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

	I. Reference material – the latest versions readily available in the clinic for student references	
1.	❑ *Health Professions Act*	*Comment*
2.	❑ CTCMA – *Entry-level Occupational Competencies for the Practice of TCM in Canada*	*Comment*
3.	❑ CTCMA – *Entry-level Occupational Competencies for the Doctor of TCM*	*Comment*
4.	❑ CTCMA – *Bylaws & Schedules*	*Comment*
5.	❑ CTCMA – *Practice Standard: Consent to Treatment*	*Comment*
6.	❑ CTCMA – *Practice Standard: Sexual Misconduct*	*Comment*
7.	❑ CTCMA – *Practice Standard: Draping for Patients*	*Comment*
8.	❑ CTCMA – *Practice Standard: Communicable Diseases: Preventing Practitioner-to-Patient Transmission*	*Comment*
9.	❑ CTCMA – *Practice Standard: Professional Duty of Candour*	*Comment*
10.	❑ CTCMA – *Practice Standard: Acupuncture for Induction of Labour*	*Comment*

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11.	❑ CTCMA – *Practice Standard: Clinical Record Keeping*	*Comment*
12.	❑ CTCMA – *Where is the line*	*Comment*
13.	❑ CTCMA – *Consent to Treatment*	*Comment*
14.	❑ CTCMA – *Safety Program Handbook*	*Comment*
15.	❑ CTCMA – *Jurisprudence Handbook*	*Comment*
16.	❑ National Acupuncture Foundation – *Clean needle technique manual for acupuncturists, guidelines and standards for a clean and safe clinical practice of acupuncture (CNT)*	*Comment*
17.	❑ PTIB - *Bylaws/Regulations*	*Comment*
18.	Documents Related to Covid-19 Situation ❑ *WorkSafeBC: Covid-19 Safety Plan* ❑ *CTCMA Practice Standard: Tele-Practice During the Coronavirus (Covid-19) Pandemic*	*Comment*

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II. Students		
1.	❑ Current Student Badge visible	*Comment*
2.	❑ Appropriate infection control measures (handwashing, PPE, protective clothing, cleaning & disinfection practices) sharps & hazardous waste management	*Comment*
3.	❑ Clinical supervisor present as required by Schedule E	*Comment*

III. Clinical Supervisor / Instructor Records – readily available in hard copy		
1.	❑ Up-to-date copies of credentials and current resume	*Comment*
2.	❑ Appropriate CTCMA Registration	*Comment*
3.	❑ Liability insurance coverage for students	*Comment*
4.	❑ Dates and terms of employment contract	*Comment*
5.	❑ Record of annual performance evaluation by School	*Comment*

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IV. Student Records	
General Records – accessible, hard-copy full student records on site until graduation from the program	

1.	❑ Current status and date	*Comment*
2.	❑ Full legal name	*Comment*
3.	❑ Previous name, if applicable	*Comment*
4.	❑ Previous TCM schools attended and dates of attendance, if applicable	*Comment*
5.	❑ Full mailing information (school address not acceptable)	*Comment*
6.	❑ Telephone number	*Comment*
7.	❑ Main and secondary email addresses	*Comment*
8.	❑ Date of birth	*Comment*
9.	❑ Gender	*Comment*
10.	❑ Signature and printed name of the student	*Comment*

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		Comment
11.	❑ Enrolment contract compliant with PTIB bylaws	*Comment*
12.	❑ All issued student transcripts	*Comment*
13.	❑ Copy of Transfer credit assessment documents	*Comment*
14.	❑ Documentation of any complaints made against the student or his/her supervisor	*Comment*
15.	❑ Copies of valid student permits for international students	*Comment*
16.	❑ International students compliant with PTIB Bylaws	*Comment*
17.	❑ 2-year waiver	*Comment*

V. Clinic/Patient Attendance Records
(accessible, hard-copy full student records on site until graduation from the program)

		Comment
1.	❑ Complete attendance records – date, hours, signature of both student and supervisor	*Comment*
2.	❑ Patient Appointment records	*Comment*

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VI. Patient Records – maintained in a standardized format for a period of 10 years	
Initial Visit	

1.	❑ Date and time of consultation	*Comment*
2.	❑ Patient's name, address and contact number	*Comment*
3.	❑ Medical/health history	*Comment*
4.	❑ Allergy and alert notation	*Comment*
5.	❑ Presenting condition	*Comment*
6.	❑ Relevant family/social history	*Comment*
7.	❑ Symptoms and Signs	*Comment*
8.	❑ Medications and other treatments/therapies being used	*Comment*
9.	❑ Chinese medicine diagnosis, treatment principles, treatment plan	*Comment*
10.	❑ Treatment performed: acupuncture points used (names and numbers), herbal formula prescribed, moxa/cupping/gua sha, massage/tui na	*Comment*

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11.	❑ Evidence of Informed Consent	*Comment*
12.	❑ Advice given (diet, exercise, lifestyle)	*Comment*
13.	❑ Referrals	*Comment*
14.	❑ Other relevant information	*Comment*
Follow-up Visits		
1.	❑ Progress notes, significant observations during appointment, and clinical findings	*Comment*
2.	❑ Explanations given to the patient; discussions with the patient or his/her other health care providers	*Comment*
3.	❑ Responses to previous treatment(s); documented patient's refusal to follow recommendations	*Comment*
4.	❑ Document missed appointments, cancellations, and late arrivals	*Comment*
5.	❑ Correspondence with the patient and others (e.g. blood tests, e-mail messages)	*Comment*
6.	❑ Evidence of updated Informed Consent	*Comment*

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Initial & Follow-up Visits	
1.	❑ The identity and signatures of the treating practitioner/supervisor must be clearly discernable	*Comment*

VII. Clinical facilities & resources – in accordance with CNT Manual & CTCMA Safety Program Handbook		
1.	❑ Premises must allow for safe, clean, and sanitary practices	*Comment*
2.	❑ Premises must have hand washing facilities	*Comment*
3.	❑ The treatment room must allow for ease of movement and efficient cleaning and included daily & weekly cleaning schedules	*Comment*
4.	❑ The treatment room and work room procedures that reduce the risk of possible cross-contamination must be posted on the wall in said spaces	*Comment*

5.	❑ <u>Clinical Cleanliness</u> (general housekeeping)
	    o Clinical Contact Surfaces
	    o Spot Cleaning of Blood Spills
	    o Laundering Sheets, Towels or Other Linens
		Comment

6.	❑ Daily/Weekly cleaning schedules	*Comment*
7.	❑ Treatment surfaces must be covered with: clean paper roll that is disposed of after treating each patient, or fresh, clean towels or linens that have been boiled or machine-washed on hot water setting before being reused.	*Comment*

8.	❑ Work surfaces must be cleaned and dried:
	    o when visibly soiled
	    o after each treatment session
	    o after contact with contaminated equipment or materials
	    o after instruments are cleaned on the
		Comment

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	surface o at the start or end of the day	
9.	❑ Appropriate procedures in place for cleaning instruments and equipment	*Comment*

10.	❑ Waste Management:
	   o Appropriate needle disposal receptacles
	   o appropriate bio-hazardous waste receptacles
		Comment

VIII. Herbal Dispensary		
1.	**Guidelines specific to the storage and preparation of Chinese herbs** ❑ All work surfaces, storage facilities floors, floor coverings and furniture should be made of materials that can be easily and thoroughly cleaned.	*Comment*
2.	❑ There is a supply of hot and cold water that is adequate for the effective operation of the dispensary and for handwashing and the washing of utensils and equipment used in the preparation, service, or storage of herbs.	*Comment*
3.	❑ A refrigerator is available for the exclusive storage of herbs requiring refrigeration and be maintained at a temperature between 1.3° & 10° Celsius.	*Comment*
4.	❑ Sufficient containers are available for storing waste in a safe and sanitary manner.	*Comment*
5.	❑ All herbs should be stored on or in shelves, drawers or fixtures provided for that purpose. Every room in a dispensary where herbs are prepared, compounded, dispensed, or stored should be kept free from materials and equipment not regularly used in the room.	*Comment*

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6.	❑ Herbs are botanical material which can form mould and be a potential health hazard. Enclosed storage is recommended (as appropriate to the type of herb) to protect herbs from moisture. Labelling should indicate expiry date so that herbs can be safely managed and disposed of as required.	*Comment*
7.	❑ The room should be well ventilated and free from excessive moisture and sunshine. The room temperature for safe storage of herbs should not be in excess of 20° Celsius. The use of high speed fans to cool work areas is discouraged in rooms designated for processing and compounding of herbs. The use of fans increases the risk of possible cross-contamination of dry powders caused by rapid movement of air. The use of other means of room cooling, such as air conditioning, is encouraged.	*Comment*
8.	❑ When cleaning equipment and surfaces where herbs are prepared, care must be taken to ensure residues from the cleaning process itself (e.g., detergents, solvents, etc.) are also removed from surfaces and equipment.	*Comment*

9.	❑ Safety of Raw Herbs
	    o Correct identification of each herb;
	    o Manufacturing in hygienic conditions with clear identification of each production batch;
	    o Stringent processes to ensure no microbial contamination as well as contamination from heavy metals, pesticides, aflatoxins, residual solvents, and other foreign substances.
		Comment

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10.	❑ Record Keeping
	The record should include:
	   ○ Name of patient
	   ○ Ingredients of the prescription and amounts (should be on the copy of the prescription if it was made)
	   ○ Date the prescription was dispensed
	   ○ Number of packets dispensed
	   ○ Name and contact details of the prescribing practitioner (should be on the copy of the prescription if it was made)
	   ○ Name of the dispenser
	
	Record of the inventory of herbs that includes:
	   ○ Identity of the herbs purchased
	   ○ Name of the wholesaler
	   ○ Country of origin (to manage any recalls due to adulteration of specific species)
	   ○ Date purchased
		Comment

Signature & printed name of applicant: _____

Date:_____

School: