

## II. STUDENT CLINIC SECTION

The provisions of this section are in addition to the provisions of Section I of this handbook. Nothing contained in Section II is intended to supersede the provisions in Section I. In the event there is any conflict between the provisions in Section II and Section I, the provisions of Section I will apply and are controlling.

### SECTION I: OVERVIEW OF THE NUNM TEACHING PROGRAMS

#### 1.1 Fulfillment of Mission

The mission of the NUNM academic medical clinics is to provide quality health care to the public and quality clinical education to medical students and residents. The mission and the clinical training objectives of both the ND and CCM programs are fundamentally aligned with NUNM's overall mission: *“to educate and train physicians, practitioners and preprofessionals in the art, science and research of natural medicine.”* In addition to the school's global mission, the College of Classical Chinese Medicine has the specific mission of *“transmitting the art, science and spirit of Chinese medicine to cultivate clinical practitioners rooted in the ancient tradition of the medical scholar.”*

#### *ND Program*

The university provides training that allows graduating students to become well-versed in the underlying principles and philosophy of naturopathic medicine as it applies to supporting the healing process. This training allows students to obtain skills necessary to be able to perform as competent entry-level primary care physicians with sole responsibility for patient care as demonstrated through proficiency in demanding clinical and academic programs. Students are given the opportunity to master entry-level knowledge in differential diagnosis, laboratory and diagnostic imaging interpretation, preventive medicine, botanical medicine, homeopathy, clinical nutrition, physical medicine, musculoskeletal therapies, hydrotherapy, minor surgery, lifestyle counseling, and the use of pharmaceutical medications. Graduating students are given the opportunity to become well-prepared for the national licensing exams.

#### *CCM Programs*

In accordance with the CCM mission, students receive lineage-based training that emphasizes transmission and mentoring as major methods for promoting personal and professional cultivation. They have the opportunity to become well-versed in the principles, philosophy, and practice of classical Chinese medicine. Graduates will have demonstrated proficiency of knowledge and skills in Chinese diagnostic techniques, acupuncture, herbal medicine (DSOM and MSOM only), Asian massage, qigong, Chinese dietetics and lifestyle counseling. Graduating students have been trained to assume sole responsibility for patient care, and are given the opportunity to become well-prepared for the national licensing exams.

#### 1.2 Clinical Faculty

NUNM Health Centers host both adjunct and full-time faculty members. Each has completed a rigorous application and hiring process, and has been selected based on their clinical acumen measured by their level of experience, patient care, expertise and passion for natural medicine, as well as their commitment to NUNM's patients, students and education. The practitioners in the CCM program have also been recruited and selected on the basis of their commitment to training students in the art, science and spirit of classical Chinese medicine.

### **1.3 Student Participation in Clinical Training**

Attendance at, or participation in, clinical training is permitted only for those students who are in good standing at NUNM. Any student who is suspended or expelled from NUNM is not permitted to attend clinical training sessions or have contact with NUNM's clinical patients. Any student for whom clinical privileges are suspended is also excluded from attending clinical training sessions or having contact with NUNM's clinical patients.

### **1.4 Stages of Clinical Training**

Students assume the role of patient care provider gradually as they progress through well-defined stages with increasing levels of responsibility. All students must have valid healthcare provider level CPR to participate in clinical training.

#### **ND Program**

##### *Clinical Observation – year one*

Clinical observations provide students with observational learning experiences under the mentorship of licensed physicians in practice. During this first-year series, students are assigned to NUNM clinic shifts where they will observe the application of routine clinic policies and procedures, communication between doctors and students and between students and patients, diagnosis and treatment discussions, application of therapeutic modalities, and referral management.

##### *Hydrotherapy/Massage Technician – year two*

In the second year, students are assigned to the role of hydrotherapy/ massage technician. At this stage of clinical training, students administer hydrotherapy and massage to clinic patients. This stage provides students with their first hands-on experience treating members of the patient population at our academic medical clinics, and provides an important introduction to certain aspects of responsibility for patient care. Students continue in this role while a vigorous academic schedule prepares them for the next formal stage of clinical training, that of the secondary.

##### *Secondary – year three*

Students become secondaries at the beginning of their third year after passing their OSCE 1 exam. A secondary functions as an integral member of a patient's treatment team, formed when the attending doctor, and the primary and secondary students join the patient in the healing process. The secondary's main responsibility is to observe and learn about all aspects of patient care, under the direction and supervision of the physician and in cooperation with the primary, who leads the student team. Secondary duties include, but are not limited to, scrubbing charts for health maintenance; reviewing medications, allergies and problem lists with the patient; enrolling the patient in MyChart; assisting the primary intern during patient visits; contributing to discussions regarding patient assessment and management; and taking vital signs.

##### *Primary – year four*

The final formal stage of clinical training begins after the third year when the student assumes the role of primary, after passing the OSCE 2 exam. With a fourth-year course load focused on clinical readiness, students are able to devote much of their time to providing naturopathic medical care to patients in the NUNM Health Centers. Primary duties include taking a patient history; performing an appropriate physical examination and diagnostic evaluation; developing differential diagnoses and a working diagnosis; and composing an individualized treatment and management plan that includes appropriate preventive recommendations and anticipatory guidance (in conjunction with the clinical supervisor and secondary). Students receive expert guidance from a diverse group of skilled naturopathic physicians during their primary rotations. Although patient care is coordinated and organized by the primary, the attending physician

oversees each case. As fourth year progresses, students are expected to develop greater clinical skills, to act with more confidence and, in keeping with the clinic's mission, begin to assume a role of responsibility with regard to the delivery of naturopathic health care. ***At no time does the primary act independently without formal authorization from a supervising licensed naturopathic physician.***

#### *Community Experience Preceptorships (ComEx) – all years*

ComEx preceptorship rotations afford students the opportunity to follow healthcare providers in practice, providing students with additional exposure to naturopathic medicine, conventional medicine and allied health fields in the surrounding community.

For students matriculated **prior** to fall 2015, students must complete 240 hours of ComEx rotations with any of the following licensed professionals in clinical practice:

- ND (Naturopathic Doctor)
- MD (Medical Doctor)
- DO (Osteopathic Doctor)
- DC (Chiropractic Doctor)
- DPM (Podiatric Doctor)
- PA (Physician Assistant)
- NP, CNM (Nurse Practitioner, Certified Nurse Midwife)
- PT (Physical Therapist)
- PsyD, PhD, LCSW, LPC, MFT (Clinical Psychologists only)

Of those hours, at least 145 must be with a licensed naturopathic physician. Students meeting ComEx program requirements are eligible to begin their preceptorships the summer after their first year. Requirements for the ComEx component of clinical education are reviewed annually.

For students matriculated **after** fall 2015, students must complete 216 hours of ComEx rotations with the same licensed clinical professionals listed above. Of those hours, at least 145 must be with a licensed naturopathic physician. Students meeting ComEx program requirements are eligible to begin their preceptorships after attending the ComEx orientation in the Clinic Observation I class. Requirements for the ComEx component of clinical education are reviewed annually.

#### **DSOM and MSOM Programs**

The goal of CCM clinical training is for students to transform into competent practitioners through the following components of the clinical program. The timing described below assumes that the student is on the four-year track. Clinical Observation starts in the third year of the five-year track.

#### *Introduction to Clinic*

In the spring quarter of their first year, students are introduced to the fundamentals of working in the CCM clinics. Topics include HIPAA compliance, clinic policies and procedures, hygienic standards including Clean Needle Technique, charting protocols, patient confidentiality and multicultural awareness. Students learn how to create a patient timeline as preparation for writing patient case reports.

#### *Observation*

In clinical observation five students per rotation learn as they watch seasoned faculty supervisors treat clinic patients. Over the course of the year, students become more familiar with clinic

policies and procedures, practice the diagnostic skills learned in the first year of the program, and relate their classroom learning to the clinical situation. Through their observation of patient-practitioner interactions and their involvement in discussions regarding patient diagnosis and treatment, students build their clinical knowledge, skills and attitudes, and become familiar with the different styles and interests of the clinic faculty. At the discretion of the faculty supervisor, students may participate in the delivery of certain aspects of patient treatment, including moxibustion, massage, cupping and/or needle removal. Students create at least one patient timeline on each of their observation rotations.

#### *Clinical Mentoring*

In the third year of the program, students continue to gain clinical experience and become more familiar with the different lineage styles of the clinical faculty. Participating in two clinical mentoring rotations per quarter, students become more involved in the process of diagnosing and treating patients under the direction and supervision of the clinician. Working in groups, students write case reports on patient cases they have followed in the clinic.

#### *Pre-Internship*

In spring quarter of the third year, students begin the pre-internship rotation, where they pair with interns as they prepare to assume the intern role.

#### *Internship*

In the final year of the program, students become interns and assume a gradually increasing level of responsibility for direct patient care. They continue to refine their clinical skills and understanding, and build their confidence as proficient practitioners. They become more fully involved in the diagnosis of increasingly complicated cases, and in the creation and delivery of integrated treatment protocols that typically include needle insertion and the prescription of herbal formulas. Students receive training and guidance from a diverse group of skilled practitioners of classical Chinese medicine and are encouraged to choose a clinical mentor, with whom they do at least one rotation per quarter during the fall, winter and spring quarters. ***At no time does the intern act independently without formal authorization from a supervising licensed practitioner.*** By the end of the year, each student will have created a case report on one of their patient cases.

### **MAc Program**

The goal of CCM clinical training is to transform students into competent practitioners through the following components of the clinical program. The timing described below assumes that the student is on the three-year track. Clinical Observation starts in the third year of the four-year track.

#### *Introduction to Clinic*

In the spring quarter of their first year, students are introduced to the fundamentals of working in the CCM clinics. Topics include clinic policies and procedures, hygienic standards including Clean Needle Technique, charting protocols, patient confidentiality and multicultural awareness.

#### *Observation*

Students become more familiar with clinic policies and procedures as they progress through observation. They have the opportunity to practice the diagnostic skills learned in the first year of the program and to relate their classroom learning to the clinical situation. Through their observation of patient-practitioner interactions and their involvement in discussions regarding patient diagnosis and treatment, students build their clinical knowledge, skills and attitudes, and become familiar with the different styles and interests of the clinic faculty. At the discretion of

the faculty supervisor, students may participate in the delivery of certain aspects of patient treatment, including moxibustion, massage, cupping and/or needle removal. As they progress, they continue to gain clinical experience and become more familiar with the different styles of their clinic supervisors.

#### *Clinical Mentoring*

During the final quarter of their second year, students become more directly involved in the intake, diagnosis and treatment of patients, under the full guidance of their clinical supervisor.

#### *Internship*

In the final year of the program, students become interns and assume a gradually increasing responsibility for direct patient care. They continue to refine their clinical skills and understanding, and build their confidence as proficient practitioners. They become more fully involved in the diagnosis of increasingly complicated cases, and in the creation and delivery of integrated treatment protocols that typically include needle insertion. Students receive training and guidance from a diverse group of skilled practitioners of classical Chinese medicine and are encouraged to choose a clinical mentor, with whom they do at least one rotation per quarter during the fall, winter and spring quarters. ***At no time does the intern act independently without formal authorization from a supervising licensed practitioner.***

## **SECTION 2: NUNM HEALTH CENTERS**

### **2.1 NUNM Health Centers and Patient Services**

NUNM is a small, urban academic medical center, recognized as a Tier 3 Patient-Centered Primary Care Home by the Oregon Health Authority, serving over 4,500 individual patients and providing over 35,000 visits annually throughout the tri-county area. With a main clinic located on campus in the Lair Hill neighborhood, a satellite clinic in downtown Beaverton, and numerous affiliated locations in Washington, Multnomah and Clackamas counties, the clinics provide the environment for the practice of outpatient clinical medicine. They offer a full range of services and therapeutic modalities, including but not limited to: primary care medicine, clinical nutrition, lifestyle counseling, homeopathy, acupuncture, botanical medicine, Chinese herbal medicine, hydrotherapy, physical medicine, Shiatsu massage, minor surgery, immunizations and parenteral therapy.

#### *NUNM Health Centers–Lair Hill Medicinary Services*

The NUNM Health Centers–Lair Hill medicinary has a large selection of the highest quality Western and Eastern natural medicines available. Its naturopathic products represent an extensive collection of superior products specifically formulated for a wide spectrum of health concerns. Included are a full range of bulk herbs, herbal tinctures, topical medicines, homeopathics and nutraceuticals. The medicinary has over 300 single Chinese herbs in two forms: crude bulk herbs and granules.

#### *NUNM Health Centers–Lair Hill Laboratory Services*

The NUNM Health Centers–Lair Hill maintains an on-site, outpatient laboratory, licensed in compliance with state and federal safety regulations, to serve the needs of patients seen in the clinic, as well as those referred by outside doctors. It is also a training site where student interns learn laboratory-related knowledge and techniques. Qualified lab personnel, who are well-versed in naturopathic lab testing and who work in compliance with state and federal safety regulations, provide excellent patient care, student education and naturopathic reference resources.

### *Teaching Rotations*

NUNM Health Centers are designed to meet the needs of patients using student-practitioner treatment teams who work directly with patients to provide quality health care. The team-based visits provide the core of clinical training and are the forum in which students learn to diagnose, treat and provide both acute and long-term management of patient care, as well as preventive screenings.

### **2.2 NUNM and Community Health Collaborative**

In addition to the NUNM Health Centers–Lair Hill and Beaverton locations, NUNM provides health services in partnership with 15 community clinics throughout the greater Portland area. By working with diverse communities, students gain an appreciation of different practice settings and become skilled at meeting the needs of various patient populations. The network of collaborative clinics gives students the opportunity to help medically underserved and diverse patient populations that require treatment for a wide range of health concerns.

In conjunction with other agencies and as a member of the Coalition of Community Health Clinics, NUNM offers low-cost medical care at sites that serve homeless youth, seniors and LGBTQ. NUNM Health Centers and community clinics also treat patients with drug and alcohol addictions, HIV and immunocompromised systems, and numerous other conditions.

Please refer to the NUNM website ([nunm.edu](http://nunm.edu)) for a current list of our community clinics and affiliate partners.

### **2.3 Clinic Hours and Access**

In order to provide greater access to and continuity of care for patients, and to accommodate students' required academic schedules, NUNM Health Centers are open Monday–Saturday, with the exception of designated holiday closures. Hours vary on different days. A licensed physician or acupuncturist is always on-site throughout every patient visit. Additionally, due to the primary care aspect of naturopathic medicine, a licensed naturopathic physician is always available through a 24-hour on-call service.

### **2.4 Health Center Personnel**

The following is an introduction to the many people who provide and support the clinical training process. For assistance, please contact the health center front-desk personnel or the Campus Information Center.

- **Executive director:** oversees the financial affairs of the NUNM Health Centers, and commercial and marketing relationships with business associates
- **Dean of naturopathic medicine:** responsible for the oversight of the academic, clinical, personnel and fiscal portions of the College of Naturopathic Medicine
- **Associate dean of naturopathic clinical education:** oversees clinical assessment and curriculum for the College of Naturopathic Medicine
- **Associate dean of naturopathic residency and academics:** coordinates residents and their responsibilities
- **Dean of classical Chinese medicine** (with assistance from the **associate dean of clinical education** and **associate dean of academics**): responsible for the oversight of the academic, clinical, personnel and fiscal portions of the College of Classical Chinese Medicine
- **Dean of health centers:** oversees the financial and administrative affairs of the NUNM Health Centers and community clinics; is responsible for the health centers'

relationship with the university as a teaching institution; maintains the university's relationships with outside clinical organizations

- **Director of clinical operations:** responsible for the daily and administrative functions of NUNM Health Centers, including operations, front desk and medical records
- **Residents:** are licensed naturopathic physicians and Chinese medicine practitioners employed by the university to assist faculty physicians and students on teaching rotations
- **Laboratory director:** manages lab operations for NUNM Health Centers
- **Laboratory personnel:** serve patients, students and doctors at the NUNM Health Centers lab
- **Clinic operations coordinators:** order and stock supplies for general clinic operations; responsible for safety issues in the clinics
- **Clinic services representatives:** serve patients, students and doctors through the front desk at NUNM Health Centers
- **Clinic services supervisor:** supervises the clinic services representatives workflow and processes
- **Medical records coordinators:** Oversight of HIPAA regulations, processing all electronic medical records, scanning into the record, and case studies
- **Site specialist:** supports clinic staff, faculty and students in the use of the OCHIN Epic electronic health record system
- **Chief medical officer:** oversees and ensures the quality and safety of patient care at NUNM Health Centers; establishes clinical guidelines; and serves as the HIPAA compliance officer
- **Clinical faculty:** supervise teaching shifts; responsible for patient care and clinic education
- **Medicinary manager:** manages the NUNM Health Centers–Lair Hill medicinary
- **Medicinary representatives, retail representatives:** serve patients, students and doctors at the NUNM Health Centers–Lair Hill medicinary

These university staff members serve additional clinical needs.

- **Marketing and communications manager:** coordinates clinic promotional and outreach events
- **Community clinic manager:** responsible for the daily and administrative functions of the NUNM community clinics, including staffing, and procedural and reporting requirements
- **Community clinic patient services coordinator(s):** responsible for patient services such as referral coordination, medical records and clinic promotion
- **Community clinic operations coordinator:** schedules appointments at the community clinic sites and provides general support to the community clinic staff, faculty and students
- **Community clinic medicinary coordinators:** coordinates medicinary services for NUNM community clinics
- **Registrar:** manages academic schedules and assists the Center for Academic Success with academic advising
- **Associate registrar:** schedules clinic shifts, tracks attendance; serves as a liaison to community clinics; sets up outside hydro rotations and CCM internships
- **Assistant registrar:** data entry for clinic proficiency objectives (CPOs), holiday shift forms, and make-up shift forms

## 2.5 Clinic Billing Policies and Procedures

NUNM Health Centers' staff and faculty strive to offer excellent services that are available to a wide range of patients in order to facilitate the educational process of our students. To meet this need, to support those with limited access to health care and to provide affordable service to extended members of our community, NUNM Health Centers offer services at affordable prices through the Compassionate Care Program. For more information about our fees, please contact a clinic services representative or the Campus Information Center.

### Insurance Billing

NUNM Health Centers are contracted providers with several third-party payers and bill patient insurance for services. Please contact the billing staff at NUNM Health Centers–Lair Hill for questions about eligible services and current insurance billing policies and procedures.

## SECTION 3: CLINICAL EDUCATION REQUIREMENTS

The Registrar's Office records clinic attendance, clinic hours and patient contacts for each student on the basis of reports from the student's clinical supervisors. At the end of each term, students receive individual Student Clinical Status Reports which track the student's progress toward meeting the clinic hourly requirements outlined below. Clinic requirements are reviewed annually.

*Students are strongly encouraged to track their own clinical hours, and are required to keep an up-to-date "Summary of Patient Contacts" form.* In addition to serving as a back-up record, this helps students to build professional accountability and to be fully aware of their educational progress. The registrar provides clinic status and proficiency objective reports quarterly.

### 3.1 Summary of Clinical Hour Requirements

*ND hour requirements – Foundational Curriculum (matriculated before fall 2015)*

<u>Requirement</u>	<u>Timing</u>	<u>Hours</u>
Intro to Clinic	1st year	12
Hydro/Massage	One 48-hour rotation and 24 observation hours	72
Clinical Education	2nd year spring	18
Secondary Rotations	Begins summer before 3rd year, or fall of 3rd year (total of four graded rotations)	192
Primary Rotations	Begins spring of the 3rd year (total of 15 graded rotations, plus 24 holiday hours)	720
Senior Lab Post	4th year summer	12
Community Education	Any year of attendance	24
Preceptorship Hours	Preceptorship rotations can begin 2nd year	240
Grand Rounds	3rd year	60
Grand Rounds	4th year	60

*ND hour requirements – Redesigned Curriculum (matriculated on or after fall 2015)*

<u>Requirement</u>	<u>Timing</u>	<u>Hours</u>
Observation I	1st year	20
Observation II	1st year	20
Clinical Experience (Hydrotherapy/Massage)	One 48-hour rotation during 2nd year	48
Secondary Rotations	Begins summer before 3rd year, or fall of 3rd year (total of three graded rotations)	180

Primary Rotations	Begins summer before 4th year (total of 13 graded rotations)	780
Preceptorship Hours	Can begin winter of 1st year	216

Note: There are 1,264 required clinical hours involving patient contact, performed in observation, hydrotherapy, secondary, primary and preceptorship roles. Additional clinical coursework is didactic in nature, providing orientation to and assessment of clinical activities, and does not include clinical patient contact. These activities include healthcare provider-level CPR (years 1 and 3), the Clinic Observation (year 1) and Introduction to Clinic (year 2) courses (which include HIPAA and OSHA training), and Grand Rounds (years 3 and 4).

#### ***DSOM and MSOM hour requirements***

<u>Requirement</u>	<u>Timing</u>	<u>Hours</u>
Intro to Clinic	1st year	18
Observation	Begins fall of the 2nd year (total of three graded rotations)	144
Clinical Case Presentation I-III	3rd year	72
Clinical Mentoring	3rd year (total of six graded rotations)	288
Pre-Internship	3rd year (one graded rotation)	48
Internship Case Presentation I-III	4th year	72
Internship	4th year (total of 9 graded rotations), plus 24 hours holiday (non-graded)	456

#### ***MAc hour requirements***

<u>Requirement</u>	<u>Timing</u>	<u>Hours</u>
Intro to Clinic	1st year	18
Observation	2nd year (total of two rotations)	96
Clinical Mentoring	2nd year (one rotation)	48
Internship	3rd year (total of 10 graded rotations), plus 24 hours holiday (non-graded)	504
Internship Case Presentation I-III	3rd year	72

***Concurrent-degree students are required to do a total of 24 community education hours.***

### **3.2 Description of Clinical Requirements**

#### **ND Requirements**

The required ND Clinical Education curriculum is outlined in Section II, 1.4, with the hour breakdown listed in Section II, 3.1. It should be noted that as part of primary and secondary rotation requirements, ND students must work 144 summer hours and 24 holiday hours. The Registrar's Office reserves the right to alter these requirements in conjunction with the program deans to ensure that sufficient student participation is maintained to operate the NUNM Health Centers.

#### ***CPR Requirements***

Prior to beginning clinical rotations, ND students are required to complete healthcare provider-level CPR training, including the hands-on and written components. For ND students, training must be completed during the first year, prior to beginning hydrotherapy rotations in year 2.

## **CCM Requirements**

### *Introduction to Clinic and Clinical Observation I & II*

For CCM students, these courses provide an overview of clinical education requirements. They are designed as an orientation to duties and responsibilities for clinic rotations.

CCM students are introduced to the fundamentals of being an observer in the CCM clinics. Topics include HIPAA compliance, clinic policies and procedures, hygienic standards including Clean Needle Technique, charting protocols, patient confidentiality and multicultural awareness. Students take this course in the spring quarter of the first year of their program.

### *Summer and Holiday Internship*

Each DSOM and MSOM intern is required to work 144 summer hours and 24 holiday hours. Each MAc intern is required to work 96 summer hours and 24 holiday hours. The Registrar's Office reserves the right to alter these requirements in conjunction with the program deans to ensure that sufficient student participation is maintained to operate the NUNM Health Centers.

### *CPR Requirements*

Prior to beginning clinical rotations, CCM students are required to complete healthcare provider-level CPR training, including the hands-on and written components. For CCM students, this applies to observation rotations.

## **DSOM and MSOM Requirements**

### *Clinical Case Presentation I-III*

Students apply their didactic learning to clinical scenarios through case-based discussion and presentation.

### *Internship Case Presentation I-III*

Students present their clinic cases to fellow interns and a faculty supervisor for discussion and feedback.

## **MAc Requirements**

### *Internship Case Presentation I-III*

Students present their clinic cases to fellow interns and a faculty supervisor for discussion and feedback.

## **3.3 Patient Contact Requirements**

Each ND student must participate in a minimum of 510 patient visits at NUNM Health Centers or at an approved, affiliated community clinic. Of the 510 visits, 225 visits must be those for which the student serves as the primary. The remainder of each student's patient contacts must be obtained at the clinic, at one of NUNM's other approved clinical training programs, or on a preapproved preceptor rotation.

Each DSOM and MSOM student must participate in a minimum of 350 patient visits at NUNM Health Centers or at an approved, affiliated community clinic between intern and clinical mentorship rotations. Each MAc intern must participate in a minimum of 250 patient visits at NUNM Health Centers or at an approved, affiliated community clinic.

### 3.4 Additional Requirements for Graduation

#### ND

##### *Case Analysis Papers*

Students will be required to submit six case papers to their supervising physicians based on clinical cases that they have managed during their last year of clinical training at NUNM.

- Students in their final four (4) terms of clinical education will submit one or two case papers per quarter. Cases selected will be from different shifts, and submission will begin in summer or fall quarter of the final year for four-year students. Students on the five-year plan or in the concurrent degree program may spread the requirement for six case papers over the final five quarters of their clinical education.
- Case papers are submitted to the student's clinical supervisor on the shift where the patient was seen. Completed papers must be turned in by **Friday, 5 p.m. of the end of week 9** of the quarter. This allows time for the supervising faculty to evaluate the paper, return it for corrections if necessary, and submit a grade before the end of the quarter. If the paper is not adequate, the supervising physician will return the paper to the student with comments **by the end of week 10**. The student will make the required changes and resubmit the paper **by the end of week 11**. The supervising physician will evaluate the papers, grade them, and submit the grade forms to the Registrar's Office with their term grading sheets.
- **Late papers will not be accepted.**
- Students will select cases from their clinic shifts. It is preferable to select cases for which the student has had a follow-up visit. In certain instances, students may select patients to write up that they have seen once, but who were not able to return to the clinic to see that student. In these instances, the student will clear the case selection with their supervising physician on the shift before writing the case paper. The physician will determine if the patient is appropriate for the purpose of this educational requirement.

Requests for chart copies must be submitted to NUNM Health Centers' medical records department. Students must allow at least one (1) week for the chart copy request to be fulfilled, so plan accordingly.

##### *Clinic Proficiency Objectives (CPOs)*

In order to receive credit for clinic proficiency objectives (CPOs), students will submit a completed "Clinic Proficiency Objective" form to the Registrar's Office (there are drop-off boxes located in the health center conference rooms as well). Forms are available at NUNM Health Centers–Lair Hill and at the Registrar's Office. Students may record more than one completed objective on each form, but each objective must be initialed by the supervising physician, as well as having the supervisor sign at the bottom of the form.

Students may not receive credit for completing CPOs while working with preceptor physicians, unless the preceptor is also a supervising physician at NUNM Health Centers.

The Registrar's Office supplies students with an up-to-date record of completed CPOs at the end of each term. Students are responsible for keeping the yellow copy of the CPO form for their records, and should notify the Registrar's Office of any discrepancies between their records and the clinic proficiency status report.

## **DSOM**

### *Doctoral Capstone Project*

Students are required to complete a doctoral capstone project by the middle of the final term of their last year. A doctoral capstone instruction document is provided to all students in the spring term of their next-to-last year; a doctoral capstone tutorial course in the summer of the final year prepares students to complete their doctoral capstone project.

## **MSOM**

### *Master's Thesis*

Students who matriculated prior to fall 2014 and have not switched to the “revised MSOM” curriculum are required to complete a master’s thesis by the middle of the final term of their last year. A master’s thesis instruction document is provided to all students in the spring term of their next-to-last year; a master’s thesis course in the summer of the final year prepares students to write their master’s thesis.

## **SECTION 4: CONTACT INFORMATION AND COMMUNICATION SYSTEMS**

Effective methods of communication between students, faculty members, patients, clinic administrators and university employees are vital to the provision of high-quality patient care and student education. The following policies have been established to facilitate efficient communication with students as they progress through the stages of their clinical education.

### **4.1 Personal Contact Information**

It is important for each student’s personal contact information (telephone numbers, mailing address and email address) to be kept as accurate and up-to-date, *especially once a student enters the clinic*. Any changes in contact information must be submitted to the Registrar’s Office, using the “Change of Address” form found on the NUNM website. It is the responsibility of the student to verify that change has occurred.

### **4.2 Campus Mailboxes**

Students are provided with mailboxes in the Academic Building that are routinely used for hard-copy information sent via NUNM’s inter-office mail and courier system. Mailboxes must be checked regularly and consistently.

### **4.3 Student Email and Moodle**

Student email is NUNM’s primary system for communication. Email is used to relay information about university policies, procedures and programs. Students must check their student email regularly.

All academic and clinic forms and schedules are posted on the registrar’s website on Moodle. All students are required to maintain a Moodle account, and to check it regularly and consistently.

### **4.4 Voicemail and Patient Communication**

NUNM voicemail extensions are assigned to ND primaries and CCM interns. These extensions are used for patient, clinic and university communications. Each student is responsible for checking their voicemail extension in the following manner:

- It is imperative that voicemail messages be checked at least once every 24 hours.
- Each student is provided with directions for setting up voicemail, and is given a sample message script when assigned a voicemail extension.
- For added convenience, the IT department can set any student’s voicemail to page personal cell phones whenever a message is received. However, students are still

required to check their voicemail regularly, whether a page has been received or not. It is important that no patient call is missed because of phone system inattentiveness.

- To provide proper patient care and for institutional liability purposes, **all incoming NUNM patient calls must be routed through the institution. It is against NUNM policy for any student to provide personal cell phone numbers as a means of communicating with patients. NUNM is not responsible for charges incurred for forwarding messages to personal devices.**
- Whenever a student contacts a clinic patient, they should have the patient's clinic chart available and know that the supervising faculty member is immediately accessible.
- All patient calls must be charted in the patient's electronic medical record at the clinic within one (1) business day and routed to the attending physician for review and signature. **Patient calls must be returned on the same day if possible, or within 24 hours.** This is true even when the patient's concerns cannot be addressed without further research or discussion with the supervising faculty. In such a case, the patient must be informed that the message was received, and told how the follow-up will occur.
- When making a call from outside the clinic and away from the supervising faculty, *it is extremely important that no medical advice be given to the patient before the advice of the supervising faculty is obtained.* The student should listen well, ask thorough questions, take good notes, and then contact the supervising faculty member. *All patient advice and care must be under the direction of a licensed practitioner.*
- Full confidentiality and HIPAA-compliance practices must be followed at all times, including when patients are called from outside the clinic. \*67 should be used to block outgoing phone numbers. Patient phone numbers should be immediately deleted from the student's cell phone after the call is complete.
- Just as each clinical supervisor has a unique style of practice, so the manner in which each clinical supervisor manages patient calls may vary. When there is doubt about the best way to respond to a patient call, the student should be conscientious of the policies listed above and check with the supervising practitioner about personal practices, guidelines and requirements.

#### **4.5 Electronic Mail, Social Networking and HIPAA**

In today's ever changing world of electronic communications, there are increasingly more ways that patients can and want to use to communicate with their healthcare providers. NUNM's policy on electronic mail is based on HIPAA regulations that govern patient-protected health information (PHI). The current policy is designed to protect the privacy rights of patients and to protect NUNM against litigation. NUNM does not provide a secure electronic mail system to students, staff or faculty.

NUNM uses the OCHIN Epic system for electronic health records. MyChart is the patient portal within Epic and is the approved method to communicate with patients.

- A student or faculty member may not communicate with a patient via electronic mail.
- Students must use their NUNM email account when communicating with faculty *about* patients.
- Students may not communicate with patients on any social network sites (e.g., Facebook, Twitter, Instagram, etc.)

- Students may not give any medical diagnostic or treatment information to any other person on a social website.
- Failure to follow these guidelines will result in disciplinary action.

**Student email is NUNM's primary electronic communication system. It is imperative for students to check their student account regularly. Schedule changes, class availability (waitlist notification) and posting of clinical opportunities, etc., are communicated via student email.**

## **SECTION 5: SCHEDULING OF STUDENTS FOR CLINICAL ROTATIONS**

### **5.1 Priority Registration**

The associate registrar schedules clinic rotations according to a priority registration system that allows all students equal access to the faculty and shift times.

- Students register for their clinic shifts by submitting a clinic schedule request form (available on the registrar's Moodle page) during the clinic registration period, announced at the beginning of each quarter according to their priority terms. Every attempt will be made to honor a student's request, but this may not be possible and all clinical rotations must have adequate students assigned to ensure quality of patient care.
- Every student is given first-priority status for one quarter of each academic year. ND students will be required to do a community clinic rotation in their priority term. ND students will also be assigned a term in which they will be required to do a Saturday rotation. Mentor fixed rotations are assigned (see below) and students are pre-registered for them before the registration period begins. This helps to ensure there are no class conflicts with assigned fixed shifts. This process optimizes the likelihood that the student will receive most of their desired rotations. However, due to the limited number of spaces available on each rotation, NUNM cannot guarantee that every student will get their first choice of clinic shift.
- During another quarter, each student will have second-priority status. Registration requests are scheduled after those of first-priority students. Many students with second-priority status receive their desired rotations.
- During the remaining quarter, the student will have third-priority status. Registration will be scheduled after students having first- and second-priority status.
- Third-priority students commonly find that their schedules are much better than they had initially anticipated.
- All students have the opportunity to trade with classmates after the schedule has been posted, as long as the registration deadline is strictly adhered to. The deadline to request a change to clinic schedules is four weeks prior to the beginning of the following quarter, and is published at the top of all clinic schedules. This is to ensure adequate patient care.
- For more information, refer to "schedule adjustment period" under Section 5.2 Add/Drop Policies.

### **5.2 Add/Drop Policy for Clinic Rotations**

Students have a five-day period after a clinic schedule has been posted to add or drop rotations without being charged to do so. This period is known as schedule adjustment period; it provides the opportunity for students to trade clinic rotations. After this period, students must use the following procedure to change their clinic schedule:

- In order to add or drop a clinic rotation, students must complete an add/drop form and submit it to the Registrar’s Office for approval, or contact the associate registrar directly.
- A deadline date is indicated on all schedules posted on the registrar’s Moodle page.
- ND primary and DSOM or MSOM interns who wish to drop any clinic rotations after the schedule adjustment period deadline must complete the “Petition to Deviate from Current Policy or Requirements” form and submit it to the Registrar’s Office. It will then be submitted to the program dean, a decision will be made, and the student will be notified of the outcome by the associate registrar. While awaiting a decision, students are required to attend all previously scheduled clinic rotations and adhere to all current clinic policies. All fees concerning clinic rotations will continue to apply.
- A \$50 add/drop fee will be charged for any shift changes after the deadline date.

### **5.3 Scheduling of Holiday Clinic Rotations**

NUNM Health Centers recognize holiday periods that correspond with breaks in the academic schedule. Students have a holiday clinic requirement of 24 hours that is fulfilled during these holiday periods. These hours count toward primary makeup hours and are not part of the total hour requirement. In order to provide continuity of patient care, students are scheduled consistently with their regular academic clinic schedule as often as possible. **Holiday shifts are required for all ND and CCM students.**

- Students request the weeks that they would prefer to fulfill their holiday requirement in order of preference. Based on this information, the Registrar’s Office schedules students for specific days and times.
- Scheduling is completed in the fall term, in order to allow sufficient time to make holiday travel arrangements.
- Students are required to attend all of their assigned holiday shifts. Trades are allowed as long as they are communicated to the Registrar’s Office at least four (4) weeks prior to the clinic shift.

### **5.4 Scheduling of Special Clinic Opportunities**

#### ***Chinese Medicine Fixed Rotation***

CCM students have the opportunity to apply to have a fixed rotation with a clinical faculty member of choice. If approved, students are scheduled for one rotation per term with their mentors throughout fall, winter and spring quarters of their internship year. This focused time studying under the tutelage of one faculty supervisor is found to be extremely beneficial by many students. In many cases, students have the opportunity to request to mentor with the same faculty supervisor who teaches their Traditional Mentorship Tutorial classes in the final year of the program.

#### ***Fixed Rotation Guidelines***

- The fixed rotation is highly encouraged, but optional.
- The application process for the fixed rotation occurs in the spring term prior to the final year of clinical education.
- If selected, a student is assured a rotation with that doctor for three sequential terms (fall, winter, spring). In some cases, fixed rotation begins in the “required summer” term.
- Students can apply to do their fixed rotation with a faculty supervisor at any clinic location—NUNM Health Centers or the community clinics. If applying with a physician or practitioner who supervises at multiple locations, the student should request a location preference.

- There are a limited number of fixed rotation slots available per faculty member. Approximately 50% of the total student slots per faculty member can be scheduled as fixed rotation slots. This allows for all students to work with a variety of physicians and practitioners throughout their clinical experience.
- A student may participate only in one fixed rotation.

#### *Fixed Rotation Application Process*

- Fixed rotation applications include a simple paragraph or essay regarding the student's desire to work more closely with a specific clinical supervisor. They are submitted directly to the clinic supervisor, who communicates their selections to the associate registrar. The associate registrar will notify students of fixed rotation assignment and coordinate scheduling prior to general clinic registration. Students are encouraged to contact faculty directly for more information about their specialties and practices before applying to work with them.
- Students may apply to do a fixed rotation with more than one attending physician or supervising practitioner, but if accepted by more than one faculty member, must choose only one.
- Fixed rotations are scheduled prior to all other clinic scheduling.

Fixed rotation confirmations are posted by the Registrar's Office.

#### ***Fixed Primary Care ND Clinic Shifts:***

Each student is assigned two (2), two-term fixed shifts during their year(s) as primary medical intern. Fixed shifts provide increased mentorship to students, they increase the experience of patient management and follow up, and they improve patient continuity and clinic access.

#### *Fixed Rotation Guidelines*

- Students will complete two (2), two-term fixed shifts during their clinical experience, i.e., four (4) out of 13 shifts (15 for students who matriculate prior to fall 2015). Ideally, one fixed shift will be on a primary care shift at NUNM Health Centers–Lair Hill, NUNM Health Centers–Beaverton or the Center for Natural Medicine clinic, and the other shift will be at one of NUNM's community clinics. For scheduling purposes this is not always feasible and students may be assigned two fixed shifts at the main clinic or two at community clinics.
- Stand-alone ND students will be registered for one fixed shift for the first half of the year (Summer/Fall = SF); the other will be the second half (Winter/Spring = WS) in your final year.
- Concurrent degree (ND/MSOM) students will complete one fixed shift during their required summer (continuing through fall) and the second fixed shift in winter/spring of their final year.
- Final decisions will be made by the registrar and dean's office. We do our very best to accommodate as many students as we can with their top choices!
- Fixed shift placements on shifts will happen prior to first priority clinic registration—students will automatically be registered for fixed shifts to ensure they do not conflict with required classes. Fixed shifts do not count as one of your priority requests. Everyone will be registered for their fixed shifts and then priority registration will proceed after that.
- As previously mentioned, there are a limited number of fixed spots available per doctor (no more than 3/shift) to allow all students the opportunity to work with a variety of physicians.

### ***ND Skills-Building Shifts and Remediation***

These shifts provide additional support for students and are described more fully in Section 7.4. Students should contact the associate registrar to be scheduled for either of these shifts.

## **SECTION 6: CLINIC ATTENDANCE AND ABSENCE POLICIES**

For each rotation scheduled during the academic year, students are required to complete a minimum of 10 out of each term's 12 weeks. During summer's 11-week term, each student is required to complete 9 out of the 11 weeks. **Holidays and unexpected closures due to inclement weather are included in the total number of absences for that rotation.** Exceptions may be made by the program dean if there are an unusually high number of unexpected clinic closures.

### **6.1 Summer Term**

- Generally, students may select any two weeks during summer term for vacation. They may schedule them back-to-back for a full two weeks off or spread them out and take each week at a different time. They can also choose to not take a vacation.
- NUNM Health Centers are closed on Independence Day and Labor Day. These scheduled clinic closures count toward the total number of absences during the term, so if a student's clinic rotation falls on one or more of these days, their total number of available vacation days will be reduced. Specific information regarding vacation restrictions will be addressed at registration.
- Students must find substitutes to cover the shifts that occur while they are away. Students may post their requests on the substitute database. Once you have signed up as a sub it is your responsibility to cover that shift, and all absence policies apply.
- Students must complete an absence request form and submit it to the Registrar's Office two (2) weeks in advance of the planned absence.

**If students have more than two (2) absences on a single clinic rotation, they cannot be accurately graded by their faculty supervisor and will receive a failing grade for that rotation.**

In the event of a failed rotation, any patient contacts and hours accrued will be recorded and used as makeup hours if needed. In the event of prolonged sickness, a medical leave of absence may be obtained. It is the student's responsibility to keep the associate registrar updated on any planned absences or schedule changes.

### **6.2 Clinic Substitute Database**

Students who are looking for a clinic substitute can use the Clinic Substitute Database located on Moodle. The tool is designed to help students find substitutes to cover their clinic shifts if they have a planned excused absence, see Section 6.5 below. Students can create entries and add their names to shifts already entered into the database. Once a student signs up to substitute on a shift, they are responsible for attending the shift. If, after signing up to substitute on a clinic shift, the student is no longer able to attend the shift, the student is responsible for finding another substitute. Failure to find a substitute for a clinic shift will result in an unexcused absence, including docked clinical hours and referral to the Honor Council, see Section 6.6 below.

### **6.3 Illness and Emergency**

In the event of illness or an emergency, students must notify the associate registrar, their faculty supervisor and the clinic front desk staff (or the community clinic supervisor for a community clinic rotation) as soon as possible *prior to the beginning* of their shift. They must provide a

detailed explanation for their absence and leave a telephone number where they can be reached for any necessary follow-up. A medical excuse must be provided for shifts missed during the first week of the term.

#### **6.4 Inclement Weather and Clinic Closure**

On occasion, Portland weather can present dangerous traveling conditions. If this happens, administrators may deem it necessary to close the university and clinic for the day. In some cases, when better weather is expected to move in, the university may be closed and classes cancelled, but the clinics may open during the latter portion of the day. Please pay careful attention to closure information. Unexpected clinic closures are factored into graded attendance unless there are an unusually high number of them. Refer to the emergency closure procedure in Section 18.7 of the student handbook for more specifics about inclement weather closure notifications.

#### **6.5 Excused Absences**

Students are allowed a maximum of two (2) excused absences per clinic rotation. These include days missed because of clinic closures due to inclement weather or holidays. Students are not allowed to “guest” on clinic shifts, but must make up all hours missed through substitutions or scheduling extra holiday shifts.

#### ***Planned Absences***

These may include vacations, seminars and family emergencies.

- Planned absence notification must be submitted to the associate registrar no less than two (2) weeks in advance using the Clinic Substitute Database on the registrar’s Moodle page. As long as a clinic sub is found (if applicable) the Registrar’s Office will notify the clinic and clinic supervisors of the excused absence. If no sub is found, students are required to submit an absence request form. The associate registrar is responsible for notifying the clinic front desk staff or community clinic staff of students’ planned absences.
- The supervising doctor has the authority to approve or deny a planned absence request.
- Students are responsible for obtaining a substitute unless approved in writing otherwise by the supervising practitioner.
- Requests for absence during the first week of the term will not be granted without appeal to the director of academic access and success using the “Petition to Deviate from Current Policy or Requirements” form, as well as a petition for an excused absence. This appeal must be submitted at least two weeks prior to the start of the new quarter.
- A request may be denied if there have been prior absences or if clinic closures due to holidays or inclement weather are anticipated.
- Students must notify their supervisor of a planned absence, speak with them about the best way to approach their patients’ care, and follow through with the agreed upon plan.

#### ***Appeals Process***

If an absence request has been denied, the student may appeal the decision by completing an “Absence Request Appeal” form and submitting it to the program dean. Appeals must be received at least ten (10) business days prior to the requested day off. Students should give themselves a four-week turnaround time on the entire process if they feel as though their absence request may be denied.

- An absence appeal must be requested before the student takes time off from clinic.

- It will be approved or denied based on the following factors: the availability of substitute coverage; makeup hours planned; and whether or not the reason for the request is considered to be adequate.
- If the request is denied, the student will be expected to attend the shift(s) in question or the absence will be unexcused.

### ***Unplanned Absences***

These include illness, family emergencies, attending a birth and, in some cases, transportation issues. Due to the short notice that typically occurs with such absences, the student is responsible for the following:

- Contacting the supervising practitioner about the absence. If unable to reach the supervisor directly, the student may leave a voicemail/email message.
- Notifying the associate registrar and the appropriate front desk staff or community clinic representative of the absence.
- Reviewing the patient schedule for that day. The student is responsible for consulting with the rotation's supervising faculty to determine which, if any, patients should be rescheduled with the student for another time and which, if any, patients should be seen that day with an alternate student. This is an important step in quality patient care and it is the student's responsibility to ensure that it happens.
- If a student calls in sick the first week of the term, they must provide the associate registrar with a doctor's note before the second week of the term. In the event of an emergency, a telephone number and detailed explanation should be given.
- If requesting an absence during week 12 (or week 11 during summer term) alternate arrangements must be made with the student's clinical supervisor for completing the final clinical evaluation.

### **6.6 Unexcused Absences**

These are unprofessional and create hardships for patients, faculty, staff and peers. Students will be referred to the Honor Council and may be docked 20 clinic hours for any unexcused absences.

### **6.7 Makeup Shifts**

Any student needing additional shift hours in order to fulfill a grade of "incomplete," or to meet the graduation requirement, can make up the hours by substituting or doing extra holiday shifts. Students can find makeup clinic shifts opportunities on the Clinic Substitute Database on Moodle.

All hours completed that are not part of a student's regular schedule must be documented using the Clinic Shift Credit Record. The credit record must be submitted within 30 days of completing the shift or it will not be accepted.

### **6.8 Tardiness**

It is both disruptive and disrespectful to supervising faculty, patients and fellow students to arrive late. Students are expected to arrive early and remain through the end of the rotation, even if there is no patient, and to utilize the time in clinic constructively.

- Students should arrive at clinic at least five (5) minutes before the rotation begins and be ready for the rotation at the time it is scheduled to begin.
- Students should take transportation and parking into consideration when planning their schedules.
- At the discretion of the supervising doctor, a student may be docked up to four (4) hours for being late for a shift.

- A student who is chronically tardy may be docked 20 clinic hours for each shift that they are late.
- A student may be referred to the Honor Council for tardiness.

## **SECTION 7: GRADING AND EVALUATION OF CLINIC ROTATIONS**

### **7.1 Grading**

Students earn graded credit for each of their required clinic rotations. Clinical rotations are graded using a pass/fail system. See Section 5 of the student handbook. Students are required to complete and pass all of their assigned clinic rotations, even when they have already fulfilled their patient contact and hourly requirements.

### **7.2 Clinical Learning Objectives**

At the beginning of each term, supervising faculty will provide students with an orientation to the rotation by clearly defining their expectations of students, the objectives of that clinic rotation, and the manner in which they will measure student achievement. This orientation is provided so that students have an understanding of their learning objective on that shift, and the manner in which they will achieve these objectives and be graded on them.

### **7.3 Evaluation Process**

#### ***Naturopathic Medicine Program***

##### *Proficiency Examinations*

ND students are required to pass an OSCE before moving forward in each stage of clinical training. The OSCE 1 examination (clinic entrance examination) is taken and passed before the student becomes a secondary intern. The OSCE 2 examination (primary status examination) must be passed before the student becomes a primary intern, and successful completion of the OSCE 3 examination (exit examination) is required to graduate from the program.

##### *Midterm Evaluation*

During the sixth week of each term, students meet with their clinical supervisors to discuss their clinical performance. The evaluation covers clinical skills, knowledge, thought processes and professional behavior. The meetings are designed to give students constructive feedback, identify areas of excellence or concern, and assess students' overall progress in an informal, supportive atmosphere. Week six reviews may be provided to students in written form, but are not tracked through the Registrar's Office.

##### *Final Evaluation*

Final evaluations of all ND students are conducted during either week 11 or week 12 of each term. Supervising faculty meet with each student individually to discuss their evaluation of the student's performance over the duration of that clinic rotation. Student grades are based on the student's overall clinical performance as reflected in their final evaluations. Grades are submitted on the pass/fail grading system. Students must repeat a failed rotation, and the faculty member must document areas the student will need to further develop during their required skills-building course.

#### ***Classical Chinese Medicine Programs***

##### *Clinic Entrance Examination*

Students take a practical point location examination near the beginning of the term that is two quarters prior to the internship year. Students also take a written clinic entrance examination during the first half of the term prior to becoming an intern. The examination covers the foundational course material needed to assume responsibility for direct patient care. Students who

fail either exam are given the opportunity to remediate the exam later in the same term. A remediation fee is applied.

#### *Evaluation of Clinical Rotations*

Faculty evaluate students during week 6 using a form that assesses achievement of level-specific clinical competencies. They discuss their evaluation with students in a one-on-one meeting, during which they identify any “critical non-performance” issues that must be corrected by the end of term for successful completion of the rotation. Final evaluations of students are conducted during either week 11 or 12 of the term. Supervising faculty meet with each student individually to discuss their evaluation of the student’s performance over the duration of that clinic rotation. Student grades are based on these evaluations. In addition, students do a self-evaluation prior to meeting with their clinical faculty member. Grades are submitted as pass or fail. Students must repeat a failed shift.

#### *Clinic Exit Examination*

During the final quarter of their training, interns perform an intake and examination on a patient-actor, and then determine a diagnosis (with differential) and devise a treatment approach. Students provide oral and written explanations of their findings and plan. An evaluation rubric is used to grade the student. This practical examination tests whether the student has mastered the level of clinical knowledge, skills and attitudes needed to graduate and become a practitioner with sole responsibility for patient care. Students who do not pass have the opportunity to remediate the exam later in the same quarter. A remediation fee is applied.

#### *Evaluation of Supervisors*

At the end of each quarter, observers and interns complete evaluations of their faculty supervisors. The evaluations are reviewed by the associate clinic director and the dean of the CCM programs, and are an important part of the faculty evaluation process.

### **7.4 Clinical Remediation**

Students who require extra support in meeting minimal levels of clinical competency are counseled and referred for additional instruction by their clinical supervisors or the program dean.

#### *ND Clinical Skills Enhancement*

Clinical skills enhancement courses are generally scheduled over a six-week period of time; students may be referred to this course at any point during the term. The clinical skills enhancement instructor carefully assesses each student’s abilities and works with them directly throughout the duration of the course. At the end of the course, the instructor reassesses the student’s abilities and determines if the student should continue with the course. A faculty member may require or recommend a clinical skills enhancement course, even if a student receives a passing grade, if the faculty member feels the student needs additional help to remain on track in their clinical education.

#### *OSCE Skills Tutorial*

ND students who fail an Objective Structured Clinical Examination (OSCE) twice will be referred to an OSCE skills tutorial for three sessions. The instructor will then determine if the student is ready to retake the OSCE exam.

#### *CCM Clinical Skills Remediation*

Clinic evaluations of CCM student performance are done during week 6 of the term, to provide mid-term feedback and identify areas of weakness, including those that must be remediated before the end of term in order for the student to pass the clinic rotation. The clinical supervisor,

in collaboration with the CCM associate dean of clinical education and the CCM dean, can assign remediation work, which can include attendance at weekly clinical skills tutorial labs run by the CCM resident.

## **SECTION 8: OTHER CLINIC POLICIES**

### **8.1 Confidentiality and Medical Records**

Each student must hold all information regarding the business of NUNM Health Centers, medical records information, patient interactions and clinical consultations as confidential. In the course of the student's medical education at any NUNM health center, all information concerning patients, students, staff, employees and physicians should be treated with the same sense of confidentiality. All staff, faculty and students working at the clinics are required to sign a confidentiality statement.

#### ***Confidentiality and HIPAA***

The Health Information Portability and Accountability Act (HIPAA) was established to protect patients by preventing the inappropriate use or transmission of patient healthcare information. Special consideration was given to the technological advancements developing within healthcare professions, and the level of confidentiality associated with ever-changing methods of communication. Students will receive training about HIPAA and NUNM's confidentiality policies before beginning as clinicians at NUNM Health Centers. As an additional prerequisite to clinical work, students will be provided with NUNM's confidentiality policy and must agree to uphold the conditions of the policy.

#### ***Confidentiality and the Rule of "Need to Know"***

In order to provide patient services, clinic employees and clinicians have a need to know some patient health information. Those affiliated with the clinic in providing patient services only access the patient information that they need to know, and only to the extent that they need to know it, for provision of patient services. This information is then maintained in strict confidence and is only shared with others who, like them, have a need to know in order to provide services to the patient. In order to further protect our patients' confidentiality, discussion of patient information must be avoided in public areas.

**Please refer to NUNM's confidentiality policy for more information about confidentiality, HIPAA and protected health information.**

**Breach of confidentiality is an extremely serious violation and may result in immediate termination of a student's educational agreement and/or other sanctions as appropriate.**

#### ***Medical Records***

All individuals engaged in the collection, handling or dissemination of patient health information shall be specifically informed of their responsibility to protect patient data and of the penalty for violation of this trust. Proven violation of confidentiality of patient information shall be cause for immediate termination of access to further data, and immediate termination of any student. This policy shall be made known to all students at the time clinical training begins, and each student shall indicate their understanding and willingness to comply with the policy through a signed statement at the time of clinic orientation. The statement shall be kept with students' clinical record (see "Confidentiality Agreement" form).

NUNM Health Centers use the Epic electronic health record system. This system includes patient management (scheduling and billing) and electronic medical record components. In order to

maintain a high standard of protection, clinical faculty, students and clinic employees are the only people with access to this secured system.

Regarding medical records:

- The patient owns their chart information and may access any of its content at any time. NUNM is the custodian of the chart.
- Confidentiality of all patient health information is legally protected.
- Requests for patient charts not accessible in Epic, on paper and electronic archives, are submitted in writing on chart pull-slips to the clinic services representatives and medical records personnel. Chart pull-slips are used with out-cards to track the paper chart's location in the clinic, and the person responsible for the chart, until it is refiled on medical records shelves.
- Paper charts and any patient documentation are not to be left unattended or in unsecured areas including clinic conference tables.
- Paper charts and any patient documentation must be kept on clinic premises at all times.
- Students may request copies of patient charts to be used for educational purposes, such as case presentations and theses, by submitting a "Student Chart Copy Request" form to medical records.
- All other chart copies require patient authorization for release of information and must be submitted on a HIPAA-compliant "Authorization for Release of Medical Records" form by the patient. Please ask for these forms through the medical records department.
- Unauthorized chart copying is illegal and will be handled through the campus judicial process. Sanction may include suspension from the clinic and/or NUNM.
- In order to further protect the confidentiality of our NUNM community, students must obtain the authorization of their supervising faculty member (on the chart pull-slip) to pull any of the following patient charts: 1) their own chart; 2) another student's chart; or 3) an employee's chart. Patient charts should be returned to medical records as soon as possible after the student is finished with them.

## **8.2 Professional Attire at NUNM Health Centers**

The purpose of having guidelines for attire and hygiene is to present a safe and professional appearance to patients and their families; it is not to inhibit personal freedom or style. Medical students have an important and unique role in the clinical encounter, and appearance has an impact on that role.

It is the responsibility of all students, faculty and staff to maintain personal dress and cleanliness consistent with patient care and OSHA regulations. Enforcement of these regulations is the responsibility of all faculty, staff and students. Students must follow the established dress code for all NUNM Health Centers:

- An NUNM identification badge in a visible location is required **AT ALL TIMES**.
- Students must wear clean, neat, unwrinkled and appropriate professional attire, which includes pressed dress shirt with a tie, dress pants or slacks, dresses, skirts, and close-toed dress shoes.
- Skirts or dresses should touch the top of the knee or longer when seated.
- Shirts and blouses must have sleeves. Tank tops or other sleeveless tops are not allowed unless a white coat is worn over the shirt.

- NUNM has a scent-free (natural and synthetic) policy that must be observed by students (refer to the NUNM university policy for details). Offensive odors, including body odor and strong smelling breath, will be addressed.
- Earrings are limited to no more than two per ear, and must be studs or short dangling earrings. Dangling earrings more than one inch long are not appropriate. Holes in ears should be limited to 2mm in diameter. A student who has matriculated at NUNM with large ear holes may seek an exception to this rule. Ear piercing and single nose piercings with small studs on a single side are permitted. No other visible body piercing, including, but not limited to, tongue piercing and eyebrow rings/bars are permitted.
- Hair must be clean, well groomed, and worn in a manner that will not interfere with patient care or comfort. Hair past shoulder length should not be able to touch patients. This may mean that it be required to be tied back or kept under a head wrap if necessary. Facial hair must be kept clean and trimmed to no longer than one inch, or put into a clip.
- Hats, with the exception of religious head coverings, are not appropriate.
- Makeup may be worn in moderation.
- Fingernails must be kept short, clean, neatly manicured, and not extend more than one-quarter inch past the fingertips. Artificial nails and nail jewelry are prohibited per health department regulations in any patient care role. Artificial nails are defined as any application of a product to the nail to include, but not limited to, acrylic, overlay and tips of silk wraps (does not refer to nail polish). Chipped nail polish is not permitted.
- Shoes must be closed-toe and non-skid and of low or moderate heel (2 ½ inch maximum). Clean athletic shoes may only be worn with scrub attire.
- Any visible tattoos with nudity or expletives must be covered. Other tattoos, that may be considered offensive by patients, may be requested to be covered.
- Clothing should not expose the chest, abdomen or back.
- Supervising faculty may have additional dress requirements as appropriate to their specific shifts.

#### **Naturopathic Medical Students (in addition to the above)**

- At NUNM Health Centers, all ND students will wear an appropriate white coat identifying them as part of the provider team.
- Scrubs may be worn by hydrotherapy students.

At NUNM we strive to provide excellent patient care. A large part of developing an effective rapport is to make the patient as comfortable as possible. Many studies have shown the impact the appearance of a physician has on a patient. Additionally, adherence to NUNM policy on professional attire is a reflection of respect for the faculty.

A student in non-compliance of any of the above listed policies will be asked to leave the shift and will lose credit hours as appropriate as an unexcused absence from the shift. The student may return to the shift once the violation has been corrected.

#### **8.3 Probation and Disciplinary Policy**

In the event that a student's conduct in clinic is inappropriate, the clinic supervising faculty may document the incident by submitting a report to the director of student life and conduct. A copy may be forwarded to the student and other administrators, such as the chief medical officer and program dean. Doctors may, at their discretion, report the following issues and behaviors of any

students who they believe have violated any NUNM rule or policy including, but not limited to, the following:

- Arrival to shift unprepared for treatment plan/assignment
- Missing/late for patient appointment by more than five (5) minutes
- Missing/late to case preview/review by more than five (5) minutes
- Not following the clinic absence/substitute policy
- Being unavailable while on a scheduled clinic shift
- Acting without the attending physician's permission
- Not following the clinic protocols/standards
- Not following the physician instructions
- Inappropriate dress
- Unprofessional behavior or conduct such as the following:
  - Inappropriate remarks
  - Improper draping
  - Breach of patient confidentiality
  - Diagnosing/treating a patient without supervising faculty approval
  - Not following supervising faculty's recommendations
  - Other professional misconduct
- Violation of, or failure to comply with, any other rules or policies of NUNM

**Note: Any incident that may violate NUNM's discrimination and/or harassment policies must be immediately reported as provided in the Gender Discrimination and Sexual Misconduct policy, addressed in Section 13, of the student handbook.**

All non-academic reports are reviewed by the director of student life and conduct, with a possible referral to the Honor Council as outlined in Section 14 of the student university handbook.

#### **8.4 NUNM Campus Clinic Parking Policy**

The parking lot at the clinic is for patients only. NUNM students, staff and faculty may not park in the clinic lot unless they are being seen at the clinic as a patient or as a customer of the lab or medicinary.

#### **8.5 Internal/External Referral Policies and Procedures**

##### Policy (Internal Referrals)

In accordance with its mission to provide outstanding medical care to its patients, and because NUNM Health Centers have extraordinary expertise and talent amongst its practitioners, NUNM Health Centers encourages the internal referral of patients for specific treatments.

##### Procedure (Internal Referrals)

If an NUNM Health Centers location uses an electronic health records system, referrals are made electronically. Hard copy referrals are accepted from community clinics that are not on an electronic health record system.

- Clinical supervisors fill out the NUNM referral form, hard copy or electronic, for all patients being referred to other internal medical departments (e.g., Chinese medicine, IV shifts, physical medicine, homeopathy shifts, etc.).
- It is required that the treating practitioner communicate findings and treatments to the referring practitioner(s). This is common in private practice and is expected as a basic courtesy by most referring physicians.

- The physician answers any questions the patient may have regarding the internal referral process.
- For hard copy referrals, any findings and treatments from the referral physician are to be summarized in one or two paragraphs and forwarded back to the referring physician and primary on a continual basis in a timely manner. A copy of this communication is kept in the patient's medical record. For electronic referrals the referral physician will document directly into the patient's electronic health record.

#### Policy (External Referrals)

If an NUNM Health Center location uses an electronic health records system, referrals are made electronically. Hard copy referrals are accepted from community clinics that are not on an electronic health record system.

Each clinical supervisor will ensure that the appropriate referrals occur for clinic patients as necessary

#### Procedure (External Referrals)

NUNM Health Centers' referral protocol are: The clinic physician recommends a referral doctor and/or location to the patient and sends a referral request to the referral coordinator at NUNM Health Centers–Lair Hill. The clinician documents that the referral was recommended and discussed with the patient in the patient's chart using the SBAR format (Situation, Background, Assessment, and Reason for Referral). An electronic referral, phone call or standard office form is initiated by the Referral Coordinator using the information obtained from the clinician.

- In the event of the need for a patient referral, it is the responsibility of the clinical supervisor doing the referral to sign any referral letters or orders regarding the patient's care.
- The clinical supervisor will fully explain to the patient in person why a referral is needed or advised, and will address any concerns the patient may have.
- The clinical supervisor will ensure that all documents required from the patient is communicated to the patient, and that the referral will not be processed without the required documentation.
- For referrals between NUNM Health Centers, the NUNM fee schedule will be discussed with the patient.
- In the event that the patient refuses the referral, it is the clinic supervisor's responsibility to ensure the refusal of referral is documented in the patient's medical chart.

### **8.6 Referrals for Diagnostic Imaging**

#### Policy

- NUNM has negotiated arrangements with diagnostic imaging companies where uninsured patients can get a discount on certain imaging services when referred by NUNM Health Centers. The amount of the discount is subject to change. Currently, the rate is discounted by 20% at Epic Imaging.
- If a patient has insurance, the patient will be asked to use it for payment and the insurance company's preferred imaging vendor. Most are contracted with Epic Imaging.
- To make a diagnostic imaging referral, follow the guidelines below.

### Procedure

- Uninsured: Complete the EPIC Imaging referral form completely and either fax it to EPIC or give it to the patient directly. EPIC referral forms can be found in health center conference rooms and the Lair Hill “handout filing cabinet.”
- Insured: Follow the same procedure as above, but confirm with the patient’s insurance provider that Epic Imaging is acceptable. If not, make the referral to the appropriate imaging center, e.g., Providence requires their plan members to get imaging services at Providence.

## **SECTION 9: CLINIC ROTATION RESPONSIBILITIES**

### **9.1 Time Requirements**

Most clinic rotations are scheduled in four-hour increments, but some may be scheduled for as long as six hours. Care is taken to schedule clinic rotations around required academic courses. Students will need to spend additional time researching patient cases outside of the assigned time in clinic.

#### *ND Student Clinic Expectations*

- Hydrotherapy technicians can expect to fulfill clinic rotation requirements in approximately four hours per week.
- Secondaries can expect to fulfill clinic rotation requirements in approximately 8 – 12 hours per week.
- Primaries can expect to fulfill clinic rotation requirements in approximately 15 – 20 hours per week.
- Other clinic-related activities such as community education, outreach, grand rounds and case reports are not included in these estimates, and should be added to the hourly commitments listed above.

#### *CCM Student Clinic Expectations*

- Observers can expect to work in the clinic approximately four (4) hours per week.
- Clinical mentoring students can expect to work in the clinic approximately 4-5 hours per week per rotation.
- Pre-internship students can expect to work in the clinic approximately four (4) hours per week per rotation.
- DSOM and MSOM interns can expect to work in the clinic approximately 5-6 hours per week per rotation, for a total of between 2-4 rotations per quarter. MAc interns can expect to work in the clinic approximately 5-6 hours per week per rotation, for a total of between 1-3 rotations per quarter.

### **9.2 Clinic Preview and Review**

Students report to assigned clinic shifts prior to the shift start time by gathering in a conferencing area where patient assignments for the shift are given. In preparation for the shift, the attending physician, resident or practitioner conducts a case preview session in which cases for the day are briefly discussed. Once case preview is completed, students begin their patient visits under the direct supervision of the clinical faculty member to whom they are assigned.

The clinical supervisor oversees all student clinical activity while the student is on shift, and although the primary/intern has responsibility for patient care, authorization from the clinical supervisor is always necessary before the student proceeds with exams, treatment plans or other integral components of patient care.

At the conclusion of each four-hour clinic shift, a case review session is held, during which clinical supervisors and students discuss interesting cases.

Students' prompt arrival at clinic shifts is imperative. Tardiness will result in the loss of clinic hours.

### **9.3 Student Scope of Authority**

Students are authorized to participate in clinical activities, including care and treatment for patients in NUNM Health Centers and NUNM community clinics, including but not limited to, taking patient's history, performing physical exams, and participating in diagnostic and therapeutic aspects of patient care, which is directed and supervised at all times by an attending physician or practitioner.

### **9.4 Time Management on Clinic Rotations**

- In order to best serve patients during their appointments, it is the responsibility of students and clinical supervisors to be on time with patient appointments. Proper time management reinforces the development of good practice-building skills. It is especially important to be on time with the last appointment of the day to ensure proper and timely clinic-closing procedures.
- The clinical supervisor will decide how much and how long the case discussion should occur in front of the patient, and how much should be in the privacy of the clinic conference room.
- The clinical supervisor ensures that case discussion with each student is as timely as possible, so that the patient is not left unattended for more than 10 minutes.
- No patient should wait for any service related to their visit for more than 10 minutes, with the exception of waiting for an herbal formula to be filled.

### **9.5 Maintaining Safety in the Clinic Setting**

In the event of an emergency, accident or security issue, students are required to contact their clinical supervisor or clinic administrator immediately.

#### ***NUNM Emergency Contact Numbers***

- 911 for police, fire or medical emergency
- After-Hours Emergency Pager – 503.914.1144
- Exposure Control Officer – 503.702.8205
- Facilities and Safety Supervisor – 503.552.2014
- Evening/Weekend Security Guard – 503.830.3613
- First Response Security: after-hours alarm response and security service – 866.686.1886
- Physician On-Call pager – 503.790.5538

Please refer to the “NUNM Emergency Response Protocols” book for specific emergency response procedures.

For the safety of all clinic community members, it is vitally important that each student is familiar with the potential health risks of clinical medicine and the proper protocols for lessening those risks.

Any procedure that involves breaking the skin creates an opportunity for exposure to infection. Appropriate precautions must be used whenever there is a potential for exposure to blood, other bodily fluids (e.g., saliva, mucus, weeping lesions) or body tissues.

Due to a possible risk of exposure to body fluids, students, faculty and staff must adhere to the following guidelines in all clinical treatment areas (treatment rooms, laboratory areas and medicinary):

- No food or beverages are to be present
- Avoid having to insert contact lenses, apply makeup, brush teeth or do any other personal procedure that unnecessarily exposes mucus membranes to potential infection
- Clinical treatment areas must be equipped with appropriate sharps containers and biohazard containers
- Areas must be fully stocked with gloves and other personal protective equipment at all times
- Closed-toe shoes must be worn at all times by clinicians while seeing patients
- Hand-washing facilities are available either in the room or an immediately adjacent room

Hand-washing is the most important single procedure for preventing infection in a healthcare setting. Hands should be washed according to current standards for medical providers:

- Before and after each patient
- After contact with blood or body fluids, or obvious environmental contaminants
- At the end of a treatment or procedure
- After maintaining personal hygiene

All students should be aware and conscientious when performing any and all clinical procedures – from inserting acupuncture needles or performing an exam, to cleaning and disinfecting the treatment room afterwards. Special care must be taken to avoid accidents. In the event of an accident, the clinical supervisor must be contacted immediately and the exposure protocol should be initiated. The protocol is as follows: use the online incident reporting system to record the exposure and the individual involved. Contact the CMO. Follow the instructions in the hardcopy needlestick packet, available in every clinical conference room. Needlestick packets are also found behind the clinic front desk and in the clinic hallway near the acupuncture supply cabinets. Needlestick packets can also be found online through the “Exposure and Incident” link at the bottom of every page of the [nunm.edu](http://nunm.edu) website.

Each clinic is equipped with first aid kits, an AED (defibrillator), body fluid spills kit, biohazard bags and containers, and fire extinguishers. The clinics also house OSHA manuals and MSDS manuals for reference. Personal protective equipment (PPE) is provided by the clinic for laboratory, minor surgery and other procedures where the potential for exposure is high.

### ***Specific CCM Safety Needs***

NUNM classical Chinese medicine safety protocols are based on, and wholly consistent with, the information in the most recent “Clean Needle Technique for Acupuncturists” manual. Please refer to the most recent CNT manual for current information and instruction about the following: care of instruments, pain or trauma upon insertion, pain after insertion, positioning the patient, skin disinfection, depth of needle insertion, safety and electrical stimulation, and moxibustion.

### *Acupuncture Needle Protocols*

Some of the most common clinical tasks facing CCM students are the insertion and removal of acupuncture needles. Handling needles may be hazardous; students should work with them slowly, carefully and cautiously.

#### Insertion of acupuncture needles:

- Care must be taken to avoid contamination when removing needles from the sterile packaging.
- Needles must not be touched by the bare finger during insertion.
- All opened needles, whether or not they have been used, must be discarded in the sharps container as they are no longer sterile. For this reason, needle packages should be opened only at the time of use.
- Gloves, finger cots and cotton balls should always be available to prevent exposure of the hand that places pressure on the insertion site.

#### Disposal of used acupuncture needles:

- Disposable needles must immediately be discarded in sharps containers.
- Needles should not be gathered in small bunches as they are removed; they should be dropped individually into the sharps container directly after they are removed. Alternatively, they may be transported to the sharps container in a kidney basin or other impervious container.
- Used needles should be handled as little as possible in order to minimize the possibility of an accidental needle stick.

#### Use of moxibustion:

- Patients must be thoroughly counseled regarding the procedure, risks and alternatives, and be given time to ask questions prior to the use of moxibustion.
- Extreme care must be taken when lighting and using moxa in the clinic.
- Treatment doors must remain closed during and after moxa treatment.
- Fireproof bowls are provided and must be used when lighting and transporting moxa.
- Moxa sticks and matches must be extinguished and disposed of properly.
- Failure to follow appropriate safety guidelines may result in disciplinary action.

## **9.6 Maintaining Cleaning Standards in the Treatment Room**

After each and every patient visit, the students and clinician(s) who treated the patient are responsible for cleaning the treatment room in accordance with the following protocols. These are institutional protocols that have been set to meet federal and state safety regulations.

### ***General Cleaning***

Treatment rooms should be left clean, tidy and ready for the next patient and clinician.

- Used exam table paper should be removed. Table paper is thrown in the garbage if it has not been contaminated with body fluids. If it has been contaminated with body fluids, it must be discarded in the biohazard container in the treatment room.
- Used linens are removed in accordance with the following instructions:
  - Linens such as towels and sheets that have not been exposed to body fluids are to be placed in a green laundry bag. These bags are located in the linen storage areas on each floor of the clinic.
  - Linens that have come into contact with body fluids or open wounds must be sealed in a biohazard bag and placed into the regular laundry sack for proper processing.

- ☞ Students are advised to use good judgment in these scenarios. Linens that are saturated with a patient's body fluid require this process. Linens with a small drop of blood do not. The faculty supervisor should be consulted if there is any question.
- ☞ Biohazard bags are stocked in each patient treatment room.
- When the green linens bags become full, it is the students' responsibility to transfer the bags from their stations throughout the clinic to the large, green rolling bins in the general storage area on the first floor.
- Be certain that any garbage in the room ends up in the garbage bin, not the biohazard container.
- Be certain that all biohazard waste ends up in the biohazard container.
- Tidy up counter areas, shelving units and cabinets in treatment rooms by returning medical supplies to their original spot.
- Return shared clinic equipment to appropriate storage location, so that the next person can find it.
- Clean surfaces by wiping them with Caviwipes.

### ***Instruments***

- All disposable instruments and materials that have come into contact with body fluids must be properly disposed of in the appropriate biohazard container.
- All non-disposable instruments that need to be cleaned and sterilized for reuse must be placed in the Cidex bucket to be cleaned and autoclaved by the clinic staff.
  - The Cidex bucket is located on the counter in the clinic operations hallway.

### ***Gloves***

Gloves must be worn any time there is a reasonable possibility of hand contact with blood, body fluids or broken skin (exposed tissue). Gloves that have been contaminated with body fluids should be immediately removed and placed in the biohazard can located in the treatment room.

- Care should be taken to avoid touching anything in the treatment room with the gloves.
- When students need assistance with depositing the gloves in the biohazard can they should ask a fellow student, faculty member or clinic staff for assistance in the treatment room. They should not leave the treatment room with the gloves.
- Contaminated gloves are not to be worn outside of the treatment room under any circumstances.

### ***Use of Caviwipes as Disinfectant***

Caviwipes are the disinfectant used to clean and decontaminate treatment rooms and common areas throughout NUNM Health Centers. Students are required to disinfect treatment rooms and surfaces that may have been exposed to contamination. This should include the following times:

- At the beginning of every clinic rotation
- At the end of every clinic rotation
- Any time there is visible body fluid contamination

The following application procedures must be followed completely in order to ensure proper, effective disinfecting; and meet OSHA standards:

- Every surface that may have been exposed to or come into contact with body fluids, including sneezes and coughs, must be disinfected.

- When body fluid contamination is visible, disposable gloves should be worn for the clean-up process. If body fluid contamination is not visible on a surface, it is not necessary to wear gloves while disinfecting.
- When body fluid contamination is visible, that surface should be cleaned with Caviwipes first.
- When an NUNM-approved tuberculocidal disinfectant is not available, a chlorine bleach solution should be used to disinfect as follows:
  - The solution should be 10% chlorine bleach and 90% cold water
  - The solution must be fresh (i.e., made within the past 24 hours)
  - All surfaces should be sprayed with chlorine bleach solution and left wet for five minutes
- All treatment room doorknobs should be treated with Caviwipes at the end of every clinic rotation.
- If there has been any potential for exposure, clipboards used in the treatment room should also be cleaned with Caviwipes.

### ***Body Fluid Spills***

Each clinic is equipped with a kit to be used for cleanup of major body fluid spills. The faculty supervisor or a clinic employee can be consulted for information about its location. If further instructions are necessary, an MSDS book is available at NUNM Health Centers.

### ***Burnt Materials (Moxa)***

Stainless steel bowls must be used to hold and extinguish burning materials in the treatment room. Moxa extinguishers should be used for moxa sticks whenever available. Give burnt materials sufficient time to cool thoroughly in the stainless steel bowl before being emptied into the trash.

***Cups (for Chinese medicine cupping treatments)*** Students are to place cups into the Cidex bucket on the counter in the pass-through hallway for cleaning by the clinic operations coordinator.

## **9.7 End of Clinic Shift Checklist**

1. Survey each exam room
  - a. All supply levels should be checked and any urgent needs should be reported to the clinic director or clinic operations coordinator.
  - b. Full sharps containers should be taken to the biohazard bin and replaced with an empty container.
  - c. The room should be left clean for its next use.
2. Laundry
  - a. All dirty laundry must be placed into laundry bags.
  - b. Full bags must be tied off and placed into the large laundry bins.
  - c. Clean, unused linens should be put back on the designated linen shelves.
3. Medical equipment
  - a. Medical equipment should be unplugged when not in use.
  - b. After use, the equipment should be put back into its proper storage place.
4. Patient transactions
  - a. Clinical supervisors must assign diagnostic and CPT codes, and electronically sign and close charts.
  - b. All patient payment transactions must be completed 15 minutes before the end of shift.

- c. Clinical supervisors will be available to the students throughout the patient check-out process.
- 5. Patient charts
  - a. Clinical supervisors will review and sign electronic charts.
  - b. Charts must be completed within 24 hours of the patient visit.
- 6. Clinic conference rooms
  - a. At the end of the shift, students should ensure that the clinic conference rooms are picked up.
    - i. Confidential materials are put in a shredding bin.
    - ii. Books are returned to bookshelves.
    - iii. Loose papers are picked up.
    - iv. All appropriate materials are recycled.
    - v. Any confidential patient information that is not being returned to the chart is placed in a locked shredding box.
    - vi. Food containers, plates, silverware, etc., are put away or thrown out.
  - b. Lost and found
    - i. Any personal items left in the clinic will be held in lost and found for one month and then donated or discarded.

