

## ACTCM at CIIS: Clinic Observer I/Clinic Theater

Student Name			
Faculty Name			
Year		Semester (circle one)	Fall   Spring   Summer
Shift (circle one)	ACM5250		

**Attention Student Clinicians: This clinic packet must be turned in to the Assistant Director of Clinical Education by the first week of the following semester.**

**Time Sheet Instructions:** Record in “**Regular Clinic Hours**” the date and time you were on your assigned shift. For weeks that are institute holidays note “holiday” and obtain your faculty signature. If you are absent, note “absent” and obtain your faculty signature. Record makeup hours below under “**Clinic Makeup Hours.**” Obtain the signature of the supervisor that supervised your makeup shift. You may only miss three weeks for any shift you are registered for. See the below for the complete policy.

<b>Regular Clinic Hours</b>				
Record your regular clinic hours below.				
Week	Date	Time	Hours	Faculty Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

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<b>Makeup Clinic Hours</b>				
Record your makeup clinic hours here.				
Week	Date	Time	Hours	Faculty Signature

Total Regular Clinic Hours: \_\_\_\_\_

Total Makeup Clinic Hours: \_\_\_\_\_

Total Clinic Hours: \_\_\_\_\_

Number of Patient Contacts: \_\_\_\_\_ (33 minimum required)

Final Grade: (Faculty to check one)

- Competency (Pass)
- Partial competency (Pass)
- Failure due to a lack of competency (No Pass)
- Failure due to missing more than 3 shifts in 15 weeks. (No Pass)

Faculty Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Attendance on a Clinic Shift Policy

Students are expected to attend all clinic shifts at their assigned day and time, arriving punctually for each shift. Students are assigned an F (Failure) grade if they are absent from more than three shifts from one assigned clinic shift. This maximum includes both excused and unexcused absences. Three instances of tardiness or leaving early are considered equivalent to one absence. Instructors may permit a student to deviate from this rule on the grounds of illness necessitating confinement for 24 hours or more, a death in the family, or other extreme emergencies. The instructor may request verification of these circumstances by a letter from a medical professional, the Dean of Students, or the Provost as appropriate.

Please refer the Class Attendance Policy and Incompletes Policy at the link of <https://www.ciis.edu/academics/policies-and-procedures>

**ACTCM at CIIS  
Clinic Observer I/Clinic Theater**

**Patient Contact Record**

This form must be completed in order to receive clinic credit. Submit this form to your supervisor by the last day of the semester. After obtaining your supervisor's signature, submit this page with the clinic hours form to the Assistant Director of Clinical Education. This form is required by ACAOM and NCCAOM.

**Student Name:** \_\_\_\_\_  
**Clinic Faculty Name:** \_\_\_\_\_  
**Semester** (circle one): Spring Summer Fall **Year** \_\_\_\_\_  
**Clinic Course Code** (circle one):  
 ACM5250 – Observer I/Clinic Theater

	Date	Patient Age	Acu Tx	Other Tx	Fill Rx	ICD-10 Code	Date	Patient Age	Acu Tx	Other Tx	Fill Rx	ICD-10 Code
1							24					
2							25					
3							26					
4							27					
5							28					
6							29					
7							30					
8							31					
9							32					
10							33					
11							34					
12							35					
13							36					
14							37					
15							38					
16							39					
17							40					
18							41					
19							42					
20							43					
21							44					
22							45					
23							46					
<b>Faculty Signature:</b>		<b>Date:</b>										

**ACTCM at CIIS**  
**Clinic Observer I/Clinic Theater**

Clinic Observer I/Clinic Theater  
 Competencies

This form must be completed by your clinic faculty supervisor in order to receive clinic credit. After your supervisor completes this form, submit this document to the Assistant Director of Clinical Education.

<b>Student Name:</b> _____ <b>Clinic Faculty Name:</b> _____ <b>Semester</b> (circle one): Spring Summer Fall <b>Year</b> ____ <b>Clinic Course Code (circle one):</b>  ACM5250 – Observer I/Clinic Theater
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<b>Learning Outcome</b>	<b>Competence</b>
The student is able to articulate to the faculty member the significance of specific patient findings to the patient’s assessment.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is able to articulate to the faculty member the significance of tongue and pulse findings to the case being observed.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is able to articulate to faculty how the assessment and plan can be developed from the subjective and objective findings.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is able to assist clinic faculty to fill a raw herb or powder herb prescription, as well as complete the charge slip.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is professional in all communication with patients, faculty and other students.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is professional with respect to grooming, timeliness and deportment at all times.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is able to articulate the significance of clean needle techniques and universal precautions in clinic safety.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated

# Clinic Observer I/Clinic Theater Competencies

Areas of Excellence:

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Areas Needing Improvement:

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Recommendations:

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Faculty Name: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Case Review Form**

This form must be completed and attached to the front page of your case study/review. Submit your case study/review to your supervisor during the 13<sup>th</sup> week of the semester. After obtaining your supervisor’s signature, submit this document (not including your case study) to the Assistant Director of Clinical Education.

**Student Name:** \_\_\_\_\_  
**Clinic Faculty Name:** \_\_\_\_\_  
**Semester** (circle one): Spring Summer Fall **Year** \_\_\_\_  
**Clinic Course Code (circle one):**  
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**Case Number:** \_\_\_\_\_

**Case Review Description**

The case review must be based upon the chart of a patient who has been seen by the student during the current semester and who has visited the ACTCM Clinic or Off-Site Clinic a minimum of two times.

All case studies must contain the following:

1. All cases must be typed and neatly presented.
2. The case study must use this page, completed correctly, as a cover page.
3. The case study must include patient information (i.e. gender, age, health history, and any other pertinent information.)
4. Patient history: What brought the patient to the clinic? Indicate current signs and symptoms, tongue, pulse and observations, any previous treatment received and its results, as well as any other pertinent information.
5. Diagnosis
6. Treatment principles
7. Treatment: acupuncture, herbs, massage, moxa, electro-stim, other modalities, nutritional advice
8. Detailed Analysis: This is a presentation of the rational or the conceptual basis for a chosen diagnosis, suggestions concerning other possible diagnoses, discussion of the acupuncture points selected and other points that might have been appropriate, discussion of the herbs discussed or prescribed and the patient’s response to treatment.
9. Results, recommendations and further treatment.

	<b>Circle Pass or No Pass</b>		<b>Case study is not required for this shift</b>
Case Review or Case Study	Pass	No Pass	N/A
Comments:			
Faculty Signature:	Date:		

**Attention Student Clinicians: Please return this completed clinic packet to the Assistant Director of Clinical Education.**