



Liberation Acupuncture

Clinic Handbook

3526 NE 57th Ave

Portland, OR 97213

Email: Admissions@PocaTech.org

www.pocatech.org

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Welcome

The secret is skill. If you haven't learned how to do something, the people who have may seem to be magicians, possessors of mysterious secrets. In a fairly simple art, such as making pie crust, there are certain teachable secrets of method that lead almost infallibly to good results; but in any complex art, such as housekeeping, piano-playing, clothes-making, or story-writing, there are so many techniques, skills, choices of method, so many variables, so many secrets, some teachable and some not, that you can learn them only by methodical, repeated, long-continued practice — in other words, by work.

Ursula LeGuin

Dear POCA Tech Student Interns,

Welcome to the POCA Tech Student Clinic, and congratulations! You've worked hard to get to this stage of your education. This is where you will meet your most important teachers -- your patients.

You may have heard us say that the POCA Cooperative didn't really want to make its own acupuncture school; we only did it because we had to, because our clinics needed qualified workers. However, when it comes to creating the POCA Tech Student Clinic, that's not quite accurate. The truth is that we are thrilled to make this possible for you. One POCA comrade described the experience of working in her clinic as “heart-shatteringly, soul-restoringly rebel f***g beautiful”. A lot of us have felt that. We want that for you.

Treating patients is an honor and a privilege and it will almost certainly change you as a person in any number of ways – all for the better. POCA is known for its irreverence; nonetheless, we think community clinics are sacred places. What you will learn in the Student Clinic is the absolute core of your education. It's also where you will become our peers – and all POCA acupuncturists desperately need peers.

So if you're getting the sense that this part of POCA Tech means a lot to us, you're right. We hope it will mean just as much to you. The purpose of this clinic manual is to create a container of information, policies and procedures around the “heart-shatteringly, soul-restoringly rebel f***g beautiful” part. As acupuncturists, we work in a highly regulated industry and so we need that container to be part of your training. We hope to create a supportive environment in which we can all honor our responsibilities. So please familiarize yourself with all of the information in this handbook

and don't be afraid to ask questions or to ask for help.

As another POCA comrade wrote, "If you stick to the model and work hard, you will have made yourself one of the sweetest, most rewarding jobs imaginable. You will be surrounded by people who are suffering - but working on it - and you get to be a witness and even a partner in that every day. It is humbling and awe-inspiring and sweetly funny in different ways every day."

Welcome to your career.

Love,

Lisa

Your POCA Tech Director

Vision and Values

Guided by the values of cooperation, social justice, and solidarity, POCA Tech generates skilled, socially conscious, and dedicated acupuncturists who are committed to impacting their communities for the common good, with a preferential option for our neighbors who are underserved.

Mission, Goals and Objectives

Please review POCA Tech's MGOs. Those that relate to the clinic are in **bold**.

The mission of the POCA Technical Institute is to recruit and train students to provide acupuncture to underserved communities through the People's Organization of Community Acupuncture (POCA), and to establish an academic foundation for the practice of Liberation Acupuncture.

The specific goals of POCA Tech are to:

- 1) Recruit students from the patient populations that POCA co-op clinics serve, with a preferential option for students who have a strong commitment to serving marginalized communities after graduation;
- 2) **Train students in an affordable, trauma-informed educational setting that emphasizes social justice in healthcare;**
- 3) **Provide opportunities for students to learn organizational management through the praxis of school and clinic operations;**
- 4) **Provide professional development coaching for students to strengthen key capacities for being a producer: resiliency, initiative, personal maturity, risk-tolerance, and leadership skill;**
- 5) Connect graduates with employment opportunities for licensed acupuncturists in POCA co-op clinics or support them in creating new POCA clinics in underserved areas; and
- 6) Develop the principles, mechanisms, and implications of Liberation Acupuncture within an interdisciplinary context, providing opportunities for its praxis through the POCA co-op and its clinics.

Educational Objectives

These are measurable standards we expect students to attain by the time they complete our program. These objectives issue from the mission, goals, vision, and values of POCA Tech and direct its curriculum development.

POCA Tech prepares graduates to practice as independent healthcare practitioners. Our educational

objectives are for POCA Tech graduates to be able to:

- 1) Demonstrate an understanding of acupuncture theory within its social and historical context; to apply critical reflection to all aspects of acupuncture theory and practice; and to be able to pass the relevant NCCAOM exams, or the equivalent;
- 2) Examine dynamics of oppression, particularly as they relate to health, the social determinants of health, and access to healthcare;
- 3) **Identify and model all functions of a community acupuncture clinic; administer appropriate styles of community acupuncture; evaluate patients' needs and collaborate with patients to create effective treatment plans; establish a therapeutic relationship with patients; have good needling skills; demonstrate an understanding of their ethical, legal, and cooperative responsibilities; and identify and implement best practices for financially sustainable clinic operations;**
- 4) **Model how to practice acupuncture in a trauma-informed way;**
- 5) Enter their careers as healthcare providers not unreasonably burdened by debt from the POCA Tech program; in order to support this objective, POCA Tech will keep the total cost of tuition and associated program expenses under the amount a graduate can reasonably expect to earn in their first year of employment (currently about \$25,000);
- 6) Successfully participate in the development of Liberation Acupuncture as a school of thought and practice;
- 7) Actively and effectively engage in the sociocratic governance of the school and the co-op; and
- 8) Demonstrate strong commitment to serve the POCA Cooperative as licensed acupuncturists after graduation, based on genuine gratitude to the patients and volunteers of the Co-op for making their education possible.

For POCA Tech students, the student clinic fills two different functions in the program: it is the site where students do their clinical internship, and learn practice management.

Liberation Acupuncture in the POCA Tech Clinic

It's useful to keep in mind that Liberation Acupuncture arises out of a praxis of social engagement. Liberation Acupuncture doesn't exist in a vacuum; we can't claim to be practicing Liberation Acupuncture unless people are actually receiving it in a way that works for them. It is always important to ask: who are we treating, what place do they occupy in society, what place do we occupy in society, and who is excluded from our practices? How can we make our practices work for more people? How do our practices reflect a preferential option for the poor? The POCA Tech student clinic is meant to offer a space where students can engage with these questions in the context of relationships with real people.

The cornerstone of POCA Tech clinical experience is an integrative medicine project that arises out of POCA Tech's collaboration with the CareOregon's Health Resilience Program (HRP). The HRP represents an approach to health care reform that is sometimes described as "hot spotting" - focusing attention on "high utilizers" of the health care system. "High utilizers" are the 20% of the patients who access 80% of the resources, with recent hospital admissions or frequent emergency room visits, often because they suffer from multiple chronic conditions that are poorly managed. Because they are Medicaid recipients, they are also experiencing poverty and intersecting forms of oppression such as racism, sexism, disablism, etc. HRP clients are assigned caseworkers to help them navigate the healthcare system, to coordinate care, and to advocate with them. Because these clients are taking multiple medications, many are interested in trying a non-pharmaceutical therapy like acupuncture to better manage problems like pain, mood issues, stress, and addiction. The caseworker who initiated the collaboration, Amy Vance, is on POCA Tech's Advisory Board. HRP clients, as well as their family, friends, and caseworkers, can access unlimited acupuncture treatment at no charge at the POCA Tech student clinic.

The relationship with HRP clients and caseworkers allows POCA Tech's clinical training to put into practice the concept of the preferential option for the poor. Clinical practices in the student clinic do not merely seek to be inclusive of HRP clients; our clinical practices and policies are shaped by what they need from acupuncture, and are implemented with **all** POCA Tech clinic patients as a matter of course. There are a variety of public health programs that seek to adapt acupuncture to certain public health settings. Liberation Acupuncture goes much further than that in insisting that every aspect of acupuncture practice and theory be considered from the perspective of oppressed people, and that their needs have priority over other considerations. If it isn't useful for HRP clients, we don't do it in the POCA Tech student clinic.

In addition to patient treatment, POCA Tech's student clinic internship includes practice management. Liberation Acupuncture demands that we engage with economic factors around providing treatment. Only significant social privilege allows us to refuse to think about what something costs, who can afford it, and how these factors shape its practice. People with less social privilege constantly have to think what everything costs and how to make things work with limited resources. We can't claim to care about social justice in acupuncture while refusing to engage with the nitty-gritty demands of delivering it. Student interns and the Faculty Circle are responsible for the smooth functioning of the POCA Tech student clinic.

Professionalism and Community Acupuncture

Legal Scope of Practice in Oregon

All clinic supervisors and student interns are required to follow the state of Oregon acupuncture scope of practice as laid out by the Oregon Medical Board (OMB). Clinic supervisors are responsible for all clinic treatment care. Clinical students must receive approval from their clinic supervisor in order to treat patients.

The OMB's acupuncture licensing handbook can be found here:

<https://www.oregon.gov/omb/licensing/pages/acupuncturist.aspx>

POCA Tech's clinical program follows the rules and regulations established by the OMB regarding acupuncture clinic training. Students interested in licensure in other states need to consult those states regarding their particular requirements before commencing clinical training at POCA Tech.

NCCAOM provides a state-by-state list of acupuncture licensure requirements on this web page:

<https://www.nccaom.org/state-licensure/> Also double check with your state.

All students and faculty members must practice acupuncture and Chinese medicine according to scope of practice outlined by the "Oregon Medical Board Acupuncture Administrative Rules" Chapter 847, Division 070 Acupuncture. In part, the scope of practice is defined as follows:

1. "Acupuncture" means an Oriental health care practice used to promote health and to treat neurological, organic or functional disorders by the stimulation of specific points on the surface of the body by the insertion of needles. "Acupuncture" includes the treatment method of moxibustion, as well as the use of electrical, thermal, mechanical or magnetic devices, with or without needles, to stimulate acupuncture points and acupuncture meridians and to induce acupuncture anesthesia or analgesia.

- a. The practice of acupuncture also includes the following modalities as authorized by the Oregon Medical Board for the State of Oregon: traditional and modern Oriental Medical and acupuncture techniques of diagnosis and evaluation; Oriental massage, exercise and related therapeutic methods; and the use of Oriental pharmacopoeia, vitamins, minerals, and dietary advice.

2. "Licensed Acupuncturist" means an individual authorized by the Board to practice acupuncture pursuant to ORS Chapter 677.

3. "Board" means the Oregon Medical Board for the State of Oregon.

4. "Committee" means the Acupuncture Advisory Committee.

5. "Physician" means an individual licensed to practice medicine pursuant to ORS Chapter 677.

6. “Clinical training” means supervised clinical training which consists of diagnosis and actual patient treatment which includes insertion of acupuncture needles.

Note: it is a felony to practice acupuncture without a license in the state of Oregon. Student interns can only insert needles under the supervision of an OMB-approved supervisor.

Ethics

Please see our Code of Ethics in the [Student Catalog](#).

Standards of Professionalism at POCA Tech

One definition of professionalism is “the competence or skill expected of a professional”. The POCA Tech student clinic aims to provide a setting where students can develop their competence and skills, and thus their professionalism, in a real-world context. Professionalism in community acupuncture requires careful definition and consideration.

Because [the idea of accompaniment](#) (How can we accompany our patients on the road to cure or wellness or a life with less suffering?) is so important to Liberation Acupuncture, our standards of professionalism must first meet basic standards of solidarity and trauma-informed care. It is vital to remember that common trauma triggers in healthcare settings include authority figures, rejection, and shaming. We cannot offer accompaniment to our patients if we are not paying attention to potentially distressing hierarchical behaviors. Professionalism in community acupuncture is all about cooperation within a set of boundaries that work to protect everyone.

Standard #1: Solidarity

Solidarity "is not a feeling of vague compassion or shallow distress at the misfortunes of so many people, both near and far. On the contrary, it is a firm and persevering determination to commit oneself to the common good; that is to say to the good of all and of each individual, because we are all really responsible for all". – Pope John Paul II

Professionalism in community acupuncture means being able to convey, with our words, our actions, and our presence, this kind of “firm and persevering determination”. We offer our best efforts for the good of everyone.

Standard #2: Trauma Informed Care

For a more complete treatment of this topic, we ask all student interns to read all of the essays in the Trauma-Informed Acupuncture section of the Liberation Acupuncture website:

<http://liberationacupuncture.org/node/16>. In short, though, it is helpful to remember that part of providing Trauma-Informed Care is changing the question, “What is wrong with you?” to “What happened to you?” An aspect of professionalism is realizing that your patients have complex, often difficult lives and they are taking a risk by allowing you in. Professionalism requires us to honor that risk and that effort even if/especially when interactions can sometimes be challenging. Most people did not have the opportunity to choose the coping mechanisms that they liked best or that they thought would serve them well in the long run; they chose whatever helped them survive their circumstances. Providing Trauma-Informed Care requires respect, compassion, acceptance and non-judgment. Our professional role gives us the responsibility to maintain an empowering environment for our patients.

Standard #3: Service

A key aspect of professionalism for community acupuncturists is cultivating an ability to put ourselves aside. This means being able to detach, to a sufficient degree, from our own needs, wants, and personalities in order to be fully available to our patients while we are at work. Being in service means being able to offer essentially identical care to patients whom we would like and agree with, and patients whom we would dislike and disagree with if we met them outside the clinic. When we are working our patients should not be able to notice any difference in how we treat people. In a community clinic, because everything happens in the open, patients are in a position to notice differences. A useful exercise is to imagine a politician whose policies you loathe: if this person walked into the clinic suffering from a terrible migraine, would you be able to offer them the exact same care you offer to your favorite patient? Whatever allows you to do that is what supports your professionalism: cultivate it.

Putting ourselves aside also extends to putting aside the worries and challenges of our personal lives so that we can be fully attentive to the needs we encounter in the clinic. This means being free of distractions, but it also means ordering our lives outside of clinic so that we come to work with enough energy to devote to caring for our patients. Acupuncture demands a great deal of focus, and focus demands energy. Professionalism in community acupuncture includes demonstrating self-discipline, self-management, and self-care in order to be of service.

Professional Boundaries

As noted above, professionalism in community acupuncture is all about cooperation within a set of boundaries that work to protect everyone. Because community acupuncture is designed to acknowledge and work within a context of limited resources, our setting itself imposes a variety of boundaries on us as practitioners. However, because a key element of our job description is to be emotionally present with people in pain — including pain we can’t fix — it’s not enough to depend

on the setting. All community acupuncturists need to spend some time thinking about their boundaries if they are going to be able to function in the context of a community clinic. Boundaries are a big topic, and this section of this manual should be considered an introduction rather than the final word.

We ask all POCA Tech interns to read these two threads, which are conversations about romantic and sexual boundaries between patients and practitioners:

<https://www.pocacoop.com/forums/viewthread/6216/P15> and

<https://www.pocacoop.com/forums/viewthread/6816/>. [Here is](#) a handout that can be used to help communicate with patients who are unaware of these boundaries and ask their practitioners out on dates. Copies are available at the POCA Tech student clinic. If a patient asks you out, it is also important to notify your clinic supervisor.

The NCCAOM Code of Ethics requires that practitioners: not engage in sexual contact with a current patient if the contact commences after the practitioner/patient relationship is established; not engage in sexual contact with a former patient unless a period of six (6) months has elapsed since the date that the professional relationship ended; respect that a sexual relationship must not exploit the trust established during the professional relationship.

In general, boundaries are a way to create a container. Within this container, we as practitioners may be fully present and offer our best work to relieve suffering. Leaving the container, we go back to our personal lives to restore and replenish ourselves. Maintaining the container requires practice with detachment. When we enter the clinic, we gently detach from our personal lives in order to be present for our patients. When we leave the clinic, we gently detach from our work — including detaching from outcomes. All practitioners feel emotional impacts as a result of being present for patients. For student interns, it's important to practice both feeling and detachment, because both are required in order to be a successful clinician.

Clinical Training

Clinical Training Overview

POCA Tech's clinical training is organized into four phases:

- Observation
- Internship Step 1
- Internship Step 2
- Internship Step 3

Observers and Interns must be POCA Tech students in good standing. All clinical training is held in POCA Tech's Student Clinics. Depending on student clinic availability, clinical training (internship) can begin after a student's first year, 90 hours of observation and 40 hours of administrative support, and the clinical entrance exams are successfully completed.

Beginning with Internship Step 1, students keep a clinical journal designed to:

- a) provide a forum for critical reflection on their clinical experience,
- b) track their progress through experimenting with different clinical approaches, including case studies of the 10 required acupuncture treatment strategies, and
- c) assess their development as practitioners.

It will include a list of conditions that students have treated. The clinical journal will be a helpful document for graduates in their future practices.

The employers who designed the POCA Tech curriculum were particularly concerned that POCA Tech students should be guided to think critically about clinical approaches. We believe that all methods of diagnosis and treatment are tools. Different acupuncturists use them differently, and each tool comes in a number of models, which the individual acupuncturist should compare and contrast to find the best fit for the clinical situation at hand and the best interests of the patient.

In the didactic portion of the program, students learn the following treatment approaches:

- Auricular treatment
- 8 Extras
- Jingei
- Korean 4-Point acupuncture
- Master Tung
- Miriam Lee Ten Points
- Richard Tan Balance Method
- Richard Tan 12 magic needles
- TCM Zang-Fu
- Jingei+Balance+Master Tung
- 11th Approach (your Approach)

All of these methods of diagnosis and treatment are appropriate in the community acupuncture setting. Students are expected try each clinical approach to diagnosis and treatment, and include each of them as a case study in their clinic journal.

Clinical Training Hours

Required Hours:

Year One 90 hours Observation
40 hours Administrative Support
Year Two 40 hours Administrative Support
Year Three 40 hours Administrative Support

Clinical Internship 500 Hours

Total Required Clinical Hours: 710 Hours

Observation

The purpose of clinical observation at POCA Tech is to: allow students to begin to absorb their role as practitioners in a real-world context; provide familiarity with community acupuncture clinic policies, procedures and paperwork; provide experience with the overall flow of a busy clinic; allow students to practice the teamwork that is crucial to success in a POCA clinic; and to begin to develop the long list of skills that working in a POCA clinic demands..

All students are required to spend 90 hours observing in a POCA qualified clinic, supervised by licensed acupuncturists. Activities during observation include observing a working acupuncturist in practice, removing needles from patients, and helping with any needed clinic operations. The Clean Needle Technique course must be completed prior to beginning observation.

Observation forms can be found in this handbook's appendix. Each entry in the Clinic Observation Record must be signed by the supervising acupuncturist. When you submit your observation forms to our office, attached to the Clinic Observation Record must be a copy of each supervising acupuncturist's current license. POCA Tech requires a signed Observation Clinic Agreement with each clinic signed by the clinic owner. An Observation Assessment will be completed by the POCA Tech student and an Observation Evaluation will be completed by ONE of the supervising acupuncturists. In order to successfully complete Clinical Observation, all forms and documents must

be returned to our Administrative Coordinator. It is the student's responsibility to make sure that all forms are completed, signed, turned in, and to keep a copy for their own records. **Original documents must be submitted.**

See the Appendix for all links to all forms.

About Observation

The Observation part of clinical training (90 hours) is an ACAOM requirement. It's also a potentially misunderstood aspect of acupuncture education -- so let's clarify what observation is and isn't for, and why it's actually important and useful to you as a future acupunk.

Becoming a successful punk means mastering a diverse and complex set of skills. Punking can look deceptively easy until you screw it up, and then it can feel like the hardest job in the world. The beauty of observation is not only the opportunity to practice some of the most crucial and under-appreciated punk skills in a low-pressure environment, but the comparative luxury of focusing on those skills EXCLUSIVELY before you have to add in other ones, like needling and discussing treatment plans. Plenty of self-taught POCA punks, who had to flounder around learning everything at once, are jealous of you!

In addition to practicing skills in a low-pressure environment, observation is also an opportunity to round out your classroom learning via an irreplaceable kind of osmosis. POCA Tech makes sure you're taught by working punks because there's nothing like a role model. However, your role models in the classroom are inevitably going to have a hard time articulating all the tiny aspects of their jobs, because there are so many, and they're often so subtle. Observation is an opportunity to watch punks when they're in their groove. You're going to learn things you don't even realize you're learning at the time. Your teachers are going to be able to show you things that they couldn't tell you if you asked them in class, because they can't easily find words for them. Here is a very concrete and basic example - students always ask their teachers how different punks hold needles. Sometimes teachers struggle to explain how they do what they do twenty times in a shift. In observation you can see for yourself how they hold needles. Similarly, by pulling needles you absorb point location and treatment strategies into your unconscious mind in a way that you simply can't when you're trying to consciously practice them.

What observation is for

- Practicing the following skills in real time, with real people:
- Pulling needles (including the use of good ergonomics, as well as simply handling needles, which is harder than it looks)

- Using peripheral vision to track patients' treatment process (nobody likes to be stared at when they're getting acupuncture!)
- Observing patients without intrusive hovering
- Managing order of operations
- Sending and receiving nonverbal communication
- Walking and talking in a quiet shared space without disturbing anyone's treatment process
- Discerning when patients are truly done with their treatment as opposed to restless/cold/uncomfortable
- Tracking the flow of a busy clinic
- TEAMWORK with other clinic staff.

What observation is not for

- Learning acupuncture theory, treatment strategies, pulse diagnosis, tongue diagnosis, and practicing point location -- that's what class time is for
- Socializing with working punks in order to ask them lots of questions about their favorite points and treatment strategies -- that's what POCAfests, the forums, and going out after work are for.

What observation is REALLY not for

Getting involved with treating patients by giving them advice, teaching them self-care techniques, or otherwise consulting with them about their symptoms -- that's what clinical internship is for, and there's a reason there's intensive supervision associated with that.

Quick reality/attitude check! Is there any part of you that is thinking, "but I came here to LEARN acupuncture theory and I WANT to be able to ask lots of questions during observation, because I'm REALLY REALLY INTERESTED, and this skills business sounds BORING, also probably beneath me and unworthy of all the fascinating insights I have to offer"???

If so, keep an eye on that part of you. It could ruin your future POCA career. Seriously. All of us are trained to be consumers in this society, but successfully functioning within the co-op means dropping that entitled consumer perspective and focusing on cooperation. If this part is a really big, indeed dominant part of you, POCA Tech is probably the wrong school for you, and you should transfer to a conventional acupuncture school pronto, before you annoy the hell out of the rest of the co-op (and waste any more of its resources).

Remember we all ultimately work for patients. And you know what patients hate? Having to wait too long for their needles to be pulled, not being able to rest because the treatment room is chaotic or

noisy, not feeling attended to if they're uncomfortable or cold, and having their blanket draped the wrong way. When the clinic is humming along and everybody's happy, it's difficult to notice all the subtle punk skills that go into making that happen. When everybody's NOT happy, though, the lack of those skills are painfully obvious. That's why these skills are so important to employers.

Pro tip: if you are doing your observation at a clinic where you hope one day to be an employee, consider your observation part of your interview. Your potential employers think of it that way -- guaranteed. You want them to think, "Wow, that person would be a great addition to our team!" You do not want them to think, "Oh no, that observer is high maintenance/inattentive to patients/making more work for me". Observation is also a chance to practice the under-appreciated art of making yourself useful – and like lots of other things in community acupuncture, it might seem humble, but a lot of people will be counting on you to do it.

Taking care of a whole group of people getting acupuncture in the same space is hard work, and it takes practice. Making yourself useful in the midst of the flow of a busy clinic also takes practice. Observation is where you practice. Once you start your clinical internship, you'll be glad you got these skills down so that they feel like second nature, and you can focus on your next phase of learning, like needling people who are stressed out and/or in pain, and communicating with them about their treatment progress.

An observation shift that went well (by John):

My observer and I got into a nice rhythm; part of it is that he was really good at self-regulating and figuring out where to insert himself into the process. He was helping me pull needles and put blankets on people. He would watch me needle people but he would sit in a chair and watch from a distance, observing from a seated position as opposed to following right over my shoulder and crowding me and the patient. From his chair he managed to keep an eye on the room and figure out when to come over and pull needles or give someone a blanket. Back in the punk cave when we had a moment I would ask him if he had any questions and he would ask questions that I could answer briefly.

When I'm being observed, I look for teachable moments but the schedule of the clinic always comes first. I felt like this observer was very helpful. I didn't feel burdened. I don't have the energy to train observers as if they were brand-new punks – that is a whole different level of energy and I couldn't do it over and over every week with multiple observers. I need observers to figure out where to insert themselves into the flow; I direct them at first but it shouldn't feel like an intense hands-on process for me. I think it's important for the observers to be mindful of the punks' job description and that they are there to OBSERVE that job description in action, they're not there to be tutored.

An observation that didn't go well (Lisa):

True story: when I first met Courtney, she was an OCOM student and she had to talk me into letting her observe with me. I didn't want her. I was completely unfriendly and when she persisted, I grudgingly conceded, growling, "Just DON'T GET IN MY WAY." Lucky for WCA, of course, we worked it out (she didn't get in my way) and of course Courtney became a superpunk. But why was I such a grump about observation? Because before I was a grump, I had been shiny-eyed and thrilled about sharing community acupuncture with anybody who was interested, including OCOM student observers. And I got burned, over and over and over.

Here are some examples: students peering over my shoulder and annoying patients, when I had asked them to sit down and watch from a nearby chair; students taking pulses without asking me or the patient (when both of us would have said no); students literally getting in my way when I was really busy and rushing around the room; students arguing with me about my point selection (not making this up); students lecturing me about what THEIR teachers would do instead; and students generally treating me and the clinic as a performance that was supposed to revolve around THEM and their love of acupuncture theory. I realized that I was exhausted after shifts where I had observers and that my patient numbers were suffering as a result.

I think about this now that I'm an administrator at POCA Tech and one of the things I have to worry about is making sure we don't create a situation where POCA punks get grumpy and refuse to take observers because they're too difficult to have around.

A hypothetical example of an observation that seems to go well (from the student's perspective) but actually undermines the purpose of what POCA Tech is for:

Pat is a POCA Tech student, commuting from out of town. Pat finds a clinic to observe in that is technically not a POCA clinic, but the acupuncturist is excited about having an observer and includes Pat in all aspects of treatment. The acupuncturist treats two people an hour, max. The acupuncturist does long intakes in a separate room before bringing the patient back to the (mostly empty) community space. The acupuncturist offers cupping, gua sha, aromatherapy, Chinese herbs, moxa, and foot reflexology in another room with a table. The acupuncturist loves all of these modalities and is just thrilled to talk about them all with Pat in great detail (because there is no time pressure). The acupuncturist allows Pat to take pulses (and discuss them), look at tongues (and discuss them) and help with giving moxa to patients. The acupuncturist always has time to discuss point selection and treatment theory for every patient with Pat, and Pat finds the whole thing fascinating. Pat is having a

great time, and so is the acupuncturist! It's like a private tutorial! Pat also suspects that the acupuncturist is lonely and glad to have some company in a mostly empty clinic. The acupuncturist goes out of business within a year, but not before teaching Pat a raft of bad habits that threaten a) their future employability and b) their future survival as a clinic owner.

Observation Bootcamp

Observation Bootcamp will be held as part of class before you start your observation. All required forms (there are a bunch of them) will be reviewed and you will have a chance to ask all your observation questions. This will be followed by a scheduled individual 2 hour session with a Bootcamp Coordinator in clinic.

Administrative Support

40 hours per year or 120 hours total are required for graduation. We recommend getting this requirement completed as soon as possible.

Clinic Entrance Requirements

POCA Tech Students are eligible to begin clinic shifts when all the following requirements are met and the Registrar has signed their "Student Clinic Entrance Requirements" form.

Forms

Observation

- Observation Hours Log (90 hours)
- Observation Clinic Agreements (1 per clinic)
- Observation Self-Assessments (1 per clinic)
- Observation Supervisor Evaluations (1 per supervisor)
- Observation Supervisor Acupuncture license copy (1 per supervisor)
- Patient Confidentiality Form
- Receptionist Confidentiality Form
- Administrative Hours Log (40 hours/year to 120 hours total)

Pre-Clinic

- Clean Needle Technique Certificate
- Student Peer Needling Evaluation

- Clinic Entrance Exams (practical and written) – Passed
- Clinic application
- Hepatitis B Form
- Clinic observation - 1 shift shadowing experienced student
- EHR and Reception Training

POCA Tech Administrative

- Tuition payments current
- POCA Student/Punk Membership current
- POCA Tech Safety Policy – signed
- POCA Tech Student School Agreement - signed
- Library - current

Internship Timing

- Clinic Observation (90 hours plus 40 hours administrative support) should be completed within a POCA Tech student's first year.
- Students start their Clinic Internship after successfully completing their 1st year of POCA Tech, including passing their clinic entrance exam and completing their required observation hours.
- Internships should be begun by November of the student's 2nd year in school.
- Students who start their internship on time (November in their 2nd year) will be given the first priority in scheduling weekly clinic intern shifts, and can be reasonably assured of completing their internship on time for graduation. Beginning internships after November offers no guarantee of graduating on time. Every effort will be extended to supply enough clinic shifts for them to graduate on time - this is not a guarantee.
- Clinic support second and third years – 40 hours administrative support must be completed each year.

Intern shifts are scheduled by the Dean.

Students with a scheduled intern shift are expected to work that shift every week. The only exceptions to that policy are outlined in the school's Vacation/lateness policy (see POCA Tech's Catalog).

Locations - POCA Tech Student Clinic/WCA locations and shifts are posted on POCA Tech's website.

Internship Clinic Standards

- All treatments and components of treatment should be finished in a timely manner.
- Charting should be completed no later than a half hour after the last patient has been treated.
- Laundry and closing duties - all students are expected to participate. If charting is not done with sufficient time to help with these things this is considered to be untimely and will be treated as such.

Student/School Agreement

This policy must be signed by all students before beginning their clinic internship. Please see your supervisor or the Registrar if you have any questions.

“I recognize that the only purpose of POCA Tech is train punks for the POCA Cooperative, and that POCA Tech would not exist without the personal sacrifices of many Co-op members.

- I understand that part of POCA Tech’s role as an acupuncture school is to be a gatekeeper for people entering the acupuncture profession: to prepare graduates to be independent healthcare practitioners. Clinical supervisors are obligated to address situations in which they feel an intern’s judgment, maturity, emotional stability, temperament, and/or attitudes may make punking a poor fit as a career. Clinical supervisors may create plans for improvement for students (subject to approval by the Clinic Circle) to follow as a result of identifying these situations. Interns are obligated to fulfill these plans for improvement; failure to do so will result in failing clinic evaluations.

POCA Tech assumes that student interns in clinic are on their best behavior because they're being supervised. **Our role is to make sure graduates are prepared to practice without our supervision.** We have to assume that students might behave less well when nobody is watching. So if student interns struggle with being on time, on being attentive and responsible to patients, with following procedures and complying with laws, etc., we have to assume that these problems will all be worse when they're not being supervised. **And that means we can't in good conscience advance them through the program.**

I recognize that it is possible to fail the clinic portion of the program.

I also understand POCA Tech has a responsibility to fulfill its mission, which is:

- to recruit and train students to provide acupuncture to underserved communities through the People’s Organization of Community Acupuncture (POCA), and to establish an academic foundation for the practice of liberation acupuncture.

POCA Tech’s educational structure was designed by employers of the POCA Cooperative to fulfill its mission and goals. If the faculty, administration, and/or clinic supervisors of POCA Tech receive the impression that students either lack commitment to providing acupuncture to underserved communities through POCA (examples: letting their POCA membership lapse, arguing about needing a POCA membership, questioning the graduation requirement), don’t recognize the contributions of the patients and volunteers of the co-op to their education (example: being

dismissive of volunteers), aren't receptive to the education designed by the employers of POCA, or are not planning to fulfill their post-graduation commitment, the school may take corrective action, including but not limited to warnings, probation, and termination."

HR Policy

Behavior or technical warnings in the student clinic

If a supervisor sees behavior of any kind in the clinic that is deemed unacceptable and/or failure to follow direction, the following policies and procedures should be followed. This is including but not limited to: adding or inserting any needles without approval, failure to utilize TIC universally in all aspects of the clinic, failure to follow direction with regard to charting, being too chatty, challenging a supervisor, etc. All instances should be documented at the time of occurrence including verbal warnings.

- 2 Warnings warrant Probation of 30-90 days depending on severity determined by the clinic circle
- At the time of probation the clinic circle and/or an a-hoc committee will be formed to create a corrective action plan to be completed to the satisfaction of both clinic and faculty circles before probation is lifted.
- Any additional warning while on probation warrants suspension 1-12 months from clinic and/or class to be determined by clinic and faculty circles. Additional warnings after a probationary period warrants possible termination at the discretion of the clinic and faculty circles.

Insubordination

Supervisors reserve the right to send interns home for any level of insubordination at any time during a shift at their discretion.

Weather

During inclement weather, the clinic manager determines the clinic hours and emails all staff and students. Interns should check their school email for notifications, and communicate with the clinic manager if needed. Interns are expected at their clinic shift if the clinic is open.

Phase expectations

Students are expected to move from phase 1-2 within three months of starting clinic. Students are expected to move from phase 2-3 within one year of starting clinic. Note: If you do not start clinic until year 3 you are expected to move to phase 3 after 6 months of starting clinic.

Internship Step 1

The student intern treats up to 3 patients an hour. The clinical supervisor checks their diagnosis and then the student intern comes up with a suggested treatment strategy, including choosing appropriate points. The supervisor supports this process and is available to guide the student if they become stuck during this process. The student is responsible for communicating the treatment plan to the patient.

To complete Step 1, the student intern must demonstrate use of at least three possible treatment approaches, written up as case studies. The clinical supervisor uses the Internship Step 1 Competencies Report in order to determine whether the student is ready to move on to Internship Step 2.

In order to successfully complete Step 1, interns must get a score of 1 (Achieved Competency) in the following areas:

- All aspects of treatment must be completed within 20 minutes including intake, treatment plan development, supervisor approval, treatment and blanketing.
- Able to locate points accurately
- Able to apply CNT
- Able to needle points without undue discomfort to patient
- Completes office procedures effectively and efficiently (front desk skills)
- Manages the room including unpinning, up-times, completes scheduled appointments
- Maintains patient confidentiality
- Demonstrates professionalism and appropriate dress
- Is familiar with clinic policies and procedures
- Maintains professional peer and faculty relations
- Able to question and elicit subjective information from patient
- Able to develop assessment from analysis of subjective and objective findings
- Able to develop treatment plan based on assessment
- Organizes data to develop a diagnosis as appropriate
- Able to pick appropriate points to complete treatment plan
- Able to develop complete and accurate chart notes
- Demonstrate trauma informed universal procedures
- Able to develop trauma informed rapport with patient
- Able to demonstrate good listening skills
- Able to maintain professional boundaries
- Complete and submit 3 passing case studies.
- Demonstrates clinical humility, emotional maturity, empathy and a passion for service

- Works as a team to manage the clinic shift cooperatively

Internship Step 2

The student intern treats up to 4 patients an hour. The clinical supervisor checks their diagnosis and then the student intern comes up with a suggested treatment strategy, including choosing appropriate points. The supervisor supports this process and is available to guide the student if they become stuck during this process. The student is responsible for communicating the treatment plan to the patient.

To complete Step 2, the student intern must demonstrate use of at least three possible treatment approaches, written up as case studies. The clinical supervisor uses the Internship Step 2 Competencies Report in order to determine whether the student is ready to move on to Internship Step 3.

In order to successfully complete Step 2, interns must get a score of 1 (Achieved Competency) in the following areas:

- All aspects of treatment must be completed within 15 minutes including intake, treatment plan development, supervisor approval, treatment and blanketing.
- Able to observe and interpret tongue
- Able to palpate and interpret pulse
- Collaborates with patients to develop treatment plans
- Have written, submitted, and received supervisor approval on 7 case studies

To complete Step 2, the student intern must demonstrate use all ten possible treatment approaches, written up as case studies.

Internship Step 3

The student intern treats up to 6 patients an hour. The clinical supervisor may check their diagnosis and then may approve the student intern's treatment plan, including appropriate points. The student is responsible for communicating the treatment plan to the patient. At this phase the student is responsible for coming up with all aspects of the treatment and the supervisor is there for approval only rather than input. If the supervisor is not confident in what the student is presenting, it is an indicator that the student is not ready for this phase.

At this phase the supervisor may give students consent to proceed with treating patients and check in after. This is to experience the true flow of punking on a busy shift and thus prepare you better for real world experience. This will be discussed directly with each student on an individual readiness basis and becomes an option only after both supervisor and student have signed the Experiential

Clinic Flow Practice Approval Form (aka Permission to Punk). This is subject to re-evaluation and a supervisor may revoke this privilege any time.

The clinical supervisor uses the Internship Step 3 Competencies Report in order to determine whether the student is ready to complete their clinical training. In order to successfully complete clinical training interns must get a score of 1 (Achieved Competency) in the following areas:

- All aspects of treatment must be completed within 10 minutes including intake, treatment plan development, supervisor approval, treatment and blanketing.
- Able to complete all phases of assessment and treatment without assistance
- Able to determine points to add to treatment based on palpation and/or intuition
- Able to manage a busy treatment room and adjust to unexpected developments (patients arriving late, early, and as walk-ins) without falling behind
- Able to quickly choose an appropriate treatment strategy from among the 10 Approaches based on the patient's needs
- Able to modify and combine 10 Approaches as appropriate
- Demonstrates the beginning of developing a personal punking style based on individual practitioner personality, preferences, talents
- Demonstrates the beginning of developing a sturdy and flexible punk persona/professional clinic persona
- Demonstrates the ability to hold space in the clinic
- Can modify treatment plans based on progress
- Can access resources as needed to support diagnosis/treatment process

To complete clinical training, students must also submit a signed log of 500 internship hours and at least 250 treatments, and turn in their clinical journal for final approval by the Academic Dean.

See the Appendix for links to the Internship Forms.

Clinic Exit Exam

The Clinic Exit Exam is meant to mimic the conditions graduates will face in a Community Acupuncture clinic after they graduate and either start their own CA clinic or accept employment at an already established CA clinic. They are graded on treatment design and speed, awareness of the room, charting, and teamwork. (See rubric, p. 97) Passing this exam is required for graduation.

Clinic Fees

Clinic fees are assessed per academic year. 2020's are \$1,000.

Late Completion Fee

Interns are expected to complete their student clinic internship before Module 30. A \$250/month late clinic fee will be charged starting in September after graduation. This fee must be paid by the first of the month and all other tuition payments must be current.

Organizing for Clinic Shifts

Learning acupuncture theory in the classroom is a different beast than actually punking in the clinic. You've done your reading, you know a bunch of channels and points, you've reviewed your notes... but how do you narrow all that down into something that can help your patients?

When you first start out, you'll focus on Miriam Lee's 10 points. This takes acupuncture theory off the table so you can focus on all the other important aspects of punking, like: moving around on a rolling stool without falling off, talking and connecting to patients, getting the sharp end into the patient, and the like. You need to get comfortable with staying centered in your body while you work. Having less acupuncture theory to swim around in at first will get you off to a good start. We want whatever theory we use to be grounded in real world practice.

Once you finish your Miriam Lee case study things get a little more complex. When you start a new approach, first think about what sort of complaints it is most suited for. Physical pain? Stress? Internal complaints? Some combination of these? As you move through the approaches, you'll develop something of a flowchart in your mind for when to use each one. If something comes up that your current approach isn't suited for, you can always go back to Miriam Lee (or something else you've already done). Part of experimenting with each approach is testing it with various complaints so that you can learn from experience, but you can also plan ahead.

When you're getting ready for a clinic shift, think about what you'll want to have on hand in the punk cave to come up with a treatment: charts, notes, particular reference books, cheat sheets, etc. You'll be working fast on a shift, so condense the information you've gotten from classes and readings into a format that supports you working quickly. Sticky notes make good bookmarks to find an index quickly.

Another way to plan ahead is to think about how you would treat the most common ailments using a particular treatment method. Write out point prescriptions ahead of time for things like back pain, hip pain, neck pain, shoulder pain, insomnia, stress, anxiety, depression, etc. The more you prepare for the basics, the more mental energy you have left to deal with unusual situations. All punks have a sort of recipe book of favorite protocols for the kinds of things we see all the time. As you move through the approaches you'll get a chance to compare different ways to treat the same sort of complaints. You can also look up treatment history for patients on your schedule to get a sense of what they might be coming in for as you prepare. However, keep in mind that what you see in a person's chart history might not be what they're coming in for today! A huge part of punking requires developing

the ability to improvise quickly and respond to what is happening in the moment. Don't get thrown off track because you planned for something different, but do plan ahead.

Besides preparing for coming up with treatments, think about what you need to support you while you work. Bring a laptop for charting, if you have one, and don't forget your charger. Bring snacks that you can munch quickly between patients to keep your energy up (and avoid smelly foods). Make sure you have your clinic journal to log your treatments and jot down any interesting learning experiences. Punking requires focused presence, so show up rested and early enough to decompress from the outside world (and keep in mind that traffic usually sucks).

Success in Clinic

As we all know, just graduating from an acupuncture school doesn't mean you're ready to work in a POCA clinic. The goal of POCA Tech's student clinic program is to make sure you really ARE ready, and also to document your readiness for a variety of audiences: our own school community, potential POCA employers and coworkers, ACAOM, and of course yourself. Because an important part of punking is confidence.

One aspect of success in clinic is your working relationship with your clinical supervisor. You are expected to create your own treatment plan ideas and point prescriptions. Your supervisor is a coach/guide/support, but is not the source of all your learning. It is not your supervisor's role to create a treatment for you. You will be most successful when you come up with your own treatment plan and incorporate feedback from your clinical supervisor.

The purpose of this manual is to make all the aspects of the student clinic crystal-clear and easy for you to navigate.

We apologize that a lot of it is about paperwork and we hope it doesn't make your eyes cross. The "documenting" part of our goal means wrangling small mountains of paperwork, and we need you to be aware and involved. This is actually a job skill for punking; there is no escape from paperwork in the world of practice.

Besides completing at least 500 hours of clinic internship, there are 3 parts to succeeding in the clinical program:

- documenting that you have tried 10 treatment approaches (plus the 11th);
- 10 case studies (plus the 11th), and a reflection paper for each case study
- keeping a clinic journal; and
- passing the student clinic evaluation report at Steps 1, 2, and 3 of internship.

We talk about each of these below.

10 Treatment Approaches (plus the 11th)

One of the best things about acupuncture is how many different ways there are to do it. Unfortunately, lots of acupuncturists get stuck (ha ha) on using just one way, and this can happen to students too. We require you to try 10 different approaches to make sure you have some clinical flexibility when you're out in the real world (guaranteed you are going to need it, because there is no end to what a community acupuncture clinic can throw at you) and also to help you develop a critical perspective on the different theories.

We're proud to be a technical school; think of the 11 approaches as a tour of your toolbox. We fully expect that you will not actually love every one of these approaches. The purpose isn't for you to love them; we just need you to TRY them. We hope you're going to have a long and evolving career that continually challenges you. Five years into it you might decide that the approach you loved in school isn't working for you anymore (or you've just gotten bored) and you need to try something different. We want to make sure we send you out in the world with an awareness of all of your options.

There's also a political aspect to this element of our program. Some people believe that community acupuncturists are only using protocols in clinic and that POCA Tech is only teaching protocols, thus "dumbing down" acupuncture education. The truth is there are many acupuncturists of all varieties who use protocols because they find they work just fine. You might be one of those people. However, school is a little too early in your career to make that decision. We owe it to POCA Tech's accreditation process to teach you multiple approaches, but we also owe it to you.

The 11 treatment approaches are:

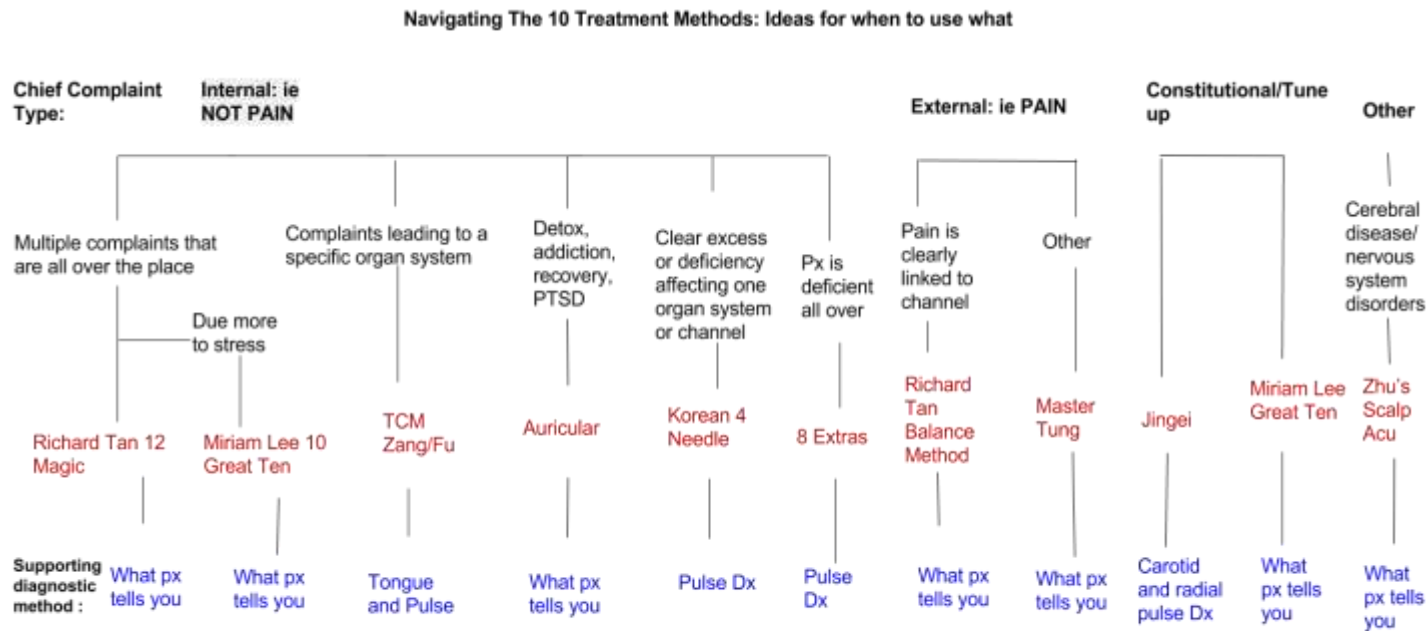
- Auricular treatment
- 8 Extras
- Jingei
- Korean 4-Point acupuncture
- Master Tung
- Miriam Lee Ten Points
- Richard Tan Balance Method
- Richard Tan 12 magic needles
- TCM Zang-Fu
- Jingei+Balance+Master Tung
- 11th Approach (your Approach)

You need to try each of them at least 10 times, and you need to write up a case study for one

treatment of each approach.

All interns start treating patients with Miriam Lee 10 Point treatments. Their Miriam Lee 10 case study must be completed before trying other treatment approaches or adding additional points.

Here's a graphic guide:



12/7/16

Clinic Journals

Your journal is about more than just a series of case studies. Think of your journal as a diary, one that will be most interesting to you 10, 20 years down the line. Your journal will be immediately helpful to clinic supervisors and teachers to help us suggest ways for you to develop.

Your notes on trying the 11 approaches should live in your clinical journal, along with:

- a running list of conditions you've treated;
- copies of your case studies; and
- reflections on any notable things that occur in clinic (e.g. - treating patients across a language barrier; managing unexpected situations; treatments that you felt went really well or really badly; notes about which treatment approaches you like and why. This can include particular

points you like and why. If you fall in love with PC 5, write about it.)

Your clinic journal is:

- 1) For you. Writing things down helps you integrate them and organize your own experience. When you get bored 5 years down the line, your clinical journal is what you're going to dig out and look at. Your first year in practice, if a patient looks at you skeptically and asks if you've ever successfully treated X, you can take out your clinic journal and show them the list of conditions you've treated -- guaranteed they'll be impressed.
- 2) For future employers and coworkers. Take your clinic journal to your job interviews and show them what you know, what you've done, and how you've reflected on it. See above: impressed.
- 3) For ACAOM. A clinic journal represents the highest levels of Bloom's Taxonomy, where you're synthesizing knowledge, not just regurgitating information. We know you do that all the time, but we need to prove it to the accreditors.

For Cohort 4 and subsequent cohorts, a complete clinic journal will require answering all of the Reflection Questions from the book [Punking: the Praxis of Community Acupuncture](#).

Writing case studies

Treatments in your case studies should be simple. Only after you get a feel for a treatment system can you start to combine the different treatment systems. We want you to do more than use a given treatment method once and check off a box. We want you to begin to understand a given method a bit better. In order to do that you will use each treatment method 10 times. However, use only one form per treatment method.

If you can't rationalize using a point with the rationale for the treatment method that you are using, do NOT use that point.

If you are doing Jingei, just use Jingei logic.

If you are using 4-point, use 4 point logic.

If you are using TCM, then and only then, use TCM logic.

Ultimately we want you to get a feel of why you personally like certain treatment systems and why. Eventually you will all develop your own "system" based on these treatment methods. A lot of

acupuncturists do not use TCM. The various rationales that TCM uses for its points aren't inherently right or more descriptive. They just are. Don't be beguiled into thinking that all treatment systems use the same logic.

Question: Do all treatments in clinic have to be just on one of the 10 approaches?

Answer: No!

With clinic entries we want you to isolate those approaches so you can get a feel of how they work and their usefulness all by themselves. When you are treating a person and you are not using that treatment to do one of those case studies then go wild. With interning it is all about each of you slowly developing the style that you feel most comfortable with and each of you will be a little different (in how hard you needle, how many needles you use, your favoritism towards one or a couple of these acupuncture techniques, etc.)

But at any rate you can combine, mix and match approaches...whatever to your heart's content. We are here to support your explorations.

About the 11th Approach

At POCA Tech we teach 10 different approaches to applying acupuncture: Auricular, Jingei, Eight Extras, Miriam Lee 10, Dr. Tan Balance Method, Dr. Tan 12 Magic, Tung Acupuncture, Korean 4 Needle technique, Jingei+Balance+Master Tung, and TCM. After learning about each approach in class the students then apply their knowledge in the student intern clinic. For each approach, the student must use it for at least 10 individual treatments, write an individual case study about using that approach, and then write a short paper reflecting on their overall learning with that approach. (See appendix for samples of case studies and papers.) Working through the approaches in sequence and writing reflection papers on them constitutes the basic structure of the first two phases of clinical internship.

We see each approach as a clinical "lens", a perspective through which a practitioner sees a patient and their problems. A fundamental goal of POCA Tech clinical education is for students to develop the ability to "switch lenses" as needed, as opposed to being locked into one way of seeing their patients.

The 11th Approach corresponds to the third phase of internship, after students have completed case studies and reflection papers on Auricular, Jingei, Eight Extras, Miriam Lee 10, Dr. Tan Balance

Method, Dr. Tan 12 Magic, Tung Acupuncture, Korean 4 Needle technique, and TCM. At this point, students are encouraged to work on 1) developing a personal punking style based on their individual practitioner personality, preferences, talents and limitations, and 2) demonstrating creative and/or original thinking in their construction of treatments, which can include borrowing elements from previous approaches.

Additionally, the 11th approach requires: a case study, a reflection paper, and a presentation to their cohort describing their progress during internship towards developing an individual, unique style of punking. The presentation to the class involves each student answering the following questions, then answering any follow-up questions from their peers:

1. How do you do diagnosis? How do you fit your repertoire to your patient's complaints?
2. Give us a sample diagnosis and treatment for one of your patients (or alternately, an audience volunteer, if you'd prefer to show how you think on your feet).
3. In your sample treatment, describe what you believe that each of the points do (may or may not overlap with TCM point functions/Master Tong functions/etc).
4. In one sentence, describe your approach to punking, referencing the approaches that have influenced you.
5. What are your favorite points and why? What is your needling technique like, and why?
6. Talk about your relationship to each of the 10 approaches you learned and why you do or don't incorporate them into your own approach.
6. Describe one or more of your regular patients and how you treat them. Why does this patient like you/what is the match about/what makes you and your treatments a good fit for this person and their process? (Note: False modesty is discouraged! Punks need to know what their strengths are.)

Writing Reflection Papers

As an evaluation, the purpose of the reflection papers is twofold: 1) to serve as a kind of container for your personal reflections to support your development as an independent, creative practitioner, and 2) (alas) to form a substantial part of the paper trail that we are required to have in order to have an ACAOM-approved school. We are always, essentially, having to prove that we're not a diploma mill,

and so every “evaluation” has to be able to show to an outside observer that any given student did in fact participate in the learning exercise (in this case, trying out an approach in clinic) and that the student came away with something substantial from the exercise. Your paper should be personal, and should answer questions like: Did you like this approach? Did you hate this approach? Did you get anything out of it, or did you feel it was a waste of your time? What exactly did you get out of it? Will you use it in your future practice? Why or why not? What questions about acupuncture did it raise for you? Descriptions of using the approach with individual patients, how they responded and how you felt about it, are also very useful.

Evaluation Reports

The evaluations are possibly the most straightforward part of moving through the clinic program. They serve as documentation of your ability to meet basic benchmarks that you could show to future employers/coworkers. Also, if you take a look at them ahead of time, they can help you structure your own experience by showing you what you need to focus on at each stage of your internship. Questions? Ask your clinic supervisor.

Charting

Charting is many punks’ least favorite part of their job. However, it’s a legal requirement. Future employers are going to care a lot about your ability to meet legal requirements. In the POCA Tech student clinic, however, charting has a purpose besides keeping things legal, and that purpose is what we want you to focus on.

Think of your chart notes as a very abbreviated case study -- they are supposed to show your reasoning process, especially in reference to the 10 approaches. The point of the 10 approaches is to give you flexibility in dealing with real world clinical situations. When you approach a patient in the student clinic, part of what we want you to be thinking about is “What clinical approach is best for this person?” (What we don’t want is what we get with so many graduates of other acupuncture schools, in which the practitioner makes all treatment decisions based on what they find the most interesting, with no ability to factor in what’s best for the patient.) For those of us who went to TCM schools many years ago, one of the most frustrating things was trying to shoehorn every patient into a TCM diagnosis, even when it didn’t fit. Every now and then, of course, there would be that shining moment where someone walked in with a chief complaint that fit a TCM pattern EXACTLY. That will happen in the POCA Tech student clinic too. When it does, give that patient a TCM treatment. When it doesn’t, do something else.

When you write your chart notes, we want you to describe the patient's situation in enough detail that someone reading your chart could say, "Oh, I get why they picked that approach for that person! And I see how they followed that approach through in a way that makes sense." Furthermore, because you're working as a team in the student clinic, you need to use enough detail that anyone who treats this patient will have a sense of whether or not their symptoms responded to your approach, so that they have enough information whether they should continue with the approach you chose, or try another.

How to Complete a SOAP Note

All patient charts must be completed during your clinic shift and *must* be in SOAP format with a Main Complaint listed. You must make sure that your supervisor reviews all of your charts and signs them *before* you leave the student clinic.

*Failure to do so will mean that you did not complete the treatment and you will not receive credit for the treatments not charted and signed into POCA Point.

Subjective- Write what the patient reports to you. Write the complaint(s), the qualities of the pain/symptom, location, and duration. If something stands out that the patients says during the intake, include it in quotes.

Objective- Write any observations that you, as a practitioner, make. This includes tongue, pulse, visual observations (like facial colors), smell, and palpation findings. If applicable this supports the treatment method you're using ie: tongue and pulse for TCM, Jingei pulse for Jingei, etc. see examples below.

Assessment - Commence or continue treat with what treatment method you are using and why.

Plan- Write all of the points used and the Initial Treatment Plan or a Treatment Plan Revision when given to a patient.

Example Chart:

S- Low Back Pain- started 6/2016, pain is achy, constant, and located across the entire lower back (3/10). Will occasionally have intense, stabbing pain at Left-BL26 (7/10 on pain scale). Can be triggered with twisting and bending forward. Usually lasts a few minutes to hours and resolves with rest. Last flare up was 2 weeks ago. Patient reports being slightly constipated with a BM every 2-3

days

and additionally reports being irritable and tired.

O- Patient has obvious difficulty and pain when sitting and getting up

A- Commence treatment

P- R-SI3,KD6 L-LU7,BL67; LI4,11,LV3, ST36, GB34, SP6 Tx Plan: 1x/week for 8 weeks

Chart Note Examples

Auricular

S-- Patient wants to stop smoking. Has been smoking 2-3 cigarettes a day. Started smoking as a teenager, successfully quit twice in the past for a total of 12 years, resumed smoking 2 months ago due to stress at work. Also currently reports temporal HA on R. Patient states he does not really like acupuncture but knows it works for him, prefers as few needles as possible, definitely does not want to take off shoes. Patient states that in past getting acupuncture every day was successful in resolving nicotine cravings,

O -- Patient seems tense, sitting upright in recliner.

A-- Commence auricular treatment for stop smoking and HA

P-- 3np bilaterally; HA thread in R ear; recommend patient come in as often as possible with reevaluation after cravings subside..

8 Extras

S - Patient complains of dull achy chronic low back pain that has been going on for “as long as I can remember.” Pain is a 2/10 on the pain scale and does not radiate. Patient also reports being constantly tired regardless of sleeping a lot. She has a poor appetite and occasionally gets dull headaches that are unrelated to anything she can think of.

O - Tongue is pale and slightly puffy with a thin white coat. Pulse is deep and weak in all positions.

A - Commence 8 extras treatment for overall deficiency to strengthen and tonify patient

P - Du 20, 24; L: Si3, Tb5, Sp4, K6; R: P6, L7, Ub62, Gb41

Jingei

S -- Patient complains of R-sided neck tension and pain, consistently about 4/10. Can't fully turn neck. Onset was 2 days ago, when she woke up with a stiff neck that just wouldn't go away. She has

been experiencing a lot of family stress. She also wants to work on her PMS symptoms of irritability, poor sleep and clumsiness, which she says were much worse last month than usual.

O-- Jingei pulse is 1.5 : 1, GB/LV; tongue has a red tip. Patient winces when she tries to turn her neck.

A-- Commence Jingei treatment to soothe/relax GB channel and smooth LV channel; relieve pain in neck

P-- LV 3, GB 34, GB 40, LI 4; GB 20 and 21, an mian; Recommend patient come in for treatment every other day until neck pain is resolved.

Korean 4 Point

S: Patient reports that she is very stressed out. Her job has been very stressful and she and her husband have been arguing for days. She feels irritable constantly and has noticed that she has a really "short fuse." She also has been very sensitive and reports being easy to cry. Patient requests that a minimal amount of needles are used as she is very sensitive to them.

O: Patient's manner is short and mildly irritated. Pulses: strong wiry. Tongue: Dusky

A: Commence Korean four needle technique for Liver excess

P: R: Lu8, Lv4; L: Ht8, Lv2. Recommend patient to come in weekly for 6 weeks with re-evaluation to follow.

Master Tung

S-Neck and back pain (BL and GV channel), worse on R side, onset one month ago, severity 6/10 on the pain scale, px also reports low level general anxiety.

O- Patient appears to have limited ROM turning head to the right side.

A-Commence Master Tung treatment for right sided neck and back pain

P- L arm) 3HCS, LK, DB, Fei Xin L leg) Si Zhi R leg) 3FCS R arm) HS3N ; recommend treatment twice a week until pain reduced below 5/10, then weekly until resolved

Miriam Lee 10 Point

S- Patient has never had acupuncture, is currently being evaluated for Multiple Sclerosis. Specialists are not sure what is going on, symptoms have been off and on for months with periods of dizziness, double vision, clumsiness, muscle weakness and fatigue. Patient states she feels overwhelmed and exhausted by dealing with medical appointments and the prospect of a serious diagnosis. Also has

numbness and tingling in hands and wrists, though this seems to her like a result of computer over use. Digestion has been a problem “forever”, not much hope of improving it. She is seeking acupuncture because her neighbor insisted it would help her and offered to drive her to appointments (neighbor comes to POCA Tech clinic every week)

O- patient looks weary; pulse feels weak at all positions; tongue is slightly purple, no coat

A- Commence Miriam Lee treatment for systemic balancing.

P - LI 4, LI 11 LU 7, ST 36, SP 6, suggested to patient that she see how she feels after this treatment, see if she likes acupuncture, and we’ll talk about a treatment plan next time she’s here.

Richard Tan Balance Method

S - Patient reports right elbow pain. Pain radiates down the forearm to the fingers and is constant. Patient reports the pain to be at a 6/10 on the pain scale and feels sharp at the elbow and achy and “tight” down the arm.

O - Elbow is tender to the touch and appears to be mostly located on the large intestine meridian.

A - Commence Richard Tan Balance Method identifying large intestine as the sick meridian.

P- R: Li11, 10, K10; L: UB40, St36, P5, Lu5

Tan's 12 Magic

S: Patient complains of right sided elbow pain at a 3/10 on the pain scale. It has been bothering her since last weekend since she spent all afternoon weeding in her garden. She also reports poor digestion with occasional diarrhea and occasional heartburn that doesn’t seem to be linked to her diet or stress level that she can tell. She also reports feeling generally run down and achy.

O: Patient’s elbow was tender to the touch and she was protective of it as she sat down.

A: Commence Tan’s 12 magic needles for overall balancing starting point St36 on the left side imaging elbow pain.

P: L: St36, Gb34, Ub60; R:Sp2, Lv2, K2; R: LI3, TB3, SI3; L:Lu9, P7, Ht7

TCM

S -- Patient complains of digestive problems since overeating at a party last week; chief complaint is heartburn with belching, pain in chest/throat during episodes; also feels tired.

O -- tongue has thick white coat; pulse is full and slippery.

A -- commence TCM treatment for Stomach Food Stagnation

P -- ST 34, ST 37, CV 12, KID 18, 4 Gates; recommend patient come in 2X a week for 2 weeks and re-evaluate

Jingei+Balance+Master Tung

Combining all three approaches, this chart note needs to incorporate points that you would use from all three in the treatments.

All the Paperwork

A lot of succeeding in clinic is managing paperwork. This will remain true after you graduate. Fortunately there is someone official to help you with this: POCA Tech's Administrative Coordinator.

The Administrative Coordinator is responsible for making sure that all individual student paperwork is properly recorded and filed into your individual student clinic files.

This paperwork includes:

- observation hours log
- observation clinic agreement (for each clinic where a student observed)
- observation self- assessment
- observation punk assessment of student (for each clinic)
- clinic entrance requirements form
- clinic hours log
- Internship Competency Reports for Steps 1, 2, and 3.
- graded case studies
- clinic journal checklist

Blank forms can be accessed from links listed in this handbook's Appendix. We strongly urge you to keep personal copies of all of your paperwork – just in case. You can also make the job easier by offering them your paperwork when it's completed, instead of making them track you down.

Observation and Administration hours, and CODA hours remain on paper records. Other records are kept online thru the Electronic Health Records system.

Policies for Students

Overview of Shift Structure at WCA/PTI Student Clinics

A shift is 5.25 hours, 4 hours of needling, 1 hour of unpinning and cleaning up, 15 minutes of preparing the clinic ahead of time. Shift staff consists of one supervisor and between 2 and 4 student interns.

Supervisors are available to be involved with student intakes on an as needed basis. Supervisors are ultimately responsible for patient safety during the student shift. Supervisors are also responsible for ensuring a smooth flow of patients in the clinic. If supervisors are not engaged with an intake or with formulating or approving a treatment plan, they should keep an eye on the room as a whole.

Student interns should plan to:

- Work as a team to manage the clinic shift cooperatively
- Greet patients and conduct either a new patient intake or a returning patient intake.
- Meet with the supervisor to discuss the treatment plan, including point selection
- Receive the supervisor's approval
- Treat the patient
- Make chart notes and sign
- Unpin and check in with patient
- Meet with supervisor. Supervisor signs charts.

Students are responsible for managing the clinic shift, monitoring their patients and the room as a whole in order to respond to patients who are “done” or who need a blanket, a pillow, or anything else. Students are responsible for unpinning patients, cleaning up after the treatment, and preparing the chair for the next patient. During the last hour of the shift, students will focus on unpinning patients and making notes for their clinical journals, including case studies. Charting treatments takes place as part of each patient treatment. Supervisors must sign each chart.

CODA

Comprehensive Options for Drug Abusers (CODA) is the oldest opioid addiction treatment program in Oregon. CODA's mission is to “treat people whose health and quality of life are compromised by alcohol, drugs and mental health challenges... Through patient-centered care, partnerships with other healthcare providers and community partners, and through advocacy for effective public policy.”

The CODA clinic is the primary place to obtain one of your treatment approaches – auricular, which easily be practiced at CODA. Students are encouraged to use 3np or 5np most often since the patient

is coming after receiving suboxone treatment. The student is expected to note the point prescription and the supervisor is responsible for charting it. Students are responsible for holding the space of the treatment room.

Here is the CODA/POCA Tech Handbook

<https://docs.google.com/document/d/10ezAEswyIx56tSD1HBvu4hvxcwdDvLjAZB5XYQyp7yA/edit>

Acupuncture in the public health setting is a wonderful opportunity to create a quiet, safe space. A lot of people in this system have to spend endless hours talking about their history, telling their stories and fielding questions about themselves and what's going on with them. Acupuncture is a great opportunity for them to take a break from all that within their program setting. It is also noteworthy to mention that a lot of times when people get anxious they get chatty. If we are able to hold space in a calm quiet way, that can sometimes allow others to feel comfortable to relax a little. Obviously we are not neglecting and/or ignoring people in any way but practicing learning the art of de-escalating chatty people is an invaluable punk skill and this is a great setting to practice it!

Other Public Health Clinics

As we develop relationships with other public health clinics, information will be provided to you. Please study it and ask your supervisor if you have questions.

Away Clinics

Away Clinics Policies and Procedures

Summary

The purpose of the Away Clinics proposal is to facilitate POCA Tech's mission of training students to provide acupuncture to underserved communities through the POCA Cooperative. Allowing students to complete a portion of their internship in Away Clinics will make the POCA Tech program more accessible by eliminating the need to relocate to Portland for clinical training. Away Clinic internships will also strengthen regional ties within the POCA Cooperative and facilitate succession planning for POCA clinic owners/employers.

Away Clinics will provide a clinical internship experience that is functionally identical, in terms of training and assessment, to clinical internship that is completed in

POCA Tech's Portland clinics. POCA Tech has no student clinics of its own; its multiple internship sites in Portland are all donated by Working Class Acupuncture and in most of them, the majority of the shifts are occupied by licensed acupuncturists rather than students. As a result, a POCA Tech student intern, whether in Portland or at an Away Clinic, is immediately engaged in the operation of a small business and the care and maintenance of a patient base, which is any POCA clinic's most valuable asset. We feel this is a crucial component of providing POCA Tech students with practitioner role models as well as socialization into both the acupuncture profession and the POCA Cooperative.

Students

POCA Tech's clinical training is highly structured. Students learn ten clinical acupuncture strategies in sequence: Miriam Lee's Great 10, auricular, scalp, Jingei, Eight Extras, Balance Method, Master Tung, Dr. Tan's 12 Magic, Korean 4 Point, and TCM. For each one, they must document at least ten treatments provided in the student clinic, and write both a case study and a reflection paper on the approach and what they've learned from it. Clinical supervisors support students in understanding how to apply each strategy with patients in the clinic, and grade their case studies and reflection papers. After students have completed all ten approaches and related assessments, they are free to choose among them, modify them, and work on developing their own clinical style (phase 3 of internship).

Students must complete their treatments, case studies and reflection papers for Miriam Lee and two other Approaches in Portland before they can begin clinical internship in an Away Clinic, otherwise known as phase 1 of internship. This will require at least 60 clinical internship hours in Portland.

All students, not just those planning to work in Away Clinics, must complete an [application](#) to intern in a POCA clinic. The opportunity for Away Clinic training may be withdrawn at any time based on feedback from Away Clinic supervisors, POCA Tech faculty, POCA Tech administration, or for reasons related to the needs of the POCA clinic in question.

Students who apply to POCA Tech with their attendance being contingent on doing their internship at a particular Away Clinic will be interviewed during their application process by a representative of that Away Clinic.

Students who are placed in Away Clinics will receive additional assessment to

confirm that Away Clinic instruction is effective. For each classroom module in Portland, Away Clinic interns will schedule an additional intern shift before or after (Friday night or Weds morning) to be evaluated by a local clinic supervisor. If the student has completed any of the 10 approaches at their Away Clinic during the prior month, they are required to demonstrate those approaches to a local supervisor to confirm their understanding. These additional shifts and assessments will be coordinated by the Academic Dean.

Clinical Supervisors

Supervisors in Away Clinics must:

- Complete 8 hours of training (two shifts) in Portland with the Academic Dean and other clinic supervisors;
- Attend at least four Faculty Circle meetings per year via phone, Google Hangout, or Zoom; and
- Agree on a plan, with the Academic Dean, about how they will get up to speed on any of POCA Tech's ten clinical approaches that they are not personally familiar with.

For additional peer support, new supervisors in Away Clinics are matched with a supervisor "buddy" in Portland.

Supervisors in Away Clinics must meet the same requirements for clinical supervisors in Portland: at least 5 years' experience as a licensed acupuncturist and relevant experience with community acupuncture. POCA Tech's clinic supervisor manual has been revised to be applicable to all locations and all supervisors. All clinical supervisors are evaluated by the Academic Dean at intervals determined by the Faculty Circle.

Clinical supervisors in POCA Tech Away Clinics have identical responsibilities to clinical supervisors at WCA clinics in Portland.

Clinics

POCA member clinics wishing to serve as Clinic training sites must also complete an [application](#). Away Clinic facilities must meet the same requirements as POCA Tech clinic

facilities in Portland in terms of compliance with: OSHA, ADA, and local fire and safety codes. The prospective Away Clinic must use, for student intern treatments, an Electronic Health Record which has the option for dual signatures from both the student and the supervisor. Additionally, POCA Tech must have a state license to operate as an educational institution in the state where the prospective Away Clinic is located.

POCA Tech Administration will review applications and inform applicants of their decision.

Pilot Program

The Away Clinic Program is a pilot program subject to approval by ACAOM; it is still in process, and not a done deal. Anyone involved must be willing to be flexible and make an effort to be informed about any changes.

The (Legal) Role of the Clinical Supervisor

Clinic supervisors assume primary responsibility for patient care in the clinic under the scope of practice for acupuncturists outlined above. Student interns are practicing under the supervision of their supervisor under the auspices of the school. Patients seen by clinical students are under the direct care of clinic supervisors. Student interns may only make suggestions to patients regarding a diagnosis or treatment with prior approval from their supervisor. Student interns must discuss their diagnosis and treatment plan in private with their supervisor before speaking with the patient. The supervisor must approve all treatments. All treatments must be recorded in each patient's chart. It is also important that student interns never contradict a supervisor in the presence of a patient. Instead, they should talk to the supervisor about their questions or reservations outside the treatment room.

Patient Treatment Procedures: New and Returning

New patients will be greeted by front desk staff and given paperwork to fill out. When the paperwork is complete, the front desk staff will let the student intern know that the patient is ready. The student intern, with supervision as needed, will conduct the new patient intake in the lobby and then accompany the patient back to the treatment room.

Returning patients will check in with the front desk and go back to the treatment room on their own. Student interns are responsible for keeping track of their patients as they arrive (an extremely important job skill). Student interns will conduct the returning patient intake chairside in the treatment room.

Amount of Time Spent With a New Patient

In Internship Step 1 students have 20 minutes for new and returning patient treatments. New students should practice the patient intake and not try to formulate the perfect treatment. Students can use the clinic entrance exam series of 20 points as a good treatment for the majority of patients.

In Internship Step 2 students have 15 minutes. Students who are at this level can either get their spiel down quick so that they can have a little more discussion with the supervisor or fall back onto something they can do quickly and efficiently if they fall behind.

When students get to Internship Step 3 then they can have a double slot (20 minutes) for new patients.

Managing Laundry

Managing laundry is a significant part of providing community acupuncture! Students are expected to work as a team to manage the laundry on their shift.

Attendance

One of the goals of the POCA Tech Student Clinic is to accurately reproduce the conditions that students will encounter in future employment. You know that quote, “80% of success is just showing up”? For POCA clinics, it’s more like 99%; no clinic survives if its workers don’t show up when they’re supposed to! Furthermore, a key aspect of clinic success is keeping regular hours so that patients feel they can count on the clinic to be there when they need it. If showing up for clinic isn’t your highest priority, something is gravely wrong with your relationship with POCA Tech.

VACATION/ABSENCE/LATENESS POLICY

At POCA Tech the internship experience has two goals:

- 1) developing the intern’s skills to successfully deliver acupuncture treatments and run a community acupuncture clinic and
- 2) adapting to the need to show up weekly to meet the needs of your patients.

This second goal is what informs the POCA tech vacation/absence/lateness policy for the intern clinic. For a community acupuncture clinic to be successful the acupuncturists need to keep regular schedules over years of time. They (the acupuncturists) need to look at themselves and their clinic as

a resource for the community they live in: for them to be available at the same times of the week, week after week, for years.

The clinic needs to remove as many barriers as possible that prevent a patient from coming in. One of those barriers is constantly shifting hours. This can be hard in a new clinic because with fewer patients the temptation is to see a mostly empty shift and decide to do something else for the day: go for a walk, go to a concert, have lunch, see the family earlier than normal, etc. To give in to these urges hurts the clinic in the long run as patients drop by to find the clinic not open when advertised and they do not come back.

A busier multi-punk clinic has a similar problem if the acupuncturists trade shifts or get subs too often because any clinic is built on the regular patients: those patients that come back week after week. If the acupuncturist misses too many shifts then they can't build a patient base and their numbers stay low, making it less likely that the clinic can remain open in the long run.

From our experience too many acupuncturists like the idea of doing treatments but don't like the idea of being "tied down" (as they put it) to a regular weekly schedule. Thus the POCA Tech intern clinic aims to get the interns to have regular shifts for their tenure so they can see if they in fact want to do this for the next several years and possibly until they retire. With that in mind, we have the following rules regarding vacations, absences, and lateness:

Vacations

Adults in America are used to taking vacations and that is true for acupuncturists. But it's important for the vacation time to be not so much that the acupuncturists are not able to build up a patient base. For interns they can't really build up a patient base as they are not interning for very long but they can get used to having a regular schedule. So we require that during the time when the students are interning that they keep vacations to a minimum. Since most interns are interning for two years we ask that for each year they keep the vacation time to 2-3 weeks, tops for each year. It should also be kept in mind that the intern is expected to finish their internship upon graduation or within a month afterward-thus long vacations work against that. Vacation time is time off that has been approved with at least one month notice.

Absences - both excused and unexcused

An excused absence is one where the intern calls in to say they cannot make their shift. At least 24 hour notice is required. An unexcused absence is one where they do not call in and instead they just don't show up. The supervisor needs to be notified at least 24 hours ahead of the shift for the shift to be counted as excused.

Too many absences have the same problems as too many vacation days: it hurts the clinic in the long run. So for the time that the student is an intern they are allowed ten absences. Excused absences count as one of the ten, while unexcused absences are counted as three absences.

Sometimes something big comes up that will require the intern to be absent for an extended length of time - major illness/surgery being the main one. If that happens and the intern goes over ten absences then they need a meeting with a supervisor and the clinic coordinator to devise a plan to get back on track. Note that if a student has not completed their internship within a month after their graduation, they will be charged \$250/month. The alternative could be to take a leave of absence and resume school a year later.

What about trading shifts?

Hopefully you are getting the problem with not showing up for your regular shift and you see that trading shifts can also be problematical if done too many times. Interns get five shifts over their internship that they can trade, and no more. These shifts are not counted as absences.

Sickness

Sickness is handled the same way as any other absence: if the intern calls/writes in sick more than 24 hours before their shift they get an absence; if they call/write in sick less than 24 hours before the shift, it is counted as an unexcused absence and they get three absences. This may seem harsh from the intern's point of view but the issue here is training interns to be successful community acupuncturists and in the long run too many absences of whatever kind kills a practice. Thus a successful CA punk is one who is aware enough of their body that they do what it takes to stay healthy as much as possible.

Lateness

Interns are expected to be on time for their shifts. If they are late and patients are waiting or leave because the intern is not there, it hurts the clinic. Thus being late counts as an absence. Students are considered late if they arrive later than 15 minutes before the start time of the shift.

10 Absences

Interns will lose a clinic intern shift if they have more than 10 absences. In order to apply to be reinstated they will write a paper reflecting on the relationship of being absent and nurturing a business, and reflect on how they will change their behavior to reduce their absences in the future; and they

will meet with the Dean and a Clinic Circle Representative. Upon successful completion of this meeting, the intern will be assigned to another shift when one becomes available.

After reinstatement, 5 further absences will again result in the loss of a clinic intern shift, and trigger the above process.

Dress Code, Etc.

Clean Needle Technique says clinic staff should wear closed-toe shoes. Otherwise, the dress code for the POCA Tech Student Clinic is the same dress code at most POCA clinics: you are an adult and we expect you to use good judgment. Please do not give anybody cause to complain about your clothing (or scent).

Remember that community acupuncture is an intensely physical job that may require bending, kneeling, squatting, and excellent navigation of rolling stools. If you are in doubt, the basic POCA “uniform” in many clinics is clean and presentable jeans, sneakers, and a t-shirt with a POCA clinic logo.

Also, please reflect on this Clinic Circle email, sent 3/18:

Hi clinic interns and observers,

Clinic Circle met last weekend and asked me to send out an email with some highlights of their meeting (Clinic Circle meetings, FYI, are super entertaining!) I’m just going to list those highlights, I’m sure you’ll get the gist, but if you have any questions please let me (and the clinic supervisors) know.

1. One supervisor observed that community clinics, being full of humans, often get funky. As in aromatic. As in the combination odor of sweaty socks, plus abdominal gas, plus morning breath (all day long because after all, people are sleeping). A bonus if you’re lucky is damp support dog.

This supervisor reflected that part of the punk’s job is to manage, which means **not add to**, the ambient human funk in the treatment room.

2. One staff member spontaneously recalled the part of the clinic manual that refers to dress code: POCA Tech doesn’t care what you wear as long as we don’t get complaints about it.

3. Two supervisors shared that they had received complaints from patients about students in clinic

being funky. As in, aromatic. (And not in a “violating the fragrance policy” kind of way.) It wasn’t clear whether these funky individuals were interns or observers, could have been either or both.

If you’re concerned that you might be too funky, please bring a change of clothes with you.

Everybody clear on this? The limits of funky are when we get complaints. Memes and gifs related to funkiness in general are welcome in response to this email.

thanks,

Lisa



Tracking Treatments

See the Student Clinic Internship Hours Record in the Appendix. This form should be included in your clinical journal.

Supervisor Signatures

You are responsible for getting supervisor signatures in the appropriate places: for each treatment in the Electronic Health Record, and on the paper Student Clinic Internship Hours Record for your hours at the end of **each shift**.

Conflict/Grievance Policy

See POCA Tech grievance policy in the [catalog](#).

Adverse Events Reporting Database

POCA now has its own adverse events and errors reporting database. It's extremely nerdy to get excited about a database, but seriously, this has a lot of potential.

When you log into our EHR to do your charts, over on the right hand side you will see a little link in blue that says, "report an adverse event or error". You can use that link, or you can use this one (they go to the same place)

<https://www.surveymonkey.com/r/AERDcommitted>

So for example, recently in student clinic, a patient experienced an episode of needle shock. That is something we want to file a report on! We'll be working on a specific list of "reportable events"; in the meantime, please ask Lisa if you have questions. Basically we are looking to track anything that happens that 1) a patient might complain about with regards to the treatment itself (including bruising, dizziness, worsening symptoms) and 2) anything where we feel like, gosh, it would be nice to know how often we can expect X to happen in the course of doing business — like needle shock. Wouldn't it be nice to have some numbers that we could quote, such as, for every 100,000 treatments, you can expect to see X episodes of needle shock?

Speaking of that magic 100,000 number, the reason that the link above is named "AERD committed" is that 3 clinics — WCA/POCA Tech student clinics, Wasatch Community Acupuncture, and Providence Community Acupuncture, have made a commitment to report all our AERDs and errors. (We don't know how many other POCA clinics will choose to do so, we hope it's a lot but we have no idea.) Between us, we think that the committed clinics represent about 100,000 treatments a year. So all of our data goes into the same pile, which is separated out from the rest of the AERD. In a year, we'll be in a position to crunch the numbers and have our first pass at a list of how many AERDs and errors per 100,000 treatments in community acupuncture.

Confidentiality

About Confidentiality and Liberation Acupuncture

Liberation acupuncture requires its practitioners to pay particular attention to power dynamics in the clinic. If our goal is “to be neither oppressor nor oppressed, but human in the process of achieving freedom” (Paolo Freire), and if we want the same for the people that we treat, we have to be conscious of the small details of our personal interactions. Information is power. We have to be very careful with all the ways that we elicit, handle, and store information about our patients.

One of the difficulties with being an acupuncturist in the US is that our roles are potentially not well defined. In many practices, acupuncturists take on aspects of the role of a psychotherapist, a life coach, a spiritual teacher, and/or a medical doctor. Many acupuncturists believe that it is their responsibility to elicit a great deal of personal information from patients in order to fulfill these other roles or to catch things in the patient’s history that other professionals may have missed. The difficulty from the perspective of Liberation Acupuncture is that patients have not given their consent for anything but acupuncture. This is an area where professional boundaries become important; just because you could slip into another role doesn’t mean you should.

The majority of patients who come to a POCA clinic do so because of word of mouth; another patient has recommended the clinic and has most likely told the new patient what to expect. They come to the clinic because they want community acupuncture. Particularly from the perspective of Trauma-Informed Care, the need for trustworthiness and transparency, as well as patient empowerment, voice and choice come into play. We need to be respectful of patients’ expectations about their experience.

A fundamental aspect of confidentiality in community acupuncture is not to try to obtain more information from your patient than you need *in order to give them a good acupuncture treatment*. Remember, they have not consented to anything beyond receiving acupuncture. As a practitioner, you already occupy a position of social power relative to your patient. The clinic is a familiar space to you but an unfamiliar space to them. Any information they give you increases the power differential; you know much more about them than they do about you. Before you ask your patient a question, ask yourself: Do I really need to know this? Why? What will this information really contribute to the treatment? This process will also support your reflection on your clinical practice and your use of different clinical approaches.

From Trauma-Informed Acupuncture <http://liberationacupuncture.org/node/16>

“Community acupuncturists have discovered that a happy consequence of the group setting is that

new patients very often come for treatment with a friend or relative who has already tried acupuncture and liked it. If new patients are nervous, they can watch their friend or relative be treated first, and then they can relax with their needles side by side. This kind of social support creates emotional safety.

Another important element of emotional safety has to do with disclosing information. One of the other beauties of the diversity of acupuncture clinical strategies is that many methods of diagnosis do not involve the patient having to verbally tell the acupuncturist much in order for the acupuncturist to successfully choose useful points. In certain kinds of acupuncture, great emphasis is placed on intakes that are similar in detail to a physical exam or to psychotherapy. However, there is no evidence that this kind of extensive questioning produces better clinical outcomes than strategies that are mostly non-verbal. Community acupuncture intakes rely on a relatively brief health history plus a short conversation with the patient about their goals. The assumption is that trust will grow in the process of treatment and patients may feel more comfortable disclosing more information over time, if needed. However, it would be a mistake to assume that level of trust at the beginning of the relationship. The reality of how acupuncture seems to work, though, is that there is rarely any need for the acupuncturist to ask invasive questions, and patients never need to disclose anything that would make them uncomfortable.”

“Working in a Trauma Informed way does not require disclosure of trauma; rather there is a recognition of the need for: physical and emotional safety; choice and control in decisions affecting treatment; and practices that avoid confrontational approaches.” Cheryl S. Sharp, MSW, “Becoming Trauma-Informed”

Patient Confidentiality Policies

The POCA Tech Student Clinic has specific patient confidentiality requirements designed to protect patient information.

1. POCA Tech student interns, observers, clinic supervisors, and clinic staff have access to patient records. In addition, POCA Tech shares the patient database of Working Class Acupuncture, and as such POCA Tech and WCA acupuncturists and employees have access to patient records.
2. The identity of or information pertaining to any patient may not be revealed to any source without the specific written permission of the patient. Exceptions are outlined below.
3. Staff, clinic supervisors, student interns, and observers are prohibited from responding to any inquiries about patients without specific written consent to release patient information.

Protected Health Information (PHI)

Protected Health Information (PHI) refers to any health information, combined with personal unique

identifiers, which can be used to identify a specific person, and includes information that we create and/or receive from other sources such as:

- Written paper records and documents
- Electronic records (computer records)
- Oral communication
- Audio recordings
- Image, photos, and video files

Personal Unique Identifiers

Personal unique identifiers include the following list of personal types of information which **could** used to identify a specific individual:

- Name
- Address
- Name of relatives
- Name of employers
- E-mail address and/or Web URL
- Internet protocol address
- Fax and/or Telephone numbers
- Birth Date
- Finger/Voice prints
- Photographs
- Social Security number
- Vehicle or device serial numbers
- Health record numbers
- Health plan beneficiary number
- Account numbers
- Certificate and/or license numbers and other unique identifying numbers, characteristics, or codes.

The Use of Protected Health Information (PHI)

The Health Information Portability and Accountability Act (HIPAA) is a federal act that defines patient medical information, describes how this medical information may be used and disclosed, and how a patient may gain access to this information. Congress originally enacted HIPAA to standardize health care coding and billing transactions and to streamline line the “portability” of health insurance coverage for individuals, and then also developed into protection of patient medical records.

According to the hipaa.gov website, the POCA Tech Student Clinic and Working Class Acupuncture are not a “covered entities” under HIPAA, essentially because we do not transmit

health information electronically as part of certain “covered transactions”. (We do not bill insurance.)

Nonetheless, it is helpful for us to understand HIPAA in general and its approach to Protected Health Information as part of our own efforts to protect patient confidentiality.

According to HIPAA, the use and disclosure of PHI for “treatment, payment or healthcare operations” is permitted without obtaining authorization or consent from the patient and are defined and outlined below. All other uses have restrictions on use and disclosure and in most cases will require written consent from the patient.

Treatment

Treatment information includes charted treatments and information which we use to provide, coordinate, and manage health care; consultations between providers; and patient referrals.

Health Care Operations

We may use and disclose protected health information for all activities that are included within the definition of “health care operations” as defined in the federal Privacy Regulations. “Health care operations” includes: quality assessment and improvement activities; case management and care coordination; peer review; accreditation, licensing, and credentialing; legal services and auditing functions; business planning; selling, merging or consolidating with another practice. For example, we may use protected health information to monitor and evaluate the quality care in our clinics and the quality of our clinic supervisor and student intern performance.

Other Permitted Uses and Disclosure of Protected Health Information (PHI)

There are also other situations in which we may use or disclose patient PHI, which are outlined below:

- We may disclose PHI to friends and family of our patients in case of an emergency, to assist with health care.
- We may contact patients to provide reminders of appointments.
- We may disclose PHI to a covered entity to conduct health care operations in the area of quality assurance activities, accreditation, certification, licensing, or credentialing.

Allowed Non-treatment, Payment or Health Care Operations Information Use or Disclosure Without Required Patient Authorization or Consent

There are also other situations in which standards allow us to use or disclose patient PHI without patient authorization or consent, but with which the patient has the right to an accounting of those

uses or disclosure. These mandatory reporting situations are:

- To report or prevent child abuse or neglect and domestic violence.
- To prevent a serious threat to a patient's health or safety or the health and safety of the public or another person.
- To the Department of Health and Human Services on public health issues to prevent or control disease, injury or disability. For example, information in health records may be used to report to the FDA on adverse events regarding drugs, foods, supplements, and other health products to enable product recalls or replacements.
- To law enforcement agencies in response to a court order, subpoena, discovery request, administrative order, or other lawful process by another person involved in a dispute involving a patient. This may be done only if efforts have been made to tell the patient about the request or to obtain an order protecting the requested health care information.
- To the following entities under given circumstances:
 - To a correctional institution when necessary for the patient's health or the health and safety of others;
 - To notify, or assist in notifying a family member, personal representative, or another person responsible for the patient's care, location, or general condition;
 - To the military authorities under certain circumstances when the patient is a member of the Armed Forces;
 - To authorized federal officials for intelligence, counterintelligence, and other national security activities.

Cases in Which We are Required to Obtain Patient Authorization or Consent

We must receive written authorization or consent before using or disclosing protected health information (PHI) for purposes other than those listed above or otherwise permitted or required by law.

Patient Rights

Patients may request an accounting of all disclosures of PHI that was, or was, not authorized by the patient for the past six years:

Patients may have access to their individual health records:

- The request must be made in writing by the patient, verified with ID, and clarifying the requested information such as a specific visit, test or the entire document (DRS).
- Designated Record Set (DRS) Contents:

- Wide scope of information
- Financial/Billing information
- Medical Information
- PHI held by business associates
- Clinical staff will review the record with the patient.
- A fee may be charged for copies.
- If a patient requests access to their health record by law the complete record must be provided, which includes any written information used in decision making.
- The only exceptions to Patient Rights to Access are psychotherapy notes and information compiled for legal proceedings. This type of information must be kept in a separate file.
- These requests should be forwarded to WCA's Medical Records department to handle.

Patients may make a request to amend their PHI. A patient may believe that their record contains errors or omissions, and therefore may want to make some amendments. The patient must make this request in writing (for those items that apply). The request will be formally reviewed and may/may not be granted.

Patients may request that some or all of their PHI remains confidential, restricted or that we take special measures to ensure confidentiality. Requested restrictions may involve how PHI is used for treatment, payment, or health care operations or restrictions on disclosures to specific individuals. Patients do not need to justify or explain their requests.

Special Patient Health Information: Separate authorizations must be signed to release Drug and Alcohol, HIV, Genetic, HIV/AIDS status, or Mental Health Information by the patient to protect sensitive disclosures.

Protected Health Information (PHI) Security Measures

Staff, clinical faculty and student interns should be sure to:

Always Apply the “Minimum Necessary Standard” when Using and Disclosing Patient PHI:

- Access and use only the patient PHI information necessary for them to complete their work.
- Be careful with whom and how they share patient PHI.
- Ensure that precautions are taken to ensure security.

Physical Safeguards in the Clinic

- Computer access: only student interns, clinical supervisors, and clinic staff should use clinic computers.
- Photocopier/Printer: Remove any unique personal identifier from patient health information when copying it for educational purposes.

Clinic Conference Room (aka the “punk cave”)

The Clinic Conference Room is for authorized staff, clinical faculty, clinical students, and visitors only.

Computer Technical Safeguards

1. Login using your unique username and password. Passwords are assigned by the webmaster.
2. Log out of the computer network when not at the workstation, and at the end of clinic shift.
3. Use strong passwords.
4. Do not give out your user ID and passwords to others.

POCA Tech Privacy Practices and E-Mail

Do not discuss patients via e-mail. Students, faculty, and staff must refrain from using a patient’s name or personal identifier(s) at all times when e-mailing and may not send protected health information (PHI) via email.

Confidentiality - Reminders

- Do not leave computer monitors unattended.
- Use strong passwords on computers and do not share them.
- Access only the patient information which is necessary to perform the job. Access to patient medical records is granted based on job/role requirements.
- Release patient PHI only according to correct procedures. Be precise with the information and only release the requested information. Whenever possible limit the information disclosed. Ask for ID if necessary.
- Restrict conversations to private areas and do not discuss information in inappropriate ways.

A particular challenge in the community setting around confidentiality is when patients who are friends and relatives of another patient may casually ask how the other patient is doing. (“Has my brother been coming in for acupuncture? I sure hope so, he really needs it!”) This type of exchange is not covered under HIPAA but it is very important in terms of respecting patient information. This conversation can be awkward but most patients will understand that we as providers cannot share

information about other patients. An apologetic smile and “I’m sorry, I can’t talk about other people’s appointments. Some weather we’re having, don’t you think?” is usually sufficient to redirect a conversation.

Requesting Patient Medical Records from Outside Providers and Agencies

It is highly unlikely that any student intern at the POCA Tech Student Clinic who is practicing Liberation Acupuncture would have any need to access patient medical records from any other provider or agency. If this situation should arise, consult your Clinic Supervisor.

Releasing Patient Medical Records

Patients need to sign an “Authorization to Use/Disclose Health Information to the Patient or a Medical Provider” form in order to have their medical records released either to agencies, providers, or themselves

Working Class Acupuncture’s Patient Records Specialist will release records as requested. Records released include:

initial visit chart notes

follow-up visit chart notes

intake forms

PARQ, Patient Responsibility, and Consent to Treat Forms

Informed Consent

To gain informed consent, Oregon health care practitioners are required to utilize a Procedures, Alternatives, Risks and Questions (PARQ) Conference during the new patient intake. New Patient forms can be found [here](#).

In the PARQ conference the student shall explain the following:

- (a) in general terms the procedure or treatment to be undertaken;
- (b) that there may be alternative procedures or methods of treatment; and
- (c) that there are risks, if any, to the procedure or treatment.”

Ethics

Code of Ethics - please see [catalog](#)

Privacy

Please see [Privacy Manual](#)

Non-Discrimination Policy

Please see [catalog](#)

Safety

Overview

There's a huge variety of ways to practice acupuncture. Some of the variation is based on both practitioners' and patients' tolerance for risk; patients' tolerance for sensation/pain; and surrounding cultural norms. In the POCA Tech Student Clinic, you will be learning how to adhere to the highest standards of safety while making acupuncture accessible to as many people as possible. Some of the ways we emphasize safe practice include: using distal points (no one ever got a pneumothorax puncture from a distal point); using relatively shallow needling with relatively fine needles; and practicing Trauma-Informed Care in order to create emotional and social safety.

Patient Safety

This policy must be signed by all students before beginning their clinic internship. Please see your supervisor or the Registrar if you have any questions.

“POCA Tech has the responsibility to act as a gatekeeper into the profession of community acupuncture, the process of training students *to first do no harm* is complex and challenging, and the core of POCA Tech's mission is to serve vulnerable and marginalized populations.

If the Faculty Circle receives information that indicates a student's academic performance, clinical performance, conduct, or level of progress in the Liberation Acupuncture program as a whole raises concern about current or future patient safety, including with respect to Liberation Acupuncture's standards of Trauma Informed Care as presented in the program, the student may be suspended immediately from the program while the program can determine an appropriate response. Examples of performance, conduct, or lack of progress issues include, but are not limited to, the following examples: needling without receiving appropriate permission or consent of instructor, supervisor, or patient; being dismissive of patient or supervisor requests or feedback; making inappropriate comments about people's bodies, habits, or lifestyle; inappropriate touch; pressing patients to reveal aspects of their history or effects of trauma when they have not volunteered such information; and lack of attention to trauma-informed practices and clinic policies intended to empower patients.

An ad-hoc committee to address the matter shall be convened by the Director, and that committee shall include two members of the Board of Directors, one representative of the Clinic Circle, one representative of the Faculty Circle, and one representative of the Student Circle. This committee shall determine a course of action within 30 days; that action may include an academic

and/or clinical corrective action plan, repeating all or part of the Liberation Acupuncture program, and termination.”

Standards

Please see [OSHA manual](#).

Universal Precautions (and the ADA)

One important concept for safe practice is Universal Precautions. This means assuming that ALL patients have all possible blood borne diseases, whether or not they disclose it to you. Standard Clean Needle Technique practices and basic common sense are sufficient protections against the transmission of blood-borne pathogens.

The Americans with Disabilities Act prohibits discrimination against people with disabilities in public accommodation. This means that if someone does disclose to you that they have a blood borne disease, you CANNOT treat them differently than you treat any other patient. For example, Clean Needle Technique does not require using gloves during the normal practice of acupuncture. Bleeding therapy is a different story — use gloves. If you learned that a patient has Hepatitis C or HIV and you chose to use gloves when needling or de-needling that patient, while not using gloves with other patients, you would be violating the ADA (as well as demonstrating a lack of understanding about Universal Precautions).

Universal means universal. One of the keys to success in practicing community acupuncture is to provide the same consistent, reliable, respectful service to EVERYONE. No exceptions.

In the POCA Tech Student Clinic, we include the concept of Universal Precautions to Universal Precautions for Trauma, another way of understanding Trauma-Informed Care. Just like you want to assume that every patient has every possible blood borne disease whether or not they disclose it, you want to assume that every patient has a trauma history whether or not they disclose it. Doing so will create a safer atmosphere for everybody.

Trauma-Informed Care and Creating Emotional Safety

POCA Tech feels it is vital that workers in healthcare and related services are able to respond appropriately to counteract and mitigate the effects of trauma in the populations they serve. The state of Oregon has established a collaborative initiative to support Trauma Informed Care (TIC) practices, policies, guidelines and procedures for all service providers. [Trauma Informed Oregon](#) provides the following definitions:

“Trauma is a wound. Typically trauma refers to either a physical injury, such as a broken bone, or an emotional state of

profound and prolonged distress in response to an overwhelmingly terrifying or unstable experience. Some trauma, like wounds, heal relatively quickly, some heal slowly, and many influence life going forward, like scars. Scars and trauma do not result in defects or deficiencies; rather they are markers of life experience one has survived.

Trauma Informed Care (TIC) recognizes that traumatic experiences terrify, overwhelm, and violate the individual. Trauma Informed Care is a commitment not to repeat these experiences and, in whatever way possible, to restore a sense of safety, power, and self-worth.”

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) also has developed a Trauma Informed Approach for use in organizations. According to SAMHSA, “A program, organization, or system that is trauma informed: Realizes the widespread impact of trauma and understands potential paths for recovery; Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively resist re-traumatization.”

A simple definition of a trigger is: an external event that causes internal discomfort or distress; hint of past trauma; having someone being suddenly reminded of something they don’t want to remember.

When in the clinic always keep in mind this short list of common triggers in a healthcare setting:

- authority figures
- sensory cues of past events
- lack of power/control
- feeling threatened or attacked
- caught by surprise
- feelings of vulnerability and rejection
- sensory overload
- shaming

Managing PTSD in the Clinic

We hope that your classes in Trauma-Informed Care have helped you feel prepared for the possibility that one of your patients will get triggered in clinic.

It’s useful to remember a few general principles: humans evolved to heal from trauma. Symptoms are an indication that the person’s conscious and unconscious mind is doing its best to heal; no matter what it looks like, the organism is working on the problem. A patient getting triggered can be alarming for you as a practitioner, and scary and embarrassing for them, but it’s not actually a bad thing. So don’t panic. This isn’t like somebody having a heart attack.

Give the person as much space as they want. In general, you can be helpful by gently connecting your

patient to the here-and-now. Remember that the core of “intrusive re-experiencing” is feeling like memories are actually happening now; grounding techniques for PTSD are mainly designed to distract people from the intrusive memories so that they can get back to the safety of the present. One technique, if the person is open to it, is to ask them to name three colors they see in the room, three sounds they hear, and three sensations they feel. Another is to ask them to count to 10, or to say the alphabet, very s-l-o-w-l-y. A third is to guide them through some deep breathing. But if all the person wants to do is to curl up into a ball and cry, that’s perfectly fine too.

If someone can’t talk in the midst of an intrusive re-experiencing episode, you’ll have to rely on their body language to tell you whether they want to interact with you. If they can nod or shake their head, that’s one way to communicate: “Would you like me to sit here with you?” “Would you like me to get you a glass of water?” Make sure that you are giving them as much control as possible over their environment.

Your clinical supervisor can be helpful if you feel you need another person involved. In general, though, the community acupuncture setting is built to handle people experiencing PTSD symptoms so let the room do its work.

Trauma-Informed Care Intervention Program

Read the Guiding Programmatic Principles & Actions for clients with complex bio-psychosocial issues of CareOregon’s [Health Resilience Program](#)TM

Understanding Risk Management

The first rule of medicine is “do no harm” and the last thing any good practitioner wants is to make a mistake that hurts someone. However, no intervention, including acupuncture, is completely risk-free. It is not possible to eliminate human error from the practice of health care. All health care practitioners learn to manage rather than eliminate risk, including the risk of their own mistakes. We believe it is important to be open and honest about mistakes, especially in a learning environment, because pretending they don’t happen is not going to make anybody any safer. If you have any concerns about safety, please talk with your clinical supervisor so that you can get support.

One under-appreciated aspect to managing risk is the value of building rapport with patients. Particularly if you are concerned with social and emotional safety, the work that goes into building rapport will pay off a hundredfold. If you have a good connection with a patient, if you are carefully reading their body language and observing how they are responding to the treatment, you are more likely to pick up on problems while they are small and more easily resolved. For example, an unusual risk of acupuncture is nerve damage. This risk can be managed, though not eliminated, by using

shallow needling and fine needles. If you have good rapport with your patient, they will be more likely to tell you if it feels to them like a needle is on a nerve so that you can remove it quickly. If you have inadvertently crossed any other boundary with a patient (for example, being in a hurry and accidentally touching someone's feet when they have specifically said that they don't like having their feet touched), this is less likely to trigger them if they had a good rapport with you before you made the mistake.

In general, risks increase in healthcare settings when communication is poor. You can help manage risk by working on good communication and good rapport skills.

Order of Operations and Preventing Needle Sticks

If you are working with needles in ten packs, it is inevitable that you will sometimes spill clean needles — on the floor, on chairs, on your clothes and/or on your patient's clothes. This happens to everyone. It is also inevitable in a high volume setting that you might not find them all until the end of the shift when you are cleaning up. This is one of the human errors in community acupuncture that we will probably never eradicate.

Having good rapport with your patients means that they are more likely to laugh than get upset when you spill needles. They are also more likely to tell you so that you can pick it up right away. In this way, you can allow patients to collaborate in keeping the clinic safe.

Similarly, no system that a practitioner uses to make sure they remove all the needles at the end of the treatment can be completely error-proof. We recommend that when you are unpinning patients, you say to them, "Will you please double-check for me that I got them all?" Enlisting patients in this way is another way to create collaboration and mutuality, which is a key aspect of Trauma-Informed Care.

Managing stray needles is another important safety skill.

The basic order of operations for a community acupuncturist when scanning a busy clinic room is:

1. Pull needles from any patients who are done.

Patients hate to be kept waiting once they feel their treatment is finished. An impatient patient is a safety concern if they decide to start taking out their own needles or if they get up and start walking around with needles still in. (This can be a particular problem if someone has to go to the bathroom). Even a patient who is just restless and fidgety is more likely to be knocking needles out — onto the chair, into their hair, down their shirt, into their socks. You can pre-empt stray needles by promptly

unpinning people when they are done.

2. Prepare any recently-vacated chairs for new patients.

The first thing to do with a recently-vacated chair is to look for stray needles. Although you know that the odds are high that a stray needle is from “clean spill”, treat all needles as if they were used and deposit them immediately in the biohazard container. This is your opportunity to prevent needle sticks, which is very important. Be sure to check the crevices between the cushion and the arms of the chair.

3. Needle any patients who are sitting down waiting for you.

In general people don't like waiting, but people who are waiting to have needles put in mind it less than people who are waiting to have needles taken out. If someone is waiting for you to treat them, but you have a patient who is done and a recently-vacated chair to attend to, make eye contact with your not-yet-needled patient and whisper, “I'll be right there!” and first take care of the patient who is done and second, the recently-vacated chair.

In other words, the order of operations is: PULL — PREPARE — POKE.

Accidental Needle Sticks

Please see the [OSHA manual](#).

Airborne Communicable Diseases

Because of their ease of transmission and communicability and because the possible severity of the disease, patients with known or suspected childhood and infectious diseases (measles, mumps, chicken pox, and rubella) and tuberculosis (TB) should not be treated at the POCA Tech Student Clinic.

Handwashing

Hands must be washed or disinfected before and after each treatment. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Ergonomics in the Clinic

Ergonomics are an important aspect of safety. We wish you, student interns, a long and happy career as an acupuncturist. Since providing community acupuncture is an intensely physical job, the sooner you develop good ergonomic habits, the better. You can expect your clinical supervisor to give you

feedback on this. Everyone's body is different and to some degree you will have to figure out what works best for you.

In general, though: TRAIN YOURSELF TO USE THE ROLLING STOOLS. Do not bend over patients unless you absolutely have to. Do not contort yourself into strange positions. Be aware of your back and your joints; you are going to need them for many years.

About Treating Pregnant People

Acupuncture is helpful for the uncomfortable side effects of pregnancy, and POCA clinics receive a great many referrals from OBs, midwives, doulas, and family and friends of pregnant people. You should expect to treat a lot of pregnant people in your future career. Some particular safety considerations:

Spontaneous miscarriage is a rare possible side effect of acupuncture. The informed consent form that patients sign notes this fact. See above: no intervention is completely risk free. Spontaneous miscarriage is not necessarily linked to using points on the list below; it happens for no known reason.

Prohibited points during pregnancy unless specifically recommended by the clinical supervisor:

- LI4 (Hegu)
- SP6 (Sanyinjiao)
- UB60 (Kunlun)
- UB67 (Zhiyin)—unless used for therapeutic reasons
- All lower abdominal points
- All lower back points
- Uterus—ear point

Use with caution on pregnant women:

- LIV3 (Taichong)
- GB21 (Jianjing)

At certain times, OBs or midwives may recommend that pregnant patients not spend too long in a reclining position. In these cases, treatment may be limited to 20-30 minutes.

Safety

POCA Tech's [OSHA Manual](#) and Needle-Stick Log are kept in a notebook in the classroom, and at

each clinic. Our [OSHA Manual](#) contains the Bloodborne Pathogens Exposure Control Plan and Hazard Communication Plan.

Safety Committee

Meetings occur quarterly, during Student Circle meetings. Each cohort has student representatives at these meetings who will bring up any safety issues raised by their cohort. Student Circle is encouraged to resolve any safety issues using the tools and training they have received.

Student circle will elect one person to serve as the “safety committee chair” who will serve for one semester. The Safety Committee chair will bring any unresolved safety issues to Whitsitt Goodson.

Student Circle meeting minutes are posted on the POCA Forums.

Reporting Requirements

Child and Elder Abuse

If a student intern has reason to suspect that physical, mental, or sexual abuse of a child or elder who is being seen at a clinic is occurring, they must report it to their Clinic Supervisor immediately. If they find it to be warranted, the Clinic Supervisor will contact the Department of Human Services or law enforcement. Reporting abuse is not an accusation and will not automatically result in legal action by authorities, but may result in an investigation. Our job is to keep our patients healthy and safe, and so to report possible abuse.

Adult Abuse

Some adults may also find themselves in a situation of abuse even though they may seemingly have complete control over life situation. If student interns have reason to suspect that physical, mental, or sexual abuse of a patient that is being seen at a clinic, they should report it to their Clinic Supervisor.

Referrals

Oregon: For additional help there are Information and Referral Hotlines:

- Dial 211 – for info in the Portland/Vancouver area
- Multnomah and Washington Counties: 503-222-5555
- Clackamas County: 503-655-8861
- Clark County: 360-694-8899
- Oregon SafeNet statewide: 1-800-SAFENET

HEALTH RELATED SITUATIONS/ EMERGENCIES

****All patient medical events and staff responses must be recorded in POCAPoint EHR****

Who Should Respond

Only punks or staff with appropriate training should directly handle a person having a medical emergency

When there is a medical emergency, one punk should handle the emergency, one punk should handle the other patients, and the receptionist should assist first the emergency and secondarily the punk with the other patients. The receptionist is basically backup to both punks in handling the situation. An emergency always takes precedent. If there is only one punk, again the emergency comes first and all the patients understand this. Notify the clinic manager by text, email, and/or phone of any serious medical events.

CPR and FIRST AID TRAINING

WCA punks are not required to have up-to-date CPR certification. However, this and First Aid training are excellent for anyone to receive. If you are interested in CPR or First Aid training see the links below.

Life-threatening Emergency: The Bottom Line

Anytime someone exhibits excessive difficulty breathing or loss of consciousness without breath and/or palpable pulse, immediately call 911. Additionally, CPR should be administered by someone with up-to-date CPR training.

Needle Shock // Fainting

Occasionally, patients will feel dizzy or nauseated after being needled, and may faint. They may also start sweating and experience ringing in the ears. This is NOT an emergency and is caused by a sudden, temporary drop in blood pressure (vasovagal syncope). This often happens if the patient has not eaten in a long time, and will often resolve itself in 5-20 minutes.

If the patient appears faint during needling, Immediately remove all needles, elevate their feet, provide them with warm water to sip, and sit with them to observe their condition. Ensure they are not going to faint, and instruct them to wait in the chair until symptoms have subsided before getting up.

If the patient has fainted attempt to revive them verbally. You can apply heavy pressure to Du 26 which can be used for revival. Position them with their legs elevated to restore blood flow to the brain. Once revived, a vial of ginseng, sipped slowly, is the most effective treatment for feeling faint or post-fainting. Ginseng vials are stored in the "Emergency Supplies" container in the punk cave.

Loss of consciousness without revival Evaluate the patient. If they have sustained trauma, do not attempt to move them. Check for breathing and direct a nearby staff member or receptionist or, if nobody else is available, a needle-free patient to call 911, if necessary. If the patient is still unconscious and is not breathing - and if you are trained and have CURRENT CPR certification - you may begin CPR as needed. Otherwise, wait at the person's side for an ambulance to arrive and for emergency personnel to evaluate the person.

Seizures

Some patients with seizure disorders come regularly to the clinic. It is important to be knowledgeable about how to handle a seizure when it happens. The most important thing you can do to manage a patient with a seizure is to remain calm and ask the other staff members for help. Familiarize yourself with the tips and helpful links below.

Signs of Seizure - There are several different types of seizure. Often when people think of seizures they think of tonic-clonic or grand mal seizures. This type of seizure involves violent and uncontrollable muscle contractions and may include loss of consciousness. Other types of seizures cause blank stares, absence of shen/presence, possible eye fluttering, or even unexplained bursts of anger, sadness, and confusion. Check out the link below to learn more about signs of various seizure types.

How to Respond When Someone Has a Seizure (from the American Academy of Neurology)

1. Stay calm. Call 911 if the person is having her first seizure or is pregnant.
2. Try to time the seizure. Seizures usually do not last longer than a few minutes. If the seizure lasts longer than 5 minutes, call 911.
3. If the person is standing, prevent her from falling by holding her in a hug, or try to help her gently to the floor.
4. Move away furniture or other objects that might injure the person during the seizure.
5. If the person having a seizure is on the ground when you arrive, try to position her on her side so that any saliva or vomit can leak out of her mouth rather than be swallowed or go down the windpipe.
6. Do not put anything, including your fingers, into the person's mouth while she is seizing. You could chip the person's tooth, or your finger could be bitten.
7. Do not try to hold the person down because this can cause injury, such as a dislocated shoulder.

On Calling 911 - Not all seizures require emergency medical personnel. As stated above, if it is a person's first known seizure, if they are pregnant, or if the seizure lasts for more than 5 minutes, 911 should be called. If it is a person with a known seizure condition and the seizure lasts 1-4 minutes or less, you may check in with them after to assess their condition and then determine if an ambulance should be called.

After the seizure

1. Check the person for injuries.
2. If you could not turn the person onto her side during the seizure, do so when the seizure has ended and the person is calm.
3. If the person is having trouble breathing, use your finger to gently clear her mouth of any saliva or vomit. If this does not work, call for emergency help.
4. Loosen tight clothing around the person's neck and waist.
5. Provide a safe area where the person can rest.
6. Do not give the person anything to eat or drink until she is fully conscious and aware of her surroundings.
7. Stay with the person until she is awake and any confusion wears off. Most people feel sleepy or confused after a seizure.

Links

[Different Signs of Seizure](#)

[What To Do When Someone Has a Seizure](#)

[Video: Assisting Someone Having a Seizure](#)

STROKE

Know the Signs

It is possible for a person to have a stroke anywhere, at any time, including while they are in clinic. The first step in helping someone who is having a stroke is being able to identify the signs. Stroke, like seizures, can be very obvious; such as loss of consciousness or motor control, aphasia, or sudden numbness or weakness in one side of the body or face. These are the classic signs that most people are taught to identify. Other signs can be more insidious. The following may be less obvious signs of stroke:

- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination
- Sudden severe headache with no known cause
- Confusion, disorientation.

What to do

If you suspect someone is having a stroke ask someone to call 911 immediately and if possible stay by the person's side until emergency personnel arrive.

While you wait for the ambulance

- If the person is conscious, lay them down on their side with their head slightly raised and supported.
- Do not give them anything to eat or drink. Loosen any restrictive clothing that could cause breathing difficulties. If weakness is obvious in any limb, support it and avoid pulling on it when moving the person.
- If they are unconscious, check their breathing and pulse and put them on their side. If they do not have a pulse or are not breathing, someone with current training can start CPR straight away.

Links

[Stroke Facts](#)

[Spot a Stroke F.A.S.T](#)

DIABETIC HYPOGLYCEMIC EVENT

Many of WCA's diabetic patients have their condition managed. However, a hypoglycemic event can happen at the clinic, and it is important to know how to recognize the signs and act accordingly.

Early symptoms

Anyone who has experienced an episode of hypoglycemia describes a sense of urgency to eat and resolve the symptoms. And, that's exactly the point of these symptoms. They act as warning signs to tell the body to consume more fuel. At this level, the brain still can access circulating blood glucose for fuel. The symptoms provide a person the opportunity to raise blood glucose levels before the brain is affected. Patients may experience any of the following;

- nervousness
- sweating
- intense hunger
- trembling
- weakness
- palpitations
- trouble speaking

Advanced Symptoms

If a person does not or cannot respond by eating something to raise blood glucose, the levels of glucose continue to drop. With further drops in blood glucose, their condition deteriorates and the brain will not get enough glucose. At this point, symptoms progress to:

- confusion or changes in behavior
- drowsiness, coma, and seizure

How to treat someone in a hypoglycemic state

The acute management of hypoglycemia involves the rapid delivery of a source of easily absorbed sugar. Fast acting Glucose tablets are stored in the “Emergency Supplies” container in the punk cave. In general, 15 grams of glucose is the dose that is given, followed by an assessment of symptoms and a blood glucose check if possible. If after 10 minutes there is no improvement, another 10-15 grams should be given. This can be repeated up to three times. At that point, the patient should be considered as not responding to the therapy and an ambulance should be called.

1st Aid & CPR Training

[Free First Aid Training: online](#)

[American Heart Association CPR Training: online](#)

<https://www.healthline.com/health/first-aid>

Pro-tip: POCA Tech requires current First Aid and CPR Certification for graduation.

Emergency Action Plans

Management of emergencies rests with the clinic supervisor who must manage these problems with their students and then seek help from outside sources if necessary (such as calling 911).

Patient consent

Always ask a patient if they want help. If the patient refuses help, respect his or her wishes. If the situation is critical and the patient needs medical help, call 911 and request emergency medical services. Calling for professional help does not infringe upon a patient’s consent.

Emergency Transport

Staff, clinic supervisors and Students should not transport patients to emergency facilities on their own. Taxis are not appropriate emergency transport vehicles. If the patient is in need of transport, encourage that they use the EMS. If the situation is not critical ask the patient to call a family

member or friend for assistance.

Calling 911

After calling 911 be sure that the front desk and the clinic supervisor knows that emergency medical help is on the way. The clinic front desk must be able to direct emergency personnel to the correct area when they arrive. Alternatively, if there is an emergency, contact the clinic front desk and ask them to call 911. Front desk staff will then direct emergency personnel accordingly while supervisors and students attend to the patient.

Emergency Medical Services (EMS)

EMS is free, but transport (ambulance) will be charged to the patient. (as much as \$700-800). In reality patients without insurance pay as much as they can and the “system” does not go after them.

Injuries and Medical Emergencies - First Aid and CPR

First Aid and CPR Information

Located at the end of this manual.

Location of First Aid Kits

First aid kits and supplies are located in each clinic. Clinic supervisors will point out their locations.

Crisis Intervention

Suicide

All students should watch this suicide prevention training video.

<https://www.pocacoop.com/pocatv/post/suicide-prevention-training-with-lisa-achilles>

Crisis Intervention Information

Following is from Working Class Acupuncture Board of Directors member, Lisa Achilles:

HELP PLAN FOR SAFETY

Hear the cry for help

- Extreme sadness or depression
- Talk about death themes
- Persistent withdrawal from people
- Mention of a plan to end one's problems
- References to suicide

Desire to “not be around anymore”
Giving away cherished possessions
Acquisition of a firearm and ammunition
Acquiring or hoarding medications

Evaluate risk

Ask directly about suicide

“Does it hurt so much that you’ve thought about killing yourself?”

“Are you considering suicide as an option?”

Clearly communicate your openness to talking about suicide.

Ask about their plan.

Do they have the means available?

Have they or others taken action before?

Do they feel alone in their pain?

Listen to problems & possibilities

Before sharing your perspective, listen until you understand their feelings, experiences, thoughts, and behaviors.

Explore what has brought them to the point of considering suicide

Listen for possible reasons to live.

Plan for safety

People - Try to include professionals and family or friends in the plan

Referral for medication may help over a period of time

Lethal Means - Restrict access to available means

Alcohol & Drugs - Secure a promise to remain clean and sober

No Suicide - Negotiate a safety agreement or in the alternative seek hospitalization

Clearly establish check-in times and results of noncompliance

Ask the person at risk to repeat aloud their understanding of the agreement

Evaluate their level of commitment to safety

—if in doubt, call (local crisis line, 911, or hospital) for immediate help

General Principles for Crisis Intervention

1. Know your limits of competency
2. Develop referral sources and keep phone numbers accessible
3. Maintain regular contact with the person

4. Involve family and friends in maintaining a close connection to the person at risk
5. Keep communication simple and directive
6. Take a problem-solving approach
7. Develop an immediate, short-term plan and goal
8. Restrict access to available means
9. Help them to remain clean and sober
10. Maintain a calm demeanor without minimizing client's pain and anxiety
11. Be a good listener
12. Do not be judgmental
13. Avoid philosophical and moral debates
14. Help the person think about alternative ways of coping, recognizing that the immediate crisis is likely to be clouding their ability to think and plan
15. Be supportive, understanding, and validating
16. Help the person to recognize that their present distress is not endless, reframe in expressions of hope
17. Impart a sense of their ability to control, including the fact that suicide is an option but with a negative, painful outcome
18. Maintain your own hope as a helper in your ability to intervene

Crisis Line Numbers

Clackamas County Crisis line 503.655.8585

Multnomah County Crisis line 503.988.4888

Washington County Crisis line 503.291.9111

1-800-273-TALK

1-800-SUICIDE

Urgent Walk in Centers

Cascadia Plaza Walk in Clinic 503.963.2575 Multnomah County

The clinic can help anyone experiencing a mental health crisis at no cost.

- Receive immediate care during a mental health crisis
- Speak to a psychiatrist or a mental health nurse practitioner
- Get help with medication and treatment

Location: 4212 SE Division St, Portland

Hours: 7 am - 10:30 pm, seven days a week

Hawthorn Walk in Clinic (Washington County)

This center provides urgent care services for mental health and addiction concerns. Please consider for persons who are experiencing:

- Confused thinking
- Prolonged depression(sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fear, worry and anxiety
- Social withdrawal
- Strange thoughts or beliefs
- Growing inability to cope with daily life
- Suicidal thoughts

Location:5240 NE Elam Young Parkway, Suite 100 Hillsboro, Oregon

Hours: 9 am to 8:30 pm daily / Call crisis line at 503.291.9111 24/7

Book Reference List

Blauner, S. R. (2002). *How I Stayed Alive When My Brain was Trying to Kill Me.*

N.Y.: Harper Collins

Maris, R., Berman, A., Silverman, M. (2000). *Comprehensive Textbook of Suicidology.* N.Y.: The Guilford Press

Quinnett, P. G. (2009). *Counseling Suicidal People.* Spokane, WA: The QPR Institute

Quinnett, P. G. (1992). *Suicide: The Forever Decision*. Spokane, WA: Classic Publishing
(Available as a free download at qprinstitute.com)

Internet Reference List

American Foundation for Suicide Prevention

www.afsp.org

American Association of Suicidology

www.suicidology.org

Centers for Disease Control and Prevention

www.cdc.gov

National Center for the Prevention of Youth Suicide

www.preventyouthsuicide.org

National Organization for People of Color Against Suicide

www.nopcas.com

QPR Institute

www.qprinstitute.com

Suicide Awareness Voices of Education

www.save.org

Suicide Information and Education Center

www.suicideinfo.ca

Suicide Prevention Action Network USA

www.spanusa.org

Suicide Prevention Resource Center

www.sprc.org

Teen Education and Crisis Hotline

www.teachhotline.org

Resources and Referrals

Referrals

Referrals will be made for patients requiring care outside of the POCA Tech clinic for “red flag” conditions.

Referrals List

A patient requiring primary medical care or diagnosis should return to their primary care provider. If the patient does not have a primary care provider and has cost considerations or is under insured, we refer according to the guidelines below.

211 on the Phone

The “211 Information line” in the Portland/Vancouver is free, anonymous, and has a live call line for information and referrals to human services for everyday needs and in times of crisis. 211 info can

provide referrals to a variety of services basic human needs resources, employment support, and support for people with special needs, and support for children, youth and families.

Dial 2-1-1 or www.211info.org and refer to the Referral section above.

Coalition of Community Health Clinics

The Coalition of Community Health Clinics is made up of Community Sponsored Clinics, and Federally Qualified Health Centers in Portland Oregon. These clinics are dedicated to providing care to marginalized members of our community, especially those with low income and without health insurance. The clinics offer a broad range of care, from [traditional Western medicine](#) and [traditional Chinese Medicine](#), to [naturopathic](#) and [chiropractic](#) and [acupuncture](#).

Clinics can be searched on the website via clinic name or neighborhood location. They also provide a list of other free or low-cost clinics in the Portland Metro Area. Refer to the Informal Referral section above.

<http://www.coalitionclinics.org/clinics.html>

Western medical care

Refer patients without a current physician to:

- Coalition of Community Health Clinics at: www.coalitionclinics.org/clinics.html or 503-546-4991
- 211 Information at: www.211info.org or on the phone dial 211
- County Health Services and Clinics – 503-988-3333 (for all county clinics).
- If a patient needs the medical services of a specialist, the patient's general medical provider generally must make the referral and follow through on the care.

For emergent, urgent, or critical care Western biomedical care:

- Dial 911 if it is an emergency
- Suggest that patients visit their hospital or Urgent Care Center.

TCM Patterns Most Likely to Show Up in Clinic

External/ Lung-Defensive Qi

Wind-Cold -- common cold

Wind-Heat -- common cold

Wind-Stroke/Phlegm in the Channels/Phlegm Misting the Mind -- post stroke

Organ Patterns

Heart Blood Deficiency -- insomnia, dizziness, nightmares, anxiety, easily startled

Phlegm Misting the Mind -- severe mental illness

Liver Qi Stagnation -- stress, depression, moodiness, PMS, irregular menstrual cycle, premenstrual breast pain, dull aching

Liver Blood Stasis -- endometriosis

Liver-Wind -- Parkinson's, MS

Liver Blood Deficiency -- amenorrhea, dizziness

Liver Invading Spleen -- alternating constipation and diarrhea

Damp Phlegm Obstructing the Lungs/Phlegm Heat Obstructing the Lungs -- bronchitis, asthma

Spleen Qi Deficiency -- bloating, fatigue, poor digestions

Kidney Qi Not Firm -- urinary incontinence

Stomach Qi Deficiency -- see Spleen Qi Deficiency, they go together

Rebellious Stomach Qi -- nausea, vomiting, hiccups

Internal Medicine Acupuncture Point Combinations

Internal medicine acupuncture point combinations 2007

Richard Tan's points signified with "rt." Cole Magbanua's points signified with "cm." All points use the balance method unless noted.

Head and Face

HA – GB: cm HT 03, (08) TW 02,03,10

GB 41,42,34 LR 02,03,08

HA – BL: cm LU 05,10 SI 02,03,08

BL 65 KD 02, (01)

Tooth Pain – Upper – LI: cm LI 03,04 LU 06,10

KD 02,8.5 ST 40, 43

Tooth Pain – Lower – ST: cm LI 03,04 PC 04,05

SP 07, 03 ST 40, 43

TMJ: cm PC 04,05 LI 03,04

GB 31, (32,33,34) LR 03,3.5

Ear problems: cm TW 04, 10 PC 07,03

SP 05,09 GB 40,34

Memory: rt HT 04,07 TW 03, SI 07

GB 34,40 LR 03,06

Alzheimer's: rt LI 01,04 LU 08,11

KD 01,04 BL 64,67

Nasal congestion and Sinusitis

Sinusitis: cm LI 03,10 LU 04,10, PC 3.5

SP 09,03 ST 43,36

Throat and Neck

Neck pain, whiplash: cm HT 04, (05,06,07) HT 04, (05,06,07 LU 07, (08,09) LU 07, (08,09)

KD 03,07, SP 5.5, KD 03,07, SP 5.5, LR 04-05, LR 04-05, Upright Tendon Upright Tendon

Throat conditions: cm LI 05 PC 07

SP 05 ST 41

Thyroid: cm TW 05, LI 05 PC 07,06

LR 04, SP 05 GB 39x3

Chest – HT, LU

Lungs and breathing: cm LI 06, (07,10,12) LU 07,05

SP 06 ST 40.5

Immune enhancement: rt LU 07,05 LI 04

ST 36 SP 10

HT Conditions: cm, ST pts same side LI 06,07 PC 04,05,06

KD 07,08,8.5 ST 32,33,34

Hypertension: rt LI 04 PC 06, bleed PC 09

Bleed LR 01 GB 41 LR 03

Circulation: cm, ST pts on the Left PC 06,05 LI 04,06

ST 32,33,34 LR 03

High Cholesterol: rt TW 05 PC 07,08

SP 09,10 ST 36,40

Fibrocystic Breast: cm, ST pt same side LI 06,07 PC 05,06

LR 4.5,05 ST 40.5

Trauma-Informed - Patient Education

One of the most important things about POCA Tech is that we are trying to be a trauma-informed acupuncture school. “Trauma-informed” is a fairly new term and many people have never heard it and don’t know what it means.

Trauma is a wound. It can refer to a physical injury or an emotional injury. Some trauma, like wounds, heal relatively quickly, some heal slowly, and many influence life going forward, like scars. Scars and trauma do not result in defects or deficiencies. They are markers of life experience people have survived.

Trauma Informed Care recognizes that traumatic experiences terrify, overwhelm, and violate the individual. Trauma Informed Care is a commitment not to repeat these experiences and, in whatever way possible, to restore a sense of safety, power, and self-worth.

Research over the last 20 years has indicated that many, many people are dealing with the effects of trauma, many more people than anyone previously realized. Trauma Informed Care is about recognizing that and trying to set up systems that work for those people. We say “trying” because nobody is ever perfect at being trauma-informed, and also, everyone responds to trauma differently. It isn’t possible to create systems that will make everybody who has experienced trauma feel safe. But we believe it is worthwhile to try to make our systems safer, to the best of our ability.

Part of why we provide acupuncture in a group setting, in recliners, with everyone wearing clothes as opposed to hospital gowns, is that for many people -- not for everyone -- this feels safer than getting acupuncture alone in a small room. We try to provide acupuncture in a way that is physically,

psychologically, and socially safe. If you would like to read more about that, you can do so here: <http://liberationacupuncture.org/node/16>

An important thing about being trauma-informed is that it applies to everybody - not just to patients in the student clinic, but also to students, volunteers, and supervisors. Anyone can be dealing with the after-effects of trauma. The research suggests that it is better to just assume that everyone IS, and proceed accordingly. Systems that make life easier for people with trauma often end up making things better for everyone else as well.

There are many different kinds of trauma, but unfortunately, a very common form is child abuse and neglect. (If you would like to read more about the research on adverse childhood experiences/childhood toxic stress, we recommend this website: <http://acestoohigh.com/aces-101/>) This kind of trauma often involves people having their boundaries crossed in terrifying ways. As a result, when we are trying to be trauma-informed in the POCA Tech student clinic, it means paying careful attention to boundaries.

For example, student interns are trained to ask before taking someone's pulse as opposed to suddenly grabbing their wrist. While many people might not be bothered at all by a student grabbing their wrist to take their pulse without warning them, someone who is dealing with the after-effects of trauma might react very strongly to being touched without warning. They might not even know why, because trauma can be difficult to remember and understand, even for the person who experienced it. People who are dealing with the after-effects of trauma sometimes seem to have huge reactions out of the blue, which are very upsetting to them. This can happen when they are suddenly reminded of something they don't want to remember.

On most occasions when trauma survivors have a reaction like this, the person who set it off -- such as a clinic intern suddenly taking a patient's pulse without asking -- meant no harm and had no idea that the person would be upset. They didn't realize that they were crossing a boundary.

On the other side, patients may not realize that something that seems innocent to them can be upsetting to a student intern, even when the patient didn't mean any harm. For example:

- complimenting a student on their appearance or their body (“you're so pretty”, “that outfit is way hot” “look at those muscles, you must work out”)
- asking a student out for coffee or out on a date
- unexpectedly touching them
- asking for personal information (“do you have any kids? why not?”)
- talking about sexual issues in a way that is beyond what is indicated for treatment (“I want you to treat my libido and I want to tell you a lot of intimate details about it”)

All of these examples have to do with crossing boundaries, and so we ask patients not to do that.

All of us are learning about what it means to be Trauma-Informed and how we can do it better. We all make mistakes. Trauma is so common in our society that many of us have gotten used to it, and it can be hard to try to act differently. We need your help in making the POCA Tech student clinic as

safe as possible for all people who are dealing with the after-effects of trauma.

Punk/Patient Relationships

In Community Acupuncture we're all about relationships. We do our best to break down barriers to care, including the hierarchical relationships often found in conventional medicine. In POCA clinics, patients and practitioners have a relationship based on mutuality. We need each other. POCA itself, as a multi-stakeholder cooperative, represents that paradigm by being a platform for all of us to share and collaborate in promoting community acupuncture.

Because of this intention sometimes relationships in the clinic can become confusing. It feels like we're all hanging out, becoming friends. There is an intimacy in the clinic space that can be easily mistaken for something you might want to continue or strengthen in the outside world. Whether that be a platonic, romantic or professional relationship, it can seem like a good idea to create a more personal connection with your provider/acupunk.

Unfortunately, it is usually NOT a good idea.

You might ask: Why? What's the big deal? They seem so NICE, I'd love to get to know them!

Here's a confession. You know what a lot of us POCA punks truly love about our jobs? We get to be our best selves when we're at work. One of the effects of being in the clinic is that it knocks us out of our basic personalities and connects us with something larger. All of us have had the experience of coming to work in a bad mood and feeling it lift the minute we had to be "on" for our patients. In general, doing acupuncture at such a high volume requires us to leave behind a large proportion of our own quirks, needs, and preferences -- and frankly, that can be a big relief. The flip side, of course, is that who we are in the clinic is not identical with who we are out in the world. The best case is that we're different. The worst case is that we're, um, *worse*. You might NOT actually love getting to know us outside of the clinic, where we're as cranky and demanding and selfish as anybody else.

Part of our job as punks is to help create an atmosphere where you can connect with the source of healing, which is inside you. It generally feels great to do that. It's possible to confuse that *feeling* of connecting to the source with the *person* who put the needles in, but please believe us, we're just putting the needles in; all the good stuff is coming from you. If you know too much about the person who's putting the needles in, especially if the knowledge is disappointing, it can interfere (at least temporarily) with your process of accessing the source. And that's a disservice to you.

Another reason it's really not a good idea to take relationships outside the clinic is that it can affect the atmosphere IN the clinic. We all put the good vibes into the community space, patients and punks alike, and it creates a container for all of us to heal. One of the biggest responsibilities of the punks is to maintain the clinic as an inviting place for everyone so that people can get as much acupuncture as they want to feel better. Developing relationships outside of the clinic can affect that vibe. If things go well it can foster preferences. If things go poorly it can bring drama into the community space. Lots of different kinds of people genuinely depend on the clinic for lots of different things, and so we

have to protect how the clinic feels -- for everybody.

Something else to consider is that outside relationships present risk to a punk. In some states, it is flat-out illegal for a practitioner to cultivate ANY kind of relationship with someone they met as a patient. It doesn't matter if both parties are into it; the punk could lose their license. And even when there's no legal issue, outside relationships can interfere with the boundaries that punks have to have in order to work. A major part of our jobs is to be present with suffering that we can't fix. When you come in to work at a community clinic, you have to be ready to hear all kinds of terrible stories and to witness all kinds of pain. When you leave, you have to figure out how to not take it home with you. If you mix all that with the possibility of also getting involved with your patients -- it's too much to navigate. We punks are only human and we can only handle so much. Most of us want to do this forever. Boundaries protect us too.

So, if you are contemplating engaging with a patient outside of the clinic some good questions to ask yourself are:

- What is best for the vibe of the clinic?
- What is best for my treatment?
- What is best for the patient?
- What are my intentions in this situation?

Of course there is still a lot of grey area. We are not talking about relationships that started before treatment began, i.e. friends, family or other persons who come to see punks that they already knew. And there is always the chance that people will meet in the clinic and become aware of an undeniable connection that they feel strongly about pursuing outside the clinic. If this is what's happening, please talk to us. POCA is developing a code of ethics and this is what ethics are for, to help navigate difficult situations in the real world.

Case Study Examples

Auricular

Patient (PRN#'s: Use #1 for case study) and dates:

1) AA 2) CL 3) SC
4) KK 5) AB

Treatment date for case study below: 7/27/16

Treatment approach used: Auricular

(Choose from: Auricular; 8 Extras; Jingei; Korean 4-Point; Master Tung; Miriam Lee 10 Point; Richard Tan Balance Method; Richard Tan 12 Magic Needle; Scalp; TCM Zang-Fu)

Why did you pick this treatment approach?

CODA Clinic: Uses Auricular acupuncture in a high volume suboxone treatment program where body points are not accessible.

Condition(s) treated/Chief Complaint(s):

- 1) Foot pain: bottom of foot distal to arch; proximal to toes
- 2) _____

Subjective information (describe the context of the chief complaint in as close to the patient's words as possible): Pt did not want any needles; then asked if we could treat foot pain. Described where the pain was on L foot, "front of my foot." Pt pointed to the bottom of his foot proximal to toes.

Objective findings: Pt was skittish about needling on the 27th, but after receiving benefit and trying 2 needles, was willing to have more 2 days later. Needled Shen Men plus foot area toward top of the ear. Saw pt again on 7/29/16 and asked if the needles had helped his foot pain. He stated that they had and allowed 5 NP bilaterally on 7/29 (done by another punkling). Pt affect more open on the subsequent 7/29 clinic.

Diagnostic method chosen: Subjective information from patient

Why did you pick this method of diagnosis for this patient?

CODA clinic – no use of tongue or pulse modelled at this time in CODA.

Diagnosis: foot pain

Main Treatment points used and why (logic should follow treatment type used):

Ear Shen Men used as a general calming point

Foot point used for specific pain on R ear for L foot.

Secondary treatment points used and why: No secondary points were used.

8 Extras

Patient (PRN#'s: Use #1 for case study) **and dates:**

- 1) 38135, 9/17/2016
- 2) 33024, 9/17/16
- 3) 24494, 9/17/16
- 4) 24494, 9/19/16
- 5) 23572, 9/19/16

Treatment date for case study below: 9/17/16

Treatment approach used: 8 Extras

(Choose from: Auricular; 8 Extras; Jingei; Korean 4-Point; Master Tung; Miriam Lee 10 Point; Richard Tan Balance Method; Richard Tan 12 Magic Needle; Scalp; TCM Zang-Fu)

Why did you pick this treatment approach? I chose to do a treatment based on the 8 extraordinary meridians because of the nature of the patient's complaints, which indicated systemic weakness.

Condition(s) treated/Chief Complaint(s): Pain from MS, especially in legs; insomnia; anxiety/bipolar disorder.

Subjective information (describe the context of the chief complaint in as close to the patient's words as possible): Patient reports for MS pain is about the same, a 6/10, especially felt in her legs but existing throughout the body. Sleep isn't great, she only gets about 3-4 hours per night, and when she wakes up she doesn't feel refreshed; rates sleep as 3/10. Has high anxiety levels, tied to her bipolar disorder. She slept during her last treatment and felt better for a couple of hours afterward. Plans to continue treatment in hope of reducing pain and increasing sleep.

Objective findings: Tongue is slightly furred and white, with cracks down the center and some ridging at the sides. Pulse is deep and weak.

Diagnostic method chosen: Interview, tongue, pulse

(Choose from: Interview, pulse, tongue, palpation, observation)

Why did you pick this method of diagnosis for this patient? This was my first visit with this patient, so I wanted to get a good overall understanding of what she was experiencing (interview), and how it was showing up in her body (pulse and tongue).

Diagnosis: Overall depletion/weakness.

Main Treatment points used and why (logic should follow treatment type used):

The main treatment points are the master and coupled points of all of the 8 extraordinary meridians. This set of points is intended to activate the 8 extras, which act as reservoirs for qi and blood, to release qi and blood into the main channels to improve the health of the

patient.

LU7 - Master point of Ren; coupled point of Yin Qiao.
PC - Master point of Yin Wei; coupled point of Chong.
TW5 - Master point of Yang Wei; coupled point of Dai.
SI3 - Master point of Du; coupled point of Yang Qiao.
KD6 - Master point of Yin Qiao; coupled point of Ren.
SP4 - Master point of Chong; coupled point of Yin Wei.
GB41 - Master point of Dai; coupled point of Yang Wei.
BL62 - Master point of Yang Qiao; coupled point of Du.

Secondary treatment points used and why:

KD8 - Xi cleft point of Yin Qiao Mai; xi cleft points are good for acute pain, and KD8 specifically good for medial aspect of lower limbs.

KD9 - Xi cleft of Yin Wei Mai; xi cleft points are good for acute pain, and KD9 specifically good for bipolar disorder and anxiety.

GB35 - Xi cleft of Yang Wei Mai; xi cleft points are good for acute pain, and GB35 is the intersection point of the Yang Wei Mai and Gallbladder channels, so would be helpful with the later side of the lower limbs in pain.

BL59 - Xi cleft of Yang Qiao Mai; xi cleft points are good for pain, and the bladder meridian in general would be helpful to move pain in the back of the legs and through the body.

DU20 - Apex of the Du, support movement throughout the channel.

DU 24 - More Du support.

Yin Tang - Located on the Du channel, used for overall calming.

Jingei

Patient dates (PRN#'s: Use #1 for case study):

1)___29415___ 2)___34576 3)___29672 4)___34216 5)___28623

Treatment date for case study below: ___1/28/16_____

Treatment approach used: Jingei

(Choose from: Auricular; 8 Extras; Jingei; Korean 4-Point; Master Tung; Miriam Lee 10 Point; Richard Tan Balance Method; Richard Tan 12 Magic Needle; Scalp; TCM Zang-Fu)

Why did you pick this treatment approach?

Patient had many complaints. I picked Jingei to treat the patient's root condition and in that way, allow her own system to effectively wage her immune battles.

Condition(s) treated/Chief Complaint(s):

1)___Neck Pain_____

2)___Post Nasal Drip_____

3)___Anxiety_____

Subjective information (describe the context of the chief complaint in as close to the patient's words as possible):

pain in the back of my neck with the beginnings of a headache, post nasal drip causing a bit of a sore throat, anxious dreams

Objective findings:

Jingei pulse 1.5:1 slow

Diagnostic method (Circle the one used):

patient interview, **pulse**, tongue, palpation, observation

Why did you pick this method of diagnosis for this patient? Give a short explanation.

(For example: based on treatment approach chosen; based on patient presentation; based on limitations of clinic setting such as CODA)

Checking the Jingei pulse is the key to a Jingei diagnosis. I compared the relative width of her pulse at Jingei, or ST9, to her radial pulse. I found her jingei pulse was approximately 1.5 times the width of her radial pulse. Her pulse was not "busy" or very fast indicating that the root channel for the treatment should be the Gallbladder channel

Diagnosis: Gallbladder Channel_____

Main Treatment points used and why (logic should follow treatment type used):

For a Jingei Tx I design a plan based on mostly GB points. My understanding of a Jingei tx at this

point is that the yuan source and he sea pts on the affected channel are targeted as well as the yuan source pt on the internal external pair.

gb34 jingei gb, He sea pt

gb 40 jingei gb, yuan source pt

gb41 jingei gb, additional pt on affected channel

lr3 jingei gb, yuan source of internal/ external pair

lr2 jingei gb, additional pts on internal/eternal pair

lr4 jingei gb, additional pts on internal/external pair

Korean 4-point

Patient (PRN#'s: Use #1 for case study) **and dates:** 1) 24494, 10/15/16
2) 38501, 10/15/16 3) 3503, 10/15/16 4) 22278, 10/15/16 5) 24253, 10/15/16

Treatment date for case study below: 10/15/16

Treatment approach used: Korean 4-point

(Choose from: Auricular; 8 Extras; Jingei; Korean 4-Point; Master Tung; Miriam Lee 10 Point; Richard Tan Balance Method; Richard Tan 12 Magic Needle; Scalp; TCM Zang-Fu)

Why did you pick this treatment approach? Patient wanted a general balancing treatment, and asked to experience Korean 4-point.

Subjective information (describe the context of the chief complaint in as close to the patient's words as possible): Menopausal symptoms, bilateral low back pain.

Objective findings: Pulse deep, weakest in KD position. Tongue pump, thick white coating, deep ridging at sides, crack down center.

Diagnostic method chosen: Interview, tongue, pulse

(Choose from: Interview, tongue, pulse, palpation, observation)

Why did you pick this method of diagnosis for this patient? Needed to assess the underlying excess or deficiency condition to choose the treatment points.

Diagnosis: Spleen qi deficiency.

Main Treatment points used and why (logic should follow treatment type used):

Right Arm & Leg

HT8: Grandmother point of grandmother element (sedate horary pt)

LV1: Mother point of mother element (horary pt, tonify)

SP1: Grandmother point on affected channel (sedate)

SP2: Tonify mother point on affected organ's channel

Secondary treatment points used and why:

Ear: Bilateral lumbar thread, for back pain.

Master Tung

Patient (PRN#'s: Use #1 for case study) **and dates:**

- 1) 38105, 9/26/16 2) CODA-C-105, 10/5/16 3) CODA-J-105, 10/5/16
4) 38135, 10/8/16 5) 29219, 10/8/16

Treatment date for case study below: 9/26/16

Treatment approach used: Master Tung

(Choose from: Auricular; 8 Extras; Jingei; Korean 4-Point; Master Tung; Miriam Lee 10 Point; Richard Tan Balance Method; Richard Tan 12 Magic Needle; Scalp; TCM Zang-Fu)

Why did you pick this treatment approach? I chose this treatment approach because it's good for acute pain, and he responded well to a Tung treatment several days ago from another practitioner.

Condition(s) treated/Chief Complaint(s): Pain.

Subjective information (describe the context of the chief complaint in as close to the patient's words as possible): Patient reports that last treatment afforded a day or two of relief/reduced pain, but working brought it back. He bends at the waist and lifts at work, which triggers the pain. Pain in the lumbar area is dull and achy across whole low back, 6/10. Pain runs down left lateral leg and crosses over ankle to the big toe, 6/10. Pain in upper traps, scapula, and shoulder joint, worse on the right side but also a problem on the left. Overall pain in shoulders/scapula is 8/10, with a large chronic knot on the right scapula that feels better with massage. Also experiences crepitus in the shoulder and when he rotates the shoulder it feels like the ligaments pop over the bones. Sleep is better since he started taking Cymbalta. Stress level is high, 8/10, and energy level is lower than usual, 6/10.

Objective findings: Patient is hunched a bit, guarding around the knot on the right scapula.

Diagnostic method chosen: Interview, observation
(Choose from: Imaging, pulse, tongue, palpation, observation)

Why did you pick this method of diagnosis for this patient? I chose this method because the symptoms reported by the patient were all specific pains, so asking for asking for specifics about the pain seemed like it would be the least invasive.

Diagnosis: Small Intestine channel for scapula, Gall Bladder channel for the sciatica, Bladder and Du channels for the lower back pain.

Main Treatment points used and why (logic should follow treatment type used):

Head

Yin Tang (part of Head Three Needles, 1010.01) - Located on the Du channel, this point calms and influences the spine, so I chose it to help with his stress

Head Three Meetings, 1010.02 - Located on the top of the head along the Du channel anterior and

posterior to DU20, I chose this dao ma to affect the pain along the spine.

Left Arm

Ling Gu, Da Bai (part of Control 3 Needles, 22.06) - I chose these points for lumbar pain, sciatica, and general chronic pain.

3 Control Spine, 22.05 (Control the Spine Three Needles) - I chose this dao ma for its effect on the lumbar region, sciatic nerve, and lower extremity pain.

Left Leg

Lower 3 Emperors, 77.12 - I chose this dao ma group because I wanted to give some yin support, and because it's indicated for lumbar pain from kidney depletion.

Right Leg

3 Foot Control Spine, 66.01 - I chose this dao ma for his lumbar pain, sciatica, and lower extremity pain.

7 Tiger 3 Needles, 77.07 - I chose this dao ma for his scapular pain, but I could only insert the lower two needles of the group due to the patient's positioning, as the footrest cut off access to the upper point.

Right Arm

Shoulder Center Vertical Three Needles, 44.03 - I chose this for the shoulder pain as a local point, and to affect the hip and knee pain as an imaged point.

Secondary treatment points used and why:

KD3 - I added Kidney 3 as a support point to tonify the kidneys and to help with the chronic lower back pain.

Miriam Lee 10 Point

Patient (PRN#'s: Use #1 for case study) **and dates:**

- 1) 38940, 10/28/16 2) 23971, 11/17/15 3) 25282, 11/17/15
4) 25782, 9/26/16 5) 22459, 4/29/16

Treatment date for case study below: 10/28/2016

Treatment approach used: Miriam Lee

(Choose from: Auricular; 8 Extras; Jingei; Korean 4-Point; Master Tung; Miriam Lee 10 Point; Richard Tan Balance Method; Richard Tan 12 Magic Needle; Scalp; TCM Zang-Fu)

Why did you pick this treatment approach? I picked this because the acute symptoms (sinus, migraine) that made her start getting acupuncture were not bothering her today, and wanted to give her an overall grounding treatment.

Condition(s) treated/Chief Complaint(s): Low energy

Subjective information (describe the context of the chief complaint in as close to the patient's words as possible): Not having any sinus or migraine symptoms today. Only has migraines about once a week now since starting acupuncture. Sleep tracker shows her not getting deep sleep/tossing and turning; sleeps about 10 hours a night, doesn't always feel refreshed when she wakes. No pain anywhere else, no undue stress. Low energy, mentioned her weight as a contributing factor.

Objective findings: Tongue - normal with thin white coat. Pulse - moderate. Seems tired/fatigued, complexion dull, eyes lack luster.

Diagnostic method chosen: Interview, tongue, pulse

(Choose from: Interview, pulse, tongue, palpation, observation)

Why did you pick this method of diagnosis for this patient? Convenience and to get appropriate information to choose treatment method.

Diagnosis: No diagnosis.

Main Treatment points used and why (logic should follow treatment type used):

LI11, LI4, ST36, SP6, LU7 bilaterally. These points are the standard Miriam Lee protocol. No individual point selection occurs when doing a Miriam Lee Great 10 treatment.

Richard Tan Balance Method

Patient (PRN#'s: Use #1 for case study) **and dates:**

1) 38470, 10/8/16 2) 38539, 10/8/15 3) 37780, 10/8/16 4) 5)

Treatment date for case study below: 10/8/16

Treatment approach used: Richard Tan Balance Method

(Choose from: Auricular; 8 Extras; Jingei; Korean 4-Point; Master Tung; Miriam Lee 10 Point; Richard Tan Balance Method; Richard Tan 12 Magic Needle; Scalp; TCM Zang-Fu)

Why did you pick this treatment approach? The patient presented with specific pains that made imaging the simplest approach.

Condition(s) treated/Chief Complaint(s): Left side neck and trapezius pain

Subjective information (describe the context of the chief complaint in as close to the patient's words as possible): Neck and trapezius pain on L; pain is about a 5/10 when sitting, but jumps to an 8 when the spasm hits or when she lifts arm. Earache on L tied to ears not popping after a flight over the summer, recurs with the neck/trap pain. Does yoga, so stress is being managed according to patient, but is still there. Wants to get rid of the neck and shoulder pain to be able to be more active.

Objective findings: Left shoulder is dropped but muscle appears bunched. Face is pinched, patient looks stressed.

Diagnostic method chosen: Interview, observation

(Choose from: Interview, pulse, tongue, observation, palpation)

Why did you pick this method of diagnosis for this patient? It was the most straightforward way to identify the affected channels and plan a treatment.

Diagnosis: Affected channels: GB, SI, BL

Main Treatment points used and why (logic should follow treatment type used):

Head

DU20/24 - Top of the head images low back, shoulder, and heel

Left Arm

HT7 (threaded toward HT5) - Images the upper traps and neck; balances GB (branching, clock opposite), SI (internal/external)

LU5 - Images upper insertion of SCM/scalenes and images the ear; balances BL (branching)

Right Arm

TW5x3 - Images upper traps and upper insertion of SCM/scalenes; balances GB (same name, clock neighbor)

SI3-4 - Images neck and upper traps; balances BL (same name, clock neighbor), SI (affected channel)

Right Leg

LV3 - Images upper traps; balances GB (int/ext), SI (clock opposite)

LV5 - Images the neck; balances GB (int/ext), SI (clock opposite)

SP6 - Images traps; balances SI (branching)

KD3, 6 - Images the neck; balances BL (int/ext)

Left Leg

GB40 - Images the neck; balances GB (affected channel)

GB41 - Images traps and the ear; balances GB (affected channel)

ST41 - Images neck/traps

BL 60, 62 - Images the neck; balances SI (same name, clock neighbor), BL (affected channel)

BL65 - Images the traps; balances SI (same name, clock neighbor), BL (affected channel)

Secondary treatment points used and why: N/A

Richard Tan 12 Magic Needles

Patient (PRN#'s: Use #1 for case study) **and dates:**

1) 36340, 5/13/16 2) 23572, 5/13/16 3) 6177, 5/13/16 4) 30903, 5/13/16 5) 25426, 5/20/16

Treatment date for case study below: May 13, 2016

(Choose from: Auricular; 8 Extras; Jingei; Korean 4-Point; Master Tung; Miriam Lee 10 Point; Richard Tan Balance Method; Richard Tan 12 Magic Needle; Scalp; TCM Zang-Fu)

Why did you pick this treatment approach? The patient was more concerned with stress than with any specific physical symptom. Since 12 Magic uses all the channels in a yin/yang circuit, it seemed like a good way to give her an overall balancing and moving treatment..

Condition(s) treated/Chief Complaint(s): Stress/anxiety

Subjective information (describe the context of the chief complaint in as close to the patient's words as possible): Patient is a 60-year-old woman reporting stress and anxiety, and says she has a very stressful job. She says the stress and anxiety do not show up anywhere specific in the body that she notices, but has a general achiness. She reports pain as 3/10. She had gall bladder surgery in 1996 and an appendectomy 15 years ago. She has had two c-sections. She experiences insomnia and primarily wants to be able to get better sleep, which she currently rates as 3/10. She has had acupuncture before, but not in a community setting.

Objective findings: Patient appears alert but tired. Tongue is pink and plump with a light white coat and a shallow crease down the center. Pulse is moderate.

Diagnostic method chosen: Interview, pulse, tongue, observation.

(Choose from: Interview, pulse, tongue, palpation, observation)

Why did you pick this method of diagnosis for this patient? These are the general methods of diagnosis that are used with the 12 magic needles treatment method.

Diagnosis: Systemic imbalance

Main Treatment points used and why (logic should follow treatment type used):

I identified Liver as the primary affected channel, and chose to begin the 12 magic treatment by needling Small Intestine to treat Liver. As patient did not specify any areas of pain, when choosing points I often defaulted to imaging for the upper back and neck, since these are areas where many people feel tension from stress and anxiety.

Left Arm - Quadrant 1, Jing Well or Ying Spring Points

SI2 - This is my starting ying spring point, chosen to balance Liver using system 4 (clock opposite) and because it would be more comfortable than SI1.

LI2 - Large Intestine also balances liver using system 2 (branching channel). I chose this ying spring point because it would be more comfortable than LI1.

TW2 - Ying spring point, chosen instead of jing well for patient comfort.

Left Leg - Quadrant 2, Ying Spring or Shu Stream Points

LV3 - Shu stream/source point on affected channel (system six). Good for emotional issues.

KD3 - Shu stream/source point. Boosting kidney yin can help support the liver.

SP3 - She stream/source point.

Right Leg - Quadrant 3, Shu Stream or Jing River Points

GB41 - Shu stream wood point, used to move liver qi. GB balances liver via system 3, internal/external pairs.

ST41 - Jing river point, used for grounding effect.

BL65 - Shu stream point.

Right Arm - Quadrant 4, Jing River or He Sea Points

HT3 - He sea point, good for anxiety.

LU5 - He sea point, balances liver using system 5 (clock neighbors).

PC5 - Jing river point, chosen in part so the elbow crease wouldn't be overcrowded.

Balances liver using system 1, same name (jue yin).

Secondary treatment points used and why:

GV20 - used for general calming effect.

TCM Zang-Fu

Patient (PRN#'s: Use #1 for case study) **and dates:**

- 1) 29219, 10/15/16 2) 38803, 10/22/16 3) 37187, 10/22/16
4) 15689, 10/15/16 5) 38973, 10/28/16

Treatment date for case study below: 10/15/16

Treatment approach used: TCM Zang-Fu

(Choose from: Auricular; 8 Extras; Jingei; Korean 4-Point; Master Tung; Miriam Lee 10 Point; Richard Tan Balance Method; Richard Tan 12 Magic Needle; Scalp; TCM Zang-Fu)

Why did you pick this treatment approach? We've been getting some success with treatments for specific aches and pains, but it seems like doing a treatment focused on her stress and underlying imbalance would help move things forward.

Condition(s) treated/Chief Complaint(s): Stress

Subjective information (describe the context of the chief complaint in as close to the patient's words as possible): The pain in Julie's legs/feet is getting better since she's been getting acupuncture. She went running and it felt good rather than hurting. The nodule in her foot is decreasing. Upper trapezius pain on the right is still an issue. Her CPAP machine is giving her some sleep trouble with waking up during the night. Normally her sleep is 8/10 but now is 3-5/10. Frequently feels angry and frustrated at work and in other situations, but like she can't do anything to change things, so says she represses it. The presidential debate last week infuriated her and she could feel the tension spreading everywhere.

Objective findings: Julie appeared friendly and alert. Tongue was normal with a light clear coat. Pulse was wiry.

Diagnostic method chosen: Interview, pulse, tongue.

(Choose from: Interview, pulse, tongue, palpation, observation)

Why did you pick this method of diagnosis for this patient? To try and get a better sense of her underlying condition rather than just focusing on where the pain was located

today.

Diagnosis: Liver qi stagnation.

Main Treatment points used and why (logic should follow treatment type used):

Head

DU20: Clears the mind. Liver channel ascends to the vertex,

DU24: Clears the mind.

SSC: Calms the spirit, insomnia.

Left Arm

HT3: Remove obstructions from channel (allowing liver to promote smoother flow of qi), calm the mind, clear heat.

PC6: Regulates liver qi (by virtue of the relationship between Liver and Pericardium channels within Terminal Yin)

Right Arm

TW6: Regulates liver qi and particularly affects the sides of the body.

LI4: Combines with LV3 to stop pain and calm the mind.

LI11: Dispel any heat/fire arising from the liver qi stagnation

Right Leg

LV3: Regulates liver qi and particularly affects the throat.

KD3: Nourish kidney yin, stimulate original qi.

SP6: 3 yin meeting place; promotes the function of the liver and the smooth flow of liver qi, stops pain, calms the mind.

Left Leg

GB34: Regulates liver qi and particularly influences the hypochondriac region.

GB40: Promotes the smooth flow of liver qi.

GB41: Promotes the smooth flow of liver qi.

Jingei+Balance+Master Tung

Combining all three approaches, the case study needs to incorporate points that you would use from all three in the treatment.

Ownership Statement

POCA Technical Institute is a 501c3 nonprofit educational corporation and is a project of the People's Organization of Community Acupuncture (POCA). POCA is a multi-stakeholder cooperative whose mission is to create a stable and sustainable economic foundation for the delivery of affordable acupuncture, and to establish and maintain structures to that end.

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Please see the [Student Catalog](#) for the most current list of Board of Directors.

Advisory Board

Please see the [Student Catalog](#) for the most current Advisory Board.

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POCA Tech Student Catalog

The most current version of the Catalog is posted on POCA Tech's website. www.pocatech.org

Other Publications

[*POCA Tech Website*](#)

[*OSHA Manual*](#)

[*Student Handbook*](#)

[*Clinic Supervisor Handbook*](#)

[*Clean Needle Technique Manual v.7*](#)

Printed copies may be found in POCA Tech's library.

CODA Handbook

<https://docs.google.com/document/d/10ezAEswyIx56tSD1HBvu4hvxcwdDvLjAZB5XYQyp7yA/edit>

[*Privacy Manual*](#)

Appendix

Observation Forms

All observation forms and 90 hours plus 40 hours of administration must be completed to finish the Observation Phase of training. Originals of each form must be submitted to our Administrative Coordinator and students should keep personal copies of completed forms.

[Peer Needling Evaluation Form](#)

[Student Application for Clinic Internship](#)

All clinical interns must complete this form.

[Student Clinic Entrance Requirements Form](#)

This form must be completed and signed by the student, Clinic Supervisor, and the Registrar. Students should keep a personal copy of this form.

[Administrative Support Hours Form](#)

[Internship Forms](#)

All forms, 500 hours, 250 treatments, and 120 administrative hours (40 in each of 3 years) must be completed to finish the Internship phase of training. **Originals** of each form must be submitted to our Administrative Coordinator -- students should keep personal copies of these forms.

[Internship Clinic Hours Log](#)

Only needed in clinics without EHR – such as CODA)

Competency Report Forms:

[Step 1](#) -

[Step 2](#)

[Step 3](#)

Patient Forms

Current New Patient Forms can be found at [here](#):

[Clinic Exit Exam Rubric](#)

Case Study Forms

Blank current forms are [here](#).

Case Study Rubric

3- Excellent

2- Average

1- Poor

Chief Complaint/ Subjective/ Objective	Concise description that includes enough information to make an appropriate diagnosis; subjective section demonstrates ability to elicit useful information from the patient.	Contains information that can be used to diagnose and treat.	Missing information needed to provide an effective treatment.
Diagnostic Method Chosen and why	Diagnostic method chosen appropriate to chief complaint, reasoning clearly justified and backed up by clinical findings, demonstrates understanding of chosen diagnostic method.	Diagnostic method chosen appropriate to chief complaint, but not well reasoned or supported by clinical findings.	Little to no understanding of diagnostic method demonstrated.
Diagnosis	Diagnosis consistent with diagnostic method chosen and supported by clinical findings.	Diagnosis consistent with diagnostic method chosen.	Diagnosis unclear or doesn't match chosen method or clinical findings.
Treatment approach used and why	Treatment approach consistent with or derived from diagnostic method; justification clearly reasoned and supported by clinical findings; demonstrates clear understanding of chosen treatment approach.	Treatment approach consistent with diagnostic method but not clearly justified.	Demonstrates lack of understanding of chosen treatment approach.
Treatment	Points chosen are consistent with the chosen treatment approach, diagnosis, and diagnostic method; clearly reasoned to address the chief complaint;	Points chosen mostly fit the treatment approach and diagnosis, but reasoning is unclear.	Points chosen do not fit the treatment approach and diagnosis, or are not clearly reasoned.

demonstrates mastery
of style.

First Aid and CPR Information

<https://www.healthline.com/health/first-aid>