

2019 - 2020

STUDENT  
**CLINICAL**  
HANDBOOK



**SCNM**

SOUTHWEST COLLEGE OF  
NATUROPATHIC MEDICINE  
& HEALTH SCIENCES

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# Mission and Core Values

## Vision

A world that embraces the healing power of nature.

## Mission Statement

SCNM is a school of medicine and health sciences grounded in naturopathic principles. Dedicated to the ideal that everyone deserves high quality health care, we engage students in rigorous innovative academic programs, discover and expand knowledge, and empower individuals and communities to achieve optimal health

## Core Values

SCNM embraces the following values:



## Naturopathic Principles

These seven principles guide the therapeutic methods and modalities of naturopathic medicine:

- **First Do No Harm** - primum non nocere  
Naturopathic medicine uses therapies that are safe and effective.
- **The Healing Power of Nature** - vis naturae medicatrix  
The human body possesses the inherent ability to restore health. The physician's role is to facilitate this process with the aid of natural, nontoxic therapies.
- **Discover and Treat the Cause, Not Just the Effect** - tolle causam  
Physicians seek and treat the underlying cause of a disease. Symptoms are viewed as expressions of the body's natural attempt to heal. The origin of disease is removed or treated so the patient can recover.
- **Treat the Whole Person** - tolle totum  
The multiple factors in health and disease are considered while treating the whole person. Physicians provide flexible treatment programs to meet individual health care needs.

- **The Physician is a Teacher** – docere  
The physician's major role is to educate, empower, and motivate patients to take responsibility for their own health. Creating a healthy cooperative relationship with the patient has a strong therapeutic value.
- **Prevention is the best cure** – Praevenire  
Naturopathic physicians are preventive medicine specialists. Physicians assess patient risk factors and heredity susceptibility and intervene appropriately to reduce risk and prevent illness. Prevention of disease is best accomplished through education and a lifestyle that supports health.
- **Wellness** - Salus  
Establish or re-establish health and well-being.

## Therapeutic Order

- Re-establish the basis for health
- Remove obstacles to cure by establishing a healthy regimen
- Stimulate the healing power of nature
- Use various systems of health such as botanicals, homeopathy, Chinese medicine, Ayurvedic medicine, nutrition, and mind-body medicine
- Tonify weakened systems
- Use modalities to strengthen the immune system, decrease toxicity, normalize inflammatory function, optimize metabolic function, balance regulatory systems, enhance regeneration, and harmonize life force
- Correct structural integrity
- Use therapeutic exercise, spinal manipulation, and massage, cranial-sacral to return to optimal structural condition
- Prescribe specific natural substances for pathology
- Use vitamins, minerals, and herbs to return to and promote health
- Prescribe pharmacotherapy for pathology
- Use pharmaceutical drugs to return to and promote health
- Prescribe surgery, pharmacotherapy
- Use aggressive therapies to attempt to maintain health

Taken from "A Hierarchy of Healing: The Therapeutic Order"  
Pamela Snider, ND; Jared Zeff, ND, Lac; and Stephen Myers, ND, BMed, PhD.

## Components of Patient Centered Care

- Exploring the disease and the patient's illness experience
- Understanding the whole person
- Finding common ground with the patient regarding management/treatment options
- Incorporating prevention and health promotion
- Enhancing the doctor-patient relationship
- Being realistic

Adapted from: Huang, WY. Fam Med 2002;34(9):644-5

# Purpose of the Clinical Handbook

The Clinical Handbook is applicable to SCNM students currently enrolled in the clinical curriculum. Its purpose is to outline policies and procedures for students during their clinical experience at Southwest College of Naturopathic Medicine. The Clinical Handbook provides expectations regarding conduct and provides guidelines for performance as student's progress through their clinical education at SCNM Medical Center, the Neil Riordan Center for Regenerative Medicine, extended, or elective clinical sites. Students are responsible for adhering to all the information contained in the Clinical Handbook. Policies and procedures contained in this handbook are subject to change and supersede any previous editions. Students are also responsible for the policies and procedures for each site where they are participating in a clerkship.

Please note that for purposes of this handbook quarters are referred to by the 4-year program of study. A student following the 5-year program of study will need to adjust the information to the appropriate quarter for their program.

## Progression of Clinical Education

The Clinical Education Program was developed for students to achieve a basic level of competence as an entry-level naturopathic physician upon graduation.

## SCNM Clinical Program Outcomes

- The student will demonstrate application of the principles of naturopathic medicine.
- The student will demonstrate competency in clinical knowledge.
- The student will demonstrate competency in clinical skills.
- The student will demonstrate communication skills
- The student will show evidence of professionalism.

## SCNM Clinical Competencies

- The student will demonstrate application of the principles of naturopathic medicine.
  - Utilize therapies that are safe and effective: First Do No Harm
  - Use the body's inherent ability to heal itself: The Healing Power of Nature
  - Evaluate health problems to treat the underlying cause: Treat the Cause
  - Provide individualized care to treat the whole person: Treat the Whole Person
  - Educate patients in the steps to achieving and maintaining health: Doctor as Teacher

- Focus on overall health and disease prevention: Prevention
- Establish optimum health and balance: Wellness
- The student will demonstrate competency in clinical knowledge.
  - Dynamic and homeostatic balance
  - Etiology of common conditions
  - Pathogenesis and pathophysiology of common conditions
  - Treatments for common problems
- The student will demonstrate competency in clinical skills.
  - Medical knowledge as applied to clinical problem solving
  - Medical knowledge as applied to history taking
  - Physical examination
  - Practical procedures
  - Laboratory and imaging
  - Screening in relation to patient's age and risk factors
  - Differential diagnosis and final diagnosis
  - Prognosis and management
  - Prescribing
  - Charting
- The student will demonstrate communication skills
  - Communication with patients, relatives, and significant others
  - Communication with diverse populations and groups
  - Communication with naturopathic colleagues and other health care professionals
  - Communication with community resources and relations
- The student will show evidence of professionalism.
  - Professional behavior and appearance
  - Ethical principles and standards
  - Legal responsibilities
  - Self-care
  - Self-learning

For further descriptions, see SCNM Clinical Competencies form in the Appendix.

## Overview of Clinical Training Graduation Requirements

\*110 clinical credits (1210 contact hours) consisting of:

- 11 clerkships (44 credits) during the 3rd year
- 2 Break clerkships (2 credits each) anytime during the 3rd or 4th year
- 15 clerkships (60 credits) during the 4th year

Two credits (22 contact hours) of Clinical Posts consisting of:

- Laboratory post (1 credit)
- Medicinary and IV post (1 credit)

500 patient contacts designated as:

- 225 primary patient contacts

- 235 secondary patient contacts
- 40 field observation patient contacts

The Clinical Coordinator will conduct a clinical audit meeting within 3 quarters of the student's anticipated graduation date. During these meetings, the Clinical Coordinator will review the student's audit for patient contacts and clinical credits to ensure the student is on track to complete the clinical requirements for graduation. **Students are ultimately responsible for ensuring that they meet all graduation requirements.**

## Clinical Assessments Used for Student Clinician Evaluation

- NPLEX I and II
- Student clerkship and charting evaluations
- Clinical milestone exams
  - Clinical Practice Exam
  - Clinical Entry Exam
  - Objective Structured Clinical Exams (OSCEs)
- Primary and secondary patient contact requirements
- Electronic health records for charting
- Didactic exams in therapeutics and –ology courses

## Clinical Clerkships

### Eligibility for Clinical Clerkships

In order to participate in the clerkships at Southwest College of Naturopathic Medicine, students must meet the following criteria:

- Satisfactory completion of all coursework in quarters 1-8 (or 1-12 for the five-year track) as listed in the Course Catalog
- Pass Clinic Entry Skills Assessment (CLTR 4304), which includes passing the Clinic Entry Exam;
- Attend a Medical Center Orientation
- Maintain a current Clinical Training Certificate (CTC) from the State of Arizona Naturopathic Physicians Medical Board. The Clinical Training Certificate must be renewed annually for the duration of a student's clinical training. If a student fails to renew his/her CTC, they will be dropped from clerkships and are ineligible to continue clinical training until the CTC has been renewed. This will result in unexcused absences and may result in failure. They will also be ineligible to register for clerkships for the upcoming quarter. It is the student's responsibility to maintain a current CTC. Note: If a student takes a leave of absence (LOA), the CTC is no longer valid and the student must submit a new application prior to their return from the LOA.
- Maintain a current State of Arizona Fingerprint Clearance Card.
- Pass a mandatory drug test that occurs during the first quarter at SCNM and be subjected to random testing during their clinical training;

- Take the Biomedical Sciences portion of NPLEX or comply with existing NPLEX policy (See NPLEX Policy in catalog);
- Maintain necessary medical equipment: sphygmomanometer, stethoscope, otoscope, ophthalmoscope, tuning fork, and reflex hammer;
- Provide the Clinical Coordinator with a current copy of a Basic Life Support for Healthcare Providers card or Advanced Cardiac Life Support card, Hepatitis B information, TB screening (yearly unless advised otherwise), MMR (proof of immunity or exemption), OSHA, HIPPA, and any other required health information.
- Students are required to pass the Student Clinic Handbook quiz as part of CLTR 4304. These requirements must be met by all students, including transfer and Professional Degree Transfer students. Previous enrollment in a clinical training program at another naturopathic college or other medical college does not allow the student to enter SCNM's clinical training program without fulfilling all the above requirements.

## Clerkship Designations

### General Medicine Clerkships:

These clinical clerkships will provide the student with practical clinical exposure, information, and additional medical knowledge in a clinical setting focusing on general naturopathic primary care medicine. Each clerkship will concentrate on an integrative approach to health that includes all members of the family regardless of their disease process or health status. An emphasis on health promotion and disease prevention will be encouraged when possible. The clerkship will follow a patient-oriented as well as a symptom-oriented approach to care. These general medicine clerkships occur on-site at the SCNM Medical Center, the Neil Riordan Center for Regenerative Medicine and Community Extended Sites.

Clinical Experiences:

- Medical history and physical
- Medical work-up, differential diagnosis
- Diagnostic planning
- Assessment, working diagnosis (ICD-10)
- Treatment plan
- Patient outcome evaluations

### Specialty Clinical Clerkships:

Specialty Clinical Clerkships emphasizes the integration of knowledge with the practical application of naturopathic medicine in a specific area of therapeutic application. Clerkships provide the student with practical clinical exposure, information, and additional medical knowledge in a clinical setting focusing on a concentrated modality or therapeutic approach in naturopathic medicine including oriental medicine, physical medicine, etc. Students will demonstrate skills in history taking

and physical examination, become skilled in differentiating between common medical conditions, and develop basic plans of treatment consistent with the principles of naturopathic medicine. These selective clerkships occur at the SCNM Medical Center, the Neil Riordan Center for Regenerative Medicine, and the Community Extended Sites.

Clinical Experiences:

- Problem-based assessment with case review
- Medical work-up, differential diagnosis
- Diagnostic planning
- Focused therapeutics
- Patient outcome evaluations

## Elective Off-Site Clinical Clerkships

These clerkships provide the student an opportunity to experience a wide range of interdisciplinary clinical experiences in naturopathic, osteopathic, allopathic, and other disciplines of medicine such as chiropractic care, and acupuncture. These experiences may be in an office, inpatient hospital setting, or may be scheduled at the SCNM Medical Center, or the Neil Riordan Center for Regenerative Medicine. Students will see the broadest possible range of patients, learn and practice real-world management of common medical problems, and discover the interdisciplinary approach to the practice of medicine.

Clinical Experiences:

- Experience NDs, MDs, DOs, DCs as secondary student clinicians

## Eligibility for Elective Off-Sites

**In order to be eligible to participate in the Doctor of Naturopathic Medicine Elective Off-Site Program at SCNM, students must:**

1. Meet the requirements listed above under "Eligibility for Clinical Clerkships."
2. Pass OSCE A to be eligible to participate in quarter 13
3. Pass OSCE B to be eligible to participate in quarter 14

Participation in Elective Off-Site Clerkships is at the discretion of the Associate Dean of Naturopathic Clinical Education based on a student's clinical performance, milestone exams, and onsite patient care needs.

## Clinical Posts

The Laboratory and Medicinary/IV posts are opportunities for students to develop skills within areas relating to the naturopathic practice. All students must complete 11 hours in each post during their clinical training at the SCNM Medical Center. A competency sheet is available for each individual post.

The Medicinary at the Medical Center is Arizona's largest natural medicinary with the largest inventory of homeopathic medicines

and botanical tinctures in Arizona. Students are required to participate in a 1-credit Medicinary/IV Post. The course is offered as a one-time lecture and one four hour post in the SCNM Medicinary. Students gain a foundation for understanding the mechanics of a natural Medicinary. The skills of maintaining the day-to-day functions include ordering, receiving, pricing, stocking, and shipping of products. Other experiences include blending botanical tinctures and/or dried herbs, and learning about providing customer service in a retail setting. While on IV post the students learn how to mix IV bags and IV pushes. They also learn how to maintain inventory and review the crash cart.

The Medical Center maintains a lab with a moderate complexity accreditation by COLA and CLIA. Students are required to participate in a 1-credit lab post in which they gain a finer understanding of laboratory diagnostic tests and OSHA standards and have the opportunity to prepare samples and run tests. While a majority of laboratory testing is done on site, the Medical Center also contracts work with Laboratory Corporation of America and Sonora Quest Laboratories for standard diagnostic tests as well as specialty labs for specialized diagnostic tests.

## Patient Contact Designations

During clinical clerkships and field observation, students are required to complete the following numbers of designated patient contacts for a total of 500 patient contacts. These numbers are in compliance with CNME Standards.

### Field Observation Patient Contacts = 40 total

Field Observation Patient Contact (FOPC): The classification of FOPC is reserved for students registered for the Field Observation Program during the first and second years of the program. FOPC are categorized in the areas of Direct, Indirect, and Patient Services/Practice Management contacts. For more information, refer to the Field Observation Student Handbook.

### Secondary Patient Contacts = 235 total

Secondary Patient Contact (SPC): Only one student may be assigned the responsibility of secondary status for any given patient. With the primary student and secondary student assigned, any other students involved in this patient care activity will be considered observational only. SPC can be obtained at the SCNM Medical Center, the Neil Riordan Center for Regenerative Medicine, Community Extended Sites or Elective Off-Sites. SPC is defined as non-primary contact with patient during the initial or follow-up medical visit. Secondary student clinicians assist primary student clinicians in the care of patients with the role being defined by the supervising physician. Contact with patients via email and/or follow up telephone calls are not considered secondary patient contacts.

## Primary Patient Contacts = 225 total

Primary Patient Contacts (PPC): Only one student may be assigned the responsibility of primary status for any given patient. PPC can only occur on-site in SCNM Medical Center, the Neil Riordan Center for Regenerative Medicine, or Community Extended Sites. PPC is defined as direct contact with patient during the initial medical visit, follow up medical visit, or a paid phone consult appointment within the SCNM Medical Center or Community Extended Site facility. Contact with patients via email and/or follow up telephone calls are not considered primary patient contacts.

## Primary and Secondary Student Clinicians

**In general, a student is considered a secondary student in their first year on clinical rotations, when they are enrolled in 7000 level clerkships. A student is considered a primary clinical student in their second year on clinical rotations, when enrolled in 8000 level clinical rotations. Students will be assigned as primaries or as secondaries as deemed appropriate by their supervising physician.**

## General Expectations of the Secondary Student Clinician:

The following is a list of expectations of a secondary student clinician but is not limited to:

- Remember to wash hands before, after, and in between procedures and patients.
- Practice the art of neutral observation. At this stage, the secondary student clinician is a silent observer and assistant to the primary student clinician and attending physician.
- Take and record vitals; report them to the primary when the case is reviewed.
- Help prepare the room with the primary by arranging furniture, equipment, linens, and necessary supplies. Tidy up room immediately after use.
- Welcome patient along with primary and/or attending physician.
- When asked a direct question by a patient, following are some sample appropriate answers:
  - "I will ask Dr. \_\_\_\_\_ and get back to you on that." Or
  - "That might be an option, but we'll have to ask Dr. \_\_\_\_\_." or
  - "That is something Dr. \_\_\_\_\_ will likely talk to you about or review with you."
- Do not ask questions during the subjective interview unless instructed by the primary or the attending physician or only if tasked to gather specific information.
- Be available after vitals to review subjective findings with the primary and physician. Please do not stay in the room with the patient or patient's family "chatting" at any time.

- Do physical exams only with approval and observation by the attending physician.

## Progression from Secondary to Primary Student Clinician

It is the physician's responsibility to evaluate the student throughout the quarter, utilizing the clinical competencies, and provide the student clinician feedback by using the Student Clerkship Feedback Form. At any time throughout the quarter, if the attending physician identifies a student who needs to improve his/her skill level in any of the clinical learning outcomes, the physician will develop a remediation plan or refer the student to the Clinical Skills Development Session (CSDS) for remediation. The remediation plan will serve as a means for the student to improve their skills in order to move to the next level. All attending physicians must complete end-of-quarter feedback forms and review them with the student clinician. Progression to the primary level will usually occur within the 12th quarter (16th quarter for the five-year track). In order to advance through the clinical training program, a student must meet all the following criteria:

- Make satisfactory academic progress
- Pass all clinical clerkships
- Pass a random drug test
- Be in compliance with current NPLEX policy (See NPLEX Policy in catalog)
- Maintain a current BLS card, Hepatitis B information, TB screening, MMR, OSHA, HIPPA, and any other required health information
- Maintain a current Clinical Training Certificate. A student is ineligible to continue clinical training until the Clinical Training Certificate has been renewed through the State of Arizona Naturopathic Physicians Medical Board
- Maintain a current State of Arizona Fingerprint Clearance Card

## General Expectations of the Primary Student Clinician:

The following is a list of expectations of a primary student clinician, but is not limited to:

- Practice the art of interviewing and documentation through SOAP notes and additional intakes such as homeopathic, environmental, and physical medicine, mind-body and acupuncture.
- Report subjective information to the attending physician and peers, type up the chart notes, make follow-up calls as necessary for case management.
- Do pertinent physical exams only after consultation with attending physician.
- Discuss treatment plan with patient only after consultation with attending physician.

- Do not offer treatment plans, referrals, or health information to the patient or family members unless discussed with attending physician. When asked a direct question by a patient, following are some examples of appropriate answers:
  - “I will ask Dr. \_\_\_\_\_ and we will get back to you on that.” Or
  - “That might be an option, but we’ll have to ask Dr. \_\_\_\_\_.” Or
  - “That is something Dr. \_\_\_\_\_ will want to talk to you about, or review with you.”
- Please do not give out your cell number or personal information unless this has been discussed with the attending physician.
- Participate in and/or lead activities that may include skills practice or special interest discussion or case presentation when directed by the attending physician.
- Primaries are not “teaching associates” to the secondary students. Please focus on your progress and allow secondaries to make their progress and ask their questions as needed to the attending physician.
- Check room before visit, with secondary, to arrange furniture, equipment, linens, and necessary supplies.

## Clinical Clerkship Overview:

### The Flow of the Clinical Clerkship

This section outlines general guidelines about the flow of the clinic shift on a typical clinical clerkship. **Note:** Individual clerkships may vary due to the physician’s preferred teaching and practice style as well as treatment modality. Attending physicians provide an orientation during the first week of the quarter to outline their specific guidelines and expectations of the clerkship.

- Prior to the first scheduled shift of the quarter, students should check MySCNM to download the clerkship syllabus and determine if there is any required prep work for the clerkship.
- Arrive on time to review patient cases with the supervising physician and classmates.
- The supervising physician may assign case research, prep, or preview to students for future visits. The physician or resident will assign patients and room assignments for the day.
- Secondary students prepare examination rooms with appropriate supplies and equipment.
- Students meet and greet the patient in the lobby as directed by the attending physician and escort them to the exam room.
- Secondary student’s role is defined by the supervising physician.
- After completing vitals and taking the history, find the attending physician to review the subjective information and to discuss further physical exams and/or labs, referrals, and treatment plan. All student clinicians will be present unless otherwise detailed by attending physician.
- Individual students will be directed by the attending physician to perform appropriate physical exams. It is not appropriate for students to delegate duties to other students unless indicated by the attending physician.
- **Note:** The attending physician or resident must be present in the room during genital exams (male and female), female breast exams, and all physical exams unless otherwise directed.
- **Treatment plans are to be discussed with patients only after consulting with the attending physician.** Patient return visits must be discussed with the attending physician and written on the treatment plan.
- If lab work is necessary, escort patient to the lab and make arrangements with lab technician.
- Please do not check personal email; roam; make cell phone calls to classmates, friends, or family; or “hang-out” at the Medicinary, lab, or front desk.
- Primaries, please ask the patient, while still in the exam room, if they have any further questions. Do not discuss personal case information or treatment suggestions in public places. This is a HIPAA violation. Direct the patient back into the available exam room if necessary, to discuss personal information.
- The primary student clinician is responsible for determining appropriate diagnosis codes for the chart. After the coding has been approved, the student needs to make sure that the coding is placed in the encounter note prior to taking the patient to check out.
- The primary student is also responsible for scheduling future appointments in the EHR.
- When discharging a patient, one or two student clinicians (only) may escort the patient to check-out and the medicinary...
- Write up or type up chart notes in approved format. The primary and secondary students’ names are indicated on the Encounter Info page of the encounter note.

### Case Preview Format

- Case preview is scheduled at the beginning of each clinical clerkship for students to preview cases as a group before patients arrive.
- Students should be prepared to start on time and review all cases beforehand. All lab work and medical records should be in the chart, reviewed, and ready to be discussed.
- A brief identification of the patients (to include age, sex, and race, if relevant) scheduled to be seen on that day and their chief complaints are presented.
- If this is a return office visit, a short summary of past assessments and treatments, along with the response of the

patient to the treatment, is shared. Also noted are future plans.

- By the end of Case Preview, all cases will have been discussed as a group, and the clerkship is prepared to start the first scheduled patient's care.
- Case Preview should finish at least 5 minutes early in order to discuss any cases on an individual basis if needed. (SCNM staff and student cases are not to be discussed without the permission of the patient.)

## Case Review Format

- Case review consists of an overview of diagnosis or chief complaint of the patients seen during the clerkship. Cases will be chosen for brief presentation. If a case is selected, the patient's name, sex, age, prominent characteristics, history of present illness, and current management of the case will be included.
- At the beginning of Case Review, students will report briefly on each patient, identifying the chief complaints and diagnosis.
- The best teaching cases will be chosen, and the students will present each in a concise (6-7 minutes) format according to naturopathic principles of treatment. (SCNM staff and student cases are not to be discussed without permission of the patient.)

## Charting Procedure

**Note:** With the implementation of the Electronic Health Records (EHR), some of this information is no longer applicable for clinical clerkships at the Medical Center or Neil Riordan Center for Regenerative Medicine; however, it will still apply to extended sites and for future practice management.

Students are responsible for approving charts within the timeframe designated by their supervising physician. **On all rotations utilizing Electronic Health Records, charts must include at minimum any information that at another physician would need to properly triage that patient by the end of the day.**

This includes relevant history, physical exams, vitals, assessment and plan. This is to assure on-call physicians have access to all necessary information should the patient call later that day.

- Students are responsible for charting under the supervision of a licensed physician. The physician's signature must be the last one on the chart for any visit, and nothing is to be added or altered after he/she signs. All patient contacts are to be recorded and dated even after you have achieved the required number for graduation. Use a black ink pen. Students should complete chart notes by the end of the clerkship unless directed otherwise by the attending physician. Be aware that charts are routinely copied and sent to other doctors, insurance carriers, and attorneys. For each visit, the chart contains the patient's name, age, the date,

and the chief complaint. The rest of the charting for that visit is done in the SOAP formula. Be sure to keep accurate entries in appropriate medical terminology. Whiteout is not permitted. Incorrect information should be neatly crossed out with a single line, initialed, and dated. There should be no writing below the last line on intake forms. No blank lines or space is permitted. Blank space after the chart is finished should be crossed through with a line.

- Charts need to be legible, concise, and thorough. Be sure that the chart is complete including lab work, etc. Attending physicians will review and make suggestions on charting. The Quality Assurance Committee conducts random chart reviews quarterly on all charts.
- Information in the patient chart is the property of the patient and may not be divulged to anyone without the patient's permission. The physical chart itself is the property of the clinical site and is not to leave the premises under any circumstances. Thus, taking the chart out of a clinical site is absolutely prohibited and a HIPAA violation.
- Students removing any portion of a patient chart from the clinic will be subject to disciplinary action, up to dismissal from the naturopathic medical program; this includes retaining downloaded chart information on any computer after needed review.
- Students should check with supervising physician for the proper protocols regarding release of patient medical records.
- Additions to chart notes can be listed as an addendum. These addendums must be dated on the day of entry.

Patient intake forms should be recorded on the first visit and include the following:

- Name, date of birth, and gender.
- Confirm allergies.
- Chief Complaint/Concern: Best done in the patient's own words and with a priority of complaints.
- History of Present Illness: State the problem(s) as it is at the moment, clarifying the time course in a chronological manner. Include any concurrent medical problems.
- Past Medical History: Previous illnesses, surgeries, medications, hospitalizations, childhood illnesses, accidents or injuries, pregnancies.
- Family History: Parents, grandparents, siblings, chronic/catastrophic diseases, genetic disease.
- Review of Systems: Placed in a structured system-by-system ROS section, or simply writing out the positive findings and the pertinent negatives.
- Current Health Status: Allergies, current medications and supplements (prescription and OTC), immunization history, tobacco, alcohol or recreational drug use, exercise and leisure activities, sleep habits, diet, and environmental hazards.
- Psychosocial History: Brief biography, family/home situation, occupation, lifestyle, emotional make-up, stressors, and typical day's events.

# SOAP Format

This section provides guidance in using the SOAP format for chart documentation. Keep in mind that attending physicians may have variations of the SOAP format based on personal preferences and specific modalities (e.g. homeopathy, environmental medicine, acupuncture, and mind/body techniques).

## CC: Chief Complaint or Chief Concerns

This is the primary reason or reasons for the patient coming to the clinic to seek medical care. Solicit the response from the patient by asking him/her directly, "What is your main concern today?" or, "How can I/we help you today?" The chief complaint or concern may be charted as a diagnosis or a symptom described by the patient depending upon if he/she has been diagnosed or if it is an initial or follow-up visit. For example, hypertension or high blood pressure, fatigue, migraines, chest pain, back pain, trouble breathing, and fibromyalgia are all appropriate. The chief complaint/concern is NOT used to indicate a scheduled procedure, i.e., IV, acupuncture, or manipulation.

## S - Subjective:

This is the patient's description of how they are doing or feeling, and a description of symptoms described in their own words. It also includes answers to the OPQRST questions, previous medical history, review of systems, family history, current meds or supplements, and allergies. It is very important to train your patient to be good historians of their health. Help the patient to recall symptoms and details immediately after their last visit, since the initial 12-72 hours after a treatment are often the most significant. Help the patient move forward to today, remembering significant symptoms and events or incidents that may lead up to how they feel today. Be sure to ask open-ended questions and qualifying follow-up questions. Consider these additional subjective questions to elicit overall metabolic status during the intake or follow up visit:

- How's your energy? On a scale of 1-10, in which 1 is the worst and 10 being the best.
- Perspiration: Do you perspire? Under what conditions/location on the body?
- Thirst: Are you thirsty or not thirsty? (This is not whether they think it is beneficial to drink, it is; are they thirsty or thirstless.)
- How's your digestion? Do you have gas and bloating? What foods bother you? How are your bowel movements? How often? Are they formed or loose? What color are they?
- Urinary questions: You may want to repeat questioning. Many people think their urinary symptoms are normal, though they may have recurrent UTIs or BPH.
- How's your sleep? Do you have trouble falling asleep? Do you have trouble staying asleep? Do you wake refreshed? How many hours are you sleeping?

- Mentally and emotionally, how are you feeling? "Mentally" meaning your brain function and/or your thought processes. "Emotionally" meaning your feelings, i.e. happy, sad, anxious, low, etc.

## O - Objective

The objective section includes the patient's general appearance, vital signs, and any physical examination or test results. It also includes pertinent observations about the patient's physical and mental/emotional state and behavior. Essentially, the Objective section includes all symptoms that can be measured, seen, heard, touched, or smelled.

### Objective findings include but are not limited to the following:

- vital signs,
- physical exam,
- mental status exam,
- orthopedic testing,
- lab results,
- X-ray and other imaging results.

### A sample charting of Objective findings:

VITAL SIGNS: Oral Temp: 101.1 °F      HR: 105 RR: 20 BP 110/60

GENERAL APPEARANCE: Patient appeared distressed and in pain

ABDOMEN: Bowel sounds infrequent in all quadrants.

Rebound tenderness in RLQ, pain on palpation in RLQ and LLQ.

Palpation of McBurney's point elicits pain.

Psoas sign positive.

LABS: CT normal, US normal, neurological normal.

## A – Assessment

The assessment section provides your assessment of the patient's chief complaint and diagnoses, pertinent medical history, objective findings, and a diagnosis. The diagnosis is based on the subjective and objective findings.

The assessment section can also help in case management by:

- providing a current summary of patient's pertinent subjective and objective findings;
- outlining the critical thought process and rationale that confirms or rules out a diagnosis and considering a list of differential diagnoses; and
- assessing and evaluating the efficacy of the treatment plan.

### Example Assessment:

45 y.o. female pt presents to the clinic seeking alternative treatments for menopause and hypertension. Hx of complete hysterectomy at age 30. Meds include premarin for 15 years. Positive family history of cardiovascular disease and breast cancer. Pt's additional risk factors include SAD, smoker, sedentary lifestyle, and obese.

*Dx: HTN and menopausal symptoms (include diagnostic codes)*

## **P – Plan**

The Plan section indicates treatment recommendations based on the diagnosis and assessment. The naturopathic physician develops a specific plan for each patient that is appropriate to the medical condition, patient's needs, and lifestyle. The plan should also indicate the rationale for specific treatments, lab testing or procedures, referrals, and future treatment considerations.

An appropriate plan includes, but is not limited to:

- Listing all the new treatments prescribed including strength, dose, and duration (e.g. supplements, homeopathic remedy, herbal tincture, acupuncture, physiotherapy, counseling, dietary, exercise, stress reduction, specific educational handouts).
- Listing all treatments continued from past visits.
- Indicating lab work-up that was ordered (e.g. blood work, diagnostic imaging, mammogram)
- Prescribing a nutritional and dietary assessment through a diet diary/journal.
- Prescribing lifestyle modifications for stress reduction, weight loss, smoking cessation, etc.
- Indicates future treatment considerations.
- Includes a timeline for continuation of treatment (i.e., 10 acupuncture sessions, 5 IVs, manipulation 2x weekly for 3 wks).
- Sets a timeline to evaluate/assess current treatment plan and make modifications as necessary.
- Indicates when the patient should return to the clinic.

### **Example Plan:**

*LAB: CBC, CMP, Lipid panel*

*SUPPLEMENTS:*

*Lipotrophic: Sig: 2 tabs bid cc (for liver support and detox) X 2 months.*

*Women's Essentials: Sig: 2 tabs qd (women's daily vit/min supplement) X 2 months.*

*Progest cream: Sig: apply ¼ tsp plo cream to wrist or inner thighs, am and pm qd X 3 months.*

*Chart menopause symptoms on hormone chart for 1 month (Gave handout).*

*Complete diet journal for 2 weeks (Gave handout).*

*Increase water to 64 oz and decrease caffeine by half.*

*Castor oil packs qd for 2 weeks (to detox, support the liver) (gave handout).*

*Stress reduction: daily walks, meditation*

### **Future plan:**

*Consider referral to hydro clerkship and/or colonics for more thorough detox and liver support*

*Consider additional cardiovascular work-up due to risk factors.*

*Consider weaning off premarin after 1-month detox, liver support, and progesterone.*

*RTC in 1 month and call with questions or concerns*

## **Patient Follow-up and Case Management**

The criteria for patient follow up and case management varies with acute vs. chronic disease. Acute cases need to be re-evaluated more frequently based on the guidelines set by the attending physician. The supervising physician may request the student call the patient within 12 - 24 hours to assess the progress of the patient's condition and efficacy of the treatment plan. All phone follow-ups must be documented and appropriately communicated to the attending physician. If the patient's condition has not markedly improved after the specified time period, the patient should be re-evaluated and appropriate modifications made to the treatment (as approved by the physician). The student should collect the pertinent subjective information and consult with the attending physician to discuss appropriate treatment options.

Chronic cases need to be re-evaluated within a length of time appropriate for the condition and form of treatment modality. This will also vary depending upon the complexity of the case. A well-written and thorough assessment and plan can assist in patient case management and time management because the practitioner can quickly review the intake information, evaluate the current treatment plan, and make adjustments as needed.

## **Grading Criteria for Clinical Clerkships**

Requirements for Passing the Clinical Clerkship

- Students must comply with the policies and procedures of SCNM and the location of their clerkship,
- Students must comply with the attendance policy
- All assignments regarding patient care or medical education assigned by the attending physician(s) must be completed within the designated timeframe.
- Students must participate in pre- and post-visit patient reviews.
- Students must review patient charts prior to evaluating patients.
- Students will be held to and evaluated as outlined in the "Clinical Grading System."

## **Clinical Grading System**

- Satisfactory

- Unsatisfactory

A failing grade of unsatisfactory, "U," can seriously affect a student's academic progress and financial aid. Failing any course, including a clerkship, will result in the student being subject to Academic Probation (see SCNM catalog; Student Academic Progress). Upon failing a clinical clerkship, the student is required to attend an entire quarter of the Clinical Skills Development Session (CSDS) for remediation of clinical skills. In order to rectify the grade of "U," the clinical clerkship must be repeated with the same attending physician or a physician they designate the following quarter. A clinical clerkship may be repeated one time only. If a second "U" is received for the repeated clerkship, the student may be academically dismissed. The credits for the unsatisfactory clerkship must be made up within two quarters of the unsatisfactory clerkship. Students are not eligible for honors during any quarter or upon graduation if they receive an unsatisfactory grade any time during their clinical education.

## Student Performance Evaluations:

Attending physicians will evaluate the students yearly based on the schedule set forth by the Academic Assessment Committee. Supervising physicians may choose to evaluate the students more frequently. The physicians will complete both the Clerkship Feedback Form and the Chart Evaluation form and review them with the student clinician. If necessary, the attending physician may meet with a student any time during the quarter to address specific areas of concern. If the supervising physician deems it necessary, they may send a student to CSDS midquarter, or refer them for the following quarter. The attending physician will determine the student's performance based upon both subjective and objective criteria.

## Remediation Plan

An attending physician may identify a student who has deficiencies in clinical competencies or expected skill level at any point throughout the quarter. Based on the deficiencies, the physician may develop a remediation plan or refer the student to the Clinical Skills Development Session (CSDS) to improve upon their skills. Each problem area and/or competency must be identified on the remediation form and a target date assigned for the student to be re-evaluated on the skill(s). The supervising physician of the CSDS will provide regular updates on the student's progress to the referring physician.

## Clinical Skills Development Session (CSDS)

The Clinical Skills Development Session is designed to develop clinical students in the areas of case taking, case analysis, charting, differential diagnosis, diagnostic work up, treatment plan, and patient interaction. The CSDS offers an opportunity for

clinical faculty to refer students for remediation, or students may participate on a volunteer basis. The CSDS also provides students an opportunity to prepare for the clinical milestone exams. Student may also be referred to CSDS following a milestone exam. Attendance at CSDS is mandatory for students referred and scheduled for the course.

## Clinical Skills Development Lab (CSDL)

This lab is offered to students to support and advance clinical skills development in conjunction with didactic and clinical courses. Students work with simulation models that represent numerous body systems to include pulmonary, cardiac, genitourinary, gynecology, and pediatrics. The CSDL will also provide remediation for students who have difficulty in gaining proficiency in the clinical competencies.

## Clinical Success Team

When designated by a supervising physician, a student may be referred to the clinical success team for evaluation. The team will review the skills outlined by the supervising physician as deficient, make a plan to remediate the student, and report back to the supervising physician.

## Clinical Audits

The Clinical Coordinator strives to complete audits at the end of each quarter to track how far along each student is with credits and requirements; audits are completed more frequently as students get closer to graduation. Students are expected to track their contacts independently as well. Attendance sheets or patient logs are not required for clerkships held in the SCNM Medical Center or Neil Riordan Center for Regenerative Medicine. These will be tracked in Canvas and the EHR. Students must turn in all attendance sheets and patient logs no later than one week following the end of the quarter/break from extended sites and Elective Off-Sites. Late paperwork is subject to a \$50 late fee per quarter. Failure to turn in completed paperwork by the deadline may result in a "U" Unsatisfactory failing grade for the clerkship. Students must turn in the originals for their clinical file. **It is the student's responsibility to make and keep copies of their own paperwork.** This is strongly recommended. Students are responsible to verify that ALL signatures are entered, and numbers are correct to receive proper credit for the clerkship. Students should also be proactive with regards to earning patient contacts and remain vigilant regarding any outstanding requirements, especially as they approach the fourth year of the program.

## Clinical Clerkship Scheduling Procedures

Providing quality patient care and effective clinical education are the primary objectives of the clinical training program. When assigning students to clinical clerkships, the scheduling software and Clinical Coordinator randomly assign students based on availability around didactic schedules. The goal is to establish an effective ratio between secondary to primary student clinicians. All clinical clerkship assignments are subject to availability and accommodating the needs of the patients and physicians are also considered. **Students who have been identified as needing more general medicine rotations will be assigned to those preferentially and will not be allowed to exchange.**

## Registration

All clinical clerkship assignments are subject to availability. Clinical information will be available during registration week.

**Lab and Medicinary posts should be completed prior to beginning clinical clerkships (by quarter 8).** If lab post or medicinary post has not been completed by quarter 8, the posts will be scheduled as early in the 3rd year as possible. Students attending a clerkship to which they were not assigned (or officially registered) will not earn clinical credit for it and can only do so on a space-available basis. Retroactive credit will not be given to a student for completing a clerkship. Students may only receive patient contacts for elective sites for which they have been registered.

Students are registered for the number of clerkships specified in the course catalog for the given quarter. To enroll in less or more clerkships, a written exception appeal must be approved by the Academic Policy and Progress Committee (APPC).

## Add/Drop and Exchange of Clerkships

- After the clinical clerkships have been assigned, students may make changes to their clinical schedule during the add/drop period prior to the start of the term. The clinical clerkships on the student's MySCNM schedule at the start of the quarter are the official clinical clerkships to which the student is assigned. No change is official until it is reflected on the student's MySCNM schedule.
- All changes must be made prior to the start of the quarter. Any exceptions must be approved by APPC.
- Students wanting to exchange a clerkship for another must trade clerkships with a student equal in level (secondary or primary). Both students must send confirmatory email messages to the Clinical Coordinator in order to trade clerkships. All changes will be considered based on current policy and must be approved by the Clinical Coordinator and Associated Dean of Naturopathic Clinical Education.
- **Students assigned to onsite General Medicine rotations based on performance will not be allowed to trade off of those rotations.**

- Once a trade has been made, students cannot trade out of their new clerkship assignments.
- After the add/drop period, students are not permitted to make changes to their schedule without approval from APPC. To drop a clerkship after the add/drop period, students must submit the add/drop form approved by the attending physician or Department Chair along with a letter of reasoning.
- Changes to a student's clerkship assignment will not be made except for extenuating circumstances. A fee of \$50 will be applied for each change made.
- Students awaiting decisions are required to attend assigned clerkships and meet current policies until otherwise notified in writing. All penalties and fees concerning clinical clerkships will continue to apply.
- It is important for students to understand that taking fewer than the required number of clinical clerkships designated for a specific quarter may delay graduation.
- The schedule change is only official when the registration record on MySCNM reflects the change in the schedule.

## Break Clerkships

**All students are required to complete 4 break credits (48 hours) at the SCNM Medical Center, Neil Riordan Center for Regenerative Medicine and/or extended sites.** Attendance at assigned break rotations is required. Students may register for additional break clerkships if space is available with permission from the Academic Policy and Progress Committee. Students, with permission from the supervising physician, can use break weeks to make up absences accumulated during the preceding quarter. **The maximum number of break clerkships allowed is 12 credits.** Credits earned over break are counted toward the overall number of clinical credits required for graduation. Credits earned in addition to the 4 required credits will count against the number of rotations assigned the last quarter in which a student is enrolled.

A student may complete break credits at an approved elective site only after completing the 4-credit requirement onsite and/or at extended sites.

## Elective Off-Site Clerkships

Students may complete elective clerkships with physicians not employed by SCNM with approval from the Associate Dean of Naturopathic Clinical Education. Most elective clerkships are completed in the state of Arizona, but they may be completed out of the state or out of the country. A representative from the elective site must submit a completed application and provide supporting documents for approval prior to the scheduling of the clinical clerkship. This can be a lengthy process, so students should initiate the application process at least two quarters prior to the beginning of the desired quarter. No credit will be assigned to clerkships completed at an unapproved elective clerkship. Retroactive credit will not be given to a student for

completing an unapproved elective site. Students will only earn clinical credit for hours approved by the elective site physician at the time of registration.

Students cannot be supervised and/or evaluated by their own personal physician or a primary family member. Students are expected to follow all SCNM policies and procedures at elective locations as well as the policies and procedures of the Elective Off-Site. A list of previously approved elective sites is available through the Clinical Coordinator and posted on MySCNM.

## Requirements for Elective Clerkships

The following process is required for a student to obtain approval of an elective location:

- When planning an out-of-state clerkship, do not make travel arrangements until the Elective Off-Site clerkship has been officially approved.
- It is highly recommended that the student begins the process at least two quarters in advance.
- For new sites: Physicians need to complete the Elective Site Physician application (posted on MySCNM or available via the Offsite Program Manager). (Note: CNME guidelines require that physicians must have been in clinical practice at least two years for approval as an Elective Site.)
- Provide a copy of the supervising physician's medical license (and all other doctors with whom the student will be working).
- Provide a copy of the physician's malpractice insurance face sheet (the first page of the policy).
- For new sites: In addition to the items noted above, provide a completed application and a copy of the physician's Curriculum Vitae (CV).
- Include the name of the clinic, hospital, location (city, state and country).
- Turn in all the completed documentation to the Offsite Program Manager **by the set deadline**.
- ND supervising physicians must hold an active license in the US or Canada (CNME guideline)
- Once the elective site is approved by the Associate Dean of Naturopathic Clinical Education, the clerkship will be scheduled, and the student contacted by the Offsite Program Manager and the Clinical Coordinator.

At the end of the quarter, students are required to submit the following in order to receive proper credit for the clerkship:

- Elective Off-Site Clinic Clerkship Attendance and Patient Contact Form

Students are encouraged to submit the clerkship feedback form for each of their supervising physicians quarterly.

**Note: Students must turn in all completed forms to the Clinical Coordinator on time in order to receive clinical credit. Students are responsible for making copies for their own records.**

# Attendance, Code of Conduct, and Professionalism

## Attendance Policy

- A clinical clerkship is scheduled for 4 hours per week for the entire quarter. All SCNM attendance policies and procedures are to be followed at the Medical Center, Neil Riordan Center for Regenerative Medicine, Extended Sites, and Elective Sites.
- One hundred percent attendance is required for all clinical clerkships with the exception of clerkships missed due to holiday closures, unscheduled emergency closures, or didactic intensive course conflicts.
- **Attendance during the first week of the quarter is mandatory as this is the orientation week for each rotation.**
- Attendance to rotations onsite during the first week will be tracked in Canvas and audited by the Financial Aid Office to comply with Title IV regulations. For Elective Off-Site rotations, attendance will be tracked on the Attendance Verification Form and turned in to the Financial Aid Office.
- Absences are defined as either "Excused" or "Unexcused." All absences must be made up within the current quarter. If a grade of Incomplete is assigned for that rotation, the student will have until the end of break week to make up the rotation.
- Students are only allowed 2 absences per quarter. Greater than 2 absences will result in failure of the rotation unless excused by the Associate Dean of Naturopathic Clinical Education.
- Students are expected to be on time for rotations. Students who arrive late may be sent home and the absence be recorded as unexcused.
- **To earn a passing grade, all paperwork must be turned in to the Clinical Coordinator no later than the 1st Monday following the end of the quarter or break in which the clerkship was scheduled.**
- Failure to turn in the completed paperwork by the deadline may result in an unsatisfactory grade and failure of the clerkship.

(See current catalog under Academic Policies for procedures on Grade of Incomplete and Grade Appeal Procedures.)

## Excused Absences

- The attending physician has the discretion to determine if an absence is excused or unexcused. Missing a clinical clerkship due to illness, a family emergency, or other extenuating circumstance may be considered an excused absence.
- Proper documentation may be requested to support an excused absence. In case of a medical conference, proof of attendance may be required. In case of illness, documentation from a physician may be required.

- Students must be seen by a physician and provide a doctor's note within 24 hours before or after missing any classes/clinic due to illness.
- Make-up clerkships are arranged with the attending physician. Normally, the student makes up hours with the same attending physician. If the student wishes to make up time with a different physician, the student must obtain permission from both physicians.
- If an absence is made up with a different physician, a make-up form must be completed and turned into the supervising physician.
- In the event that attending a clinical clerkship conflicts with a scheduled intensive didactic course or senior week course, students must communicate with the attending physician in order to be granted an excused absence from the clerkship. Students are not required to make up the missed clerkship.

## Unexcused Absences

The following includes, but is not limited to, some of the criterion for receiving an unexcused absence:

- Failing to appear to a clerkship,
- Missing a clerkship due to violation of dress code,
- Being unprepared for a clerkship,
- Tardiness or leaving a clerkship early,
- Failing to notify the attending physician of an absence **one hour** before the clerkship begins in the case of illness/emergency; or in the case of a known absence, failure to request permission for absence within an appropriate timeframe for patient care needs,
- Failure to follow current policy regarding clinical requirements such as current Clinical Training Certificate, valid CPR, TB, etc.

Each unexcused absence will require the student to make up **8 hours** of clinical clerkships. Two unexcused absences may result in failure of the clerkship at the discretion of the attending physician.

## Advance Notice of Absence

- A student must notify the attending physician by phone of an expected absence. In the event of illness if a student fails to notify the attending physician at least one hour prior to the clerkship, it will be considered an unexcused absence. The student must call the attending physician directly on his/her cell phone or other designated phone number. Do not email the physician or call the front desk or the extended site to leave a voice message about an absence.
- A student anticipating an extended absence is required to get advanced permission to miss clerkships from every affected clinical faculty member. This written documentation must be completed prior to the absence. Extended absences must be coordinated with the Dean of Students.

## Late Arrival to Clinical Clerkship

Students who are late to their assigned clinic shift will receive a warning for the first incident. If a second incident occurs in the same quarter, the student may be sent home and the absence counted as unexcused. If a student is running late to a rotation due to other SCNM clerkships or classes, they must notify the supervising physician prior to the start of the rotation with the expected time of arrival.

## Professional Dress Code:

- Professional appearance is required for all clinical training at the Medical Center, Neil Riordan Center for Regenerative Medicine, Extended, and Elective Off-Sites. Professional dress is described as a reserved, dignified, polished appearance. Students should avoid flashy or inappropriate dress in order to promote a professional environment. The purpose of the dress code is to ensure that a student's dress does not distract from or interfere with the patients care.
- White coats are to be worn at all times—this includes in the hallway, the Medicinary, the exam rooms, the waiting room, etc. White coats must be kept clean and professional looking at all times. Students must iron and regularly clean their white coat. With permission from their attending, students may remove their white coats while in the room with a patient and to perform procedures. Coats are expected to be put back on when leaving the exam room.
- Photo IDs must be worn at all times.
- Closed-toe shoes are required per OSHA regulations. Cloth and five toed shoes are not permitted by OSHA.
- Button up collared shirts and blouses are expected.
- ABSOLUTELY NO denim, shorts, tight clothing, spandex, leggings, tee-shirts, crop tops (midriff or half shirts), spaghetti straps, gaping sleeveless shirts, or sleeveless dresses that reveal undergarments are to be worn on a clinical clerkship.
- All skirts must be knee length when standing and freely movable enough to not inhibit physical exams or treatment.
- Revealing clothing (neck lines too low, hemlines too high, clothing too tight, etc) is strictly prohibited
- Undergarments must be worn.
- Jewelry must be minimal to avoid hindering treatment.
- Long hair must be tied back.
- Beards must be well groomed.
- Scents and perfumes are not allowed because of our environmentally sensitive and asthmatic patients.
- Personal hygiene must be appropriate for close contact (i.e. deodorant must be used, nails must be short and clean).
- Unnatural hair colors such as orange, blue, purple, green, etc., are not permitted.
- All body piercing, except earrings, must not be visible.
- Tattoos should be appropriately concealed.
- Students with gross inadequacies in appearance will be directed by any attending physician or management staff to

correct these immediately and will not be permitted to continue on the clerkship or post until they do so.

- Students missing a clerkship due to appearance will be sent home and will not receive clinic hours/credit for the time missed. This absence will be considered unexcused, and the student will be required to make up 8 hours of clinical clerkships.
- At the discretion of the supervising physician students may wear the approved SCNM scrubs. Approved SCNM scrubs may be purchased through Apparel Pro. Scrubs must be embroidered with the SCNM logo. All other scrubs are prohibited. White coats must still be worn.

**Note: These dress code standards must be upheld at all Extended and Elective off-Sites unless directed otherwise by the attending physicians.**

## Professional Code of Behavior

- Certain codes of behavior are expected and enforced in the training of health care professionals:
- Patients, peers, attending physicians, residents, and all staff are to be treated in a professional and courteous manner. All attending physicians and residents must be addressed as Doctor and their last name.
- The attending physician has the final say in patient care. Any disagreements must be discussed in private with the attending physician.
- Ask patients whether they want to be addressed on a first- or last-name basis.
- Students are expected to comply with OSHA standards.
- Students are to comply with HIPAA regulations. Students are not allowed to remove any portion of patient charts from any clinical training site. Students should not leave charts or patient notes in the room with the patient or others. Taking any portion of a patient's chart out of the clinic is a HIPAA violation, and the students will be subject to suspension and possible expulsion. Additionally, students are to review only those patient charts to which they are assigned. Reviewing patient charts that are not assigned to the student clinician is a serious HIPAA violation and the student will be subject to suspension and possible expulsion.
- Students are not permitted in the work areas of patient services, lab, or the Medicinary unless they have received permission.
- Students are not to remain at the Medical Center, Neil Riordan Center for Regenerative Medicine or any clinical training site after being excused by the attending physician unless studying cases or utilizing computers for patient care. Students must exit the clinical training site when prompted by any staff or faculty.
- Unprofessional conduct will result in disciplinary action.
- All students are subject to random drug testing

## Code of Conduct Violations

Students are subject to disciplinary action for the following reasons, but not limited to:

- Acting without permission from the attending physician on issues of patient care.
- Unsatisfactory clinical evaluations.
- Unprofessional conduct as defined by the Arizona Revised Statutes and/or in the College Catalog and/or as stated below:
  1. Sexual misconduct
  2. Inappropriate remarks
  3. Inappropriate or inadequate patient draping
  4. Breaking patient confidentiality
  5. Violations of Health Insurance Portability and Accountability Act (HIPAA)
  6. Violations of Occupational Safety Health Act (OSHA)
  7. Practicing medicine without a license.

SCNM is required by law to report unprofessional student conduct that occurs during clinical training to the State of Arizona Naturopathic Physicians Medical Board. Any reported individual is subject to disciplinary sanctions from the Board, up to and including revocation of his/her Clinical Training Certificate.

## Practicing Medicine without a License

In the State of Arizona, practicing naturopathic medicine without a license involves the diagnosis or treatment of any patient by an unsupervised naturopathic medical student or any other unlicensed person where money may or may not be exchanged. SCNM graduates are not allowed to use the title "naturopathic physician" or "doctor" until they have been granted a license to practice naturopathic medicine by the state of Arizona. Naturopathic medical students are held to a higher standard than the general population. It is understood that naturopathic medical students must practice skills in order to become minimally competent for graduation. Students are encouraged to practice their skills with tutors, in CSDS, CSDL or on rotations.

Any student found to be diagnosing, treating or offering advice to any person without supervision or direction from an attending physician, or in contrast from the direction of the attending physician is subject to disciplinary action.

## Definitions:

ARS 32-1501

13. "Direct supervision" means that a physician who is licensed pursuant to this chapter or chapter 13, 17 or 29 of this title:

(a) Is physically present and within sight or sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.

(b) Has designated a person licensed pursuant to this chapter or chapter 13, 17 or 29 of this title to provide direct supervision in the physician's absence.

23. "Naturopathic medical student" means a person who is enrolled in a course of study at an approved school of naturopathic medicine.

24. "Naturopathic medicine" means medicine as taught in approved schools of naturopathic medicine and in clinical, internship, preceptorship and post-doctoral training programs approved by the board and practiced by a recipient of a degree of Doctor of Naturopathic Medicine licensed pursuant to this chapter.

27. "Practice of naturopathic medicine" means a medical system of diagnosing and treating diseases, injuries, ailments, infirmities, and other conditions of the human mind and body including by natural means, drugless methods, drugs, nonsurgical methods, devices, physical, electrical, hygienic and sanitary measures, and all forms of physical agents and modalities.

## Skills Practice Guidelines:

Naturopathic Manipulative Treatment (NMT) must be practiced in a supervised practice lab. Orthopedic tests, palpation, soft tissue techniques, and NMT "set-up" are exempt and may be practiced without supervision.

Acupuncture must be practiced in a supervised lab. OSHA requires that acupuncture be done utilizing clean technique and in a room with no carpet. Standard of Care requires a count of "Needles In" and "Needles Out" that must be documented. Point identification, palpation, and acupressure are exempt and may be practiced without supervision.

## General Medical Center Procedures

### Universal Precautions and OSHA Policy

- Hand washing is the single most important means of preventing exposure to infectious materials. Hands must be washed before and after contact with a patient and before and after donning gloves. Wash hands with soap and water and alcohol hand cleanser. The components of good hand washing technique include using an adequate amount of soap, rubbing hands together to create some friction, and rinsing under running water. The most effective way to remove microbes is to first apply soap or hand cleanser to the nail beds and rub them into the palms before rubbing the entire hand.
- Each treatment room is to have Cavicide wipes. All tables, chairs and equipment should be wiped down in between

patients. Each exam room should be cleaned and reorganized between patients.

- Used patient gowns and sheets should be thrown away. Blankets should be removed from the room after each patient visit and placed in the dirty laundry hamper. Filled laundry bags must be tied off and replaced with empty ones. The filled laundry bags need to be placed in the grey locker in the dirty utility area. It is the student's responsibility to ensure that this is complete before the end of the shift.
- Clean table paper must be rolled onto the examining table and used paper must be discarded.
- Used needles must be placed directly into a sharps container. There are stationary and portable sharps containers in every room. Used needle counts should be disposed of into a portable sharps container and NOT into a kidney basin.
- All safety, waste, and disposal of hazardous materials are handled according to Federal, State, and Occupational Safety and Health Act (OSHA) requirements. All SCNM clinical students are required to undergo OSHA training and are responsible for knowing the OSHA guidelines for blood-borne pathogens. OSHA guidelines need to be reviewed yearly and documented.
- Medical Center policies for handling biohazard materials require that disposables be placed in the red biohazard bags and sharps containers located in each exam room and in the lab. Re-usable instruments must be immediately taken to the lab for cleaning and sterilization. Biohazard materials are defined as only those materials that are soaked in blood. This does NOT include all supplies and instruments that have come into contact with patient body fluids, such as blood, urine, vaginal secretions, saliva, vomit, etc., unless they are soaked in blood. Speculums, unless soaked in blood, are not considered biohazard.
- Students are required to have current Cardiopulmonary Resuscitation (CPR) card throughout clinical training.

Personal Protective Equipment (PPE) that is available includes:

- Gloves – vinyl, latex, sterile, surgical, and extra thick latex
- Safety goggles, masks, face shields

### Incident reporting

- Blood-borne Pathogen Post-exposure evaluation – If you have an injury or exposure to blood or other potentially infectious material, report it to the supervising physician immediately; then come to the laboratory to complete an incident report and receive follow-up instructions. If you are at an extended site, please follow the instructions provided by the supervising physician.
- Attending physicians, clinical students, staff, or visitors may fill out an Incident/Injury Report on any person or situation when a policy or procedure has been violated or to report an accident or illness. The report is submitted to the Director of Clinical Operations. Follow-up is expected.

## HIPAA Reminders at the Medical Center and Extended Sites

- Document all patient visits and follow-up phone calls with patients.
- No medical charts leave the medical center or extended sites. With the EHR, you should not access the system in a public place or give someone else permission to use your username and password. This kind of HIPAA violation can lead to dismissal.
- No paperwork that identifies a patient should be left in public areas (i.e., lunch area, bathroom, lab, lobby, library, or copier, even the classroom after shift is completed).
- Anything with Protected Health Information needs to be kept confidential. (This includes anything with a patient's name, age, address, DOB, SSN, insurance, etc.) If you need to print a previous chart note, please print without PHI.
- Do not discuss patients in public areas. Contain these conversations to the classroom. You never know who you are talking to and who they know.
- No patient identifiers on computer chart notes. This applies to all personal computers or school computers. Email is not a confidential means of communication. Consent needs to be obtained to have email correspondence with the patient.

## Clinical Education Paperwork

### Documentation

Documentation of students' clinical hours and patient contacts are recorded and captured in the EHR. For all other clinical sites, such as extended sites that do not access the EHR, and all Elective Off-Sites, students must submit written documentation on the appropriate forms. Attendance and patient contact forms are found on MySCNM / Student Tab / Clinical Information. (See the Patient Contact Logs section below for any exceptions regarding documentation requirements for break.)

Students are required to properly document clinical hours for each applicable clerkship shift attended.

- To earn a passing grade, all original paperwork must be turned in to the Clinical Coordinator no later than the 2nd Monday following the end of the quarter or break in which the clerkship was scheduled.
- Failure to turn in the completed paperwork by the deadline will result in the student being subject to late fees and may result in an unsatisfactory grade and failure of the clerkship.
- Students are responsible for keeping copies of their paperwork for their own personal records. Please read the following information on documentation to ensure that all paperwork is handled properly, and credit is given for hours.

## Clinic Time Sheets

- Students are to log all clinical clerkship times on the proper form. Extended sites are counted as on-site hours because they are supervised by SCNM faculty.
- Forms not completed in entirety will not be accepted. Check dates, patient contact number, totals, and physician signatures/initials before turning in the form to the Clinical Coordinator
- The supervising physician must sign all forms at the end of the quarter.
- All forms must be submitted to the Clinical Coordinator by the deadline. (See documentation deadline policy noted above.)
- Make-up forms must be attached and signed by both the supervising physician and make-up physician.

## Patient Contact Logs

In order to be eligible for graduation, a student is required to achieve 500 patient contacts. Throughout the quarter, students are required to log all patient contacts and designate them as Primary, Secondary or Observation as defined in an earlier section.

A student must obtain patient contacts totaling at least:

- 225 primary contacts,
- 235 secondary contacts, and
- 40 observation contacts.

At the end of the quarter, the patient contacts will be counted and verified by the attending physician at Extended and Elective Off-Sites. In order to receive credit for the patient contacts, the patient information must be logged clearly, and the original patient contact log must be submitted to the Clinical Coordinator. SCNM and AMS have automated the process of recording patient contacts in Helios; therefore, no patient log or attendance form is required for clerkships held at SCNM Medical Center. An exception to this is break attendance which still requires physician signatures for onsite physicians. The paper process for documenting patient contacts at extended sites and Elective Off-Sites remains the same and eventually will be electronically documented. Even after achieving the required 500 patient contacts, students must continue to accurately record the patient contacts until graduation.

## Evaluation of Physicians:

At the end of the quarter, students are to fill out an evaluation form on each of his or her attending physicians and residents. These evaluations are processed by the Director of Assessment and reviewed by the Department Chair.

# Acknowledgement and Agreement:

The student Clinical Handbook of the Southwest College of Naturopathic Medicine (SCNM) is published to provide students with information about the clinical training program. This handbook does not constitute a contract. SCNM reserve the right to make changes in the terms, conditions, regulations, rules, and policies set forth in this publication at any time and without notice; however, SCNM will try to communicate those changes with reasonable notice to all interested parties. Students are responsible for understanding and complying with all policies and procedures contained in this handbook and in other publications distributed by SCNM. This handbook supersedes all previous editions.

My signature below indicates that I have received a copy of the Clinical Handbook and that I am responsible for reading and understanding all the information contained within this handbook. I also understand that upon entering clinic clerkships, future handbook editions may be created with policy and procedure changes.

---

Signed Name

---

Date

---

Printed Name

A signed copy of the Acknowledgment and Agreement form is kept in the student's clinical file located in the Clinical Records Coordinator's office.

# Clinical Fast Facts

## Glossary

- **1 clerkship** = 44 hours = 4 credits; normally 4 hrs/wk for 11 weeks (1 quarter).
- **0.5 clerkship** = 24 hours = 2 credits; normally 6 rotations a 4 hrs/rotation= 2 credits; often completed during a break week or with an Elective Off-Site.
- **On-site** = clerkship at SCNM Medical Center or ~~Pain Relief Center~~ Neil Riordan Center for Regenerative Medicine
- **Extended Site** = clerkship at an off-campus clinic where SCNM physicians supervise students under the same guidelines as the SCNM Medical Center. These clerkships count as on-site credits.
- **Elective Off-Site** = clerkship with an approved physician (ND, MD, DO, DC, Lac etc.) in the community who welcomes students to observe or gain hands-on experience in their practice.
- **Primary** = A student who is acting as the primary person responsible for the patient visit. Most often these are senior students who have passed the OSCE.
- **Secondary** = A student who is acting in an assisting role to the primary student for the patient visit. Most often this role is performed by students earlier in their clinical education who have not yet passed the OSCE.
- **Posts** = Attendance in both the SCNM Lab and Medicinary/IV; complete 1 credit/12 hrs. in each.

## Eligibility for Clinical Training

These requirements must be met by all students, including transfer students and students with advanced standing.

- Satisfactory completion of all Qtr 1-8 classes (including CLTR 4300/4304 and the clinic entry exam)
- Current Clinical Training Certificate from NPMB to be renewed annually by the student (initial application is completed in the previous years as clinical training begins in the first two years)
- Current State of Arizona Fingerprint Clearance Card
- Current CPR card, Hepatitis B documentation or waiver, TB screening, and any other required health information (to be provided to the Clinical Coordinator)
- Pass a drug screening test (taken during the first quarter)
- Take NPLEX Part I Basic Science Exam. Provide copy of scores to Registrar's office before start of quarter.
- Other requirements as listed in the Clinical Student Handbook. Students must sign verification of receipt of the clinical handbook which is submitted to the Clinical Coordinator and maintained in their clinical file.

## Attendance Policy:

- 100% attendance is required for clinical clerkships.
- All SCNM attendance policies and procedures are to be followed at the Medical Center, extended sites, and any elective sites.
- Missing a clinical clerkship due to illness, a family emergency, or other extenuating circumstances may be considered an excused absence at the discretion of the supervising physician.
- Make-up rotations must be coordinated with the permission of the supervising faculty. All absences must be completed by the end of the following break week.
- Unexcused absences require the student to make-up double the number of hours originally missed. They may also result in failure of the clerkship. Refer to the complete attendance policy outlined in the Clinical Handbook.

## Breaks

- All students are required to work at least 4 break credits/48 hours which must be completed at Medical Center or Extended sites.

## Posts

- Lab, Medicinary, and IV posts may be completed any time after you have completed qtrs. 4 (or 8 – 5-year track) but should be completed prior to entering clinic in qtr. 8 (or 12 – 5-year track).
- Posts will be scheduled as they fit in students' schedules and will be completed as early in the program as possible.

## Extended Sites

- All Clinical students are eligible for Extended Sites, although the Associate Dean of Naturopathic Clinical Education has final say based on clinical performance.
- These clerkships count toward required on-site credits.
- Some Extended Site clerkships require additional materials that need to be submitted 3 months+ in advance of the clerkship. See Clinical Coordinator for requirement details.

## Elective Off-Sites

- Clinical students are eligible to pursue Elective Off-Sites starting with their 13th quarter after passing the OSCE A exam or 14<sup>th</sup> quarter after passing OSCE B. The Associate Dean of Naturopathic Clinical Education has final say based on clinical performance.
- These clerkships must be approved at least one quarter prior to the Elective Off-Site clerkship being scheduled.
- The application is available on MySCNM and is turned into The Clinical Exam and Off-site Experience Manager. Students must plan well in advance as this often takes a minimum of 4 to 6 weeks to complete the process.

- A list of approved Elective Off-Sites is also available with The Clinical Exam and Off-site Experience Manager or posted on "My SCNM" to include AZ, Out of State, and Out of Country.

# Frequently Asked Questions

## **When do I find out which clerkships I have after I turn in my registration form?**

The schedule you receive during final registration will reflect your clerkships for the following quarter and are accessible through your "MySCNM" class schedule portal.

## **How do I add/drop/trade a clerkship once I get my schedule?**

The week following Final Registration is add/drop/trade week. To add, drop, or trade a clinic clerkship, students must complete an add/drop or trade form and turn it in to the Clinical Coordinator by the end of the week. Not all adds, drops, or trades will be approved as the first considerations are the needs of the clerkship, attending physicians, and patients. Each request will be reviewed by the Clinical Coordinator. Students will be notified of any changes through e-mail. Once the add/drop week has ended, students must obtain approval from APPC (Academic Progress and Policy Committee) for any requests to change their clinic schedule. Until notified in writing, students must attend their scheduled clerkships. The schedule posted on MySCNM is the official schedule. A fee of \$50 will be assessed for any changes after the add/drop/trade week.

## **Can I work a break clerkship before I start clinical training?**

No. Students need to have completed at least one quarter of clinical training before working a break shift. This is because most doctors assume that students already know the ins and outs of the Medical Center when working a break. Students may work more independently on a break clerkship than at other times.

## **How are Clinic Clerkships graded?**

Clerkships are graded and recorded on your academic record (transcript):

S = Satisfactory – credit is earned for the clerkship.

U = Unsatisfactory - no credit is earned for the clerkship and the clerkship must be repeated.

## **How do I find out how many clinical credits I've completed?**

The Clinical Coordinator or Registrar's office can complete a clinic audit to determine how many clinical credits students have completed.

# SCNM Clinical Competencies

Approved by Faculty Senate – Dec. 9, 2011

## Clinical Learning Outcome #1

The student will demonstrate application of the principles of naturopathic medicine.

1. Provide examples of therapeutic applications that are safe and effective: **First Do No Harm**
2. Describe examples of the body's inherent ability to heal itself: The Healing Power of Nature
3. Evaluate health problems to treat the underlying cause: Treat the Cause
4. Provide examples of individualized care to treat the whole person: Treat the Whole Person
5. Provide examples of how to educate patients in the steps to achieving and maintaining health: Doctor as Teacher
6. Describe preventive measures pertaining to overall health and disease: Prevention
7. Provide examples of how to achieve optimum health and balance: Wellness

## Clinical Learning Outcome #2

The student will demonstrate competency in clinical knowledge.

1. Recognize dynamic and homeostatic balance in relation to health
  - a. Recognize optimal health considering mind, body and spirit
  - b. Recognize normal physical examination findings
  - c. Recognize normal parameters of laboratory and radiographic findings
2. Evaluate evidence used in clinical practice (evidence-based medicine)
3. Demonstrate knowledge of etiology of common and high-risk conditions
4. Demonstrate knowledge of the pathogenesis and pathophysiology of common and high-risk conditions
5. Recognize pathologic and morphologic changes
6. Demonstrate knowledge of signs and symptoms of common and high-risk conditions
7. Recognize abnormal findings in physical examination, laboratory and other diagnostic procedures of common and high-risk conditions
8. Formulate differential diagnoses
9. Formulate working or initial diagnoses
10. Formulate final diagnosis
11. List complications and prognosis

12. Demonstrate knowledge of all therapeutics in the Arizona naturopathic scope of practice including but not limited to:
  - a. Acupuncture and oriental medicine
  - b. Botanical medicine
  - c. Environmental medicine
  - d. Homeopathic medicine
  - e. Mind-body medicine
  - f. Minor surgery
  - g. Nutrition
  - h. Pharmaceuticals
  - i. Physical medicine

## Clinical Learning Outcome #3

The student will demonstrate competency in clinical skills.

1. Demonstrate clinical problem solving as described in 3b – 3k
2. Utilize scientific and clinical evidence
3. Perform history taking  
Given a patient interaction in a clinical setting, the student will be observed to competently demonstrate the following:
  - a. Identify relevant information from patient-completed intake form and available records prior to patient visit
  - b. Establish physician's role in the patient's care (PCP, specialty care, etc.)
  - c. Evaluate information in initial intake form with patient
  - d. Document acute and chronic chief concerns (symptom-based - why the patient came for the visit)
  - e. Elicit history of present illness
  - f. Use ASCLAST and OPQRST as in CLPR (i.e., let the patient talk first, and then ask the patient specific questions)
    - i. **ASCLAST** (Mnemonic)
      1. Aggravating and alleviating factors
      2. Severity
      3. Character/quality
      4. Location
      5. Associated symptoms
      6. Setting
      7. Timing
    - ii. **OPQRST** (Mnemonic)
      1. Onset of the event
      2. Provocation or Palliation
      3. Quality of the pain
      4. Region and Radiation
      5. Severity
      6. Time (history)
  - g. Ask questions related to symptoms and signs that are pertinent in establishing differential

- and working diagnosis (algorithmic approach)
- h. Elicit pertinent family medical history (FMH)
- i. Document past medical history (PMH) (i.e., medical, surgical, hospitalizations, screenings, immunizations, childhood illness)
- j. Document social and personal health history (SH) (marital status, occupation, children, social and spiritual practice, exercise, recreational drug and alcohol use, smoking history, etc.)
- k. List medications (i.e., name, strength, frequency, start date, prescriber)
- l. List supplements (i.e., name, strength, frequency, start date, prescriber)
- m. List allergies and reactions
- n. Elicit review of systems (ROS) (general, sleep, mental/emotional including physical and emotional abuse, energy, systems)
- o. Elicit pertinent dietary practices
- 4. Physical examination
  - a. Demonstrate complete system-based examination skills:
    - i. Exam preparation
    - ii. Room preparation
    - iii. Patient preparation
    - iv. Universal precautions
    - v. Hand washing
    - vi. Vitals
    - vii. General appearance
    - viii. Integumentary
    - ix. Eyes
    - x. Ears
    - xi. Nose
    - xii. Mouth/Throat
    - xiii. Neck
    - xiv. Respiratory
    - xv. Cardiovascular
    - xvi. Abdomen
    - xvii. Musculoskeletal
    - xviii. Neurologic
    - xix. Breast
    - xx. Genito-Urinary
    - xxi. Gynecologic
    - xxii. Rectal
  - b. Demonstrate patient-centered physical examination
    - i. Age and Gender Specific
    - ii. General Screening
    - iii. Condition Specific
    - iv. Visit Specific
      - 1. Worker's Compensation
    - v. Motor Vehicle Accidents
- 5. Perform practical diagnostic procedures/tests
  - a. Oxygen saturation
    - b. Respiratory peak-flow rates
    - c. Glucometer/blood glucose
    - d. Hemoglobin
    - e. Sedimentation rate
    - f. Urinalysis
    - g. Fecal occult blood
    - h. Pregnancy
    - i. 12-lead electrocardiogram
    - j. Rapid strep
    - k. Venipuncture
    - l. Intravenous
    - m. Specimen collection (pap smear, culture)
    - n. Biopsy
- 6. Demonstrate practical therapeutic procedures (specialty clinics; didactic)
  - a. Universal Precautions and OSHA
  - b. Hydrotherapy
  - c. Manipulation
  - d. Physiotherapy (e.g., EMS, Ultrasound, Diathermy, Laser)
  - e. Acupuncture (moxa, electrostimulation and cupping)
  - f. Injections (e.g., SQ, IM, Intra-Dermal)
  - g. Intravenous
  - h. Mind-body techniques
  - i. Minor surgery (suturing, anesthesia, sterile technique, cauterization, excisions, wound care, cryosurgery)
- 7. Utilize laboratory and imaging
  - a. Order diagnostic and follow-up testing
  - b. Interpret basic laboratory findings
  - c. Recognize basic radiographic imaging (chest, abdomen, pelvic, skeletal)
  - d. Correlate imaging reports with actual CT, MRI, Ultrasound, PET Scan, Scintigraphy
  - e. Consult with appropriate specialists (e.g., pathologists, radiologists)
- 8. Create prevention plan based on patient evaluation
  - a. Counsel on lifestyle habits
  - b. Identify risk factors
  - c. Screen in relationship to patient's age and risk factors
  - d. System screening (psychiatric, cardiac, integumentary, oncologic, etc.)
  - e. Specific to age, gender, ethnicity, and family history
  - f. Patient and family education
  - g. Optimize wellness
- 9. Develop differential and final diagnoses
  - a. Interpret the data from basic examinations (e.g., history, physical examination, and laboratory)
  - b. Utilize an algorithmic approach to differential diagnoses (as taught in CLPR) like one of the following

- i. **VITAMIN CD** (Mnemonic)
    - 1. Vascular/Post-vascular
    - 2. Infectious/Post-infectious
    - 3. Trauma/Post-traumatic
    - 4. Autoimmune
    - 5. Metabolic/toxic
    - 6. Idiopathic
    - 7. Neoplastic
    - 8. Congenital/hereditary
    - 9. Degenerative
  - ii. **DIRECTION** (Mnemonic)
    - 1. Drugs
    - 2. Infection
    - 3. Rheumatologic
    - 4. Endocrine
    - 5. Cardiovascular
    - 6. Trauma
    - 7. Inflammatory
    - 8. Other
    - 9. Neoplasm
  - iii. **I VINDICATE** (Mnemonic)
    - 1. Iatrogenic
    - 2. Vascular
    - 3. Infectious
    - 4. Neoplastic
    - 5. Degenerative/Drugs
    - 6. Inflammatory/Idiopathic
    - 7. Congenital
    - 8. Allergic/Autoimmune
    - 9. Traumatic
    - 10. Endocrinal & metabolic
10. Formulate appropriate differential diagnoses
  11. Formulate working diagnoses
  12. Utilize diagnostic workup to formulate final diagnosis
  13. Formulate patient prognosis
    - a. Differentiate between acute and chronic conditions
    - b. Identify indicators of severity of disease
    - c. Integrate specialists into management when appropriate
    - d. Administer and/or refer for palliative care when appropriate
    - e. Discuss prognosis with patient
  14. Design treatment plan and management
    - a. Formulate individualized naturopathic therapeutic plans
    - b. Document prescriptions (i.e., drug/nutraceutical/herb/homeopathic remedy, dose, strength, quantity dispensed, patient instructions, refills, and pharmacy and phone number)
    - c. Discuss dietary-related instructions
    - d. Prescribe lifestyle interventions and exercise
    - e. Utilize patient handouts
    - f. Obtain informed consent
  15. Prepare patient documentation
    - a. Obtain initial patient forms
      - i. Patient demographics
      - ii. HIPAA
      - iii. Informed consent
      - iv. Insurance information
      - v. Intake form
      - vi. Records
      - vii. Records release
      - viii. Correspondence
    - b. Record basic **SOAP** format (follow legal and best practice).
      - i. **Subjective (Reported)**: CC; HPI; FH; PMH; SH; medications; supplements; allergies; ROS
      - ii. **Objective (Observed)**: Vitals; PE; labs; imaging
      - iii. **Assessment**: Clinical impression; primary and secondary diagnosis; ICD-9/CPT Codes; TCM diagnosis; homeopathic rubrics
      - iv. **Plan**: Treatment/procedures (acupuncture points, injection sites, hydrotherapy, IV, etc.); informed consent; orders; referrals; future plans; patient handouts; patient education; RTC
      - v. Record follow up telephone notes
    - c. Complete patient service summary in accordance with insurance guidelines
      - i. Evaluation and management codes (Visit Codes)
      - ii. Current procedural terminology codes (CPT Codes)
      - iii. International classification of diseases (ICD-9 Codes)
    - d. Utilize appropriate billing documentation and charting requirements
      - i. HCFA (Health Care Financing Administration)
      - ii. Worker's compensation
      - iii. Motor vehicle accidents
  - g. Prescribe laboratory and diagnostic studies
  - h. Provide follow up instructions and visits
  - i. Make appropriate referrals

## Clinical Learning Outcome #4

The student will demonstrate communication skills.

1. Form therapeutic relationship with patients, relatives, and their significant others
  - a. Form therapeutic relationship with patients, relatives and their significant others
  - b. Demonstrate empathetic, caring and respectful patient-doctor interaction

- c. Display appropriate body language
  - d. Display transparency in decision-making process
  - e. Be an effective listener
  - f. Utilize shared decision-making process
    - i. Demonstrate a cooperative attitude
    - ii. PARQ (Procedures/Plan, Alternatives, Risks and Questions)
  - g. Employ appropriate boundaries in all interactions
    - i. Oral and written patient interactions
    - ii. Social and legal considerations
    - iii. Patient termination
  - h. Communicate limitations as a physician (treatment; progress; referrals)
  - i. Demonstrate time management without sacrificing quality care
  - j. Discuss bad news with patients and family
  - k. Discuss poor prognosis with patients and family
2. Interact with diverse populations and groups
- a. Utilize knowledge of different cultures
  - b. Respect different cultural views, beliefs and practices relating to the human body and health care
  - c. Elicit information in the context of culture (ETHNIC)
    - i. Explanation – How do you explain your illness?
    - ii. Treatment – What treatments have you tried?
    - iii. Healers – Have you sought advice from folk healers?
    - iv. Negotiate – Discuss mutually acceptable options
    - v. Intervention - Agree on the intervention
    - vi. Collaboration – with patient, family and healers
  - d. Utilize interpreters and cultural brokers
  - e. Interact with family and community
  - f. Respect family roles in relation to patient care
  - g. Recognize the physician's personal cultural limitations
3. Interact with naturopathic colleagues and other health care professionals
- a. Communicate appropriate information for patient referral (letters, phone calls, etc.)
  - b. Consult with health care professionals regarding patient care
  - c. Utilize peer consultation and mentoring
  - d. Utilize community resources in patient care
  - e. Assess high-risk patient care situations and make appropriate referrals
  - f. Consult with community agencies

- g. Disability, and Family Medical Leave
- h. Follow legal and ethical standards for prescribing scheduled medications
- i. Demonstrate appropriate patient-clinician boundaries (i.e., interpersonal relations, treating family members, professional judgment in patient-relations)

## Clinical Learning Outcome #5

The student will show evidence of professionalism.

1. Demonstrate professional behavior and appearance
  - a. Display appropriate verbal and non-verbal communication
  - b. Demonstrate respect when addressing patients
  - c. Exhibit appropriate personal appearance (Refer to Clinical Handbook)
2. Use ethical principles and standards
  - a. Prescribe procedures and medications only after appropriate medical history, physical examination and diagnostics
  - b. Demonstrate professional conduct as outlined in state and national guidelines
  - c. Follow guidelines regarding Worker's Compensation
3. Comply with legal responsibilities (HIPAA and OSHA exams, Jurisprudence-Clinical Training Certificate)
  - a. Demonstrate compliance in HIPAA and OSHA
  - b. Recognize the importance of CLIA regulations
  - c. Demonstrate compliance in state and federal regulations regarding prescriptions
  - d. Demonstrate compliance in state regulations regarding reporting of communicable diseases
  - e. Recognize the importance of legal documents including Medical Power of Attorney and Living Will
  - f. Demonstrate compliance in practice consistent with state and federal law
  - g. Demonstrate compliance related to self-medicating and substance abuse
4. Follow self-care guidelines
  - a. Recognize pressures of demanding professional life on health and well being
  - b. Recognize the benefits of regular exercise, eating a healthy diet, stress reduction techniques and meditation
  - c. Recognize available medical and psychological resources
  - d. Recognize available legal and financial resources
  - e. Maintain a balance between personal, professional and social goals and activities

- f. Recognize the impact of self-medicating and substance abuse
- g. Maintain boundaries to prevent mental or emotional transference
- 5. Demonstrate techniques for lifelong learning
  - a. Utilize resources related to clinical knowledge and practice (Journals, CME, Seminars, MDConsult, Epocrates, etc.)
  - b. Evaluate accuracy and applicability of medical resources
  - c. Utilize critical thinking related to patient care
  - d. Utilize evidence-based medicine in guiding clinical judgment

# Student Clerkship Feedback Form

Updated: 3/2/2015

Student: \_\_\_\_\_

Faculty/Supervisor: \_\_\_\_\_

Student Year at SCNM (*check one*):  Year 3  Year 4

Student Expected Role on Most Clerkship Rotations (*check one*):  Secondary  Primary

Number of Rotations this Student has with Faculty/Supervisor this Quarter (*write number*): \_\_\_\_\_

Performance Category	General Judgment Criteria
Advanced	Exceptional performance; aculty/supervisor places student among top 10% of SCNM students
Competent	Performance at the expected competency level (i.e. 3 <sup>rd</sup> or 4 <sup>th</sup> year); Faculty/supervisor judges student to be able to continue without any concerns
Needs Improvement	Borderline satisfactory performance with areas for improvement; Faculty/supervisor judges student to be able to continue, but needing further work in identified areas
Inadequate	Inadequate performance with serious deficiencies; Faculty/supervisor judges student to NOT be able to continue unless problem(s) resolved
Not Applicable	Not observed/not applicable

1.The student will demonstrate competency in basic medical KNOWLEDGE for common and critical conditions. (Check only <u>ONE</u> per row)				
	Advanced	Competent	Needs Improvement	Inadequate
1a. Knowledge of pathogenesis and pathophysiology	<input type="checkbox"/> Consistently demonstrates knowledge of the etiology, pathogenesis and pathophysiology of common and critical conditions; Recognizes dynamic and homeostatic balance in relation to health	<input type="checkbox"/> Consistently demonstrates knowledge of the etiology, pathogenesis and pathophysiology of common and critical conditions	<input type="checkbox"/> Lacks consistency in demonstrating knowledge of the etiology, pathogenesis and pathophysiology of common and critical conditions	<input type="checkbox"/> Repeatedly demonstrates inadequate knowledge of the etiology, pathogenesis and pathophysiology of common and critical conditions
1.The student will demonstrate competency in basic medical KNOWLEDGE for common and critical conditions. (Check only <u>ONE</u> per row)				
	Advanced	Competent	Needs Improvement	Inadequate

1b. Knowledge of disease signs and symptoms	<input type="checkbox"/> Consistently demonstrates knowledge of signs and symptoms of common and critical conditions; Recognizes abnormal findings in physical exam, lab and other diagnostic procedures of common and critical conditions; Recognizes pathologic and morphologic changes	<input type="checkbox"/> Consistently demonstrates knowledge of signs and symptoms of common and critical conditions	<input type="checkbox"/> Lacks consistency in demonstrating knowledge of signs and symptoms of common and critical conditions	<input type="checkbox"/> Repeatedly demonstrates inadequate knowledge of signs and symptoms of common and critical conditions	
1c. Knowledge of disease complications and prognosis	<input type="checkbox"/> Consistently demonstrates knowledge of complications and prognosis of common and critical conditions; Demonstrates understanding of the short-term and long-term ramifications (medical, legal, personal, etc.)	<input type="checkbox"/> Consistently demonstrates knowledge of complications and prognosis of common and critical conditions	<input type="checkbox"/> Lacks consistency in demonstrating knowledge of complications and prognosis of common and critical conditions	<input type="checkbox"/> Repeatedly demonstrates inadequate knowledge of complications and prognosis of common and critical conditions	
<b>2.The student will demonstrate competency in clinical SKILLS for common and critical conditions. (Check only ONE per row)</b>					
	<b>Advanced</b>	<b>Competent</b>	<b>Needs Improvement</b>	<b>Inadequate</b>	
2a. Reviews patient records prior to patient visit	<input type="checkbox"/> Consistently exhibits understanding of patient records; Develops follow-up questions or identifies other ways to gain full understanding about the primary concern	<input type="checkbox"/> Consistently exhibits understanding of patient records	<input type="checkbox"/> Occasionally misreads or exhibits inability to understand patient records	<input type="checkbox"/> Repeatedly misreads or exhibits inability to understand patient records	
2b. Takes effective history	<input type="checkbox"/> Obtains basic history and identifies ALL patient concerns	<input type="checkbox"/> Obtains basic history and identifies MOST patient concerns	<input type="checkbox"/> Occasionally misses important information or fails to obtain history in an	<input type="checkbox"/> Repeatedly misses important information or fails to obtain history in an organized manner	<input type="checkbox"/> Not applicable

	in an organized manner	in an organized manner	organized manner		
<b>2.The student will demonstrate competency in clinical SKILLS for common and critical conditions. (check only ONE per row)</b>					
	<b>Advanced</b>	<b>Competent</b>	<b>Needs Improvement</b>	<b>Inadequate</b>	
2c. Generates differential diagnosis (ddx)	<input type="checkbox"/> Consistently provides clinical reasoning, while generating an appropriate list of ddx, and narrowing down to primary diagnosis	<input type="checkbox"/> Consistently generates an appropriate list of ddx, and narrows down to primary diagnosis; Occasionally provides clinical reasoning	<input type="checkbox"/> Lacks consistency in generating an appropriate list of ddx, or primary diagnosis	<input type="checkbox"/> Repeatedly fails to generate an appropriate list of ddx, or misses primary diagnosis	
2d. Performs appropriate physical exam	<input type="checkbox"/> Performs thorough and accurate physical exam WITH FOCUS based on ddx	<input type="checkbox"/> Performs thorough physical exam with the correct techniques and procedures	<input type="checkbox"/> Occasionally fails to demonstrate the correct techniques and/or procedures	<input type="checkbox"/> Repeatedly fails to demonstrate the correct techniques and/or procedures	<input type="checkbox"/> Not applicable
2e. Designs and manages treatment plan	<input type="checkbox"/> Consistently exhibits the ability to independently generate appropriate treatment plan	<input type="checkbox"/> Consistently exhibits the ability to contribute to generating appropriate treatment plan	<input type="checkbox"/> Lacks consistency in contributing to appropriate treatment plan	<input type="checkbox"/> Repeatedly fails to contribute to generating appropriate treatment plan	<input type="checkbox"/> Not applicable
2f. Keeps accurate patient record	<input type="checkbox"/> Provides evidence-based assessment while consistently generating thorough and accurate record in a timely manner	<input type="checkbox"/> Consistently generates thorough and accurate record in a timely manner	<input type="checkbox"/> Lacks consistency in generating thorough and accurate record in a timely manner	<input type="checkbox"/> Repeatedly fails to generate thorough and accurate record in a timely manner	<input type="checkbox"/> Not applicable
2g. Displays interpersonal skills with patients and their families	<input type="checkbox"/> Communicates clearly, thoroughly and concisely; Highlights priority among issues; Identifies nonverbal cues	<input type="checkbox"/> Communicates clearly and concisely with complete and accurate information	<input type="checkbox"/> Occasionally communicates information in a disorganized or unclear manner	<input type="checkbox"/> Frequently communicates information in a disorganized or unclear manner; Misses important information	
2h. Exhibits respect and empathy	<input type="checkbox"/> Consistently exhibits empathy and compassion; Seeks to understand patients' values and beliefs	<input type="checkbox"/> Consistently exhibits empathy and compassion when responding to patients	<input type="checkbox"/> Occasionally fails to demonstrate empathy or respect for patients' values and beliefs	<input type="checkbox"/> Repeatedly fails to demonstrate empathy or respect for patients' values and beliefs	

2i. Applies ethical principles and standards	<input type="checkbox"/> Exhibits HEIGHTENED sensitivity for ethical responsibilities; Identified ethical situations and responds appropriately	<input type="checkbox"/> Exhibits BASIC understanding of ethical responsibilities; Provides patient care without ethical misconduct in treatment plan	<input type="checkbox"/> Occasionally fails to identify ethical situations or exhibits careless ethical conduct	<input type="checkbox"/> Exhibits little or no consideration of ethical responsibilities; Repeatedly provides patient care with ethical misconduct	
<b>2. The student will demonstrate competency in clinical SKILLS for common and critical conditions. (check only ONE per row)</b>					
	<b>Advanced</b>	<b>Competent</b>	<b>Needs Improvement</b>	<b>Inadequate</b>	
2j. Displays accountability	<input type="checkbox"/> Takes initiative for appropriate responsibilities; Completes tasks in a timely, organized and dependable manner	<input type="checkbox"/> Takes initiative for appropriate responsibilities; Dependable in completing tasks	<input type="checkbox"/> Lacks consistency in completing tasks in a timely, organized and dependable manner	<input type="checkbox"/> Frequently fails to take responsibility; Not dependable	
2k. Demonstrates professional behaviors with colleagues	<input type="checkbox"/> Consistently communicates and collaborates effectively with colleagues; Utilizes SCNM community resources in patient care	<input type="checkbox"/> Communicates effectively with colleagues; Maintains effective working relationship with colleagues	<input type="checkbox"/> Lacks consistency in collaborating or communicating with colleagues in an effective manner	<input type="checkbox"/> Disrespectful to colleagues; Disruptive to the team's ability to provide patient care	
2l. Responds to feedback	<input type="checkbox"/> Consistently accepts and reflects upon feedback thoughtfully; Demonstrates effective improvement upon receiving feedback	<input type="checkbox"/> Consistently accepts feedback and exhibits intentions to improve performance, BUT not always in an effective manner	<input type="checkbox"/> Lacks consistency in accepting feedback with resistance to acting upon feedback	<input type="checkbox"/> Frequently resists feedback, or fails to act upon feedback	
<b>3. The student will demonstrate application of principles of naturopathic medicine. (check only ONE per row)</b>					
<b>PLEASE SKIP SECTION #3 IF YOU ARE NOT A NATUROPATHIC DOCTOR.</b>					
	<b>Advanced</b>	<b>Competent</b>	<b>Needs Improvement</b>	<b>Inadequate</b>	
3a. First Do No Harm	<input type="checkbox"/> Exhibits critical thinking in applying the principle to patient care; Determines treatment plans with a BALANCE of realistic constraints and "do no harm"	<input type="checkbox"/> Applies the principle in a flexible manner with careful consideration of the patient's condition (medical, psychological,	<input type="checkbox"/> Lacks consistency in applying the principle with different patients' cases/situations	<input type="checkbox"/> Repeatedly fails to recognize situations that would cause harm to the patients	

		emotional, social, etc.)			
3. The student will demonstrate application of principles of naturopathic medicine. (check only <u>ONE</u> per row)					
PLEASE SKIP SECTION #3 IF YOU ARE NOT A NATUROPATHIC DOCTOR.					
	<b>Advanced</b>	<b>Competent</b>	<b>Needs Improvement</b>	<b>Inadequate</b>	
3b. The Healing Power of Nature	<input type="checkbox"/> Formulates treatment plans that support <i>vis</i> ; Recognizes signs associated with the natural healing process that involves identifying obstacles to cure, supporting the patients' healthy internal and external environments, and facilitating and augmenting the nature cure process	<input type="checkbox"/> Exhibits a commitment to choose treatment plan that supports the healing power of nature	<input type="checkbox"/> Lacks consistency in exhibiting a commitment to choose treatment plan that supports the healing power of nature	<input type="checkbox"/> Repeatedly fails to exhibit a commitment to choose treatment plan that supports the healing power of nature	
3c. Treat the Cause	<input type="checkbox"/> Consistently identifies the root cause in a holistic manner with consideration of the possibility of multiple causes; Utilizes comprehensively gathered information	<input type="checkbox"/> Exhibits a commitment to identifying the underlying root cause	<input type="checkbox"/> Lacks consistency in identifying the underlying root cause	<input type="checkbox"/> Repeatedly fails to identify root causes	
3d. Treat the Whole Person	<input type="checkbox"/> Takes initiative to understand and incorporate ALL aspects (physical, mental, etc.) and life circumstances (social, work, etc.) of the patient in health care decisions	<input type="checkbox"/> Considers MOST aspects of the patient in patient care decisions; Individualizes the treatment plan according to the patient's realistic constraints	<input type="checkbox"/> Occasionally fails to include important aspects of the patient's life or assumes an idealistic view of "treat the whole person" that does not meet the patient's realistic constraints	<input type="checkbox"/> Repeatedly fails to demonstrate a consideration of all aspects of the patient's life and their impact on his/her health	
3e. Doctor as Teacher	<input type="checkbox"/> Consistently educates the patient about his/her own unique health conditions and	<input type="checkbox"/> Consistently exhibits the commitment to educate the patient about his/her own	<input type="checkbox"/> Supports the need for patient education, but fails to take into consideration the	<input type="checkbox"/> Repeatedly fails to recognize the need for patient education about his/her own unique health conditions or the need to	

	desired state; Empowers patient with the information that helps him/her achieve wellness	unique health conditions	patient's unique conditions	inspire self-responsibility in the patient	
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**3. The student will demonstrate application of principles of naturopathic medicine.  
PLEASE SKIP SECTION #3 IF YOU ARE NOT A NATUROPATHIC DOCTOR.**

	Advanced	Competent	Needs Improvement	Inadequate	
3f. Prevention	<input type="checkbox"/> Consistently collaborates with patient to promote awareness of their own unique risk factors and hereditary susceptibility to disease; Make appropriate interventions to avoid further harm and risk to the patient	<input type="checkbox"/> Consistently assesses appropriate risk factors and hereditary susceptibility to disease	<input type="checkbox"/> Occasionally fails to assess appropriate risk factors and hereditary susceptibility to disease	<input type="checkbox"/> Repeatedly fails to assess appropriate risk factors and hereditary susceptibility to disease	

**4. Additional Comments**

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Supervisor's Signature:	Student's Signature:
Supervisor's Printed Name:	Student's Printed Name:
Date:	Date:

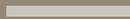


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SOUTHWEST COLLEGE OF  
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