

ACTCM at CIIS: Clinic Observer II

Student Name			
Faculty Name			
Year		Semester (circle one)	Fall Spring Summer
Shift (circle one)	ACM5351	ACM5452	

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.

Regular Clinic Hours				
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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Makeup Clinic Hours				
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>

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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): ACM5351 – Observer II ACM5452 – Observer II
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	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					
Faculty Signature:							Date:					

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Clinic Observer II 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.

Student Name: _____ Clinic Faculty Name: _____ Semester (circle one): Spring Summer Fall Year ____ Clinic Course Code (circle one): ACM5351 – Observer II ACM5452 – Observer II

Learning Outcome	Competence
The student demonstrates the ability to articulate the relationship between subjective findings, objective findings, patient assessment and plan.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student demonstrates the ability to articulate tongue and pulse findings and relate them to the patient assessment and treatment plan.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is able to articulate a treatment principle for each patient assessment.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is able to describe how each acupuncture point contributes to the treatment plan.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student demonstrates the ability assist clinic faculty to fill Chinese herbal prescriptions used in patient care.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is able to articulate the role of adjunct modalities such as tuina, shiatsu, moxibustion and electro-stimulation in patient care.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is professional in communication with other faculty, other students, staff and patients at all times.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated
The student is professional with respect to grooming and hygiene at all times.	<input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated

Clinic Observer II Competencies

<p>The student demonstrates professionalism regarding punctuality.</p>	<p><input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated</p>
<p>The student wears a clean lab coat and appropriate ID badge at all times when on duty (unless at a site where a lab coat is not appropriate).</p>	<p><input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated</p>
<p>The student is able to prepare a treatment room or area, including if needed preparing the treatment table, disinfecting treatment surfaces and checking for needles.</p>	<p><input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated</p>
<p>The student is able to articulate the importance of clean needle technique (CNT).</p>	<p><input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated</p>
<p>The student demonstrates the ability to complete a needle slip.</p>	<p><input type="checkbox"/> Competence <input type="checkbox"/> Partial competence <input type="checkbox"/> Competence not demonstrated</p>

Clinic Observer II Competencies

Areas of Excellence:

Areas Needing Improvement:

Recommendations:

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 13th 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):
 ACM5351 – Observer II
 ACM5452 – Observer II

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.

	Circle Pass or No Pass		Case study is not required for this shift
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.