

# **Southwest Naturopathic Medical Center**



## **Clinical Handbook**

2007-2008

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# Naturopathic Principles

These six 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 medicatrix naturae**

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"**

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

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through education and a lifestyle that supports health.

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## Therapeutic Order

### ④ Re-establish the basis for health

Remove obstacles to cure by establishing a healthy regimen

### ④ Stimulate the healing power of nature

Use various systems of health such as botanicals, homeopathy, Chinese medicine, Ayurvedic medicine, nutrition, psychospiritual

### ④ Tonify weakened systems

Use modalities to strengthen the immune system, decrease toxicity, normalize inflammatory function, optimize metabolic function, balance regulatory systems, enhance regeneration, harmonize life forces

### ④ Correct structural integrity

Use therapeutic exercise, spinal manipulation, massage, cranial-sacral to return to optimal structural condition

### ④ Prescribe specific natural substances for pathology

Use vitamins, minerals, and herbs to return to and promote health

### ④ Prescribe pharmacotherapy for pathology

Use pharmaceutical drugs to return to and promote health

**Ⓢ Prescribe surgery, pharmacotherapy**

Use aggressive therapies to attempt to maintain health

# 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

## **Purpose of the Clinical Handbook:**

The purpose of the Clinical Handbook is to outline policies and procedures for students during their clinical experience at the Southwest Naturopathic Medical Center. The Clinical Handbook provides expectations and guidelines of students' performance and conduct during their clinical rotations at the Medical Center and any extended or elective location. 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 supercede any previous editions.

## **SCNM's Clinical Training Program:**

Welcome to the clinical training program of the Southwest College of Naturopathic Medicine. The curriculum is designed to be completed in eight quarters. A minimum of 700 patient contacts, completion of clinical competencies and 67 credits of clinical training and lab posts are necessary for graduation. The clinical training allows gradual increasing responsibility in assessment and treatment of patients as students apply knowledge gained in didactic course work and integrate its use in patient care. Students begin their clinical experience in a supportive and observational role and with demonstrated competency increase their responsibilities of direct patient care. The third year student enters the clinic as a "secondary medical student clinician" and progresses to a "primary medical student clinician." During this time the student has the responsibility for the diagnosis and implementation of treatment under the supervision of a licensed physician.

According to Arizona Revised Statute 32-1501, definitions in this chapter indicate that "direct supervision" means a licensed physician is physically present and within sight and sound of the person supervised and is available for consultation regarding procedures that the physician has authorized and for which the physician remains responsible.

## **Introduction to the Medical Center:**

The Southwest Naturopathic Medical Center is the focal point for the clinical education program. The Medical Center strives to create the best clinical settings for faculty and students to work together in delivering high quality patient centered care by combining core Naturopathic principles with modern technology.

The Medical Center is fully furnished with state of the art diagnostic and therapeutic medical equipment. Special exam and consultation rooms are linked via closed-circuit video to allow student-patient interactions to be observed and critiqued. Medical students are also introduced to physician office practice management operations and regulations to help prepare them for working within and managing their own physician practices.

The Medical Center offers opportunities for students to experience a comprehensive group practice. The diverse group of practitioners includes naturopathic physicians, chiropractors, a medical physician, an oriental medical doctor, a psychologist, and specialists in neurofeedback, biofeedback and colon hydrotherapy. Aside from family practice, the physicians and practitioners at the Medical Center have areas of concentration which include, but are not limited to: Environmental Medicine, Women's Medicine, Pediatrics, Neurofeedback/Biofeedback, Homeopathy, Acupuncture, and Physical Medicine.

### **Southwest Naturopathic Medical Center Contact Information:**

8010 East McDowell Road, Suite 111, Scottsdale, AZ 85257

Telephone – 480.970.0000

The Natural Medicinary -- 480.970.0001

Lab -- 480.222.9818

Fax -- 480.970.0003

### **Extended and Elective Site Information:**

Aside from seeing patients at the Medical Center, students have access to extended and elective locations. Extended sites denote teaching clinics that are typically located in community clinics that provide medical care for underserved patient populations. These sites are staffed by SCNM faculty who oversee the patient care and the students' education. Students can select rotations from the following list of extended sites. See below for contact information, a brief description of the community that is served and the supervising physician(s).

#### **Body Positive - AIDS and HIV Clinic**

Supervisors: Drs Peace, Williams and Kupperman

1144 East McDowell Rd, Suite 200, Phoenix, AZ 85006

602.307.5330

#### **Hamilton Elementary – Pediatric and Family Medicine**

Hamilton Pediatrics treats the students of four schools within the Murphy School District. The objectives of this rotation are to develop diagnosis, treatment and physical exam skills involved in pediatric care.

Supervisor: Dr Matthew Baral

Hamilton Adult delivers naturopathic primary care to the parents and adult caregivers of the students of the Murphy School District.

Supervisor: Dr Janice Highfield

2020 W Durango, Phoenix, AZ, 85009

#### **NACHI - Clinic for Native Americans with Diabetes**

Supervisor: Dr Jami Kupperman

4502 N Central Ave, Phoenix, AZ 85012

602.279.5262

**Guadalupe Family Health Center** – This is an integrated medical rotation focusing on family medicine for low income families. The Center is part of the Maricopa Integrated Health System.

Supervisor: Dr Leslie Axelrod

5825 E. Calle Guadalupe, Guadalupe, AZ 85283

**7<sup>th</sup> Avenue Family** – Family Medicine for low income families

Supervisor: Dr Lewis  
1407 S 9<sup>th</sup> Ave, Phoenix, AZ 85009  
602.344.6600

**Arizona Pathways** – Clinic for Drug and Alcohol recovery

Supervisors: Dr Janice Highfield and Dr Courtney Crance  
4126 N 23<sup>rd</sup> Ave, Phoenix, 85015  
602.264.3045

**Royal Assisted Living Center (RALC)** – General Medicine for low income dual diagnosis patients (mental health, drugs and alcohol treatment).

Supervisors: Dr David Arneson and Dr Chad Goetz  
108 E. 2<sup>nd</sup> Ave, Mesa, AZ 85210  
480.827.0835

**Las Fuentes Clinic** – Family Medicine for Hispanic and Native Americans residing in Guadalupe.

Supervisor: Dr Jennifer Nevels  
8625 S. Priest Dr, Guadalupe, AZ 85283  
480.777.2263

**Mission of Mercy (MOM)** – Mobile Family Medicine for uninsured, working poor and homeless of all ages and ethnicities. The rotation is run out of a mobile clinic which travels to different sites each day. It is an allopathic-focused site and fast paced.

Supervising Physicians: Dr Grace Stewart and Dr Brad Smith.

Mobile Locations:

Wednesdays at Shepherd of the Valley Lutheran Church, 15<sup>th</sup> Avenue and Maryland, Phoenix

Thursdays at Christ the King Community Center

1616 E Broadway, Mesa, AZ 85203

**Sojourner Center – Women’s Shelter.**

**Provides Medical care for women and children staying at the women’s shelter.**

Supervisor: Dr Patricia Gaines  
P.O. Box 20156, Phoenix, AZ 85036  
602-244-0997

**Elective Sites:**

Students may complete elective rotations with physicians not employed by SCNM. These rotations are designed to provide students with broad and varied opportunities within diverse patient populations and in areas of special medical or treatment modality. Students may choose clinical rotations with a variety of health care providers, such as Naturopathic or Medical physicians, Osteopathic Doctors, Chiropractors and Acupuncturists to expand their clinical experience. Most elective rotations are completed in the state of Arizona but they may be completed out of state or out of the country. For a complete listing of commonly used elective site locations, please contact the Registrar’s

Office.

## **Clinical Posts:**

The laboratory and medicinary posts are opportunities for students to develop skills within areas relating to the naturopathic practice. All students must complete 20 hours in each post during their clinical training at the Medical Center. It is the student's responsibility to request these posts during clinic scheduling early in their career at the Medical Center. A "check-off" competency sheet is available for each individual post.

The Natural Medicinary located at the Medical Center is Arizona's largest natural medicinary with the largest inventory of homeopathic medicines in Arizona. Students are required to participate in a 1 credit Medicinary Post in which they mix and prepare IV's and herbal tinctures, learn inventory management, and provide customer service. The Natural Medicinary serves the patients of in-house and off-site physicians, as well as the general public.

The Southwest Naturopathic Medical Center boasts a recently expanded lab with a moderate complexity accreditation by COLA. While much laboratory testing is done on site, the Medical Center also works with Sonora Quest Laboratories for standard diagnostic tests as well as specialty labs for specialized diagnostic tests. Students are required to participate in a 1 credit Lab Post in which they gain finer understanding of laboratory diagnostic tests, OSHA standards, and have the opportunity to prepare samples and run tests. Students assigned to the Lab Post will be responsible for stocking rooms as per laboratory and clinic protocols.

## **Eligibility for Clinical Training:**

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

- Have full admission status.
- Be in good academic standing.
- Satisfactorily complete all course work in quarters 1-8 as listed in the Program of Study.
- Pass the Clinical Entry Assessment Course, CTNG 740.
- Pass the Clinic Entry Exam.
- Apply for and receive a Clinical Training Certificate from the Arizona Naturopathic Physicians Board of Medical Examiners. **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 Clinical Training Certificate, they are ineligible to continue their clinical training until the Clinical Training Certificate has been renewed.
- Complete and pass a mandatory drug test.
- Take the Basic Sciences portion of NPLEX or be in compliance with existing NPLEX policy (See NPLEX Policy in catalog).
- Secure necessary medical equipment: sphygmomanometer, stethoscope, otoscope, ophthalmoscope, tuning fork, and reflex hammer.
- Provide the Registrar's Office with a current copy of CPR card, Hepatitis B information, TB screening, and any other required health information.
- The Clinical Handbook agreement must be signed and dated by student and returned to the Registrar's office prior to starting clinical training.

These requirements must be met by all students, including transfer students and students with advanced standing. The case of any student on academic probation will be reviewed by the Academic Progress Committee (APC). 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 of the above requirements.

## **Clinic Rotation Scheduling Procedures:**

### **Scheduling:**

Providing quality patient care and effective clinical education are the primary objectives of the Medical Center. Students are assigned to clinical rotations to establish an effective ratio between attending physician and secondary to primary student clinicians. This results in balancing patient-centered care with clinical education for the students. During the first few quarters in the clinic, students are assigned clinical rotations based on their availability with the didactic course schedule. Fourth year students in 14<sup>th</sup> - 16<sup>th</sup> quarters may request specific rotations but there is no guarantee that they will be receive all their requests. Accommodating the needs of the patients and physicians is considered before individual student requests.

### **Registration:**

All clinical rotation assignments are subject to availability. Clinical information will be available during class registration week. Students entering the clinic during their 9<sup>th</sup> quarter will be assigned to 2 clinical rotations and up to 2 posts (posts may also be taken in the 8<sup>th</sup> quarter based on availability). Students are able to take a range of clinical rotations within the established guidelines. Students attending a rotation, to which they were not assigned (or officially registered), will not earn clinical credit for it.

**Note: Students need to complete the request forms carefully, since once they are submitted to the Registrar's office, changes to the form will only be accepted according to current add/drop policy and only under extenuating circumstances.**

### **Evening and Saturday Rotations:**

Students are required to register and be available to complete at least one evening rotation or Saturday rotation each quarter. All clinical rotation assignments are subject to availability and accommodating the needs of the patients and physicians is considered before individual student requests.

### **Add/Drop and Exchange of Rotations:**

After the clinical rotation request forms have been processed and the assignments distributed, students have a limited time to make changes to their schedule during the clinical add/drop period. *All changes must be made prior to the start of the quarter.* Students wanting to exchange one rotation for another must trade rotations with a student equal in level (secondary or primary) and quarter (9 - 16). Both students must meet with the Registrar Staff at the same time in order to trade rotations. All

changes will be considered on a case-by-case basis within current policy and must be approved by the Clinical Records Coordinator and, if needed, the Dean of Clinical Education. Once clinical rotations have begun, changes cannot be made except for extenuating circumstances (i.e. health issues, family responsibility, etc.) and a fee of \$50 will be applied for each change made. Contact the Clinical Records Coordinator at the Registrar's Office to discuss your special circumstance. Each student's circumstance is considered and approved on a case-by-case basis within current policy. Exceptions to policy must be approved by the Academic Progress Committee. In order to drop a rotation, the student must complete a "Schedule Change Request Form" and obtain signatures from the clinical rotation physician and the Clinical Records Coordinator before submitting it to the Registrar's office. The student should be aware of the potential consequences of taking less than the required number of rotations for their quarter. If the required number of clinical requirements is not completed prior to the anticipated graduation date, a student's graduation may be delayed. The registrar's office reserves the right to deny a student's request to drop a rotation if it adversely affects the rotation ratio of students or quality of patient care. Payment to the Business Office is required whenever a rotation is added or dropped. The schedule change is only official when the signed form is completed and returned to the student.

### **Break/Holiday Rotations:**

A minimum of 5 credits or 2.5 rotations must be completed during school breaks at the Medical Center and affiliated extended sites. Each student is required to work a total of three breaks. Students are required to complete either Summer 1 or Summer 2 break with a minimum of 3 credits or 1.5 rotations and will be assigned rotations based upon the needs of patient care and physicians' schedule. During the other two scheduled breaks, students are required to have a minimum of 2 credits or 2 half rotations during each break. Elective site rotations worked over the breaks are done at the student's discretion and allowed only when they will not conflict with required rotations at the Medical Center or extended sites. Students may register for additional rotations if space is available. The Registrar reserves the right to grant special exception for a student to complete up to 6 credits or 3 rotations during a break rotation. Students, who are granted permission by attending physicians, are able to make-up clinical hours during the breaks to fulfill missed hours accumulated during the preceding quarter. Break rotations credits will be deducted from the overall number of rotations required for graduation.

### **Elective Rotations:**

Students may complete elective rotations with physicians not employed by SCNM. Most elective rotations 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 supporting documents for approval by the Dean of Clinical Education prior to the scheduling of the clinical rotation. This process can take several weeks or more so students should initiate the application process **two quarters prior** to the start of the desired rotation. No credit will be assigned to rotations completed at an unapproved elective rotation. No retrospective credit will be given to a student for completing an unapproved elective site. Students are expected to follow all SCNM policy and procedure at elective locations.

## **Requirements for elective rotations:**

The following process is required for a student to obtain approval of a new elective location. This applies to all in-state, out-of-state, and out-of-country locations.

- Complete the Elective Site Physician information sheet (available at the Registrar's Office). (Note: CNME guidelines require that physicians must have been in clinical practice at least three years for approval as an elective site.)
- Provide a copy of the 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).
- Provide a copy of the physician's Curriculum Vitae (CV).
- Complete an educational plan written by the physician(s) with whom the student will be working.
- Include the name of the clinic, hospital, location (city, state and country).
- Turn in all the completed documentation to the Registrar's Office.
- **It is highly recommended that the student begin the process at least two quarters in advance.**
- As soon as the elective site is approved by the Dean of Clinical Education, the rotation will be scheduled and the student contacted.
- **When planning an out-of-state or out-of-country rotation, do not make travel arrangements until the elective rotation has been officially approved.**
- Students are required to obtain traveler's health insurance and sign a liability release form for any out-of-country rotations.

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

- Student evaluation completed by the elective site physician(s).
- Evaluation of the physician(s) completed by the student.
- Elective site time sheet and patient contact log.

**Note: Students must turn in all completed forms to the Registrar on time in order to get clinical credit. Students are responsible for keeping copies for their own records.**

## **Code of Conduct and Professionalism:**

### **Attendance Policy:**

A clinic rotation is designated as the time scheduled with a physician or post supervisor on a weekly basis for the duration of the quarter. One clinic rotation is 2 credits and scheduled for 4 hours per week for the quarter. All SCNM attendance policy and procedures are to be followed at the Medical Center, extended sites and any elective sites. **One hundred percent attendance is required for clinical rotations.** All absences must be made-up in order for the student to pass the rotation. Absences are defined as either "Excused" or "Unexcused."

### **Excused Absences:**

- The attending physician has the discretion to determine if an absence is excused or unexcused. Missing a clinical rotation 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.
- Make-up rotations 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.
- A student is allowed **only two excused absences** per rotation. A third excused absence may be granted at the discretion of the attending physician but will result in an automatic review by the Dean of Clinical Education. **Three absences, regardless of whether they are excused or unexcused, may result in failing the rotation.**

### **Unexcused Absences:**

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

- Failing to appear to a rotation,
- Missing a rotation due to violation of dress code,
- Failing to arrange coverage as a primary Homeopathy student clinician,
- Failing to notify the attending physician **one hour** before the rotation begins.
- The first unexcused absence will require the student to make-up **8 hours** of clinical rotations. The second unexcused absence will require the student to meet with the Dean of Clinical Education and may result in failure of the rotation.
- Two unexcused absences, habitual tardiness or leaving a rotation early may result in failure of the rotation at the discretion of the attending physician and the Dean of Clinical Education.
- The attending physician must complete a "Communication report" when a student fails to show up for a rotation and submit it to the Dean of Clinical Education.

### **Advance Notice of Absence:**

- A student must notify the attending physician by phone of an expected absence. If a student fails to notify the attending physician at least one hour prior to the rotation, 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 complete an absent form and get advanced permission to miss rotations from every affected clinical faculty member. These forms are obtained in the Registrar's Office.
- In the event that an Intensive didactic course conflicts with a scheduled clinic rotation, students must communicate the conflict to the attending physician in order to be granted an excused absence from the rotation to attend the Intensive course.

### **Late Arrival to Clinical Rotation:**

Students who are more than 15 minutes\* late to their assigned clinic shift will receive a written notice for the first incident. If a second incident occurs in the same quarter, the student will need to make up the missed time and may receive more serious sanctions up to and including failure of the rotation.

\*Note: 15 minutes is the approved grace period unless a different standard is stated in the clinical rotation syllabus; some attending physicians have a zero tolerance policy toward tardiness that is outlined in their clinical rotation syllabus.

## **Professional Dress Code:**

- Professional appearance is required for all clinical training at the Medical Center, extended and elective 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.
- **White coats are considered Personal Protective Equipment and must be worn at all times**, this includes in the hallway, the medicinary, the exam rooms, the waiting room, etc. **The white coats must be kept clean and professional looking at all times. Students must iron and regularly clean his/her white coat.** Students on IV and minor surgery rotations are allowed to wear scrubs under a white coat. Surgical protective gear must be worn when performing surgical procedures as per the surgery protocol.
- Photo ID's are to be worn at all times.
- Men must wear ties or bolos with a dress shirt, long pants, belt, shoes and socks. Beards must be well groomed and neat, and long hair must be tied back. Closed-toe shoes are required per OSHA regulations.
- Women must ensure that necklines are not too low and hemlines are not higher than three inches above the knee. Midsections must be covered. Undergarments must be worn. Jewelry must be minimal to avoid hindering treatment. Long hair must be tied back. Closed-toe shoes are required per OSHA regulations.
- 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 to be worn.
- All body piercing, except earrings, must not be visible.
- Tattoos must be covered.
- **ABSOLUTELY NO** denim, shorts, tight clothing, spandex, leggings, tee-shirts, crop tops (mid-drift or half shirts), spaghetti straps, gaping sleeveless shirts or sleeveless dresses that reveal undergarments are to be worn on a clinical rotation.
- Students with gross inadequacies in appearance will be directed by any rotation physician or management staff to correct these immediately and will not be permitted to see patients until they do so.
- **Students not allowed to attend a rotation because of appearance will be sent home and will not receive clinic hours for the time missed. This absence will be considered unexcused and the student will be required to make-up 8 hours of clinical rotation.**

Note: the dress code standards must be upheld at all extended and elective sites unless directed otherwise by the attending physicians.

## **Professional Code of Behavior:**

In the training of health care professionals, certain codes of behavior are expected and enforced:

- Patients, peers, attending physicians, residents and staff are to be treated in a professional and courteous manner. All attending physicians and residents must be addressed as Dr. and their last name in front of patients
- 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 not to remove **any** patient charts from the medical center. Students should not leave charts or patient notes in the room with the patient or others to view. Taking a chart out of the clinic will be subject to suspension and possible expulsion. Additionally, students are to review **only** those patient charts to which they are assigned.
- Students are not permitted behind the desk of patient services or the Medicinary unless they are currently working at the post or have received permission.
- Students are not to remain at the Medical Center after being excused by the attending physician unless studying cases or utilizing computers for patient care. Students must exit the Medical Center when prompted by any Medical Center staff or faculty.
- Unprofessional conduct will result in disciplinary action.

## **Substance Abuse Policy:**

Students are required to adhere to the Substance Abuse Policy as outlined in the course catalog.

## **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 HIPAA
  6. Violations of OSHA
  7. Practicing medicine without a license.

SCNM is required by law to report unprofessional student conduct that occurs during clinical training to the Arizona Board of Naturopathic Medical Examiners. Any reported individual is subject to disciplinary sanctions from the board, up to and including, revocation of ones 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.

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. The practice of skills such as History taking or Homeopathic Case taking, are less concerning than the practice of skills such as digital rectal exams, gynecologic examinations, minor surgery, injections, manipulative therapies, and IVs. The difference lies within the relative risk to the public. There is higher risk to the public with the practice of an IV as compared with the risk to the public with the practice of taking a history. Additionally, the quality of the educational experience is of the utmost importance. In general, supervision of skills enhances the quality of the learning experience.

### **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 postdoctoral 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" which must be documented. Point identification, palpation, and acupressure are exempt and may be practiced without supervision.

Minor surgery, injection therapies, and IV therapies, outside of classroom activities, must be practiced under supervision at the Medical Center.

## **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 a small spray bottle of 10% bleach or disinfectant available. At the end of the rotation or in the case of any contamination with body fluids the exam table, equipment and counters must be sprayed with this bleach solution and wiped down.
- Used patient gowns, sheets and 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. It is the students' responsibility to ensure that this is complete before the end of the shift.
- Clean table paper should be rolled onto the examining table and used paper should 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. Students are required to view a training video and sign a document annually acknowledging that verifies an understanding of these guidelines.
- 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.***
- Hepatitis B vaccinations are offered as per OSHA requirements. Students are required to have current Cardiopulmonary Resuscitation (CPR) card throughout clinical training.
- Personal Protective Equipment (PPE) that is available in the laboratory include:
  - Lab Coats
  - Gloves – vinyl, latex, sterile surgical and extra thick latex
  - Safety goggles, masks, face shields

## Incident reporting:

- *Post - exposure evaluation and follow up* – if you have an injury or exposure to blood or other potentially infectious material, report it to the attending physician immediately; then come to the laboratory to complete an incident report and follow-up instructions.
- *Incident Evaluation* – Incidents will be investigated
- *Hepatitis B Vaccinations* – are available to students at no cost after 90 days

# **The Flow of the Clinical Rotation:**

This section outlines some general guidelines about the flow of the clinic shift on a typical day on a typical rotation. Note: individual rotations 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 rotation.

- Prior to the first scheduled shift of the quarter, students should check Jenzabar to download the rotation syllabus and determine if there is any required prep work for the rotation.
- Arrive on time to review patient cases with your attending physician and classmates during the first half hour of the rotation.
- It is at the attending physician's discretion to assign case research, prep or preview to students for future visits. The attending physician or resident will assign patient 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 students are responsible for taking vital signs and for time management of the visit.
- 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 service summary and in the treatment plan.
- If lab work is necessary, escort patient to the lab and make arrangements with lab technician.
- Write up or type up chart notes in approved format. All student clinicians sign the chart after the attending physician reviews it.
- Those students not engaged in a patient case may review or do follow up calls as approved by the attending physician or work on case research. Otherwise students should be with the rotation group. Please do not check personal email, roam, make cell phone 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. Please refrain from discussing personal case information or treatment suggestions in public places. Direct the patient back into the available exam room if necessary to discuss personal information.
- When discharging a patient, one or two student clinicians (only) may escort them to the medicinary to pick-up supplements and ONE clinician only to the front desk. At the front desk direct them to the front desk staff (by name) who will take care of their service summary and schedule future appointments. Please do not linger at the check out window.
- The primary student clinician is responsible for determining appropriate diagnosis codes for the service summary. He or she should sign it and give it to the attending physician for his/her approval and signature.

## **Case Preview Format:**

- Case preview is scheduled the first 30 minutes of each clinical rotation for students to pre-view 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 rotation 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. **(Staff and student cases are not to be discussed without permission of patient).**

## **Case Review Format:**

- Case review consists of an overview of diagnosis or chief complaint of the patients seen during the rotation. Cases will be chose 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 with a concise (6-7 minutes) format according to naturopathic principles of treatment. (Staff and student cases are not to be discussed without permission of patient).

## **Charting Procedure:**

- 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 charts are to be placed in the physician's box at the front desk to be signed before being filed. All patient contacts are to be recorded and dated even after you have achieved the required number for graduation. Use a black or blue ink pen. Students should complete chart notes by end of rotation shift unless directed otherwise by attending physician. Be aware that charts are routinely copied and sent to other doctors, insurance carriers and attorneys. Note: Some attending physicians allow students to place a temporary draft with visit details in the chart that is signed by student and physician, with a note that this will be replaced within 24 hrs. The temporary draft is then shredded and the completed note is placed in the chart and signed.
- 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 allowed. 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.
- 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 Chief Medical Officer, Dean of Clinical Education and Quality Assurance Committee conducts random chart review 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.
- Students removing patient charts or chart notes from the clinic will be suspended for a period of time to be determined by the Dean of Clinical Education and the Chief Medical Officer. If the incident occurs a second time, the student will be dismissed from the clinical program permanently.
- If you are involved in the release of patient records, check with a Patient Services Representative for the proper protocols.
- 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 for each visit and include the following:

- *Name, Date of Birth and Gender.*
- *Chief Complaint:* 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.
- *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 (breakfast, lunch, dinner, snacks), and environmental hazards.
- *Family History:* Familial tendencies, genetic predispositions and infectious diseases.
- *Psychosocial History:* Brief biography, family/home situation, occupation, lifestyle, emotional make-up, stressors, and typical day's events.
- *Review of Systems:* Placed in a structured system-by-system ROS section, or simply writing out the positive findings and the pertinent negatives.

## **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**

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 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, fibromyalgia, are all appropriate chief complaints. The chief complaint 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 incidences that may lead up to how they feel today.

Be sure to ask open-ended questions and qualifying follow-up questions. Consider the following subjective questions to ask during the intake or follow up visit:

- **How's your energy?** On a scale of 1-10, in which one is the worst and 10 being the best.
- **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?"
- **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?
- **How's your pain?** On a scale of 1-10, in which one is the most pain and 10 is the least pain. Describe the pain. When does it occur? What makes the pain better or worse? Does it radiate and where?
- **How's your fatigue?** On a scale of 1-10, in which one is no fatigue and 10 is the most.
- **Since your last visit (or treatment)....**how have your (cc) symptoms been or how have you been since we saw you last?

## **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 Pulse: 105 bpm 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 a brief recap of the patient's chief complaint, pertinent medical history, objective findings and defines a diagnosis. The diagnosis is based on the subjective and objective findings as well as allopathic and naturopathic diagnostic criteria.

The assessment section can also help in case management by:

- providing a brief review of patient's pertinent subjective and objective findings.
- outlining the critical thought process and rationale that confirms or rules out a diagnosis.
- considering a list of differential diagnoses.
- outlining current treatment plans or procedures.
- assessing and evaluating the efficacy of the treatment plan.
- jogging the memory for future considerations or referral options.

### **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. (e.g. Supplements, homeopathic remedy, herbal tincture, acupuncture, physiotherapy, counseling, dietary, exercise, stress reduction, etc.)
- 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, and 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 modification 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).

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

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

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 rotation 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

Call with questions or concerns

## **A complete chart note includes the following information:**

Date:

Pt name, age, sex

CC: Chief complaint, reason for making the appointment

S- *Subjective* findings gathered from the patient interview

O- *Objective findings* taken during physical or mental exams, labs & imaging results

A- Assessment and summary of the patient visit, pertinent info for diagnosis.  
DX (s) and codes,

P- Plan All directives, referrals, labs, medications or supplements dispensed to the patient on this visit.  
**["see treatment sheet" is not acceptable; all directives must be in chart note.]**

Primary Student Clinician\_\_\_\_\_

Secondary Student Clinician\_\_\_\_\_

Attending Physician\_\_\_\_\_

Southwest Naturopathic Medical Center, 8010 E. McDowell Rd, Suite #111, Scottsdale, AZ 85257  
480-970-0000, FAX 480-970-0003

## **Patient follow-up and Case Management:**

The criterion for patient follow-up and case management varies with acute vs. chronic disease. Acute cases need to be reevaluated more frequently based on the guidelines set by the attending physician. Students must call the patient within 12 - 24 hours (or as designated by the attending physician) 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.

## **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.
- No charts are to left in public areas (i.e.. Lunch area, bathroom, lab, lobby, library and copier).
- Anything with Personal Health Information needs to be kept confidential. (This includes anything with a patient's name, age, address, DOB, SSN, insurance, etc.)
- Do not discuss patients in public areas. Contain these conversations to the classroom.
- No patient identifiers on computer chart notes. This applies to all personal computers, school computers and "S" drive. Email is not a confidential means of communication.

## **Clinical Progression & Competency Program:**

The Clinical Competency Program was developed so upon graduation, students have achieved a basic level of competency. The program consists of completing two posts and two competency levels: Secondary and Primary Student Clinician. To successfully progress through the clinical competency program, students must complete all the competencies for each level. Because each student is required to demonstrate competency in numerous clinical skills at different competency levels, a system of check-offs of skills are designed to be completed sequentially.

## **General Duties of the Secondary Student Clinician:**

The following is a list of some of the duties 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 to arrange furniture, equipment, linens and necessary supplies. Tidy up room immediately after use.
- Welcome patient along with primary and/or attending physician.
- Practice charting SOAP notes while the primary conducts the interview. **Due to HIPAA all practice chart notes must be destroyed at the end of each rotation!**
- When asked a direct question by a patient the most appropriate answer is; "I will ask Dr. \_\_\_\_\_ and get back to you on that." " Or that might be an option, but we'll have to ask Dr \_\_\_\_\_." " 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.
- Secondary student clinicians will not place acupuncture needles in patients until they have completed and passed their Acupuncture needling and safety class and have been directed to do so by the attending physician.

## **Competency levels for the Secondary Student Clinicians:**

This is the first competency level at which all students enter their clinical training program. Students are evaluated in the following five categories.

#### Patient Care:

- Initiative and responsibility in role as a secondary clinician
- Listening skills and effective communication with patients
  
- Skills:
  - Physical exam skills
  
- Knowledge:
  - Application of academic learning to clinical training
  - Differential diagnosis and Assessment skills
  - Charting technique using the SOAP format

#### Practice Management:

- Time management skills
- General overview of case management
- Familiarity with clinic policies and procedures and efficiency in following them
  
- Personal Attributes:
  - Communication skills with peers & attending physicians
  - Participation and input in case discussions on rotation
  - Motivation and initiative in learning clinical skills

### **Progression from Secondary to Primary Student Clinician:**

It is the physician's responsibility to evaluate the student throughout the quarter, signing off on the competency form once he/she feels the student has reached that individual competency. By not signing the individual competency, the attending physician is indicating that the competency has not yet been met. At mid-quarter, if the attending physician identifies a student who needs to improve his/her skill level in any of the competency areas (Patient Care, Skills, Knowledge, Practice Management and Personal Attributes), he/she will develop a remediation plan. The remediation plan will serve as feedback on how to improve their skills prior to moving to the next level. All attending physicians must complete end of the quarter evaluations and sign off all individual competencies at the secondary student clinician level.

To advance through the SCNM Clinical Training Program, a student must meet all the following criteria:

- Complete a screening physical exam within the first two quarter of entering clinic.
- Be in good academic standing.
- Have met all required clinical competencies for current level.
- Not currently under any disciplinary process with the college or medical center.
- Pass all clinical rotations.
- Pass the Secondary to Primary Status Examination.
- **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 Clinical Training Certificate, they are ineligible to continue their clinical training until the Clinical Training Certificate has been renewed.
- Pass a random drug test.
- Be in compliance with current NPLEX policy (See NPLEX Policy in catalog).

- Maintain a current CPR card, Hepatitis B information, TB screening, and any other required health information.

Except under special circumstances, progression to the next level usually occurs at the end of a quarter.

## **General Duties of the Primary Student Clinician:**

The following is a list of some of the duties 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 the 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 the most appropriate answer is; "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. \_\_\_\_\_. "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 attending physician.
- Participate in and/or lead activities that may include check-off 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.

## **Primary Student Clinicians:**

This is the second competency level of the clinical training program. The student is expected to build on the competencies achieved at the secondary level; continue to develop history-taking skills and to achieve physical exam competencies under the guidance of the attending physician. By the time the student has entered their last three quarters of study, it is expected that the student should have met all the competencies for primary level. It is also expected that the student continue to develop diagnostic and therapeutic skills to the point that attending physicians feel confident to let students manage patients with a minimum of supervision.

## **Competency Levels for Primary Student Clinicians:**

At the second level of competency, the primary student clinician continues to develop skills in the following five categories of evaluation:

### Patient Care:

- Initiative & responsibility in patient care
- Communication skills & rapport with patients
- Interviewing skills
- Listening skills
- Demonstrate the communication skills necessary for positive patient interaction

### Skills:

- Physical exam skills
- Charting technique
- Identify chief complaint and take a thorough history
- Interpret findings from history, physical exam, laboratory, radiographic & other diagnostic tests
- Be competent in determining relevant additional diagnostic testing.
- Establish diagnosis and conditions to rule out.
- Assess the probable etiology and/or processes underlying the diagnosis.
- Develop an immediate treatment plan and a long-range treatment plan.

### Knowledge:

- Application of academic learning to clinical training and patient care
- Differential diagnosis and Assessment skills
- Knowledge of naturopathic therapies and their proper application
- Research patient cases on a consistent basis.

### Practice Management:

- Patient follow-up skills
- Time management skills
- Familiarity with clinic policies and procedures and efficacy in following them
- Overall Case Management
- Demonstrate a basic level of comfort with all aspects of the teaching clinic operations.
- Consistent and effective time management with patient visits and completion of all paperwork at the time of visit.

### Personal Attributes:

- Communication skills with peers & attending physicians
- Motivation and initiative in learning clinical skills
- Cooperation with clinic supervisors and staff
- Demonstrate professional behavior and attitude towards Medical Center staff, attending physicians, peers and patients.

## Evaluation of Treatment:

Students will gain skill in patient management and evaluation of effective naturopathic medical treatments during their clinical rotations. Evaluation of patient care and treatment is based on, but not limited to, the Principles of Naturopathic Medicine, Therapeutic Order and Components of Patient Centered Care. (See beginning of handbook for copies.) Attitudes, Knowledge and Skills are also important components of treatment evaluation. They are outlined below and in the clinical rotation syllabi.

## Attitudes:

### Competency

Recognize the importance and complexity of providing comprehensive longitudinal care to patients with multiple chronic medical problems.

### Measure

Comprehensiveness of progress notes as reviewed by preceptor; discussions with Preceptor.

Recognize the importance of collecting and incorporating appropriate psychosocial, cultural, and family data in the history.

Accept the individuality, values, goals, concerns, and rights of the patient and the patient's family.

Identify how normal and abnormal family relationships affect health and illness.

Describe the role of the family physician as a coordinator of care including understanding the value of serving as a member of a health care team and understanding the role of other health care team members.

Inclusion of appropriate data in progress notes; discussions with Preceptor.

Observation of student-patient interactions; discussions with preceptor.

Discussions with preceptor; participation in case discussions.

Preceptor observations of student interactions with office staff and other medical professionals; discussions with Preceptor.

## Knowledge:

### Competency

Demonstrate an understanding of the pathophysiology behind the 10 most common problems seen by the family doctor.

Recommend appropriate management for the 10 most common problems seen in family practice.

Demonstrate basic knowledge of protocols and strategies for reducing identified health risks in patients, families and communities.

Recognize appropriate consultation resources and demonstrate an awareness of available community resources.

Understand the social, community, cultural, and economic factors that affect patient care, and recognize the existence of health and health care disparities among various patient populations.

### Measure

Discussions with Preceptor; clinical questions; presentations.

Discussions with Preceptor; clinical questions; presentations.  
Discussions with Preceptor; documentation of treatment/management plans; clinical questions; presentations.  
Discussions with Preceptor; documentation of treatment/management plans; presentations.

Discussions with Preceptor; clinical questions; research project; presentations.

## Skills:

### Competency

### Measure

Perform the appropriate history, physical examination, and procedures needed to evaluate the 10 - 20 most common problems seen by the family doctor

Demonstrate interpersonal skills that will enhance communication with the patient and the patient's family.

Demonstrate the ability to access and integrate the available evidence in making diagnostic and treatment decisions and be able to consider the limitations of the scientific database.

Develop diagnostic and treatment plans in partnership with the patient and the patient's family.

Use appropriate screening tools and protocols for health maintenance in specific populations.

Observations of Preceptor; Patient contact log; discussions with Preceptor.

Preceptor observations; Role play.

Documentation in patient record; discussions with Preceptor; presentations.

Documentation in patient record; discussions with Preceptor.

Documentation in patient record; participation in discussions with Preceptor.

## **Grading Criteria for Clinical Rotations:**

### **Requirements for Passing the clinical rotation:**

- Students must comply with the policies and procedures of SCNM/SNMC.
- Students must demonstrate competence in at least 70% of course competencies
- All assignments regarding patient care or medical education assigned by the supervising physician(s) must be completed within the designated timeframe.
- Students must participate in pre and post patient reviews.
- Students must review patient charts prior to evaluating patients.
- Students will be held to and evaluated by expectations as outlined below in the "Clinical Grading System."

### **Clinic Grading System:**

#### **Grade:**

Satisfactory	Pass/Credit Earned
Unsatisfactory	Fail/No Credit Earned

A failing grade of Unsatisfactory, "U" can seriously affect a student's academic progress and financial aid. In order to rectify the grade of "U", the clinical rotation must be repeated within two (2) quarters and must be repeated with the same attending physician or by his/her delegate and approved by the Dean of Clinical Education. A clinical rotation may be repeated one time only. If a second "U" is received for the repeated rotation, the student may be academically dismissed.

## **Clinical Education Paperwork:**

## **Documentation:**

During the clinical experience, students are required to properly document clinical hours, rotations and competencies. All original documentation must be submitted to the Registrar's office within one week following the end of every quarter. Paperwork received late or incomplete may be subject to late fees. Students are encouraged to make copies 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 and competencies.

## **Clinic Time Sheets:**

Students are to log all clinical rotation times on an off-site (elective site) or on-site time sheet. Extended sites are counted as on-site hours because they are supervised by SCNM faculty. Please use the proper form. Forms not completed in entirety will not be accepted. The supervising physician or post supervisor must sign all forms at the end of the quarter. Forms must be submitted to the Registrar's Office within one week after the end of the quarter in order to receive credit for the rotation. Grade reports will not be issued unless all forms have been submitted to the Registrar's Office.

## **Patient Contact Logs:**

Students are expected to log patient care contacts. Please record patient information clearly to receive credit. Patient contacts will be counted and reviewed at the end of each quarter. At the end of the quarter, originals of the patient contact logs must be submitted to the Registrar's Office to receive proper credit. Even if you have achieved the required number of patient contacts for graduation, accurate records must still be kept for evaluation purposes. All students must submit this paperwork within one week after the end of the quarter.

## **Competencies:**

During the clinical experience, students are required to master certain clinical competencies. Competencies will be completed during the student's post and patient care rotations. All originals of clinical competencies must be submitted to the Registrar's Office as soon as possible to receive proper credit and advancement. Students are responsible for making copies for their personal records. Clinical competencies may also be obtained at extended sites and Naturopathic Doctor elective sites. However, the final clinical competency must be observed by a member of the clinical faculty in order to graduate.

## **Student Evaluations:**

Attending physicians will evaluate students each quarter. If necessary, the supervising physician may meet any time during the quarter to address specific areas of concern. Documentation of this meeting must be attached to the final evaluation and any rotation reports if applicable.

## **Rotation Report:**

Attending physicians may fill out a "Communication Report" on any student during a rotation when a policy or procedure has been violated. The report is immediately submitted to the Dean of Clinical Education for any required action to be taken.

## **Mid-Quarter Development Plan:**

This form may be completed by the attending physician at the mid – quarter point to provide the student with feedback. The attending physician identifies any areas that need improvement and develops a remediation plan to improve upon the student's skills. Each problem area and/or competency must be identified on the form and a target date assigned for the student to be

reevaluated on that skill. The form must be signed by the attending physician and the student and discussed at an arranged meeting. The original is sent to the Dean of Clinical Education and copies are retained by the attending physician and the student.

### **End-Quarter Performance Evaluation:**

The form is to be completed by the attending physician on every student at the end of each quarter. The attending physician will determine the student's performance based upon both subjective and objective criteria. The original form and grade sheet is signed by the attending physician and sent to Registrar's Office.

### **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. These evaluations are reviewed by the Dean of Clinical Education.

## **Graduation Requirements:**

Candidates for the Doctor of Naturopathic Medicine degree must complete all the graduation requirements outlined in the college catalog. The clinical training should be completed in a minimum of eight academic quarters and a maximum of twelve academic quarters.

### **Clinical Education requirements for graduation include:**

- Complete 67 credits of clinical rotations (see course catalog for details).
- A minimum of 700 Patient Contacts.
- Pass the Primary Status Exam.
- Complete his/her competency check-offs.
- The requirement to walk with your class is a minimum of 55 clinical credits.
- 100% of a student's required clinical rotations must be completed before a student receives a recommendation for graduation. The Dean of Clinical Education and/or Chief Medical Officer may refer a contested situation to the Academic Progress Committee.

SCNM reserves the right to modify these requirements for students based on individual performance.

## **Licensing Examinations:**

The licensure of physicians to practice medicine is a function of the various States. The States often recognize bodies or organizations that create and administer licensure examinations. North American Board of Medical Examiners (NABNE) certifies candidates as eligible to register for the licensing exam, which is created and administered as the Naturopathic Physicians Licensure Examination (NPLEX). It is the student's responsibility to be familiar with NABNE and NPLEX policies and procedures. Information on licensing laws is available in the SCNM library. (Refer to the current course catalog for additional information on NPLEX policy.)

# Acknowledgement and Agreement:

The student Clinical Handbook of the Southwest College of Naturopathic Medicine and Southwest Naturopathic Medical Center is published to provide students with information about the clinical rotation portion of their training. This handbook does not constitute a contract. SCNM and Southwest Naturopathic Medical Center reserves 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 and the Medical Center will try to communicate those changes with reasonable notice to 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 and Medical Center. This handbook supercedes 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 rotations, future handbook editions may be created with policy and procedure changes.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signed Name**

\_\_\_\_\_  
**Date**