

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

I. Reference material – readily available in the clinic and in paper form		
1.	<input type="checkbox"/> <i>Health Professions Act</i>	<i>Comment</i>
2.	<input type="checkbox"/> <i>CTCMA – Entry-level Occupational Competencies for the Practice of TCM in Canada</i>	<i>Comment</i>
3.	<input type="checkbox"/> <i>CTCMA - Bylaws</i>	<i>Comment</i>
4.	<input type="checkbox"/> <i>CTCMA – Code of Ethics</i>	<i>Comment</i>
5.	<input type="checkbox"/> <i>CTCMA – Standards of Practice</i>	<i>Comment</i>
6.	<input type="checkbox"/> <i>CTCMA – Practice Standard #1 Consent to Treatment</i>	<i>Comment</i>
7.	<input type="checkbox"/> <i>CTCMA – Practice Standard #2 Sexual Misconduct</i>	<i>Comment</i>
8.	<input type="checkbox"/> <i>CTCMA – Practice Standard #3 Draping for Patients</i>	<i>Comment</i>
9.	<input type="checkbox"/> <i>CTCMA – Practice Standard #4 Communicable Diseases: Preventing Practitioner-to-Patient Transmission</i>	<i>Comment</i>

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

10	<input type="checkbox"/> CTCMA – <i>Practice Standard #5 Professional Duty of Candour</i>	<i>Comment</i>
11.	<input type="checkbox"/> CTCMA – <i>Practice Standard #6 Acupuncture for Induction of Labour</i>	<i>Comment</i>
12.	<input type="checkbox"/> CTCMA – <i>Where is the line</i>	<i>Comment</i>
13.	<input type="checkbox"/> CTCMA – <i>Consent to Treatment</i>	<i>Comment</i>
14.	<input type="checkbox"/> CTCMA – <i>Safety Program Handbook</i>	<i>Comment</i>
15.	<input type="checkbox"/> CTCMA – <i>Jurisprudence Handbook</i>	<i>Comment</i>
16.	<input type="checkbox"/> National Acupuncture Foundation. (2004/2009) – <i>Clean needle technique manual for acupuncturists, guidelines and standards for a clean and safe clinical practice of acupuncture (CNT)(5th/6th ed.)</i>	<i>Comment</i>
17.	<input type="checkbox"/> PCTIA - <i>Bylaws/Regulations</i>	<i>Comment</i>

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

II. Students		
1.	<input type="checkbox"/> Current identification tags visible	<i>Comment</i>
2.	<input type="checkbox"/> Appropriate clothing, hand care and personal health (ref: CNT* Page 16)	<i>Comment</i>
3.	<input type="checkbox"/> Clinical supervisor present as reported in Confirmation Form of Education Standing	<i>Comment</i>
III. Clinical Supervisor / Instructor Records – readily available in hard copy		
1.	<input type="checkbox"/> Up-to-date copies of credentials and current resume	<i>Comment</i>
2.	<input type="checkbox"/> Appropriate CTCMA Registration	<i>Comment</i>
3.	<input type="checkbox"/> Liability insurance coverage for students	<i>Comment</i>
4.	<input type="checkbox"/> Dates and terms of employment contract	<i>Comment</i>
5.	<input type="checkbox"/> Record of annual performance evaluation by School	<i>Comment</i>

*CNT – National Acupuncture Foundation (2004/2009) Clean Needle Technique Manual for Acupuncturists, Guidelines and Standards for a Clean and Safe Clinical Practice of Acupuncture (5th/6th ed.)

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

IV. Student Records		
General Records – accessible, hard-copy full student records on site until graduation from the program		
1.	<input type="checkbox"/> Current status and date	<i>Comment</i>
2.	<input type="checkbox"/> Full legal name	<i>Comment</i>
3.	<input type="checkbox"/> Previous name, if applicable	<i>Comment</i>
4.	<input type="checkbox"/> Previous TCM schools attended and dates of attendance, if applicable	<i>Comment</i>
5.	<input type="checkbox"/> Full mailing information (school address not acceptable)	<i>Comment</i>
6.	<input type="checkbox"/> Telephone number	<i>Comment</i>
7.	<input type="checkbox"/> Main and secondary email addresses	<i>Comment</i>
8.	<input type="checkbox"/> Date of birth	<i>Comment</i>
9.	<input type="checkbox"/> Gender	<i>Comment</i>
10.	<input type="checkbox"/> Signature and printed name of the student	<i>Comment</i>

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

11.	<input type="checkbox"/> Enrolment contract compliant with PCTIA bylaws	<i>Comment</i>
12.	<input type="checkbox"/> All issued student transcripts	<i>Comment</i>
13.	<input type="checkbox"/> Copy of Transfer credit assessment documents	<i>Comment</i>
14.	<input type="checkbox"/> Documentation of any complaints made against the student or his/her supervisor	<i>Comment</i>
15.	<input type="checkbox"/> Copies of valid student permits for international students	<i>Comment</i>
16.	<input type="checkbox"/> International students compliant with PCTIA Bylaws	<i>Comment</i>
17.	<input type="checkbox"/> 2-year waiver	<i>Comment</i>
V. Clinic/Patient Attendance Records (accessible, hard-copy full student records on site until graduation from the program)		
1.	<input type="checkbox"/> Complete attendance records – date, hours, signature of both student and supervisor	<i>Comment</i>
2.	<input type="checkbox"/> Patient Appointment records	<i>Comment</i>

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

VI. Patient Records – maintained in a standardized format for a period of 10 years		
Initial Visit		
1.	<input type="checkbox"/> Date and time of consultation	<i>Comment</i>
2.	<input type="checkbox"/> Patient's name, address and contact number	<i>Comment</i>
3.	<input type="checkbox"/> Medical/health history	<i>Comment</i>
4.	<input type="checkbox"/> Allergy and alert notation	<i>Comment</i>
5.	<input type="checkbox"/> Presenting condition	<i>Comment</i>
6.	<input type="checkbox"/> Relevant family/social history	<i>Comment</i>
7.	<input type="checkbox"/> Symptoms and Signs	<i>Comment</i>
8.	<input type="checkbox"/> Medications and other treatments/therapies being used	<i>Comment</i>
9.	<input type="checkbox"/> Chinese medicine diagnosis, treatment principles, treatment plan	<i>Comment</i>
10.	<input type="checkbox"/> Treatment performed: acupuncture points used (names and numbers), herbal formula prescribed, moxa/cupping/gua sha, massage/tui na	<i>Comment</i>

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

11.	<input type="checkbox"/> Evidence of Informed Consent	<i>Comment</i>
12.	<input type="checkbox"/> Advice given (diet, exercise, lifestyle)	<i>Comment</i>
13.	<input type="checkbox"/> Referrals	<i>Comment</i>
14.	<input type="checkbox"/> Other relevant information	<i>Comment</i>
Follow-up Visits		
1.	<input type="checkbox"/> progress notes, significant observations during appointment, and clinical findings	<i>Comment</i>
2.	<input type="checkbox"/> explanations given to the patient; discussions with the patient or his/her other health care providers	<i>Comment</i>
3.	<input type="checkbox"/> responses to previous treatment(s); documented patient's refusal to follow recommendations	<i>Comment</i>
4.	<input type="checkbox"/> document missed appointments, cancellations, and late arrivals	<i>Comment</i>
5.	<input type="checkbox"/> correspondence with the patient and others (e.g. blood tests, e-mail messages)	<i>Comment</i>
6.	<input type="checkbox"/> Evidence of updated Informed Consent	<i>Comment</i>

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

Initial & Follow-up Visits		
1.	<input type="checkbox"/> The identity and signatures of the treating practitioner/supervisor must be clearly discernable	<i>Comment</i>
VII. Clinical facilities & resources – in accordance with CNT Manual & CTCMA Safety Program Handbook		
1.	<input type="checkbox"/> Premises must allow for safe, clean, and sanitary practices	<i>Comment</i>
2.	<input type="checkbox"/> Premises must have hand washing facilities	<i>Comment</i>
3.	<input type="checkbox"/> the treatment room must allow for ease of movement and efficient cleaning and included daily & weekly cleaning schedules	<i>Comment</i>
4.	<input type="checkbox"/> the treatment room and work room procedures must reduce the risk of possible cross-contamination	<i>Comment</i>
5.	<input type="checkbox"/> <u>Clinical Cleanliness</u> (general housekeeping) <ul style="list-style-type: none"> ○ Clinical Contact Surfaces ○ Spot Cleaning of Blood Spills ○ Laundering Sheets, Towels or Other Linens 	<i>Comment</i>
6.	<input type="checkbox"/> Daily/Weekly cleaning schedules	<i>Comment</i>
7.	<input type="checkbox"/> Treatment surfaces must be covered with: clean paper roll that is disposed of after treating each patient, or fresh, clean towels or linens that have been boiled or machine-washed on hot water setting before being reused.	<i>Comment</i>
8.	<input type="checkbox"/> Work surfaces must be cleaned and dried: <ul style="list-style-type: none"> ○ when visibly soiled; ○ after each treatment session; ○ after contact with contaminated 	<i>Comment</i>

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

	<ul style="list-style-type: none"> ○ equipment or materials; ○ after instruments are cleaned on the surface; ○ at the start or end of the day. 	
9.	<input type="checkbox"/> appropriate procedures in place for cleaning instruments and equipment	<i>Comment</i>
10.	<input type="checkbox"/> Waste Management: <ul style="list-style-type: none"> ○ Appropriate needle disposal receptacles; and ○ appropriate bio-hazardous waste receptacles 	<i>Comment</i>
VIII. Herbal Dispensary		
1.	Guidelines specific to the storage and preparation of Chinese herbs <input type="checkbox"/> All work surfaces, storage facilities floors, floor coverings and furniture should be made of materials that can be easily and thoroughly cleaned.	<i>Comment</i>
2.	<input type="checkbox"/> There is a supply of hot and cold water that is adequate for the effective operation of the dispensary and for handwashing and the washing of utensils and equipment used in the preparation, service, or storage of herbs.	<i>Comment</i>
3.	<input type="checkbox"/> A refrigerator is available for the exclusive storage of herbs requiring refrigeration and be maintained at a temperature between 1.3* & 10* Celsius.	<i>Comment</i>
4.	<input type="checkbox"/> Sufficient containers are available for storing waste in a safe and sanitary manner.	<i>Comment</i>
5.	<input type="checkbox"/> All herbs should be stored on or in shelves, drawers or fixtures provided for that purpose. Every room in a dispensary where herbs are prepared, compounded, dispensed, or stored should be kept free from materials and equipment not regularly used in the room.	<i>Comment</i>

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

6.	<input type="checkbox"/> Herbs are botanical material which can form mould and be a potential health hazard. Enclosed storage is recommended (as appropriate to the type of herb) to protect herbs from moisture. Labelling should indicate expiry date so that herbs can be safely managed and disposed of as required.	<i>Comment</i>
7.	<input type="checkbox"/> The room should be well ventilated and free from excessive moisture and sunshine. The room temperature for safe storage of herbs should not be in excess of 20° Celsius. The use of high speed fans to cool work areas is discouraged in rooms designated for processing and compounding of herbs. The use of fans increases the risk of possible cross-contamination of dry powders caused by rapid movement of air. The use of other means of room cooling, such as air conditioning, is encouraged.	<i>Comment</i>
8.	<input type="checkbox"/> When cleaning equipment and surfaces where herbs are prepared, care must be taken to ensure residues from the cleaning process itself (e.g., detergents, solvents, etc.) are also removed from surfaces and equipment.	<i>Comment</i>
9.	<input type="checkbox"/> Safety of Raw Herbs <ul style="list-style-type: none">○ correct identification of each herb;○ manufacturing in hygienic conditions with clear identification of each production batch;○ stringent processes to ensure no microbial contamination as well as contamination from heavy metals, pesticides, aflatoxins, residual solvents, and other foreign substances.	<i>Comment</i>

School:
Name of Program:

Form C

Self-Study Report on Student Clinical Activity - Complete the checklist below to verify that your program has these requirements in place, and add comments where applicable.

10.	<p><input type="checkbox"/> Record Keeping</p> <p>The record should include:</p> <ul style="list-style-type: none">○ Name of patient○ ingredients of the prescription and amounts (should be on the copy of the prescription if it was made)○ date the prescription was dispensed○ number of packets dispensed○ name and contact details of the prescribing practitioner (should be on the copy of the prescription if it was made)○ name of the dispenser <p>Record of the inventory of herbs that includes:</p> <ul style="list-style-type: none">○ identity of the herbs purchased○ name of the wholesaler○ country of origin (to manage any recalls due to adulteration of specific species)○ date purchased	<p><i>Comment</i></p>
-----	--	-----------------------

Signature & printed name of applicant: _____

Date: _____

School:
Name of Program: