

COLLEGE OF INTEGRATED CHINESE MEDICINE

CLINIC POLICY

Introduction

The student clinic at CICM occupies 16 treatment rooms on the College premises. It operates as the Teaching Clinic on Saturdays and Tuesdays and as a qualified practitioner clinic on weekdays. There is also a graduate clinic in between teaching clinics on a Saturday or Tuesday.

Management and Responsibilities

The Clinical Director leader takes overall responsibility for the management of the Teaching Clinic at the College and reports to the Management Committee, Board of Studies, BAAB and the Council on matters relating to the teaching, assessment.

Clinic Administrator

The clinic administrator is responsible for:

- the smooth organisation and administration of all Health and Safety procedures within the College clinic
- provision and replenishment of clinic equipment
- the safe disposal of clinic waste
- the implementation of any audit/review findings relating to the clinic facilities and equipment
- maintaining patient records in accordance with the BAcC Code of Safe Practice.

The clinic administrator reports to the Code of Safe Practice Coordinator.

Clinical Supervisors

Clinical supervisors supervise a group of clinical students. The supervisor work with each student on an individual basis, supervising the diagnosis of patients, planning of treatments, needling and any adjunctive techniques used during the treatment. The supervisor monitors and assesses the student's competence in all aspects of the diagnosis and treatment of patients on a week by week basis and at defined intervals during the clinical programme.

Clinical supervisors work in partnership with a second 'partner' supervisor and cooperate in the monitoring and assessment of student progress.

Clinical Points tutors

Clinical points tutors check student point location prior to needling in clinical sessions and give feedback to the clinical supervisors and in written form in the student's clinical file.

Expectations of Student Responsibilities

Supervision of the student's contact with patients and patient information must be appropriate to the level of knowledge, skills and attitudinal development of the student.

As student practitioners progress through the clinical phase they are expected to be able to make a diagnosis, plan and execute treatments, and manage cases with an increasing level of responsibility. Assessment of competence to do so is made by the student's clinical supervisors on a continuous basis recorded in the student's clinical file and at three specified points in the nine-month clinical.

Student practitioners and student observers in the clinic are expected to abide by the Student Clinical Code of Conduct.

The supervisor takes overall responsibility for the care of the patients being treated by the students they are supervising and the management of the patient's interests will take precedence over the student's educational needs or interests.

The supervisor has the authority to intervene to stop a student from treating a patient in an inappropriate or dangerous manner. The supervisor has the authority to withdraw a student from the clinic if the student is deemed unfit or unsafe to practise. The supervisor has the authority to revoke advice given by a student if it is considered to be inappropriate.

A partner supervisor works in conjunction with each main supervisor, replacing them approximately every third week and during holidays. Written information about each treatment and the progress of each patient and about the student's progress is passed on to the partner supervisor in advance of their session. Both supervisors have a role in assessing the students under their supervision.

Each student has a clinical file, which contains a weekly log of the supervisor's comments on various aspects of the student's progress and behaviour. If the supervisor has any concerns relating to the student's progress in the clinic, these are discussed with the student and these concerns and the proposed action are recorded in the log.

If a supervisor has concerns about the progress of any student they may ask another main supervisor to supervise the student for several weeks to make an additional assessment.

While differing styles and approaches to treatment on the part of different supervisors provide fertile ground for discussion and research and broaden the student's clinical experience, the patient's interests are paramount in the treatment process and supervisors work together to ensure that the treatment given is consistent.

Absence

If a clinical supervisor is ill, they will arrange for another supervisor to take over. The clinic will not be closed unless there is a major emergency.

If a student is prevented from attending a clinical session through illness or other unavoidable emergency, the student is expected to inform the clinic and the relevant supervisor and, where possible, arrange for another student to treat his/her patients on that session. Any missed clinical hours must be made up at a later date.

Confidentiality

All patient records are kept in locked filing cabinets in the College building. Students are not permitted to remove the files from College. A separate record is kept at reception of the patient's name, address, telephone number.

Students are bound by the rules of confidentiality laid down in the BAAC Code of Professional Conduct in the discussion of patients. Patients attending the clinic give written consent to having their case discussed with the supervisor and with other students in class. Students are not permitted to discuss patients other than in clinical class or one-to-one with their supervisor.

Any information revealed during class exercises involving students playing the role of patient must be treated as confidential.

Codes of Behaviour

Staff, students and student observers are expected to dress in a clean and professional manner. Students and student observers must wear a clean white coat in the treatment room. Long hair must be tied back and fingernails kept short and clean. Casual clothing such as jeans and trainers are not permitted in the clinic.

All students are expected to be fully conversant with the BAAC Codes of Safe Practice and Professional Conduct and to comply with their provisions. Students are provided with copies of the codes and class sessions are held on the key points contained therein.

Facilities

The student clinic has a reception and waiting area and 16 treatment rooms. Each room has a telephone connecting it with reception.

There is disabled access and four ground floor treatment rooms are available for disabled patients. There are also disabled toilet facilities. Disability provision was reviewed in 2010 and again in 2013 in line with the Equality Act 2010.

The equipment in treatment rooms is checked on a weekly basis and replenishment of supplies and repairs or replacement of damaged equipment are organised by the clinic administrator. A checklist of the equipment and supplies in each treatment room can be found in Appendix 1.

First aid boxes are available on each floor and each treatment room has a notice which indicates the location of the nearest first aid box. Supplies of couch rolls and hand towels are kept in the basement storage area.

All clinical supplies are stored separately from other College supplies.

Accidents and Safety

Accident and incident books are kept in the reception area and any accidents to patients and staff and any incidents are recorded in them.

A printed copy of the College Emergency Procedure is affixed to the wall of each treatment room (Appendix 2). Clinical students must acquaint themselves with the emergency procedure and are required to follow it in the case of an accident or emergency. The procedure was created in 2003 in consultation with a member of staff who is a medical practitioner. The procedure was last reviewed in 2012.

The BAcC Guide to Safe Practice is distributed to all students prior to entering the clinical phase of the course and their attention is drawn to Appendix B on Hepatitis B vaccination.

The College has two designated Fire Wardens who are responsible for testing Fire evacuation procedures twice a year. The fire alarm system is tested every week and fire extinguishers are tested annually. Both Fire Wardens have attended a Fire Wardens' training course.

All College staff and all clinical students undergo fire training.

Student practitioners are taught to extinguish and dispose of used moxa cones and moxa sticks safely prior to commencing the clinical phase of the course. Each treatment room is equipped with a moxa stick extinguisher.

Cleaning staff and other personnel involved in replenishing treatment room supplies have a written Health and Safety procedure which contains Section 18 of the Guide to Safe Practice on Needle Stick Injury and procedures to follow when disposing of clinical waste.

Clean Hygienic Procedure

Students are taught all aspects of the BAcC Code of Safe Practice governing the requirements for the premises in which acupuncture is practised, the equipment used, clean hygienic procedure and the disposal of equipment and clinical waste. Before graduation all students carry out a clinic self-audit.

Students in the clinic are expected to demonstrate the appropriate preparation of the treatment room, maintenance of a clean field when needling, correct hand-washing procedures, clean needle technique, and the safe disposal of equipment and clinical waste.

Students are taught and assessed on clean needle technique prior to entering the clinical phase of the course and are assessed on needle technique (including clean procedures) twice during the clinical phase of the course.

All teaching staff are updated on developments in clean hygienic procedure at Staff Development Days.

Student observers in Clinic Facilities

Students observing practice in external clinics do not participate in the treatment of the patients and practitioners in external clinics do not have a role in assessing CICM students.

Students observing practice in external clinics are expected to abide by the provisions of the Student Clinical Code of Conduct when observing practitioners working in the College Clinic or external clinics.

Negative feedback about a student's conduct in the teaching clinic is dealt with by a follow-up procedure. The supervisor/practitioner passing on the negative feedback is contacted for further details and the student is made aware of the feedback. The feedback is discussed at a meeting between the student, the Academic Director and the Dean or, in the case of students in their clinical year, between the student, their clinical supervisor and the Dean. A summary of the discussion is signed by the student, the Dean, the Academic Director and/or the clinical supervisor and filed in the student's academic file. In the case of a serious incident or three instances of negative feedback the Student Disciplinary Procedure would be invoked.

Ethical Issues

Students practising and observing in the clinic must at all times conduct themselves in accordance with the Clinical Code of Conduct and observe the ethical standards of registered acupuncturists (as outlined in the BAAC Code of Professional Conduct) in their contact with patients and with each other.

At no time must a student either in the clinic or outside the course environment cause another person to suppose, or allow another person to continue to suppose, that they are a qualified acupuncturist.

Student practitioners must have a clear understanding of informed consent and ensure that the patients in their care have signed the relevant clinical consent form. Student practitioners must make an initialled record in their notes that the patient has received an explanation of the treatment and its possible consequences and has consented to it. A new initialled record must be made each time the student practitioner introduces a new treatment modality, such as cupping, moxa, gua sha.

Practising needle insertion without appropriate supervision is expressly forbidden in the student enrolment agreement and provides grounds for a student to be withdrawn from the course.

Students are discouraged from treating their own friends, relatives and partners. Friends, relatives and partners of students on the course may be treated by another student practitioner in which case no information about or discussion of the case may involve the related student.

Students are taught that they may not treat patients with certain infectious diseases and in cases of cancer may treat the patient's general health but must not claim to treat the cancer.

As part of the enrolment agreement at the start of the course, students undertake to treat without prejudice. Class sessions are held on treating without discrimination and student practitioners and observers are expected to treat and discuss patients without prejudice. Students are assessed on

their understanding of treating without prejudice in their Setting up in Practice Project and on an ongoing basis in the treatment of patients during the clinical.

The practice of teachers demonstrating needling on students or other members of the teaching staff is permitted only with the express consent of the student or staff member involved. (see Policy on the Demonstration of Practical Skills). Students are only allowed to practise needling under the supervision of qualified teaching staff.

Treatment of students

The College thinks that it is of utmost importance that students on the acupuncture course have access to and are encouraged to experience acupuncture treatment. Whilst acknowledging the potential for conflict of interest, the College also thinks that students have the right to select the practitioner of their choice. Students starting the course may already be receiving treatment from a member of the teaching staff or, after starting the course, may wish to start treatment with a member of the teaching staff. This is permitted on the basis of the following guidelines.

1. The staff member treating the student will not have responsibility for assessing the student's work. Whenever possible the student's work will be marked by another staff member or, failing that, will be double marked or moderated.
2. The staff member concerned may not supervise the student in the student clinic.
3. Any staff member treating a student must declare a conflict of interest to the Academic Director and at Module and Programme Board meetings and must not contribute to discussion of that student's work or progress through the course.
4. All patients have the right to decide to change practitioner and students on the course are no exception. If a student wishes to discontinue treatment with a staff member, the member of staff will continue to be deemed to have a conflict of interest in assessing or supervising that student for the duration of the student's course. This will also apply if the staff member wishes not to continue treating the student.

Needling

All students entering the clinical have passed a needling competency test.

All needling in the clinic is supervised by the clinical supervisor until the student has passed the first of the two needling assessments. These assessments are staged throughout the clinical with increasingly stringent criteria for passing the final assessments. After successful completion of the first assessment needling is supervised whenever the student is needling a difficult or dangerous point or an area of the body they have not hitherto needled (head, face, neck, chest).

There are taught sessions on needling depth and angle and the needling of dangerous points.

Attendance

Students complete a total of 432 clinical hours over the whole course. In the clinical phase students treat in the clinic for half a day on either Saturday or Tuesday every week for 9 months (a total of 207 hours with an additional 25 hours in the pre-registration phase).

Students observe in the student clinic or in external clinics for a total of 90 hours over the 3 years of the course. Approximately one third of these observation hours may be carried out in the College Teaching clinic.

Attendance on clinic days is monitored by a register on which students sign in and out. Any missed clinical hours must be made up. Attendance at patient in class sessions is monitored through a separate register for these sessions and any missed sessions must be made up by attendance at another session of the same length. Clinical observations hours are monitored by signed forms from the practitioner observed which are then logged in the student's file.

Audit and Review

All clinical supervisors carry out an annual self-audit using the BAcC self-audit tool for supervisors.

All clinical students complete a self-audit using the BAcC self-audit tool for practitioners. This practice was first instituted in February 2004.

All clinical students participate in the College's clinical audit of patients treated.

Students complete evaluation forms on which they give feedback on their experience as clinical students and feedback on their clinical supervisor. Students can also give feedback to their supervisor in personal supervision sessions, via the student consultative committee, and through personal and regional tutors.

Feedback from teaching staff and supervisors on clinic and supervision procedures, teaching sessions and student progress are channelled to the College management from the Professional Practice Programme leader, and are also discussed at the Board of Studies and/or Staff meetings. Changes and developments in the clinical programme are discussed with members of the teaching staff at Staff Development Day workshops.