that includes treatment of at least 350 patients. Interview, diagnosis, treatment strategies and execution, and herbal treatments are documented on the Record of Patients form. The completed hours are documented on the Unified Practice system and through the Clinic Absence & Make-Up form. Interns are required to pass the Institutional Exam 4 (Graduation Exam).

CLINIC INTERN RULES

CLINIC INTERN MEETINGS

There is one clinic meeting in each quarter. The purpose of the clinic meetings is to provide the clinic students with upcoming clinic changes, important dates, and policies. The meeting dates and times will be informed directly by the Clinic Administration to all students. This meeting provides the opportunity to discuss issues between the clinic students and the WHC team. All clinic students are welcome including CP301 and CP305.

CLINIC “SHIFT-SELECTION”

The Academic Administrations will inform the students every quarter regarding the academic schedule of the following quarter. Students will directly register for their available clinic shifts with the Student Service in accordance to the clinic shift assignments. The registration for the clinic shift will be completed and entered into the Populi system.

CLINIC SHIFTS

AM – Morning (2 units / 4 hours)	PM – Afternoon (2 units / 4 hours)
Clock in: 8:00 am	Clock in: 12:30 pm
Clock out: 12:00 pm	Clock out: 4:30 pm
Break: 12:00 – 12:30 pm	Break: 4:30 – 5:00 pm

INTERN RULES

- The Intern must arrive punctually for all assigned clinic shifts and clock-in and clock-out. In the event of an emergency the Intern must notify the Clinic Manager in advance of the assigned shift so that scheduled patients can be reassigned.
- Interns are required to stay for the entire shift independent of patient availability.
- Interns must comply with all instructions of the Clinic Supervisor. Interns may provide only those acupuncture and herbal medicine services and may only make those recommendations that are first approved by the Clinic Supervisor.

- Participate in the quarterly Clinic Intern meeting. Interns are responsible for all information and policies discussed at the Intern meetings.
- Interns are responsible for ensuring that all patient charts are completed in an appropriate manner and signed by both the attending Intern and the Clinic Supervisor.
- Interns must provide patients with instructions that have prior approval by the Clinic Supervisor.
- Interns may only treat patients assigned by the Clinic Staff.
- Interns may treat patients only in assigned treatment rooms.
- It is the responsibility of the Intern to keep the treatment room clean and ready for patient care. Disinfection of the room is to take place prior to each shift as well as after each treatment.
- The Clinic Director shall serve as the Custodian of Records. The Clinic Director will respond to any inquiry regarding any subpoenas or pending action, whether a personal injury (PI) case or a worker's compensation case.
- All Interns are expected to have clean white lab coats and professional attire. All Interns should wear an identification badge during their shift in the clinic and should have a name card placed in the plastic holder on the outside of their treatment room door.
- Prior to the patient arrival, all Interns are required to review the patient charts for that day and ask their Supervisor any relevant questions.
- At the end of each treatment, preferably prior to the patient leaving the clinic, each Intern is required to complete charting procedures. This includes complete Intake information, Tongue, Pulse and Pulse Rate, Blood Pressure, Temperature, Diagnosis, Treatment principle, points used, Herb Formula or patent medicine prescribed, both CPT and ICD-10 codes, the patient's name, the date, and the Intern's and Supervisor's printed names and signatures. If a custom raw or granule Herb Formula is prescribed, a copy of that formula needs to be in the patient chart by the time they (the patient) leave the building.
- Interns must wash hands before and after each patient, and as necessary per CNT regulations.
- No pets or food are allowed in the clinic working area.
- At the start of a shift, all Interns must complete a room inventory and report any missing/damaged items to the front desk immediately.

CLINIC ROOM ASSIGNMENTS

Room assignments are determined by the Clinic Manager. All requests for changes in room assignments should be made to the Clinic Manager.

TIMEKEEPING RESPONSIBILITIES

Clinic students must clock in and out on the electronic device provided. Falsifying hours or clinic attendance is a serious infraction and will result in disciplinary action. Clinic students must document the number of their patients they have seen on the shift. Supervisor's signatures must be obtained to validate the shift. Shifts without signatures are invalid and voided. Clinic students must clock out when going to lunch or dinner and returning for the next shift. Lunch or dinner is not considered clinic hours.

Each Intern and Observer is responsible for ensuring that they have completed the hours required for the clinical course. While the clinic computer system will be used to tally the hours, it is the sole responsibility of the Observer or Intern to confirm that the hours were properly completed and recorded.

Clinic hours are recorded in the Unified Practice computer-based system. It is the responsibility of the Observer or Intern to clock themselves in and out either at the front desk or through the assigned i-Pad. An Observer or Intern that does not clock in or clock out must notify the Clinic Manager. Each Intern and Observer is expected to be present in the clinic during the entire time of the shift. No Intern or Observer may rotate hours with other Interns or Observers without permission.

Full and prompt attendance means that clinic students (Interns and Observers) are required to arrive on time and remain in the clinic through the entire shift. All clinic students are required to attend 100% of registered observation or internship hours during the quarter in which the course is offered to receive credit. Clinic students finding it necessary to drop a course or withdraw from school must file intent to drop or withdraw form with the registrar. Clinic students who are scheduled for a clinic shift and the WHC is closed for some reason, are required to make-up the missed shift.

Clinic students that plan to miss a shift, must inform the Clinic Manager at least 48 hours before the scheduled hours. Clinic students must notify the Clinic Manager of an expected or unexpected absence at the beginning of the day. Two unexcused absences will result in failing the clinic shift. All absences must be made up prior to the beginning of the next term. A Clinic Absence & Make-Up form must be approved by a Clinic Supervisor and submitted to the Clinic Manager.

Clinic students who have not completed the required number of hours will automatically receive a grade of Incomplete (I). If excused absences (more than one, and not exceeding three, in a given clinic course) are not made up prior to the beginning of the next quarter, the Incomplete grade (I) will convert to a Failure (F). The Clinic student bears the responsibility to monitor their satisfactory progress.

TARDINESS

Clinic students are expected to have full and prompt attendance in the Clinic whether or not they have patients scheduled throughout their entire shift. All students must arrive on time to all clinic shifts and stay until the end of that shift.

Tardiness of 15-60 minutes will be considered as a 60 minute absence and a one-hour make-up is required. Tardiness of 61 minutes and more will be considered as an absence of the full shift and a one shift make-up is required. A make-up request must be submitted to the Clinic Manager for the next time available. After the make-up session, a completed Clinic Absence & Make Up form is approved by the Supervisor and Clinic Director, then it is submitted to the Registrar. When an Intern is late, that Intern's patient may be assigned to another Intern for treatment. Excessive tardiness is subject to disciplinary action, including but not limited to being put on probation.

EXCUSED ABSENCES

- Religious obligations
- Serious injury or illness of a student
- Serious injury or illness of a member of the immediate family
- A death in the immediate family
- Special circumstances will be reviewed on a case-by-case basis

The clinic student must request an excused absence from the Clinic Manager. Excused absences must be “made-up” with shifts at another time during the term.

Serious Injury or Illness

A clinic student must notify the Clinic Manager of missing a clinic shift due to injury or illness. For an excused absence to be considered, a note, signed and dated by a licensed physician, must be received no later than one business day following the missed shift. The physician cannot be an immediate family member of the student in question and must have been involved in the provision of care for the illness. The physician’s note may be faxed, or electronic copies sent to the WHC, provided that the original copy is received within one week. The clinic manager reserves the right to require the student to provide additional information and / or documentation beyond that listed above if deemed pertinent in determining whether an absence should be approved.

Personal or Family Emergency

If a clinic student experiences an emergency personally or in his / her immediate family (“immediate family” is defined as parent / guardian, spouse, child, or sibling) that would preclude him / her from the clinic shift, the clinic student should notify the clinic manager as soon as possible following the event. “Emergency” situations include, but may not be limited to hospitalization, death, or other unforeseen, debilitating events. Acceptable forms of notification are telephone or e-mail. Whether a request for an excused absence due to personal or family emergency is granted is the sole discretion of the clinic manager. The clinic manager may request that the clinic student provide documentation of the emergency to determine if granting an excused absence is warranted.

Bereavement

A clinic student may request an excused absence from the clinic shift to attend scheduled funeral services for a close friend or family member. For an excused absence to be considered, the funeral service must be scheduled within seven calendar days of the date of the clinic shift. The clinic student must notify the clinic manager at least one business day prior to the requested absence. The clinic manager may request documentation in the form of a funeral program and / or an obituary for the excused absence to be approved.

UNEXCUSED ABSENCES

All other reasons for absences are considered unexcused absences. In addition, if a clinic student is prohibited from taking a clinic shift because of failing to meet financial obligations to Woung University, it will be

considered an unexcused absence. If a clinic student has completed the clinic shift, all credit from the shift will be invalidated.

CONSECUTIVE ABSENCE POLICY

Clinic students who have missed 14 consecutive days of clinic attendance, will be at risk of being dismissed from the program. The consecutive days for this policy include weekends and excused absences but excludes any scheduled breaks (including holidays). After 14 consecutive days, the clinic students must meet with the Academic Dean to complete an academic appeal form within 19 days of the last date of recorded attendance to prevent dismissal from the university.

LEAVE OF ABSENCE

See the “Leave of Absence” section on the Woung University’s academic catalog and student handbook.

CHANGE OF CLINIC SHIFT

To change a clinic shift, the Intern must submit a request to the Clinic Manager. The approved request is then submitted to the Registrar.

MAKE-UP SHIFT

A clinic student must submit a Clinic Absence & Make Up form to the Clinic Manager at least 3 days in advance. Following the made-up shift, the form must be signed by the Clinic Supervisor and submitted to the Registrar.

VACATION AND TIME OFF

Sick leave and days off will be allowed with seven days advance notice. Clinic students can arrange time off or make-up shift with the approval of the Clinic Director. Patient care continuity is crucial to good practice management. Therefore, try to arrange appointments with other available interns during the absence.

The following are the holidays during the operational schedule observed by WHC:

- Thanksgiving Break (Thurs & Friday)
- December Break — Dec 24 – Jan 1



CLINIC REGULATIONS AND OPERATION

SCOPE OF PRACTICE

The scope of practice for an Oriental Medicine Doctor includes, but is not limited to, the following treatment modalities:

- Acupuncture
- Electric-Acupuncture
- Laser Acupuncture
- Auricular Acupuncture
- Moxibustion
- Cupping
- Acupressure
- Oriental Osteopathic Manipulation
- Asian Bodywork and Tuina
- Gua Sha
- Myofascial Release
- Herbal Medicine
- Nutrition & Dietary counseling
- Breathing therapy
- Exercise therapy
- Diagnostic Imaging
- Laboratory Tests
- Dry Needling
- Soft Tissue
- Manipulation

Materials and Supplies Provided by Wongu Health Center

Treatment Room

- Cotton balls
- 70% Isopropanol
- Betadine
- Linens
- Table paper
- Disposable gown
- Disposable pillow case
- Exam gloves
- Surface Disinfectant
- Paper towel
- Towel
- Hand soap
- Sharps container
- Kidney tray
- Trash can
- Biohazardous waste bin

Disinfectant and PPE

- Disinfecting wipe
- Sanitizer solution
- Gloves: size S, M, L
- Safety goggles
- Procedure mask

Acupuncture, moxibustion, and cupping

- Acupuncture needles
 - Individual: 0.5 cun, 1 cun, 1.5 cun, 2 cun, 5 cun
 - Bulk: 0.5 cun, 1 cun, 1.5 cun, 2 cun

Others: Intra – dermal needles, seven – stars needles, ASP needles, press tag, ear seeds

- Moxa
 - Loose, pipe, roll, smokeless, sticker moxa
 - Distinguisher, spoon, holder
- Cup
 - Glass cup: size S, M, L
 - Suction pump and cup: size S, M, L
 - Disposal suction pump and cup with liner
 - Bioceramic Cup
- Electro – stimulation machine
- Liniments

First aid room

- First aid kit (also available in the intern lounge)
- AED units
- Eyes wash station
- Bloodborne pathogen / Bodily fluid spill kit (available in front of the first aid room)

Examination room

- Thermometer with disposal cover
- Sphygmomanometer
- Weight measurement scale



PROFESSIONALISM IN THE WHC

The WHC is a medical setting that relies upon the Interns, Observers, Faculty and Staff to reflect high standards of care and inspire confidence in the medical services that are provided. Oriental Medicine Doctors are primary health care providers, therefore, it is important to convey a visual image which represents a high level of expertise and professionalism. The goal of WHC is that each Intern become a trustworthy healthcare provider demonstrating medical knowledge and skill exhibiting a heart of compassion toward caring for patients' conditions and circumstances.

DRESS CODE

Wongu ID

All Interns, Observers, Supervisors, and Dispensary staff must wear their ID while in the clinic. These ID's must be clearly visible and without markings or defacement.

Personal Hygiene

Clean hair, nails and clothing are basic and very important in the healthcare setting. All personnel should employ appropriate use of cosmetics and deodorant such that all involved are comfortable. Also, avoid excessive use of perfume, cologne and aftershave lotion. Fingernails must be clean, neatly trimmed and not longer than ¼ inch.

Wongu Lab Coats

Students and faculty must provide their own white lab coat and must wear it at all times while attending and working in the various clinical formats. Lab coats are an expression of professionalism and hygiene. Students are responsible for cleaning and maintaining their lab coat in a neat fashion. Lab coats **MUST** be removed when using the bathroom, before going to eat any food, and before leaving the clinic; lab coats should **ONLY** be worn when in the intern room, in the dispensary (when it is clinically relevant to be present in the dispensary), in the treatment room, and in the hallways of the main clinic area. Neither Interns, Observers, Dispensary Staff, Dispensary lab students, or Clinic Supervisors can work in the clinic without a lab coat. If you forget to bring one, you will be required to either rent one from the Front Desk at a fee of \$7.00 or forfeit the shift.

Professional Attire

It is imperative that Interns, Observers, Supervisors and Staff present a professional and non-intimidating appearance to Wongu's culturally diverse patient population. Scrubs are an option, otherwise, all dress must suggest a professional demeanor. Clean, well-fitting, wrinkle-free clothing is required. The Clinic Director has the final word regarding any discrepancies regarding appropriate clinic attire. Enforcement of student and staff compliance with these standards is the responsibility of the Clinic Supervisors, the Clinic Director, the Clinic Manager, and the Academic Dean. Students, Faculty and staff found in non-compliance with the dress code standards may be sent home without being credited for their hours.

Accessories

- No visible jewelry in facial piercings (i.e.: nose studs/rings, eyebrow rings, etc.)
- No dangling earrings or bracelets
- No bulky rings with stones or intricate work (while needling per OSHA/CNT)
- Neckties, if worn, must be clipped or pinned tightly against the shirt
- No scarves, hats, or caps

Hair

- No vivid or unnatural hair colors (i.e. pink, green, blue, etc.)
- Long hair must be tied up or back to ensure it does not touch the patient's skin

Clothing

- Only white lab coats are permitted
- All tops must cover shoulders, abdomen, back, sides, and décolleté/chest (no deep “V” necks, halter tops, athletic tank tops, etc.)
- Men are required to wear a button up collared shirt, tucked in pants.
- No denim (blue, black, white, or any other color; shirts or pants)
- No leggings, tights, shorts, $\frac{3}{4}$ length pants/capris
- No extremely tight fitting garments (i.e. spandex/lycra)
- No gym clothing or T-shirts

Footwear

- Shoes must be closed-toed
- Shoes must be polished, comfortable, and secure for mobility
- Stockings or socks must be worn at all times
- No thongs, beach shoes, clogs, mules, jellies, sandals, tennis shoes (tennis shoes that are uniform in color (black or white only), with no embellishments or obvious branding, are acceptable)
- No boots unless pants are worn that cover them down to the ankles (cowboy boots, calf/knee/thigh-high boots, or UGG style boots that are worn outside of clothing)
- No platform or high-heel shoes over 2 inches (absolutely no pumps or spiked heels)

TREATMENT PROCEDURES

APPOINTMENTS

Front Desk personnel make all appointments. No Clinic Supervisor, Intern or Observer may make changes in the appointment system. Any Clinic Supervisor, Intern or Observer wishing to arrange for changes in the appointment system must do so with the assistance of the Front Desk personnel. New patient appointments will be scheduled for 120 minutes and 60 minutes for returning patients. Once a patient has been assigned to an Intern, it is the responsibility of that Intern to maintain continuity of care for that patient.

In the event that an Intern cannot treat a patient, it is the Intern's responsibility to arrange for the patient to see another Intern that the patient feels comfortable with.

At the end of a treatment visit, the Intern should recommend a treatment plan and explain to the patient how often they should come in for treatments. If the Intern runs behind schedule, it is the responsibility of the Intern to notify the next patient of the delay.

New patients will be assigned to an Intern on the basis of availability and recent assignment history. An effort will be made to assign patients to all Interns equitably.

NEW PATIENT PROCEDURE

A new patient will be assigned to a specific Intern by the Front Desk personnel. Prior to the day of the appointment, the patient will submit intake form consent, arbitration form and personal information via WHC EHR system. Each patient has the responsibility to sign the Arbitration Agreement Form; the Clinic Director will also sign each Agreement Form.

1. The front desk will inform the Intern of the patient's arrival via intercom. The Intern will review the patient's initial intake form and examine its details then come and greet the patient and take them to the assigned treatment room. The Intern will perform an interview to obtain the patient's current and past medical history.
2. The Intern will leave the patient's room to discuss the patient's condition with the Clinic Supervisor.
3. The Intern and Clinic Supervisor return to the treatment room where the Clinic Supervisor greets the patient and reviews the Intern's findings.
4. The Intern, with the assistance of the Clinic Supervisor develops an assessment and treatment plan, including all acupuncture and herbal formulas, and patient instructions and recommendations, which are approved by the Clinic Supervisor.
5. The Intern administers the treatment plan approved by the Clinic Supervisor. In Level 1, the Clinic Supervisor is present during all phases of the treatment.

6. At the completion of the treatment, the intern removes the needles and reviews the post-treatment instructions with the patient. In Level 1, the Clinic Supervisor is present during all phases of the treatment, including the removal of needles and follow up care.
7. At the end of the visit, the Intern should recommend and explain to the patient how often they should come in for treatments. Intern then escorts the patient to the front desk and reviews any instructions regarding herbal prescriptions, if necessary.
8. The Intern makes a final review of the chart to ensure that the chart is completed and submits the patient's chart to the Clinic Supervisor via WHC EHR.
9. The Clinic Supervisor approves or rejects the patient's chart updated by the Intern. If rejected, the Intern needs to edit and re-submit for approval. The Clinic Supervisor has the responsibility to certify that the chart is completed appropriately and in an appropriate manner before they sign off on it. It is the Intern's responsibility to ensure that the patient's chart is approved.
10. The Intern returns to the treatment room and prepares for the next patient.

RETURNING PATIENT PROCEDURE

The patient arrives at the appointed time for the follow up treatment. The Front Desk personnel page the Intern. The procedures are similar to #1-10 of the new patient procedures described above.

Charting

Patient charts are a legal document and serve as validation for services rendered. Improper and inadequate charting can result in low standard of treatment or poor documentation of treatment rendered. Charting must be done in an accurate, concise, legible and well-ordered manner. Avoid subjective statements. The Clinic Supervisor must ensure that Interns fill out all charts completely and thoroughly. The Clinic Supervisor will approve all charts and make sure that the treating Interns have also signed the charts. The Clinic Supervisor should not approve a chart until it is properly completed.

The following are guidelines for proper charting:

- No patient may be treated without the following:
 - An arbitration agreement signed by both the Clinic Director and the patient or the patient's designated signatory.
 - A consent-to-treatment form signed by the patient or the patient's designated signatory.
 - A completed history form.
- Each treatment episode is charted in the form of "SOAP" notes.
 - S: Subjective findings: chief complaint, information provided by the patient.
 - O: Objective findings: the observation of tongue and pulse, blood pressure, weight, and height, heart beat per minutes as well as other findings gathered by the Intern.
 - A: Assessment: diagnosis of patient condition, treatment progress, or change in status.
 - P: Plan: treatment principle, acupuncture prescription, herbal formulas, other modalities used, referrals made to other providers, and patient instructions.

- Only authorized abbreviations may be used. See Appendix
- All blank boxes must be completed. Treatment procedures should be indicated in the patient's chart as below:
 - Acupuncture points: point location, side of the body (left, right, bilateral), ashi (location referred by anatomical of the body or other point location), any special techniques
 - Electro-acupuncture: connected point locations, mode (continuous, discontinuous, mixed), frequency and duration
 - Moxibustion: type of moxibustion (loose, roll, smokeless, pipe), points, locations, area and duration.
 - Cupping: type of cupping (stationary, moving, wet), location and area
 - Gua sha and tuina: location, area and type of liniments
 - Recommendations: diet, exercise, etc.

Always document mishaps or unusual occurrences such as fainting during or right after acupuncture, moxa burns, or even bruises from the needles. These incidences/occurrences should be reported to the Clinic Supervisor as soon as possible. An Incident Report should be used if necessary.

Patient charts will be periodically and randomly reviewed by the Clinic Director. If the patient charts are improper and inadequate, the supervisors will be assigned to help improve the Interns' charting skills and techniques.

A record must be made of every telephone call with the patient. Use the Progress Reports Form and log the time, date, nature of their concerns, and any recommendations to the patient.

INCIDENT REPORT

In the event that Clinic Interns, Supervisors and/or WHC staff find an unusual event, accident, clinic issues or violation of clinic protocols and procedures that concern health and safety, an Incident Report should be completed and submitted to the Clinic Manager.

HERBAL DISPENSARY

The Wongu Health Clinic has an extensive Herbal Dispensary, which includes dried raw herbs of the Traditional Chinese Pharmacopoeia, Herbal Powder preparations from various manufacturers and producers, and patent medicines of various types. The process of learning the properties, functions and indications of single herbs and the process of learning how to write and appropriately prescribe herbal medicines usually takes a lot of patience and a great amount of practice. Interns are strongly encouraged to regularly try to create a mock formula for some of their patients and then present it to their Supervisors for comments and suggestions. Interns can do this while their patient is under treatment or when there is no patient scheduled in a shift or even at home. Always chart the timing, dosage, and frequency regarding any herbal products a patient is using.

It is the Intern's responsibility to confirm that the patient is definitely desiring herbs and that the patient is clearly aware of the approximate cost of the herbs before they are ordered.

RAW HERBAL PRESCRIPTION PREPARATION PROCEDURE

The herbs are located in the various drawers of the herbal storage cabinet in the Dispensary. They are arranged by traditional category. They are labeled with Chinese Characters, the Pinyin English translation, and pharmacological (Latin) name.

1. There is a notebook in the dispensary with all of the herbs listed in alphabetical order according to Pin Yin name in order to facilitate location of the herb. The herbs are combined according to the herbal prescription which was approved by the Clinic Supervisor. Herbal prescriptions are written on "Herbal Formula Request" forms. The Clinic Supervisor and the Intern who wrote the formula must sign these. The original is used to enter the formula into the computer system in the dispensary, and then goes into the patient's file.
2. Raw herb formula refills can be written no more than 4 times on the original formula form.
3. The order must include how many packs are desired, the date, and the signature of the Intern's Supervisor.
4. Formula refills must be signed by Wongu Clinic Supervisors. Refills that are requested by patients over the phone must speak directly with the Dispensary Manager or Clinic Manager.
5. Interns will be instructed by the Supervisor if any herbs in the prescribed formula should have special cooking instructions. The Intern then must write the specific cooking instructions adjacent to the relevant herb(s) on the Formula Request Form in addition to checking the appropriate boxes on the Patient Instruction Form.
6. The Dispensary staff checks the herbal formula after it has been filled to make sure that all herbs and dosages are correct according to the request form and then signs off on the formula sheet. The herbs and substances are packaged in white sheets and placed into paper bags, which are labeled with the patient's name, intern name, date, and the number of packages prepared.

7. The formula is then taken to the front desk with any special price considerations clearly marked (some herbs are particularly expensive and cost extra).
8. A herbal preparation instruction sheet is located in the Dispensary and should be included with the formula–this instruction form must be filled out by the Intern and submitted to the dispensary at the same time as the formula form is submitted.
9. Each Intern must verbally present the information on the Patient Instruction Form to each patient before the patient leaves the clinic.
10. The Dispensary formula preparation area should be cleaned after preparation of each formula.
11. Dispensary staff will assist in making raw formulas; however, Interns should ALWAYS offer to help pull herbs, return herbs, or fold packets whenever possible.

PATENT HERBS

The WHC maintains a stock of Chinese herbal patent medicines, granules, and decoctions that can be prescribed for patients. This also must be done under the direction of the Intern's Clinic Supervisor. Fill out the prescription slip and locate the appropriate formula in the Herbal Dispensary room. Prepare the herbal prescriptions according to the instructions, give the prescriptions to the Clinic front desk staff and provide clear instructions to the patient. The intern is responsible for guiding the patient on how to take their herbal medicine.

DISPENSARY HOURS

The Dispensary is open Monday through Friday 9:00 am to 4:00 pm.

DISPENSARY ROOM RULES

- Wash hands before and after preparing herbal formula.
- Clean working station, scale, and tools before and after use.
- Lock all the cabinets at the end of the clinic shift.
- Herbal formulas will be prepared only with prescription approved by the supervisor.
- Patent herbal formulas can be sold to the public if they are prescribed by the supervisor.
- Refilled formula must be approved by the supervisor.
- Only WHC Supervisors, Interns, Observers, and Staff are allowed to be in the herbal dispensary.
- Drink (cup with lid) is allowed in the herbal dispensary
- No food is allowed in the herbal dispensary refrigerator.

Herb Prices

Raw Herbs and Patent Herbs

A pricelist of raw and patent herbs will change over time because the cost of herbs depends on market prices. Please see the dispensary manager for details. There are some discounts for students, staff and outside practitioners. Check with the front desk staff.

STUDENT CODE OF CONDUCT

Wongu Health Center Observers and Interns must follow Wongu University student policies and student code of conduct related to disciplinary procedure, grievance procedure, non-discrimination policy, diversity policy, copyright infringement policy and sanctions, etc. Refer to Wongu University Academic Catalog and Student Handbook for more information.

In addition to Wongu University's prohibited conduct the following list is prohibited conduct at WHC:

- Violation of clinic rules
- Violation of CNT protocols, standard precautions, OSHA standard, or HIPAA compliance
- Treatment or recommendation without the supervisor approval
- Treatment of unassigned patient
- Disrespect, unprofessional or inappropriate behavior with patients, peers, supervisors and WHC staff

CODE OF ETHICS

- Do not treat patients without informed consent.
- Do not treat patients without signed arbitration agreement form.
- Treat patients regardless of race, religion, gender, sexual orientation, disability or diagnosis.
- Refer the patient to other health care professionals when appropriate with the supervisor approval.
- Maintain professional standards and ethical manner at all times.
- Respect patient rights, privacy and dignity.
- Maintain patient confidentiality.
- Practice within the WHC scope of practice.

DISCIPLINARY ACTIONS

Disciplinary actions will be taken for the following reasons:

- Absent for assigned clinic shift without notice.
- Making changes in the clinic schedule without written approval of the Clinic Manager.
- Providing treatments not in the scope of practice recognized by the Clinic Staff.
- Performing any unsafe procedure.
- Unprofessional behavior with the Clinic Staff, Clinic Supervisor or Administration Staff.
- Disrespectful, unprofessional, or inappropriate behavior with patients.
- Violation of OSHA standards for biohazard materials.
- Violation of HIPAA compliance.

ENFORCEMENT POLICY

Any infraction of the above policies will result in disciplinary action. These actions can include but are not limited to the following sequence:

- A verbal warning from the Clinic Supervisor.
- A written warning from the Clinic Director, with a copy in the student file.
- Loss of Intern status for the subsequent quarter.
- Loss of clinic privileges.
- Expulsion from the clinic program. If an Intern presents danger to a patient's health, or repeatedly fails to comply with clinic regulations, expulsion may be a result.

Normal appeal processes may be followed according to the Wongu Student Handbook.

SEXUAL HARASSMENT POLICY

It is the policy of Wongu University to promote a learning and working environment free from harassment of any kind, including sexual harassment. Harassment is considered intolerable behavior and complaints will be investigated and acted upon promptly. Refer to Wongu University Academic Catalog and Student Handbook, for more information regarding harassment.

Unsolicited and unwelcome behavior that has sexual overtones is considered sexual harassment and is prohibited. Any knowledge of sexual and/or other harassment at WHC must be reported immediately to the Academic Dean (dean@wongu.edu), that will investigate all complaints. Complaints alleging harassment will be maintained as confidential and private. Any member of the University found to have engaged in harassment may be dismissed from the University. Refer to Wongu Title IX policy for more information.

PRIVACY AND CONFIDENTIALITY

All patient files are confidential records. No patient record may be duplicated except when a record release is signed by the patient and then only for the purposes described in the signed release, or when the Custodian of Records (Clinic Director) is presented with a valid subpoena from an attorney record service. No patient file is removed from the WHC.

SAFETY AND PUBLIC HEALTH

OSHA STANDARD

OSHA training must be completed before starting to work in the Clinic and annually every fall quarter.

Clinic students, supervisors, and WHC staff must be in professional attire to work at WHC.

Treatment table and cart must be disinfected before clinic shift begin, at the end of each treatment and when blood or body fluids spilled.

BLOOD BORNE PATHOGEN (BBP)

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

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

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

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

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

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

BIOHAZARD SAFETY

Potential biohazard materials at WHC include:

1. Contaminated acupuncture needles
2. Contaminated tools (intra-dermal needle, cups, gua sha, etc.)
3. Contaminated cotton balls
4. Contaminated laundry

Risks of exposure to potentially infectious procedures at WHC include:

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

WASTE DISPOSAL

Used cotton ball and other disposable items will be placed in trash bins. It is the responsibility of clinic students to clean the trash bins in their treatment rooms and bring the trash bags to the main trash bin. The main trash bin will be picked up every day after the clinic shifts.

Used and contaminated needles will be placed in the sharps container. Sharps containers are hard-sided plastic containers, leak proof, puncture resistant, and easily accessible. Sharps containers must be filled no more than the indicated fill line on the containers. When the sharp containers are filled to capacity, it will be sealed and put in the locked container waiting for waste company to pick up.

Biohazard waste will be placed in the biohazard waste container. Biohazard waste containers are red or orange hard-sided plastic containers, leak proof, puncture resistant with biohazard symbol on the side. Saturated blood or body fluid material is considered biohazard waste. When the biohazard waste is generated, it will be kept in biohazard waste containers with the tight sealed lid and must be picked up by the waste company within 30 days. Clinic students must inform the Clinic Manager regarding any biohazard waste.

USED TOWEL AND PILLOWCASES

Linens (towel and pillowcases) must be washed after each use. Linens that are not heavily contaminated will be placed in the washer in the laundry room. Cleaning crew will wash and dry the used linens at the end of the day. Linens stained with blood or body fluid will be considered infectious and will be placed in a biohazard waste container. Do not place stained linens in the washer.

ACCIDENTAL NEEDLE STICK PROCEDURE

In the event that an accident of needlestick occurs, clinic students adhere to the following procedures:

1. Inform the Supervisor and the Clinic Director.
2. Disinfect the area with betadine solution.
3. Obtain baseline Hepatitis and HIV blood test.
4. Hepatitis vaccination may be received.
5. Follow up the blood test result after 1-, 2-, and 6-months intervals for Hepatitis and after 6 months for HIV.

STANDARD PRECAUTIONS

When performing the treatment, clinic students must follow the standard precautions as below:

- Assume that all patients are a potential source of infection.
- Perform correct and frequent hand washing.
- Use appropriate personal protective equipment (PPE).
- Isolate used needle, lancet and other sharps in the sharps containers.
- Isolate contaminated medical waste in the biohazard waste containers.
- Use disinfectants, antibacterial solutions when needed.
- Caution when handling needles, and other sharps.

CLEAN NEEDLE TECHNIQUE (CNT)

Clinic students must follow CNT protocols as below. Refer to Clean Needle Technique Manual 7th Edition for more information.

- Follow safety guidelines on hand sanitation.
- Sets up a clean field.
- Place packs of needle in the center of the clean field.
- Place cotton balls or alcohol swabs on periphery of the clean field or in the container on the cart.
- Clean the patient's skin with 70% alcohol or alcohol swabs.
- Change cotton ball or alcohol swab on the different areas of the body when it becomes dirty or contaminated or too dry.
- Palpate insertion points after hand washing.
- Insert the needle without touching the shaft.
- Use new needles for each insertion.
- Stimulate needle for therapeutic effect.
- Place needles in sharps container after used.
- Do not place the needle in a tray for later transfer to the sharps container.
- Do not hand the used needle to other clinic students.
- Wash hands after each treatment.
- Clean the treatment room and sanitize treatment table, cart, and used tools.
- Dispose all unused opened pack needle in the sharps container.
- Clean and sanitize all used tools.

HOW TO WASH HANDS

- Wet your hands with clean, running water (neutral or warm) and apply soap.
- Lather your hands by rubbing them together with the soap.
- Scrub your hands for 10-20 seconds.
- Rinse your hands under clean, running water, with your hands lower than your elbows.
- Dry your hands using a clean paper towel.
- Turn off the faucet using a paper towel.
- Open any doors between you and your patients using a paper towel.
- Reclean hands upon entering the patient's room.

HOW TO USE HAND SANITIZER

- Apply hand sanitizer gel to a palm
- Rub hands together, back of the hands, and between fingers until the gel is dry

SAFETY GUIDELINES FOR HAND SANITATION

Follow instructions for “How to Wash Hands” or “How to Use Hand Sanitizer”

- Do not use hand sanitizer to wash hands after exposure of non-intact skin to blood or body fluids in such cases, wash hands with soap and water then dry them using single-use paper towels.
- Wash hands upon entering a patient's room and after touching or treating a patient.
- Wash hands immediately prior to inserting acupuncture needles or performing other clinical procedures. If hands contact clothes, keyboards, hair, pens, charts, etc then rewash hands.
- Wash hands before and after eating.
- Wash hands after using the restroom.
- Wash hands after coughing or sneezing.

SAFETY GUIDELINES FOR PREPARING AND MAINTAINING A CLEAN FIELD

Follow Safety Guidelines for Hand Sanitation

- Set up a clean field on the cart
- Establish a new clean field for each patient
- Place materials such as acupuncture needles in blister packs on the clean field
- Place cotton balls or unopened swabs on the clean field
- Clean the surface used for the clean field with a low-level disinfectant at the end of the clinic shift

SAFETY GUIDELINES TO REDUCE ADVERSE EVENTS IN ACUPUNCTURE PRACTICE

SKIN PREPARATION

- Follow Safety Guidelines for Hand Sanitation.
- Inspect area to be treated if there is visible dirt or soiled, wash with soap and water.
- Inspect area to be treated if there is inflammation, lesion, infection or break in skin barrier, do not treat these areas.
- Swab cotton ball with alcohol on the points to be treated, allow alcohol to dry.
- A separate cotton ball with alcohol should be used for high bacterial load areas of the body.

Prevent Bruising, Bleeding, and Vascular Injury

- Avoid needling directly into arteries and major veins
- Identify those acupuncture points which lie over or next to major vessels:
 - LU 9 Taiyuan (radial artery)
 - HT 7 Shenmen (ulnar artery)
 - HT 1 Jiquan (axillary artery)
 - ST 9 Renying (carotid artery)
 - ST 12 Quepen (supraclavicular artery and vein)
 - ST 13 Qihu (subclavian artery)
 - ST 42 Chongyang (dorsalis pedis artery)
 - SP 11 Jimen (femoral artery)
 - LV 12 Jimai (femoral artery and vein)
 - BL 40 Weizhong (popliteal artery)
- Palpate subcutaneous structures, including major vessels, before preparing the site for insertion
- Caution with patients on blood thinner medications or supplements, especially elderly patients
- Apply pressure to points after removing needles, to avoid superficial bleeding or hematoma

Prevent Needle Site Pain

- Allow alcohol to dry before needling.
- Palpate subcutaneous structures, including tendons, muscles and bones, before preparing the site for insertion.
- Manipulate needle to achieve de qi response expected of a specific point.

Prevent Broken Needles

- Inspect needle for manufacturing defects before use.

- Use single-use sterilize needles.
- Never insert a needle to the handle.

Avoid and/or Respond to Stuck Needle

- Insert needles to a certain depth and perform proper stimulation techniques.
- Inform patients to remain still during acupuncture treatment.
- If a needle stuck because of rotated in one direction, then rotate the needle in the opposite direction.
- Stimulate the area near a stuck needle by tapping or inserting another needle.
- Leave a stuck needle in place for a few minutes; then try again to remove the needle.

Prevent Fainting

- Place a first-time patient in the supine position with the knees slightly elevated.
- Explain acupuncture procedure in detail and answer all questions.
- Inform patients that they should eat 1-2 hours before acupuncture treatments.
- Limit needle manipulation.

Avoid Pneumothorax

- Obtain a medical history from a patient regarding lung function, lung diseases and smoking history before needling on the chest or back.
- Assess body of a patient; a very tall, thin or muscle atrophy patient may increase risk of penetrating the lung.
- Insert needle into the subcutaneous layer and initial perimysium of the intercostal muscles.
- Safe needling depth to avoid pneumothorax on most patients is 10-20 mm.
- Insert needle obliquely not perpendicular angle in the thoracic area
- From the top of the shoulders to the T-10 area on the back.
- From the top of the shoulders to the xiphoid level on the chest.
- Limit vertical needle manipulation on the chest or back
- Do not cup over needles on the thorax
- If there are indications or suspicions that the lungs may be punctured, call 911 to transport the patient to a medical emergency facility
- Avoid using needles that are longer than the safe needling depth for any given body area.

Avoid Organ and Central Nervous System Injury

- Needling obliquely, to avoid penetration at a sternal foramen.
- Needling subcutaneous.
- Do not needle Du 22 (Xinhui) in an infant.
- Patient's current or past diseases might lead to a change in the size of the organs.

- Do not cup over needles on the abdomen to avoid needle penetration to internal organs.
- Limit vertical manipulation of the needles on the abdomen.
- If there are indications or suspicions that an organ may be punctured, call 911 to transport the patient to a medical emergency facility.
- Avoid using needles that are longer than the safe needling depth for any given body area.

Avoid Traumatic Tissue Injury

- Follow Safety Guidelines to Prevent Bruising, Bleeding and Vascular Injury.
- Avoid aggressive needle manipulation in anatomical areas such as the hand and wrist, ankle and fibular head.
- Withdraw to a shallower depth or remove the needle if a patient experiences acute severe pain to reduce risk of peripheral nerve injury.

Prevent Infection

- Follow Clean Needle Technique.
- Follow Standard Precautions.
- Follow Safety Guidelines for Hand Sanitation.
- Follow Safety Guidelines for Preparing and Maintaining a Clean Field.
- Follow Safety Guidelines for Skin Preparation.
- Use only single-use sterile needles and lancets.
- Check needles before use for expiration dates, sterilization or breaks in packaging.
- If clinic students have any broken skin on the hands, wear gloves, finger cots or bandage.
- Always maintain clean procedure while handling needles before insertion. Discard, if needles or tubes become contaminated.
- Do not insert the needle into any skin lesions.
- Immediately isolate used needles in an appropriate sharps container.
- When using a multi-needle pack of sterilized needles, once the packaging is opened for one patient visit, any unused needles must be discarded in a sharps container.
- Use new treatment table paper for each new patient visit.
- Wipe treatment table, treatment chair with disinfectant solution between each patient visit.
- Guide tubes must be sterile at the beginning of the treatment and must not be used for more than one patient.
- When insert long needle, interns should use sterile cotton ball to stabilize the shaft of the needle.
- Apply pressure to the acupuncture point with clean cotton ball when removing needles.
- Follow guidelines for disinfecting reusable tools after every use.
- Clean all office common use areas with an approved disinfectant daily.
- Clean all treatment room surfaces with approved disinfectants daily.

Aggravation of Symptoms

- Inform the patient of the possible effects of acupuncture treatment.
- Advise a patient that aggravation of symptoms may be a transient outcome of treatment.
- If unexpected aggravation of symptoms occurs as a result of acupuncture treatment, inform the supervisor for further evaluation prior to performing additional acupuncture treatments.
- Provide patients with information on acupuncture therapies including interns name and WHC phone number if patients have questions or concerns after the treatment.

Needle Removal

- Count and write down the number of needles used, including those discarded due to improper needle placement.
- Count the number of needles withdrawn.
- Confirm that the same number of needles inserted has been withdrawn and discarded.
- Document needle counts in the patient's chart.

EMERGENCY MEDICAL ASSISTANCE

In the event of an emergency, the Clinic Director or the Clinic Manager should be informed immediately. When an emergency event requires attention beyond first aid, the patient should be referred to the nearest medical center with emergency facility which is:

St. Rose Dominican Hospital –Siena Campus

3001 Saint Rose Pkwy, Henderson, NV 89052 | Phone: 702-616-5600

Call 911, if the patient is in a clinically unstable condition, WHC must not transport the patient to an emergency facility. All accidents (injury or death) must be reported to the Clinic Director or the Clinic Manager immediately.

APPENDIX A

— WHC GENERAL INFORMATION

Clinic Schedule

Monday thru Saturday 8 am - 5 pm; and by appointment

Service Fee

New patient (office visit) detailed evaluation - by intern	\$80.00
New patient (office visit) detailed evaluation - by OMD	\$120.00
No Show - by intern	\$50.00
No Show - by OMD	\$80.00
Late cancellation - by intern	\$30.00
Late cancellation - by OMD	\$50.00
Evaluation return patient - by intern	\$50.00
Extended evaluation of return patient - by OMD	\$100.00
Initial acupuncture treatment with E-stim - by OMD	\$100.00
Each additional acupuncture treatment with E-stim - by OMD	\$80.00
Initial acupuncture treatment without E-stim - by OMD	\$80.00
Each additional acupuncture treatment without E-stim - by OMD	\$70.00
Manual therapy, Gua Sha, Cupping, Moxibustion, VA Cupping	\$50.00 (per each modality)
Infrared heat therapy	\$40.00
Cold pack	\$30.00
Herbs	\$10/day (granules), \$10 per pack (extract)

** Wongu family members: Immediate family including spouses, children, siblings, parents, and grandparents receive 50% discount.*

Treatment of clinic student on the schedule

Clinic students who are on the schedule (clocked in) may obtain a free treatment from another Intern who is also on the schedule (clocked in) if both clinic students do not have patients on their schedule. Clinic students have to follow below protocols to receive the treatment:

- Receive the treatment permission from the Supervisor.
- Inform the Clinic Manager to make appointment onsite.
- All WHC procedures must be followed.

APPENDIX B

— IMPORTANT PHONE NUMBERS

Emergency

Ambulance/Fire/Police	911
Abuse or Sexual Assault Hotline	1-800-656-HOPE (4673)
Emotional Crisis or Suicide Prevention	1-800-273-TALK (8255)
Poison Control Center	1-800-222-1222
NV police dispatch	702-267-5000
Fire Department	702-455-7311
CAT-Citizens Area Transit	702-228-7438
Department of Motor Vehicle	702-486-4368

U.S. Government Offices

American Red Cross	702-791-3311
Bureau of Alcohol, Tobacco, and Firearms	703-388-6584
Center for Disease Control (CDC)	800-277-8922

Hotlines

Alcohol Anonymous Hotline	800-993-3670
Child Abuse and Neglect Hotline	702-399-0081
Domestic Abuse Hotline	800-978-3600
Drug Abuse Prevention Information	702-799-8402
Elderly Abuse Hotline	702-486-6930
NV HIV / AIDS hotline	800-232-4636
Mental Health Referral Service	702-486-8020
Rape Crisis Center	702-385-2153
Safe House Domestic Violence	702-564-3227
Safe Nest Domestic Violence	702-646-4981
Suicide Prevention Center of Clark County	702-731-2990
Suicide Prevention Center of Nevada	877-885-HOPE (4673)
Youth Runaway/Emergency Center	702-385-3330

Hospital Emergency

Desert Springs Hospital	702-733-8800
St. Rose Hospital / Siena Campus	702-616-5600 (ER) 855-400-2271
Sunrise Hospital & Medical Center	702-731-8000
Spring Valley Hospital	702-853-3000
UMC-University Medical Center	701-383-2000 (Press "5" for ER)

Urgent / Outpatient Clinic

Advanced Urgent Care (S. Eastern Ave)	702-361-2273
Care Now Urgent Clinic (S. Maryland Pkwy)	702-474-0077

APPENDIX C

— WHC SOFTWARE SYSTEM

SOFTWARE #1: HUMANITY

WHC has been using Humanity for clinic students clocking in and out. Humanity can be accessed by WHC iPad or computer in the lobby. Individual access will be provided to all clinic students.

To clock in

1. Select account
2. Enter password
3. Capture image
4. Select “time in”
5. Select “log out”

To clock out

1. Select account
2. Enter password
3. Capture image
4. Select “clock out”
5. Select “log out”

SOFTWARE #2: UNIFIED PRACTICE

WHC has been using Unified Practice for electronic health record (EHR). Unified Practice can be accessed by WHC iPad. A WHC iPad will be assigned to each Intern during the clinic shift.

When Interns register for CP411, they will receive an email invitation and instructions from Unified Practice to create an account, password and passcode. Interns must not share this account information with others.

First time using Unified Practice

Before CP411 begins, it is mandatory that the registered CP411 Interns attend the tutorial session and be familiar with the software and device. Quarterly tutorial schedule will be announced. New Interns should sign up for the tutorial sessions with the Clinic Manager.

WHC EHR system which also includes appointment, patient history intake, patient charting (SOAP note), patient medical documents, and herbal prescription is equipped by Unified Practice.

The process of logging in, patient charting, herbal prescription, supervisor approval and logging out can be found in the two tutorial VDOs. In brief, below is how to access the tutorial VDOs.

1. To begin using your iPad for patient charting
HELP > iPad EHR Application Tutorials > iPad training video (full version)
2. To add documents in patient ‘s chart
HELP > iPad EHR Application Tutorials > View & Add document attachments from iPad

After finishing the VDOs, Interns should try to practice charting on “Test, Patient” to get familiar with the software.

Unified Practice allows Interns to sign a patient chart and submit to the Supervisor for approval. Once the Supervisor approves, Interns will not be able to make any changes on the patient's chart. Below are the statuses of the patient chart.

Begin intake

This status indicates that a patient chart has not been started.

When click "Begin intake", the patient chart will open in edit mode.

Interns will be able to begin intake on the patient's chart.

Continue intake

This status indicates that a patient's chart has been started.

When click "Continue intake", the patient chart will open in edit mode.

Interns may continue adding or editing information on the patient's chart.

In review

This status indicates that the Interns have signed the chart and submitted to the Supervisor for review.

When the Supervisor clicks "In review", the chart will open in view.

During this status the Intern will not be able to edit any information on the patient's chart.

Rejected

This status indicates that the Supervisor has rejected the chart for the Intern to edit.

When click "Rejected", the chart will open in edit mode.

Then Interns can submit the chart to the Supervisor for review again.

Approved

This status indicates that the chart is complete and signed.

When click "Approved", the chart will display in view –only mode.

The Supervisors and Interns may add amendments to the chart if necessary

SOFTWARE #3: POPULI

The WHC uses the Populi Learning Management System to record clinic education attendance, clinic grading rubrics, facilitate communication between Supervisor and student, and posting course materials.

WHC WIFI

Upon signing the WHC wifi user agreement, clinic students will receive a wifi password and will be able to access wifi.

APPENDIX D – REPORTABLE DISEASE AND CONDITIONS

NAC 441A.230 Duty of health care provider to report case or suspected case; content of report. (NRS 441A.120)

Except as otherwise provided in NAC 441A.240, a health care provider who knows of, or provides services to, a case or suspected case shall report the case or suspected case to the health authority having jurisdiction where the office of the health care provider is located. The report must be made in the manner provided in NAC 441A.225.

The report must include:

The communicable disease or suspected communicable disease.

The name, address and, if available, telephone number of the case or suspected case.

The name, address and telephone number of the health care provider making the report.

The occupation, employer, age, sex, race and date of birth of the case or suspected case, if available.

The date of diagnosis of the communicable disease.

The date of onset of the communicable disease, if available.

Any other information requested by the health authority, if available.

Nevada List of Reportable Diseases and Conditions

AIDS	Measles (rubeola) 24 †
Amebiasis	Meningitis (specify type)
Animal bite from a rabies susceptible species 	Meningococcal disease  †
Anthrax  †	Mercury (exposures and elevated levels) ‡
Arsenic (exposures and elevated levels) ‡	Mumps 24
Botulism  †	Outbreaks of Communicable Disease  †
Brucellosis 24	Outbreaks of Foodborne Disease  †
Campylobacteriosis	Pertussis 24
CD4 lymphocyte counts*	Plague  †
Chancroid	Poliomyelitis  †
Chlamydia	Psittacosis
Cholera 24	Q Fever
Coccidioidomycosis	Rabies (human or animal)  †
Cryptosporidiosis	Relapsing Fever

Diphtheria 24 †	Respiratory Syncytial Virus (RSV)
Drowning ‡	Rotavirus
Ehrlichiosis/Anaplasmosis	Rubella (including congenital) 24 †
Encephalitis	Salmonellosis
Enterohemorrhagic <i>Escherichia coli</i> (STEC, <i>E. coli</i> O157:H7)	SARS  †
Exposures of large groups of people to disease-causing agents †‡	Severe Reaction to Immunization
Extraordinary occurrence of illness (Dengue, Typhus Fever)  †	Shigellosis
Giardiasis	Smallpox (variola)  †
Gonorrhea	Spotted fever Rickettsiosis (e.g., Rocky Mountain Spotted Fever)
Granuloma Inguinale	Streptococcal toxic shock syndrome
<i>Haemophilus Influenzae</i> (invasive) 24	Streptococcus Pneumoniae Invasive Disease
Hansen's Disease (leprosy)	Syphilis (including congenital)
Hantavirus	Tetanus
Hemolytic-uremic syndrome (HUS)	Toxic Shock Syndrome
Hepatitis A and E 24	Trichinosis
Hepatitis B, C, D and unspecified	Tuberculosis 24 †
HIV infection	Tularemia  †
Influenza	Typhoid Fever 24
Novel influenza (known or suspect pandemic strain)  †	Vancomycin-intermediate <i>Staphylococcus aureus</i> (VISA) infection
Lead (exposures and elevated levels) ‡	Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) infection
Legionellosis	Vibriosis, Non-Cholera
Leptospirosis	Viral hemorrhagic fever  †
Listeriosis	West Nile Virus
Lyme Disease	Yellow Fever Infection
Lymphogranuloma venereum	Yersiniosis
Malaria	

Report immediately by phone

- 24** Report within 24 hours; use after-hours reporting system if needed
- † Report when suspect (do not wait for lab confirmation)
- ‡ Reportable in Clark County only
- * Currently <500/μL (under legislative review to make all counts reportable)

Source: Southern Nevada Health District

APPENDIX E – ABBREVIATIONS

WHC recommends all clinic students to use full term on patient's chart, however some medical abbreviations are allowed as below, Other than the below medical abbreviation, please write full term with abbreviations in parenthesis.

Medical Abbreviations

ADHD:	Attention deficit hyperactivity disorder
AIDS	Acquired immune deficiency syndrome
BP	Blood pressure
BPD	Borderline personality disorder.
CPAP	Continuous positive airway pressure
COPD	Chronic obstructive pulmonary disease
CVA	Cerebrovascular accident (Stroke)
DM	Diabetes mellitus
ETOH	Alcohol
HA	Headache
HTN	Hypertension
HT	Height
ICU	Intensive care unit
LBP	Low back pain
LLQ	Left lower quadrant
LUQ	Left upper quadrant
N/V	Nausea or vomiting
P	Pulse.
PMS	Premenstrual syndrome
PTSD	Post-traumatic stress syndrome
RA	Rheumatoid arthritis
R/O	Rule out
RLQ	Right lower quadrant
RUQ	Right upper quadrant
SOB	Shortness of breath
T	Tongue
T/P	Tongue and Pulse
Temp	Temperature
UTI	Urinary tract infection
Wt	Weight

History intake

CC	Chief complaint. The patient's main concern.
C/O	Complaint of. The patient's expressed concern
DX:	Differential diagnosis
H&P	History and physical examination
N/A	Not applicable
N/W	Normal and well
NAD	No abnormality detected
NSD	No specific abnormality
S/Sx	Signs and symptoms
WFL	Within functional limits
WNL	With in Normal limits

Hormone

ACTH	Adrenocorticotrophic hormone
ADH	Antidiuretic hormone
AGT	Angiotensinogen and angiotensin
FSH	Follicle-stimulating hormone
GH	Growth hormone
GnRH	Gonadotropin releasing hormone
GHRH	Growth hormone releasing hormone
LH	Luteinizing hormone
PG	Prostaglandins
PRL	Prolactin
PRH	Prolactin releasing hormone
PTH	Parathyroid hormone
T3	Triiodothyronine
T4	Thyroxine
TSH	Thyroid stimulating hormone
TRH	Thyrotropin releasing hormone

Prescriptions

PO	orally
BID	twice a day
TID	three times a day
QID	four times a day
QHS	before bed
X5 / day	five times a day
Q#H	every X hours
QOD	every other day
prn	as needed
pm	afternoon
am	morning / before noon
cap	capsule
tab	tablet
tsp	tea spoon
tbsp	table spoon

Measurement

cc	cubic centimeters
g	grams
kg	kilograms
mg	milligrams
L	liter
ml	milliliters
mmHg	millimeters of mercury.
°C / °F	degree Celsius / Degree Fahrenheit.
BPM	beat per minute. Measurement for heart rate

APPENDIX F

50 Common Used of Prescription Medicine

Atorvastatin Calcium (<i>generic of Lipitor</i>)	Carvedilol (<i>generic for Coreg</i>)
Levothyroxine (<i>generic of Synthroid</i>)	Alprazolam (<i>generic for Xanax</i>)
Lisinopril (<i>generic of Prinivil</i>)	Warfarin (<i>generic for Coumadin</i>)
Omeprazole (<i>generic of Prilosec</i>)	Meloxicam (<i>generic for Mobic</i>)
Metformin (<i>generic for Glucophage</i>)	Clopidogrel (<i>generic for Plavix</i>)
Amlodipine (<i>generic for Norvasc</i>)	Amoxicillin / Potassium Clavulanate ER (<i>generic for Augmentin XR</i>)
Simvastatin (<i>generic for Zocor</i>)	Allopurinol (<i>generic for Zyloprim</i>)
Hydrocodone/Acetaminophen (<i>generic for Lortab</i>)	Bupropion (<i>generic for Wellbutrin</i>)
Metoprolol ER (<i>generic for Toprol XL</i>)	Lisinopril/HCTZ (<i>generic for Zestoretic</i>)
Losartan (<i>generic for Cozaar</i>)	Citalopram (<i>generic for Celexa</i>)
Azithromycin (<i>generic for Zithromax</i>)	Losartan Potassium (<i>generic for Cozaar</i>)
Zolpidem (<i>generic for Ambien</i>)	Atenolol (<i>generic for Tenormin</i>)
Hydrochlorothiazide (<i>generic for Microzide</i>)	Cialis
Furosemide (<i>generic for Lasix</i>)	Duloxetine (<i>Cymbalta</i>)
Metoprolol (<i>generic for Lopressor</i>)	Fluoxetine (<i>generic for Prozac</i>)
Pantoprazole (<i>generic for Protonix</i>)	Fenofibrate (<i>generic for Tricor</i>)
Gabapentin (<i>generic for Neurontin</i>)	Crestor
Amoxicillin (<i>generic for Amoxil</i>)	Venlafaxine (<i>generic for Effexor</i>)
Prednisone (<i>generic for Deltasone</i>)	Ventolin
Sertraline (<i>generic for Zoloft</i>)	Amphetamine / Dextroamphetamine (<i>generic for Adderall</i>)
Tamsulosin (<i>generic for Flomax</i>)	Cyclobenzaprine (<i>generic for Flexeril</i>)
Fluticasone (<i>generic for Flonase</i>)	Trazodone (<i>generic for Oleptro</i>)
Pravastatin (<i>generic for Pravachol</i>)	Methylprednisolone (<i>generic for Medrol</i>)
Tramadol (<i>generic for Ultram</i>)	Potassium Chloride (<i>generic for Klor-Con</i>)
Montelukast (<i>generic for Singulair</i>)	
Escitalopram (<i>generic for Lexapro</i>)	

APPENDIX G

TEXTBOOK AND REFERENCES

Suggested reading

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Other

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Y. (1995). *Chasing the Dragon's Tail*. Paradigm.

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CHECKLISTS AND CONTRACTS





CHECKLIST

CNT/OSHA Procedures

Clinic Student Name: _____ CP: _____ Date: _____

Before any contact with a patient, the intern performs hand wash.	<input type="checkbox"/> P <input type="checkbox"/> F
Before any point or needle preparation begins, the intern prepares the patient's skin.	<input type="checkbox"/> P <input type="checkbox"/> F
Before setting up a clean field, the intern performs hand wash.	<input type="checkbox"/> P <input type="checkbox"/> F
After preparing the patient and the clean field, the intern performs hand wash.	<input type="checkbox"/> P <input type="checkbox"/> F
The intern touches the patient's skin that has been swabbed, the intern performs hand wash.	<input type="checkbox"/> P <input type="checkbox"/> F
When needling is completed, the intern discarded all used materials from the clean field and placed the sharps in the sharps containers.	<input type="checkbox"/> P <input type="checkbox"/> F
Upon leaving the room, the intern performs hand wash.	<input type="checkbox"/> P <input type="checkbox"/> F
Upon reentry of the treatment room, the intern performs hand wash.	<input type="checkbox"/> P <input type="checkbox"/> F
Needles are discarded into the appropriate sharps container which must be placed on the prep tray and remain within the intern's arm's length.	<input type="checkbox"/> P <input type="checkbox"/> F
All needles are discarded one at a time.	<input type="checkbox"/> P <input type="checkbox"/> F
When patient has left the treatment room, the intern disinfects tables, bolster, and cart	<input type="checkbox"/> P <input type="checkbox"/> F
When patient has left the room, the intern changes treatment table paper, pillow case, etc.	<input type="checkbox"/> P <input type="checkbox"/> F
Upon leaving the room, the intern performs hand wash.	<input type="checkbox"/> P <input type="checkbox"/> F

Follow up recommendations and actions:

- 1) _____
- 2) _____
- 3) _____

Intern Name	Signature	Date
Supervisor Name	Signature	Date

CONFIDENTIALITY AGREEMENT

Applies to all WHC “workforce members” including: employee, faculties & supervisors, clinic students, clinic staff and other health care professionals; volunteers; agency, temporary and registry personnel; and house staff, students, and interns (regardless of whether they are WHC trainees or rotating through WHC Clinics facilities from another institution).

It is the responsibility of all WHC and WHC Clinics workforce members, as defined above, including employees, didactic & clinical faculty, medical staff, house staff, students and volunteers, to preserve and protect confidential patient, employee and business information.

The Federal Health Insurance Portability Accountability Act (HIPAA) Privacy Law governs the release of patient identifiable information by hospitals and other health care providers. This law establishes protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

Confidential Patient Care and Case Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient’s medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, electronic records, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples
- Patient insurance and billing records
- Mainframe and department based computerized patient data
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

Confidential Employee and Business Information includes, but is not limited to, the following:

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from the University’s records which if disclosed, would constitute an unwarranted invasion of privacy; or
- Disclosure of Confidential business information that would cause harm to the WHC.

I UNDERSTAND AND ACKNOWLEDGE THAT

I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.

It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to WHC clinic education, WHC Clinics and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.

I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of WHC Clinics, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of WHC Clinics affairs.

I agree not to disclose any identifying information on lab reports, radiographs, medical histories, and any other medical records used in educational presentations in the classroom, grand rounds case presentations, postgraduate seminars, etc.

WHC retains the right to perform audits and reviews patient records in order to identify inappropriate access.

My user ID is recorded when I access electronic records and I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.

I agree to discuss confidential information only in the workplace and only for job related purposes and to not discuss such information outside of the workplace or within hearing of other people who do not have a need to know about the information.

I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.

I understand that the law specially protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.

My obligation to safeguard patient confidentiality continues after my termination of employment/association with the WHC.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the WHC may, as applicable and as it deems appropriate, pursue disciplinary action up to and including my termination from the WHC.

_____ Name	_____ Signature	_____ Date
_____ Supervisor Name	_____ Signature	_____ Date

RECEIPT AND ACKNOWLEDGEMENT

Interns, Observers, Supervisors and Clinic Staffs are responsible for reading and understanding all information contained in this Wongu Health Center Clinic Student Handbook including Guidelines, Rules, Regulations, Policies, Procedures and Protocols. If a student, supervisor or staff has any questions or concerns regarding the contents of this Handbook, please contact the Clinic Director.

I, _____ have received WONGU HEALTH CENTER CLINIC STUDENT HANDBOOK and WONGU HEALTH CENTER CLINIC STAFF HANDBOOK.

I have read and understood all the information contained within the Wongu Health Center Clinic Student Handbook.

I understand, I am responsible to follow all the Guidelines, Rules, Regulations, and Policies and practice all Procedure and Protocols contained therein.

I understand, I am responsible for my actions as a clinic student, supervisor or staff and I am fully informed of the consequences for any violations of the policies, rules, regulations, procedures, and protocols as outlined in the Wongu Health Center Clinic Student Handbook.

I understand that the information and policies in the WHC hand book may be updated at any time and that I will be responsible for reading and following any such revisions.

I agree to provide Wongu Health Center with current contact information including my current email address, mailing address and telephone number.

_____	_____	_____
Name	Signature	Date

(ORIGINAL SIGNED AND PLACE IN STUDENT OR FACULTY / EMPLOYEE FILE)



Wongu Health Center reserves the right to make any changes at any time in this handbook regarding hours, fee, requirements, policies, procedures, rules or regulations.

For more information, please refer to Wongu University Academic Catalog and Student Handbook Clean Needle Techniques Manual, 7th Edition