



# Pacific College of Oriental Medicine

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RE  
PHYSICALLY  
PRESENT

July 17, 2017

**To:** California Acupuncture Board

**FR:** Pacific College of Oriental Medicine

**RE:** Public Stakeholder Meeting July 28, 2017

Public Comment on item 4. Discussion on Acupuncture Training Program Clinical Supervision Hours 4.1 Current number of clinical hours required 4.1.2 150 hours – Observation 4.1.3 275 hours – Physically present during diagnosis and treatment 4.1.4 275 hours – Physically present during needling treatment 4.1.5 250 hours – Independent intern practice of acupuncture; supervisor in close proximity to where patient is being treated.

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Pacific College of Oriental Medicine is dedicated to the training and development of future practitioners and leaders in the field of Chinese and integrative medicine. To this end we endeavor to provide the highest quality clinical training to our students as well as exceptional healthcare to the public. From the highest levels of our administration to the clinical supervisors overseeing our trainees, we are dedicated to serving and protecting the public and advancing the growth and development of Chinese medicine in the United States.

While PCOM has structured the clinical training program to be in full compliance with requirements set forth in the Regulations, Title 16, Article 3.5 Acupuncture Training Programs we believe that the prescribed hours by level of trainee are arbitrary and do not achieve the intended goals for appropriate clinical training.

In our 1000-hour clinical training program we evaluate and assess trainees by level on an individual basis based upon domains and competencies set forth by the Accreditation Council for Graduate Medical Education (ACGME) as modified to meet PCOM's needs. PCOM's standards were also influenced by the integrative medicine competencies of the Academic Consortium for Complementary and Alternative Health Centers (ACCAHC) and the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM). Lastly PCOM incorporates the master and doctorate clinical standards of Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM).

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## Pacific College of Oriental Medicine

With these influences, Pacific College's expert faculty and academic leadership team has developed competencies within six domains that form the foundation for the learning outcomes at every level of our multiple programs. We believe these provide a firm foundation for the training and development of our clinical students and does not rely solely on prescribed hours. An essential tenet of education is the need to recognize that students learn at different paces. This concern is magnified in the clinic where the knowledge, skills, and personal character of an intern encounters a suffering patient. Some senior interns, while technically falling into the category of "Independent Intern," may require more monitoring than an intern categorized as only "needing (a supervisor) to be physically present during the diagnosis and treatment stage."

We appreciate the opportunity to express our views to the Board and put forth a recommendation for consideration. We suggest revising the verbiage in Title 16, Article 3.5 to provide more discretion to a CAB-approved training program. More emphasis should be placed upon individual student assessment and development, as opposed to a one-size-fits-all approach based on the proximity of a supervisor. Effective educational design and maximizing student learning opportunities comes along with this individualized approach. Our recommendation is to remove from the regulatory language any reference to being "Physically present during diagnosis and treatment 275 hours and Physically present during needling treatment 250 hours." The Board would have at its discretion the ability to review the clinical assessment instruments utilized assuring that appropriate oversight and training is being conducted to develop practitioners and protect the public.

Respectfully submitted,

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## University of Bridgeport Acupuncture Institute Statement Regarding Clinical Supervision levels for Acupuncture Training Programs.

Clinical supervision of health care trainees and interns requires both numerical evaluations (number of patients seen, number of hours working in various settings, numbers and types of diagnoses and treatments completed) as well as skills competency evaluations. The goal for such training in acupuncture programs is to provide quality Traditional Chinese Medical care to patients and a quality clinical education for acupuncture students. Evaluations must lead to excellence in both training and patient care, safety and outcomes.

Competency-based clinical education requires assessment processes that are “frequent, criterion-based, developmental, work-based where possible, use assessment methods and tools that meet minimum requirements for quality, use both quantitative and qualitative measures and methods, and involve the wisdom of group process in making judgments” about acupuncture interns (1). Programs that use competency based systems utilize reliable assessment tools such as assessment using direct observation, frequent formative feedback and periodic summative feedback (2). While it is easier to count hours than demonstrate specific skills competencies, clearly some skills require multiple applications to master while others can be demonstrated with just a few clinical encounters.

The pedagogy of teaching health sciences clinical skills suggests that each student must be evaluated individually for competency and then supervised accordingly. (3, 4) Students learning clinical skills during their training need to be prepared for independent clinical practice. There are critical areas of training to be assessed from clinical diagnosis and recognizing red flag presentations to specific skills and working interprofessionally.

In the University of Bridgeport Acupuncture institute on site clinic, we use phased clinical competencies with skills exams at each level which interns can take whenever they are ready. Some interns can work independently after a relatively short time in the clinic while others may need direct supervision for specific skills or problems even after 600 hours in the clinic.

Supervision of acupuncture interns at all levels of training includes supervisor confirmation of diagnosis with direct supervision and feedback regarding pulse and tongue diagnoses, confirmation of all abnormal clinical evaluation findings, confirmation of all biomedical and TCM diagnoses and evaluation of clinical care of the patient. While all clinical treatments are supervised directly early in a TCM student’s training, once that intern demonstrates competency with needling or applying moxibustion to commonly used points, supervision would be periodic rather than continuous. However, for specific treatments, special needling techniques or points that require critical anatomy skills (e.g., ST 1, LR 12) a clinical supervisor

would be present during such treatment even if the intern had demonstrated phased clinical competency to the independent level.

Clinical diagnosis skill training starts in the first semester and continues throughout the University of Bridgeport Acupuncture Institute training. Clinical safety and techniques skills are also taught starting in the first semester. No student interacts with patients as an intern until they have been trained in the classroom and demonstrated skill levels in the clinical diagnosis and techniques skills labs, amounting to 400 hours and 200 hours respectively.

The concept of phased clinical competency can be witnessed in many of the University of Bridgeport healthcare training programs. There are no specific accreditation standards describing specific levels of supervision within Physician Assistants' training, Naturopathic or Chiropractic intern training programs. At the UB Clinics, the supervisor must be either in the room or on the floor and there must always be at least one licensed provider on the floor when any patient is in clinic. For each training clinic, a supervisor will examine each patient after the student completes their evaluation to check any abnormal findings, discuss the case presentation and then create a care plan. This level of supervision shouldn't vary by activity, although clearly a PA student would never be left alone in an OR. It is our opinion that for most activities the supervising clinical or preceptor should be on the same floor as and in the same area as the students.

Similarly, the Veterans Administration Hospitals training handbook for Healthcare associated trainees provides guidelines for supervision for students and residents in their training programs (5). Within this document Pages A-1 and A-2 provide specific program guidelines.

Notable in the VA document is that for training students in programs leading to degrees above the baccalaureate degree, supervision is required either in the "area" or just "available" based on a competency evaluation. Supervision within the room of the patient is needed only for lower level degrees and training. In the VA system, the supervisor is designated as being needed in the "area" or "available" defined as:

***"Area.** The supervising practitioner is in the same physical area and is immediately accessible to the trainee. The supervising practitioner meets and interacts with Veterans as needed. The trainee and supervising practitioner discuss, plan, or review evaluation or treatment plans. Area supervision is available only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision.*

***Available.** Services furnished by trainee under supervising practitioner's guidance. The supervising practitioner's presence is not required during the provision of services. The supervising practitioner is available immediately by phone or pager and able to be physically present as needed. This type of supervision is permissible only when the trainee has formally been assigned a Graduated Level of Responsibility commensurate with this type of supervision."*

The University of Bridgeport Acupuncture Institute supports allowing TCM training programs and clinical supervisors to enact phased clinical competency evaluations to identify when a student intern requires continuous direct supervision and when an intern can work independently rather than a simple numerical hours-based system to both better prepare TCM students for private practice and to ensure optimal patient safety and care outcomes.

References:

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72: ONLINE



## University of Bridgeport Acupuncture Institute Statement Regarding Distance Education for Acupuncture Training Programs.

The University of Bridgeport is in support of distance learning options for courses within the acupuncture training programs (MS-Acupuncture, MS-Traditional Chinese Medicine, MS-Chinese Herbology, Doctor of TCM).

A number of studies have shown that within health and allied health programs, there is a positive effect for learning retention for distance learners when compared to classroom-based learners and that utilization of specific online instructional design components can result in better student achievement scores. (1)

Instructors in the University of Bridgeport Acupuncture Institute have experienced enhanced student engagement and retention of clinical material utilizing hybrid course pedagogy. The types of student learning best approached through hybrid classes and online classes includes memorization of data (e.g., anatomy, herbal materia medica and point function learning outcomes) (2, 3), ethics (4,5) and acquiring both critical and clinical thinking skills. (6,7,8)

While a fully online approach to course delivery can be very effective for didactic/classroom instruction, a fully online course delivery is inappropriate for the delivery of training that requires demonstration of hands-on skills. However, even in clinical training and TCM techniques classes, hybridized and web-assistance can enhance the training. (9)

It is the position of the University of Bridgeport Acupuncture Institute that web-enhanced, hybrid and online instruction is an efficient and effective method for promoting competency in health professionals, including acupuncture students.

There are a number of critical issues associated with moving from a traditional resident-based training program toward a hybrid learning environment. As per the C-RAC statement of best practices for distance education ([download.hlcommission.org/C-RAC\\_Distance\\_Ed\\_Guidelines\\_7\\_31\\_2009.pdf](http://download.hlcommission.org/C-RAC_Distance_Ed_Guidelines_7_31_2009.pdf)). The critical elements include:

1. Institutional support for hybrid and online education.
2. Standards of instructional quality must be maintained and learning outcomes assessed.
3. Access to materials must be equally available for online and classroom instruction.

4. Curricula for the institution's on-line learning offerings are coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats.
5. Appropriate documentation of credit hours and student work
6. Online student services and support meet or exceed those for the traditional student
7. Academic honesty and verification of student work
8. Confidentiality and privacy is maintained.

References:

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### **University of Bridgeport and Online Learning:**

The University of Bridgeport offers career-oriented undergraduate, graduate and professional degrees and programs for people seeking personal and professional growth. The University promotes academic excellence, personal responsibility and commitment to service. Distinctive curricula in an international, culturally diverse supportive learning environment prepare graduates for life and leadership in an increasingly interconnected world. The University is independent and non-sectarian.

The University of Bridgeport has a long-standing tradition of providing quality online and hybrid programs dating back to 1997 when UB launched our first online Master's degree in Human Nutrition. This program, as well as our newest additions, show the University's strong commitment to meeting the needs of our diverse undergraduate and graduate student population – including those who have a desire to learn online.

Over the past decade, UB has invested significant resources to expanding online learning and online student services to enhance the career learning for UB scholars. This includes the Global Learning Initiative ("GLI") comprised of staff that support the instructors and scholars in online and hybrid classes. GLI staff hold regular learning opportunities for faculty to better engage students online.

The Acupuncture Institute faculty and students have embraced the use of course Learning Management Systems (LMS) to web support and hybridize Acupuncture Institute courses. First using Blackboard, then moving to Canvas in 2013, the UBAI faculty all use the LMS to communicate with students regarding course requirements and assignments, supply handouts and supporting materials, create learning videos, and use synchronous and asynchronous teaching strategies to support regular classroom instruction and to hold classes during weather emergencies (e.g., "snow days").

Both the University of Bridgeport and the Acupuncture Institute are committed to delivering quality distance educational offerings. Stakeholders from the Board of Trustees to UBAI faculty and students all have embraced the use of distance education software and pedagogy to improve learning.

#### **LMS:**

The web-assisted, hybrid and Distance Education courses at the University of Bridgeport Acupuncture Institute utilize the University of Bridgeport's LMS "Canvas." Canvas allows for both synchronous and asynchronous teaching and learning. All UBAI courses are web supported or hybridized utilizing the Canvas LMS. The GLI team and the UBAI Director can access all UBAI online courses through the administrative functions of Canvas.

#### **Faculty Training in Online and Hybrid Pedagogy**

All faculty are required to complete an online course development training program developed by the Instructional Design department of GLI (Global Learning Initiatives), UB's online learning



support department. The training program prepares faculty to develop an effective and interactive online course that meets quality standards. Topics include an overview of using the Canvas LMS (Learning Management System), course structure and organization, and assessments and grading.

Faculty learn how to prepare their instructional materials for online delivery during the training program described above. A variety of learning materials, assessment types, and student interaction methods are presented in order to ensure that online students are actively engaged in the learning process throughout the course.

The faculty training program is based on effective instructional design principles appropriate for online learning. The recommended course structure is based on a modular approach, to help make the course presentation well-organized and sequential, and to enhance learning through a scaffolded approach to content delivery and assessment of learning outcomes.

## DOCUMENTATION OF CREDIT HOURS AND STUDENT WORK

The UBAI administrators and faculty have regular discussions about the time for in-class and out of class work at the start of each academic term. When faculty move to a hybrid format for a class, they project real time requirements for the asynchronous work that is expected and document such on course syllabi.

In addition, UB provides “Guidelines for Instructional Time Equivalencies” to instructors offering hybrid and distance classes. Courses at the Acupuncture Institute create their course learning hours based largely on these guidelines.

Actual student online work time and time to complete online projects is accessible through the “course analytics.”

## ONLINE STUDENT SERVICES

The Wahlstrom Library provides a variety of resources and services for online students. Reference librarians are available who specialize in servicing specific content areas, including health sciences, and offer information literacy services. In addition, there is a wide selection of online databases which offer several types of information resources including journals, ebooks, videos, and other scholarly reference materials.

All students and faculty can access UB’s online library databases, the Canvas LMS (Learning Management System), and other University services, through the myUB portal and UB website. Support is provided through a 24/7 help desk.

All UBAI courses utilize the LMS to communicate with students about both in class and online assignments. Current UBAI hybrid classes utilize online assessment strategies including quizzes, exams, discussions, case studies and online presentations. The LMS allows for regular

communication with students about expectations and also allows students to see their grades in real time.

## STUDENT INTEGRITY AND ACADEMIC HONESTY

The University of Bridgeport Computer Networks Acceptable Use Guidelines outlines each student's responsibility to protect their account information. Additional technology is available for faculty to use to improve security for online testing, including a Lockdown Browser (a custom browser that locks down the testing environment within Canvas, so students are unable to print, copy, go to another URL, or access other applications) and Monitor (that requires students to use a webcam to record themselves during an exam, and which flags inappropriate behavior). Plagiarism detection software is also available for written assignments, to discourage and identify plagiarism.

## ONLINE STUDENT SUPPORT SERVICES

GLI offers a variety of technology tools that can easily be accessed from within Canvas, including video recording, web conferencing, plagiarism detection, exam security, and online tutoring. These tools enhance both the teaching experience for faculty and the learning experience for students. Training and support is offered for all technology, for faculty and students.

All students participate in an Online Orientation prior to their first online course, which provides instruction on using the technology and offers best practices for being a successful online student. As described in the Course Development section above, faculty receive training on developing and teaching an online course. In addition, support for all technology is offered 24/7 through the UB help desk.

Instructions are provided by faculty within each course on how students can contact their instructors, how to proceed with their coursework, and how to submit assignments. Students are given instructions on how to contact University support services in the Online Orientation, described above.

Students are assigned an academic advisor at the time of acceptance who can help the student navigate the available student support services. Online students have access to all University services, which are available through the UB website, myUB portal, and Online Orientation. These services include admissions, advising, student financial services, career services, and alumni relations. All services can be accessed remotely through phone and email.

UB offers a Tutoring and Learning Center for students, which includes an online eTutoring platform which students can access remotely, both synchronously and asynchronously, and provides tutoring and writing assistance for all students.

All students can utilize both the Center for Career Development and Alumni Association, which can be easily accessed through the main website and myUB portal.

### CONFIDENTIALITY AND PRIVACY

The University of Bridgeport complies with FERPA in protecting students' personal information. FERPA guidelines can be found in the Key to UB, the Acupuncture Student Handbook and in the Office of the Dean of Students.

No personally identifiable information from the student files is released without student permission. General non-identifiable UBAI student information may be disclosed without that student's permission but with permission of the Director to University faculty, staff, and administrators with a legitimate educational interest as per the FERPA guidelines found in the Key to UB. Other types of disclosures are enumerated in the University of Bridgeport's and UBAI's FERPA statements. These policies apply to students whether they are participating in online, hybrid or conventional resident programs and classes.



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RE: COMMENTS  
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California Acupuncture Board  
1747 N. Market Blvd, Suite 180  
Sacramento, CA 95834  
Attn: Ben Bodea, Executive Officer  
Jay Herdt, Education Coordinator

RE: Public Comments for 7/28/2017 Public Stakeholder Meeting

To the California Acupuncture Board:

Thank you for the invitation to submit written comments regarding clinical supervision hours and online education (agenda items 4 & 5), to be considered as part of the Public Stakeholder Meeting scheduled for July 28, 2017. Our approach with this submission is to provide information on ACAOM standards and policies that directly relate to the areas being considered for potential regulation and which we hope will be of assistance during your deliberations. We have also included a copy of ACAOM's May 18, 2016 letter to the California Acupuncture Board (CAB) as it includes information germane to the clinical supervision topic.

The Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) is the accrediting agency recognized by the U.S. Department of Education for the accreditation and pre-accreditation ("Candidacy") throughout the United States of professional non-degree and graduate degree programs, including professional doctoral programs, in the field of acupuncture and/or Oriental medicine, as well as freestanding institutions and colleges of acupuncture and/or Oriental medicine that offer such programs. As of July 2017, ACAOM accredits 95 programs (26 Master of Acupuncture, 57 Master of Oriental Medicine, and 12 post-graduate Doctor of Acupuncture and Oriental Medicine) at 64 locations for 57 institutions located in 22 states, including California. Twenty-nine of these institutions/locations also

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appear on CAB's Approved Training Programs list, and ACAOM is intimately familiar with both the shared institutions and the issues regarding clinical supervision and online education that are under consideration.

#### ACAOM STANDARDS FOR CLINICAL TRAINING

The following criteria, from ACAOM's Accreditation Manual, are directly relevant to clinical supervision in acupuncture and Oriental medicine training programs:

**Criterion 8.7 Clinical Training** - *Clinical education and training must consist of clinical observation and the supervised care of patients which leads the student through gradually increasing levels of responsibility for patient care resulting in the ability to function independently by graduation. The program must provide a clinical education program of sufficient volume, variety, and quality to fulfill its educational purposes. The number of clinical supervisors must be sufficient to ensure effective instruction of and safe practice by interns. Student interns must receive training from a variety of clinical faculty members.*

**Criterion 8.8 Clinical Observation** - *The program must assure that each student fulfill at least 150 hours observing acupuncturists and senior student interns performing acupuncture and/or Oriental medicine therapies in a clinical setting. A significant portion of the clinical observation experience must be with experienced practitioners.*

**Criterion 8.9 Supervised Clinical Practice** - *The program must assure that each student participate in a minimum of ... 700 hours [in the supervised care of patients] for an Oriental medicine program. This portion of the clinical training, conducted under the supervision of program-approved supervisors, must consist of a least ... 350 intern-performed treatments for an Oriental medicine program where interns conduct patient interviews, perform diagnoses and treatment planning, perform appropriate acupuncture and/or Oriental medicine treatments, and follow-up on patients' responses to treatment.*



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*The supervised clinical practice must be an internship (see Glossary definition of “internship” provided below) and must be conducted in a teaching clinic operated by the institution; or in a clinical facility with a formal affiliation with the institution where the institution exercises academic oversight substantially equivalent to the academic oversight exercised for teaching clinics operated by the institution, where:*

- (1) clinical instructors' qualifications meet school requirements for clinical instruction;*
- (2) regular, systematic evaluation of the clinical experience takes place; and,*
- (3) clinical training supervision procedures are substantially equivalent to those within the teaching clinic operated by the institution.*

**Definition from Glossary:**

***Clinical Internship*** - *Clinical training that is directly controlled by the academic institution. Training is carried out in on-campus clinics owned by the institution, or in hospitals, out-patient clinics, or private practices where a written agreement has been established with the academic institution for such training to be made available. Clinical internships must be within a reasonable proximity to the academic institution to allow for reasonable and unannounced access by program administrators. Clinical training is carried out by regular faculty. Faculty placement and faculty are administered by the academic institution, and the entire teaching environment is under faculty and institutional control and direction. The institution is responsible for establishing the qualifications required for each level of internship, the objectives of the internship, and assessing student achievement of expected outcomes. Institutions must periodically review each off-campus training location to ensure educational components and services of the off-campus internships are sufficient in quality.*

Importantly, each ACAOM-accredited institution goes through a comprehensive evaluation, including an onsite visit, every three (3) to seven (7) years which includes peer review assessment of clinical instruction and supervision.



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### REQUIREMENTS OF CLINICAL SUPERVISION

Regarding the level of supervision provided during clinical education, a program and its clinical supervisors must make decisions related to the oversight of student-provided services in the clinical setting. Specific requirements are not defined or prescribed by ACAOM accreditation standards beyond those outlined above; however, programs must consider and comply with relevant laws, regulations, and requirements. These requirements may vary per practice setting, payer source, or by state.

In addition, the ability level of the student, the needs of the patient, the experience of the clinical supervisor, and the expectations of the academic institution and/or internship site inform the decision-making process used to determine appropriate supervision parameters. It is the responsibility of each program to determine all relevant requirements for student supervision in clinical internship settings and make certain that students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure that:

- patients and students are safe,
- the level of responsibility delegated to the student is appropriate to his or her level of training,
- and the activities supervised are within the scope of practice of the supervising health professional.

Considered collectively, these factors assure high quality care for the patient and high quality learning for the student.

### CURRENT CALIFORNIA REGULATIONS AND THEIR INTERPRETATION

ACAOM's attached May 18, 2016 letter provides background information, identifies the specific issue related to our review and provides a recommendation based on our analysis of supervision requirements set forth in Title 16 California Code of Regulations section 1399.434 (h). Essentially, the term "physically present" has been subject to disparate interpretations. "Physically present" may be interpreted in the sense that is generally established in law and



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regulation for the supervision of clinical practice of students and provider extenders by licensed professionals. Alternately, this standard has been interpreted as implying that the supervising clinician will “be physically present” *in the space in which treatment is being conducted, without a screen or other barrier impeding their ability to directly observe the conduct of the student providing treatment*. This essentially interprets “physical presence” as requiring “line of sight” supervision, a very different standard that demonstrates the need for clarification.

A review of statutory language governing clinical supervision in the health professions suggests that a prevailing standard for “direct supervision” is “physical presence” with “direct supervision” typically defined as “physically present on the premises and immediately available for direction and supervision” [for example <https://www.ndbpt.org/pdf/supervision-pta.pdf> and [https://mn.gov/boards/assets/ms%20148\\_tcm21-284120.pdf](https://mn.gov/boards/assets/ms%20148_tcm21-284120.pdf), chapter 148.65, subdivision 6)]. In absence of defining language in the regulation or its definition, this would be a reasonable interpretation of the standard under 1399.434, and would be consistent with ACAOM’s interpretation. Clinical faculty who supervise the care provided by interns in ACAOM-accredited programs are physically present and provide direct supervision (as typically defined) at all times that care is provided by the student. At times, depending on the needs of the patient or the student, or based on the clinical judgment of the faculty, they may directly observe or guide the conduct of the treatment. At other times, the clinical faculty are physically present in an adjacent clinic space so that they can provide prompt evaluation, guidance, or support if needed. This opportunity for relative autonomy within a substantial portion of the clinical training provides the student intern experience that is fundamental to their preparation as an independent health care practitioner.

#### APPLICATIONS OF “LINE OF SIGHT” SUPERVISION IN ACUPUNCTURE TRAINING

As discussed above, the interpretation of the standard to require “line of sight” supervision, does not appear consistent with prevailing practice at ACAOM-accredited programs, nor with that of other health professions. While there are many approaches to ensuring that a program’s graduates are able to provide safe and effective clinical care, it is





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generally agreed that students build their skills best through an integrated process of developing physical and cognitive skills that occurs both in the classroom and in the clinic.

In effective training programs, such as those accredited or pre-accredited by ACAOM, the distinction between the classroom and clinic is not sharply drawn. Important professional behaviors are taught and developed under “line of sight” supervision in discussions, practica, and lab settings. These behaviors are modeled by faculty both in the classroom and in the clinic. In ACAOM-accredited programs, curricular delivery typically consists of classroom lecture and practica combined with clinical observation through which students build significant palpatory assessment skills, the cognitive foundations of clinical assessment, and learn to integrate these skills as they train and perfect their skills under line of sight supervision. Engagement in courses teaching clinical skills, along with ongoing clinical experience, mark an important shift training students in needling most points on the body and in a wide range of adjunctive techniques including scalp, ear, and abdominal acupuncture.

This training generally consists of lecture-supported practica in which students learn, practice, and demonstrate competency in a wide range of needling (and other treatment) tasks. They do this under line of sight supervision and are assessed to determine their capability to perform the learned tasks safely without supervision. Because of the inherent risk of inappropriately, or even appropriately, performed acupuncture treatments, it is a commonly accepted tenet that it is inappropriate for students to learn to needle, or needle points for the first time, on patients in a clinical setting. While line of sight supervision is invaluable in pedagogy, many believe that its primary place is in the classroom and that its use in clinical training is best restricted to the skill building and assessment development in the preliminary internship phase of clinical training.



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### PROTECTING PATIENT SAFETY

Advocacy for the “line of sight” interpretation of the current regulatory language may be based on the supposition that the prescribed level of supervision is critical to ensuring patient safety. The exemplary safety history of all ACAOM-accredited programs’ clinical training facilities, CAB-approved and non-CAB approved, does not support this assumption. From the Commission’s experience, ACAOM-accredited or pre-accredited programs providing a minimum of 700 hours of directly supervised clinical internship training do not have any demonstrable difference with patient safety than those CAB-approved programs with expanded contact hours and state-prescribed supervisory methods.

### SUGGESTIONS FOR CONSIDERATION

California regulatory language related to clinical supervision maybe strengthened by including and following recognized standard definitions for terms of supervision. Standard of practice in comparable health professions and ACAOM’s extensive history of program assessment demonstrate that “direct supervision” for the majority of clinical internship training promotes quality patient care and educational efficacy.

### ONLINE EDUCATION

In response to changing methods of educational delivery in higher education, ACAOM created a task force and developed our *Distance Education Policy*. Our policy requires all accredited or pre-accredited institutions to submit a substantive change application when they plan to implement their first distance education course in which the majority of instruction ( $\geq$  50% of the seat time in a course) occurs when the student and instructor are not in the same place. ACAOM conducts a comprehensive review of the application consistent with the requirements of the policy and the substantive change application requirements to ensure that the proposed program is going to meet the needs of students, the institutions, and the public. Currently ACAOM will only consider applications to add classroom based (didactic) courses for distance education. Clinical instruction and hands-on lab courses are excluded from consideration.



July 27, 2017

CONCLUSION

Thank you for the opportunity to submit these comments. Please feel free to contact me at 952-212-2434 should you have any questions about ACAOM policies or procedures related to clinical supervision or online learning.

Sincerely,



Mark S McKenzie, PhD (China), MSOM, LAc  
Executive Director  
[Mark.McKenzie@acaom.org](mailto:Mark.McKenzie@acaom.org)

Cc: Katherine Taromina, DACM, LAc, Chair





The Accreditation Commission for Acupuncture and Oriental Medicine

33

RE: PHYSICAL PRESENCE

8941 Aztec Drive, Suite 2 | Eden Prairie, Minnesota 55347 | p: 952-212-2434 f: 952-657-7068

May 18, 2016

California Acupuncture Board
Attn: Ben Bodea, Interim Executive Officer
1747 N. Market Blvd, Suite 180
Sacramento, CA 95834

Subject: Clinical Supervision and Physical Presence Definition

Dear Ben:

I am writing on behalf of the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM or Commission) a specialized accrediting agency recognized by the U.S. Department of Education to accredit schools and programs of acupuncture and Oriental Medicine.

BACKGROUND

Recently an ACAOM accredited school received a site visit by the California Board of Acupuncture (CAB). The site visitors reported the following "finding" of non-compliance pertaining to supervision of clinical interns.

"Non-Compliance:

1. Supervision of clinical interns.

a) Finding: What we discovered is direct supervision during needling is not consistently performed in compliance with Title 16 California Code of Regulations section 1399.434 (h):

"During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all time during the diagnosis and treatment of the patient. Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient. The clinic supervisor shall otherwise be in close proximity to the location at which the patient is being treated



www.acaom.org



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Practitioner Member
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Public Member
Joyce M. Jarrett, Ed.D.

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Public Member
Teri Cannon, JD

Administrator Member
Marc P. Schneider, DC, M.Ed.

Accreditation Services Administrator
Monica M. Matos, B.S.

during the clinical instruction. The student shall also consult with the clinic supervisor before and after each treatment."

**Corrective action: Ensure that all supervisors consistently provide direct supervision as required by 1399.434 (h). We suggest amending clinic supervisor job description or job assignment agreement to include the language of 1399.434 (h). This would provide accountability with faculty to ensure they provide intern supervision in compliance with the California regulations." (Emphasis added)**

In previous discussions this issue had been raised by your predecessor as a significant area of concern, therefore ACAOM staff have conducted a review of the related regulations.

## ISSUE

The site visitor's finding appears to center around their particular concept of what it means to be "physically present" as a clinical supervisor. Our review notes that Title 16 governing *Acupuncture Training Programs* does not appear to define "physical presence." One can glean from the finding that this particular site visit team interpreted "physically present" to essentially mean "line of sight" supervision. This interpretation does not appear to be supported by California law nor longstanding practice of acupuncture training in California. Clearly the drafters of Title 16 could have defined physical presence to include line-of-site supervision – but they didn't. The site visit team's non-compliance "Finding" and recommended "Corrective Action" appears to be further complicated by their use of the term "direct supervision" which also is not found in relevant California law.

The Commission, and by extension the schools approved by the California Acupuncture Board that we accredit, value and respect the important and difficult work of site visitors. We are confident the site team at issue was operating with the best of intentions. However, we believe their concept of *physical presence* is an anomaly that does not appear to be supported by state law and if allowed to become *de facto* regulation would create unnecessary and unintended consequences to schools of acupuncture and Oriental medicine.

## RECOMMENDATION


Please note that current California law contemporaneously recognizes both Acupuncture Training Programs and Acupuncture Tutorials. Title 16 Article 3 §1399.426(b) pertaining to Acupuncture Tutorials provides in pertinent part:

**[Supervising acupuncturists] "shall provide continuous direction and immediate supervision of the trainee when patient services are provided. The supervisor shall be in the same facility as and in proximity to the location where the trainee is rendering services and shall be readily available at all times to provide advice, instruction and assistance to the trainee" (emphasis added).**



The underlined law above directly and more clearly describes *physical presence* as it pertains to the practice of clinical supervision of acupuncturists in training. This law has been California law for some time and we respectfully request that the California Acupuncture Board, staff and counsel review and if appropriate reference this definition to define "physically present" in the context of clinical supervision in order to ensure consistency and universal applicability of this law in both Acupuncture Training Programs and Acupuncture Tutorials. Thank you for your consideration. I am happy to discuss if it would be helpful and we look forward to your response.

Respectfully:



Mark S McKenzie, Ph.D., MSOM, L.Ac.  
Executive Director  
[Mark.McKenzie@acaom.org](mailto:Mark.McKenzie@acaom.org)

Cc: John Paul Liang, Ph.D., MSOM, L.Ac., Chair  
Hildegarde Aguinaldo, Chair, California Acupuncture Board



**To:** Acupuncture@DCA <Acupuncture@dca.ca.gov>

**Subject:** re. Distance education

7/28/17

Dear Acupuncture Board members and Mr. Bodea:

I am sorry I cannot be present at today's Acupuncture Board meeting. If I understand correctly, you have requested input on distance education. Pacific College of Oriental Medicine has received approval to offer distance education in its acupuncture, massage, and nursing programs from two institutional accreditors:

1. Accrediting Commission of Career Schools and Colleges (ACCSC), Pacific's former institutional accreditor
2. WASC Senior College and University Commission (WSCUC), Pacific's current institutional accreditor

Both agencies conducted comprehensive evaluations of the capacity and competence of the college's distance education infrastructure, including among others, its staff, faculty, faculty training methods, student training, student support, hardware, software, and more. They directly reviewed actual course delivery and instructional design. Over the past six years, the college has successfully offered hundreds of online classes in its post-graduate doctorate, transitional doctorate, and undergraduate programs.

We believe that approval from an accreditor recognized by the U.S Department of Education and whose scope includes distance education should satisfy California Acupuncture Board requirements for schools under its purview or for courses transferred into such schools. Distance education courses presented by such institutions should be treated the same as courses offered onsite.

If you have any questions or need more information, please do not hesitate to contact me by email. Thank you for your attention to this important issue.

Sincerely,  
Jack Miller  
President  
Pacific College of Oriental Medicine  
[www.PacificCollege.edu](http://www.PacificCollege.edu)  
San Diego, New York, Chicago  
Best reached via email.

(S) ILE: PHYSICALLY  
PRESENT



# FIVE BRANCHES UNIVERSITY

Graduate School of Traditional Chinese Medicine

## Via Email and Mail

Santa Cruz Campus

August 2, 2017

200 Seventh Ave

Ben Bodea, Jay Herdt, Marc Johnson and Members

Santa Cruz

State of California Acupuncture Board

California

1747 North Market Blvd, Suite 180

Sacramento, CA 95834

95062

**Re: Public Stakeholder Meeting July 28, 2017; Discussion on  
Acupuncture Training Program Clinical Supervision Hours  
CCR Section 1399.433 h (4) and CCR Section 1399.434h (4)**

(831) 476-9424

Fax (831) 476-8928

Clinic (831) 476-8211

Dear Ben Bodea, Jay Herdt, Marc Johnson and Members of the Acupuncture Board,

Thank you for organizing the Stakeholder meeting to request input from the CAB approved schools. We appreciate the format, excellent facilitators and outcomes we achieved.

San Jose Campus

We here submit a written letter to clarify our views and recommendations for developing CAB regulations to enhance TCM education, and serve the people of California with safe and high level TCM.

1885 Lundy Ave

Suite 108

In the view of the academic leadership of Five Branches University, the CAB regulations governing TCM education are good. At the same time, at a detailed level there is regulation that, while accurate and useful, is misplaced, and therefore does not support quality education nor safety. That is CCR Section 1399.434 (h) (4) that reads as follows.

San Jose

California

***(h) Clinical Practice 950 hours***

95131

...

(408) 260-0208

*(4) During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient. Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient. The clinic supervisor shall otherwise be in close proximity to the location at which the patient is being treated during the clinical instruction. The student shall also consult with the clinic supervisor before and after each treatment.*

Fax (408) 261-3166

Clinic (408) 260-8868



Asking a faculty supervisor to observe needling is an excellent idea and the Five Branches University program has faculty physically present observing and critiquing needling throughout the 7 courses and 315 hours of acupuncture training in the first two years (highlighted in red in the attached curriculum). In addition, supervising faculty are physically present throughout the 9 clinical trainings in the first two years of training, and observing students during the second year of clinical training. This faculty presence and training is highlighted in red in the program curriculum Appendix 1. Definitions of the staged clinical training are presented in Appendix 2.

The two years of acupuncture courses include extensive in-class practical training, and students have been observed and examined to assure the student is skillful in needling, including CNT (Clean Needle Technique), accurate point location, and correct needle angle and depth.

To clinical faculty to be present after these two years of training is neither necessary nor useful. It is not necessary because students have practiced and been observed needling through in the first two years when it is most important.

In addition, this timing of the regulation late in the acupuncture program undermines the quality of clinical education and the safety of the patient by forcing faculty to stand by and needlessly observe students needling rather than focusing on the imperative responsibility of meeting with the student to analyze and discuss the diagnosis and treatment plan of the patient.

To achieve the highest level of supervision and safety, faculty need to visit the patient to help in making the correct diagnosis, then *meet with the student to discuss and agree on the diagnosis, and acupuncture and herbal formula treatment plan*, and finally go back to observe that the student needled the points correctly.

As you may know, the Dean of Finger Lakes School of Acupuncture and Oriental Medicine in New York State, now the Director of Accreditation Services at ACAOM, chose to not undermine the quality of their clinical training by following the mistimed policies of the Acupuncture Board. As a consequence, their program was not approved. California schools in contrast can not afford to not be approved by CAB and have therefore reduced the quality of clinical training in order to be in compliance – an uncomfortable and regrettable compromise.

Thank you for offering us this opportunity to research and understand why CCR Section 1399.434 (h) (4) has received so much resistance from schools and faculty who have been teaching TCM for decades.

In summary, deleting the following language would, in the view of our academic leadership and faculty, assure the highest education and clinical training, and would maximize patient safety.

~~Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient.~~

Sincerely,



Ron Zaidman  
President & CEO

# FIVE BRANCHES UNIVERSITY – DUAL DEGREE DTCM / MTCM

3435 Hours ♦ 195.5 units ♦ 11 trimesters

DEPARTMENTS	TRIMESTER 1	TRIMESTER 2	TRIMESTER 3	TRIMESTER 4	TRIMESTER 5	TRIMESTER 6	TRIMESTER 7	TRIMESTER 8	TRIMESTER 9	TRIMESTER 10	TRIMESTER 11
TCM Theory and TCM Clinical Medicine 43u/645hr	FCT 100 Foundations I 3u/45hr	FCT 200 Foundations II 3u/45hr	FCT 310 Diagnosis II 4u/60hr	FCT 400 Case Studies I 2u/30hr	FCT 500 Classics: Nei Jing 2u/30hr	FCM 600 Trauma & Orthopedics 3u/45hr	FCT 700 Classics: Shang Han Lun 2u/30hr	FCM 800 Internal Medicine I 3u/45hr	FCM 900 Internal Medicine II 3u/45hr	FCT X10 Classics: Jin Gui 2u/30hr	
	FCT 110 History & Philosophy 2u/30hr	FCT 210 Diagnosis I 2u/30hr						FCM 810 Gynecology 3u/45hr	FCM 910 External Medicine 2u/30hr	FCT X20 Case Studies II 2u/30hr	
TCM Acupuncture 25u/375hr	FAP 100 Acupuncture I 3u/45hr	FAP 200 Acupuncture II 3u/45hr	FAP 300 Acupuncture III 3u/45hr	FAP 410 Acupuncture Techniques II 2u/30hr	FAP 500 Meridian Theory 2u/30hr	FAP 600 Extra Points 3u/45hr	FAP 610 Tuina 3u/45hr	FAP 800 Acupuncture Therapeutics I 3u/45hr	FAP 900 Acupuncture Therapeutics II 2u/30hr	FEL TCM Elective 1u/15hr	
TCM Herbology 23.5u/352.5hr	FHB 200 Herbology I 4u/60hr	FHB 300 Herbology II 3u/45hr	FHB 400 Herbology III 3u/45hr	FHB 500 Formulas I 3u/45hr	FHB 600 Formulas II 3u/45hr	FHB 700 Formulas III 3u/45hr	FHB 800 Patent Medicines 2u/30hr	FHB 900 Herb-Pharm Interactions 0.5u/7.5hr			
TCM Energetics 4u/60hr	FEB 100 Qi Gong 1u/15hr	FEB 200 Qi Gong 1u/15hr	FEB 300 Qi Gong 1u/15hr	FEB 400 Tai Ji Quan I 1u/15hr	FEB 500 Tai Ji Quan II 1u/15hr						
Career Development 5.5u/82.5 hr			FCD 300 Professional Ethics 1u/15hr	FCD 400 Career Development I 1u/15hr						FCD X10 Career Development II 2u/30hr	FCD E10 Career Development III 1u/15hr
Western Medicine 51u/765hr	FWM 100 Surface Anatomy 2u/30hr	FWM 200 Patient Relations 1u/15hr	FWM 300 Patho-physiology I 3u/45hr	FWM 400 Patho-physiology II 4u/60hr	FWM 500 Lab Analysis & Imaging 2u/30hr	FWM 600 Psychology & Counseling 3u/45hr	FWM 700 Research & Medical Literature 3u/45hr	FWM 800 Western Case Management I 3u/45hr	FWM 900 Western Case Management II 3u/45hr	FWM X10 Western Case Management III 3u/45hr	
	FWM 103 Anatomy & Physiology I 2u/30hr	FWM 203 Anatomy & Physiology II 3u/45hr			FWM 510 Western Physical Examination 3u/45hr	FWM 610 Diet, Nutrition & Vitamins 2u/30hr	FWM 810 Pharmacology 3u/45hr	FWM 910 Public Health & Epidemiology 2u/30hr			
Didactic Assessment 10u/150hr				FRA 440 Assessment I 2u/30hr			FRA 770 Assessment II 2u/30hr			FRA X10 Assessment III 3u/45hr	FRA E10 Final Review 3u/45hr
162 ACADEMIC UNITS (2,430 Hrs)	14u	16u	16u	13u	17u	17u	17u	16u	16u	13u	4u
Clinical Training 33u/990hr	FCL 100 Beginning Theater 1.5u/45hr	FCL 200 Theater 1.5u/45hr	FCL 300 Rounds 1.5u/45hr	FCL 400 Intern Rounds 1.5u/45hr	FCL 400 Intern Rounds 1.5u/45hr	FCL 400 Intern Rounds 1.5u/45hr	FCL 400 Intern Rounds 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr
	FCL 103 Theater 1.5u/45hr	FCL 203 Theater 1.5u/45hr	FCL 303 Rounds 1.5u/45hr	FCL 403 Intern Rounds 1.5u/45hr	FCL 403 Intern Rounds 1.5u/45hr	FCL 403 Intern Rounds 1.5u/45hr	FCL 403 Intern Rounds 1.5u/45hr	FCL 750 Integrated Intern Theater 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr	FCL 800 Internship 1.5u/45hr
Clinical Training Assessment 0.5u/15hr		FCL 201 Clinic Competency I 0.1u/3hrs	FCL 301 Clinic Competency II 0.1u/3hrs	FCL 401 Intern Rounds Orientation 0.1u/3hrs			FCL 701 Clinic Competency III 0.1u/3hrs	FCL 801 Internship Orientation 0.1u/3hrs			
33.5 CLINICAL UNITS (1,005 Hrs)	1.5u	1.6u	3.1u	1.6u	3u	3u	1.6u	3.1u	3u	6u	6u
TOTAL UNITS	15.5	17.6u	19.1u	14.6u	20u	20u	12.6u	19.1u	19u	19u	10u

# Five Branches University

## Stages of Clinical Training and Student Responsibilities

There are four different stages to clinical training at Five Branches: Theater, Rounds, Internship Rounds, and Internship. These stages are designed to provide observation, training, and supervised practice to develop student's clinical knowledge, skills, and abilities. Following is a brief overview of each stage:

1. **Theater.** Theater provides beginning level introduction to the clinical environment and protocols, and trains students in observations skills so that they may learn from clinical faculty and senior students. Entering students attend Beginning Theater, in which they are oriented and trained in basic clinic protocols for student/practitioner and patient safety, patient care and confidentiality, record keeping and preparing herbal formulas. Theater also provides a unique opportunity to cross-reference academic educational materials with real-world clinical encounters.
2. **Rounds.** Rounds provides a unique opportunity to more closely observe clinical faculty practicing patient care. Faculty also challenge students to begin applying their developing academic education by considering and developing diagnoses and treatment plans. Students may begin performing certain clinical procedures under direct faculty supervision, and take on increasing responsibility in many aspects of patient treatment and clinic operations.
3. **Internship Rounds.** In Internship Rounds, students take on more active responsibility for patient care under direct supervision of clinical faculty. Faculty remain in the treatment room with students to provide hands-on training, guidance, and direction as students participate in interviewing and examining patients, developing diagnoses and treatment plans, and performing acupuncture and related modalities.
4. **Internship.** Internship represents the culmination of clinical training at Five Branches. Interns interview and examine patients, then consult with clinical faculty outside the treatment room regarding their diagnostic impressions and proposed treatment plans. Faculty modify and approve treatment plans, which interns then perform with indirect supervision as needed from faculty. Clinic Faculty will periodically visit while patients are receiving Intern treatments.



Council of Colleges of  
Acupuncture and Oriental Medicine

⑥ ISE:  
PHYSICALLY  
PRESENT

August 9, 2017

Ben Bodea  
Executive Officer  
California Acupuncture Board  
1747 North Market Blvd., Suite 80  
Sacramento, CA 95834

Dear Mr. Bodea:

The purpose of this letter is to comment on California Acupuncture Board (CAB) regulation Article 3.5, Section 1399.434 (h), concerning the supervision of student clinicians in acupuncture training programs. The Council of Colleges of Acupuncture and Oriental Medicine (Council) is a voluntary association of 56 acupuncture schools that are accredited or pre-accredited by the Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM), which is the national accrediting agency recognized by the U. S. Department of Education to accredit programs in the acupuncture and Oriental medicine profession. The Council counts among its membership 26 schools that are approved by CAB.

Article 3.5, Section 1399.434(h) provides as follows:

“During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient. Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient. The clinic supervisor shall otherwise be in close proximity to the location at which the patient is being treated during the clinical instruction. The student shall also consult with the clinic supervisor before and after each treatment.”

This language does not protect the public, ensure that students have a strong clinical education, or ensure that patients in teaching clinics receive the best possible care. Proscribing specifics of supervision in such a restrictive manner does not allow educational institutions to innovate in order to enhance safety, patient care and education. On the contrary, this language in a materially significant way makes it more difficult for an institution to ensure that these goals are achieved.

The CAB is the only health professions board in the state that dictates the specific form that supervision of student clinicians must follow. The Board for Chiropractic Examiner (BCE) has the following requirement for the educational curriculum:

“(e) Clinics. Each student shall be provided with actual clinical experience in the examining, diagnosing, and treatment of patients. Said clinical experience shall include spinal analysis, palpation, chiropractic philosophy, symptomatology, laboratory diagnosis, physical diagnosis, X-ray interpretation, postural analysis, diagnostic impressions, and adjusting of various articulations of the body, psychological counseling, dietetics and physical therapy. Individual case files on each patient together with a record of dates and treatments given and student treating shall be kept and available to the board for inspection” (BCE, Rules and Regulations, Pg. 30).

Additionally, BCE requires the following:

“Students shall perform a minimum of two hundred and fifty (250) patient treatments (visits), including diagnostic procedures, chiropractic adjustive technique and patient evaluation.” (BCE, Rules and Regulations, Pg 35)

The potential for injury during an improper chiropractic treatment is no less than the potential for injury during an improper acupuncture treatment. The fact that the BCE has no requirement that a supervisor be physically present for any part of treatments provided by the trainees suggests that safety of the patients is not enhanced by this requirement. Similarly, the naturopathic and dental Boards in California do not have the requirement of physical presence of supervisors.

The Council respectfully requests that CAB align itself with practices of other health boards and bureaus regulated by the California Department of Consumer Affairs, such as the Board for Chiropractic Examiners, the Naturopathic Medicine Committee, and the Dental Board of California. These boards do not dictate the form that supervision of student clinicians must take.

The Council asks that CAB approved institutions be allowed, in collaboration with ACAOM, to develop the most effective way for clinic faculty to supervise student clinicians. As a result of the passing SB 1246, all CAB approved schools must be accredited by the Accreditation Commission for Acupuncture and Oriental Medicine as of January 2017. We ask that the CAB allow ACAOM's peer-review process to determine whether a school is meeting appropriate standards for safety in the clinic.

#### ACAOM Standards

In order for a school to be accredited by ACAOM, it needs to meet the 14 Standards for accreditation, which include the specific standards referenced below for clinic training.

#### ***Criterion 8.7 Clinical Training***

Clinical education and training must consist of clinical observation and the supervised care of patients which leads the student through gradually increasing levels of responsibility for patient care resulting in the ability to function independently by graduation. The program must provide a clinical education program of sufficient volume, variety, and quality to fulfill its educational purposes. The number of clinical supervisors must be sufficient to ensure effective instruction of and safe practice by interns. Student interns must receive training from a variety of clinical faculty members.

#### **Criterion 8.8 Clinical Observation**

The program must assure that each student fulfill at least 150 hours observing acupuncturists and senior student interns performing acupuncture and/or Oriental medicine therapies in a clinical setting. A

significant portion of the clinical observation experience must be with experienced practitioners.

### **Criterion 8.9 Supervised Clinical Practice**

The program must assure that each student participate in a minimum of 500 hours in the supervised care of patients for an acupuncture program or 700 hours for an Oriental medicine program. This portion of the clinical training, conducted under the supervision of program-approved supervisors, must consist of a least 250 intern-performed treatments for an acupuncture program or 350 intern-performed treatments for an Oriental medicine program where interns conduct patient interviews, perform diagnoses and treatment planning, perform appropriate acupuncture and/or Oriental medicine treatments, and follow-up on patients' responses to treatment.

It is by following the accreditation process of ACAOM that educational institutions can best ensure public safety, quality of care, and educational standards for the acupuncture profession.

Lastly, the charge of the CAB is the protection of the public. The acupuncture school clinics have a track record of providing safe treatments to their patients--for decades for some schools. The American Acupuncture Council (AAC) provides malpractice insurance to 56 acupuncture schools, most of which are ACAOM accredited or pre-accredited. Philip Stump, the President of AAC, attests to the safety record of acupuncture schools as a whole. He stated:

Not surprisingly, the highly professional, and closely managed environment at the schools consistently produces safety outcomes that are substantially more favorable than the overall professional practice environment.

Exposure is typically measured in terms of frequency, how often incidents arise, and severity, how bad are the incidents when they do arise. Schools consistently produce safety results, based on these two

measures, which are superior to the profession as a whole. Frequency of claims is about 1/2 the average for the acupuncture profession. Severity of claims is about 70% less than the overall profession average.

These statistics are based on hundreds of thousands of patient visits, and convincingly support the conclusion that the school's professional approach to patient safety and risk management works well. The schools are already going above and beyond in these areas. Allowing some managerial flexibility given these outstanding results seems entirely supportable. (Email correspondence, July 28, 2017)

Safety is of the utmost importance to acupuncture schools, and the schools make sure that they have experienced clinicians who are conscientious in their responsibilities as supervisors. After all, the student interns are providing treatments under the supervisors' license, so it behooves the supervisors to make sure that they are providing appropriate levels of guidance. Given the record of safety for acupuncture schools, we ask that CAB align itself with other health boards in CA and entrust ACAOM in continuing to enforce standards for safety in school clinics.

Sincerely,

A handwritten signature in cursive script that reads "Misti Oxford-Pickerel". The signature is written in black ink and is positioned above the typed name.

Misti Oxford-Pickerel  
President





# California Institute of Integral Studies

August 14, 2017

Ben Bodea  
Executive Officer  
California Acupuncture Board  
1747 North Market Blvd., Suite 180  
Sacramento, CA 95834

Dear Mr. Bodea:

The purpose of this letter is to comment on the below.

1. Clinic supervision pursuant to California Acupuncture Board (CAB) regulation Article 3.5, Section 1399.434 (h), concerning the supervision of student clinicians in acupuncture training programs.
2. Online education in the training of candidates for the California acupuncture licensing exam (CALE).

## **Clinic Supervision**

Article 3.5, Section 1399.434(h) provides as follows:

“During the initial 275 hours of diagnosis, evaluation and clinical practice, the clinic supervisor shall be physically present at all times during the diagnosis and treatment of the patient. Thereafter, for a second period of 275 hours the clinic supervisor shall be physically present at the needling of the patient. The clinic supervisor shall otherwise be in close proximity to the location at which the patient is being treated during the clinical instruction. The student shall also consult with the clinic supervisor before and after each treatment.”

This language does not protect the public, ensure that students have a strong clinical education, or ensure that patients in teaching clinics receive the best possible care. Proscribing specifics of supervision in such a restrictive manner does not allow educational institutions to innovate in order to enhance safety, patient care and education. On the contrary, this language in a materially significant way makes it more difficult for an institution to ensure that these goals are achieved.

The CAB is the only health professions board in the state that dictates the specific form that supervision of student clinicians must follow. The Board for Chiropractic Examiner (BCE) has the following requirement for the educational curriculum:

“(e) Clinics. Each student shall be provided with actual clinical experience in the examining, diagnosing, and treatment of patients. Said clinical experience shall include spinal analysis, palpation, chiropractic philosophy, symptomatology, laboratory diagnosis, physical diagnosis, X-ray interpretation, postural analysis, diagnostic impressions, and adjusting of various articulations of the body, psychological counseling, dietetics and physical therapy. Individual case files on each patient together with a record of dates and treatments given and student treating shall be kept and available to the board for inspection” (BCE, Rules and Regulations, Pg. 30).

Additionally, BCE requires the following:

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The potential for injury during an improper chiropractic treatment is no less than the potential for injury during an improper acupuncture treatment. The fact that the BCE has no requirement that a supervisor be physically present for any part of treatments provided by the trainees suggests that safety of the patients is not enhanced by this requirement. Similarly, the naturopathic and

dental Boards in California do not have the requirement of physical presence of supervisors.

We respectfully requests that CAB align itself with practices of other health boards and bureaus regulated by the California Department of Consumer Affairs, such as the Board for Chiropractic Examiners, the Naturopathic Medicine Committee, and the Dental Board of California. These boards do not dictate the form that supervision of student clinicians must take.

We request that CAB approved institutions be allowed, in collaboration with ACAOM, to develop the most effective way for clinic faculty to supervise student clinicians. As a result of the passing SB 1246, all CAB approved schools must be accredited by the Accreditation Commission for Acupuncture and Oriental Medicine as of January 2017. We ask that the CAB allow ACAOM's peer-review process to determine whether a school is meeting appropriate standards for safety in the clinic.

#### ACAOM Standards

In order for a school to be accredited by ACAOM, it needs to meet the 14 Standards for accreditation, which include the specific standards referenced below for clinic training.

#### ***Criterion 8.7 Clinical Training***

Clinical education and training must consist of clinical observation and the supervised care of patients which leads the student through gradually increasing levels of responsibility for patient care resulting in the ability to function independently by graduation. The program must provide a clinical education program of sufficient volume, variety, and quality to fulfill its educational purposes. The number of clinical supervisors must be sufficient to ensure effective instruction of and safe practice by interns. Student interns must receive training from a variety of clinical faculty members.

#### **Criterion 8.8 Clinical Observation**

Letter to CAB regarding Clinic Supervision and Distance Learning  
August 14, 2017

The program must assure that each student fulfill at least 150 hours observing acupuncturists and senior student interns performing acupuncture and/or Oriental medicine therapies in a clinical setting. A significant portion of the clinical observation experience must be with experienced practitioners.

### **Criterion 8.9 Supervised Clinical Practice**

The program must assure that each student participate in a minimum of 500 hours in the supervised care of patients for an acupuncture program or 700 hours for an Oriental medicine program. This portion of the clinical training, conducted under the supervision of program-approved supervisors, must consist of a least 250 intern-performed treatments for an acupuncture program or 350 intern-performed treatments for an Oriental medicine program where interns conduct patient interviews, perform diagnoses and treatment planning, perform appropriate acupuncture and/or Oriental medicine treatments, and follow-up on patients' responses to treatment.

It is by following the accreditation process of ACAOM that educational institutions can best ensure public safety, quality of care, and educational standards for the acupuncture profession.

Lastly, the charge of the CAB is the protection of the public. The acupuncture school clinics have a track record of providing safe treatments to their patients--for decades for some schools. The American Acupuncture Council (AAC) provides malpractice insurance to 60 acupuncture schools, most of which are ACAOM accredited or pre-accredited. According to the AAC, there is no difference in malpractice claim outcomes between the CAB approved schools versus non-CAB schools. (AAC letter is attached.) This suggests that the CAB requirement for clinic supervision is not the determining factor in maintaining safety. Additionally, Philip Stump, the President of AAC, attests to the safety record of acupuncture schools as a whole. He stated:

Letter to CAB regarding Clinic Supervision and Distance Learning  
August 14, 2017

Not surprisingly, the highly professional, and closely managed environment at the schools consistently produces safety outcomes that are substantially more favorable than the overall professional practice environment.

Exposure is typically measured in terms of frequency, how often incidents arise, and severity, how bad are the incidents when they do arise. Schools consistently produce safety results, based on these two measures, which are superior to the profession as a whole. Frequency of claims is about 1/2 the average for the acupuncture profession. Severity of claims is about 70% less than the overall profession average.

These statistics are based on hundreds of thousands of patient visits, and convincingly support the conclusion that the school's professional approach to patient safety and risk management works well. The schools are already going above and beyond in these areas. Allowing some managerial flexibility given these outstanding results seems entirely supportable. (Email correspondence, July 28, 2017)

Safety is of the utmost importance to acupuncture schools, and the schools make sure that they have experienced clinicians who are conscientious in their responsibilities as supervisors. After all, the student interns are providing treatments under the supervisors' license, so it behooves the supervisors to make sure that they are providing appropriate levels of guidance. Given the record of safety for acupuncture schools, we ask that CAB align itself with other health boards in CA and entrust ACAOM in continuing to enforce standards for safety in school clinics.

### **Distance Education**

As education moves into the 21<sup>st</sup> century, distance (online) education has become an important means of curriculum delivery. As noted at a recent meeting to provide input to CAB, institutions throughout the United States and under the supervision of accreditation commissions recognized by the United States Department of Education are providing high quality and effective education through a variety of conformations, including hybrid (both online and classroom activities), synchronous (online education with regular

meetings with faculty lectures through a webinar format) and asynchronous (all curriculum materials and activities are online with student-faculty interactions completed through a learning management system) online courses.

Courses offered in one of these formats must be appropriate to the online or hybrid formats, and be conducted through an appropriate learning management system (LMS). This determination is best done within the institution at the direction of faculty and in collaboration with the institution's USDE accreditation agency. We strongly encourage CAB to recognize online training at a CAB recognized educational institution, or an accredited institution providing prerequisite or corequisite education to a candidate for licensure in California.

ACAOM has published a distance education policy (attached to this letter). All continuing education at an ACAOM accredited institution must meet standards and criteria specified in this substantive change documentation including guidelines on purpose and governance, course outcomes and delivery, course development, faculty for online courses, documentation of credit hours and student work, educational media and learning resources, examinations and other assessment, and student integrity and academic honesty. Part of this process is demonstrating that online coursework is appropriate for a hybrid or online format, and that the institution has demonstrated that moving to such a format is consistent with the delivery of knowledge and skills inherent to the course being delivered.

Thank you for your consideration of the above.

Sincerely,



Steve Given, DAOM, L.Ac.  
Academic Associate Dean  
ACTCM



Accreditation Commission for Acupuncture and Oriental Medicine

8941 Aztec Dr., Eden Prairie, MN 55347 || tel 952-212-2434 || fax 952-657-7068 || info @ acaom.org

**SUBSTANTIVE CHANGE APPLICATION:  
ADD INITIAL DISTANCE EDUCATION COURSE**

<b>Institution Name</b>			
<b>Date Submitted</b>			
<b>Institutional Accreditor</b>	ACAOM	Other (specify):	
<b>Program to be Changed</b>			

**I. BASIC INSTITUTIONAL/PROGRAMMATIC INFORMATION**

<b>Name of Program to be Changed</b>	
<b>Corporate Name of Sponsoring Institution</b>	
<b>Academic Unit, if applicable</b>	
<b>Mailing Address Line 1</b>	
<b>Mailing Address Line 2</b>	
<b>City</b>	
<b>State</b>	
<b>ZIP Code</b>	
<b>Phone Number</b>	
<b>Fax Number</b>	
<b>Email</b>	
<b>Location Address (if different from mailing address)</b>	

**II. LEGAL ORGANIZATION**

**State agency authorization**

Does your state require a change/update to authorization in order to offer distance education courses? Yes  No

<b>Agency Name</b>	
<b>Contact Name/Title</b>	

<b>Address</b>	
<b>City/State/Zip</b>	
<b>Phone</b>	

**REQUIRED ATTACHMENT:**

If YES above, attach copy of updated state authorization

**ADDL. ATTACHMENTS:**

Please attach any approvals from other states for out-of-state institution to offer credit-bearing courses, SARA authorizations, etc., as may apply

**CERTIFICATION STATEMENT: COMPLIANCE WITH ACAOM ELIGIBILITY REQUIREMENTS & FEDERAL TITLE IV REQUIREMENTS**

An institution/program seeking approval for a substantive change must affirm that it meets or continues to meet established Accreditation Commission for Acupuncture and Oriental Medicine (ACAOM) Eligibility Requirements and Federal requirements relating to Title IV program participation; and that all of its ACAOM accredited or pre-accredited programs are in full compliance with all ACAOM Standards and Criteria as of the date of this application.

If it is not possible to certify compliance with all of the above, the institution/program must attach specific details to this substantive change application cover sheet.

- Exceptions are noted in an attachment. Please provide a detailed explanation of the exceptions in your attachment.

THE SIGNATURES AFFIXED TO THIS SELF-STUDY APPLICATION COVER SHEET SERVE AS AFFIRMATION THAT THE INSTITUTION/PROGRAM NOW MEETS OR CONTINUES TO MEET ESTABLISHED ACAOM ELIGIBILITY REQUIREMENTS AND FEDERAL REQUIREMENTS RELATING TO TITLE IV PROGRAM PARTICIPATION (IF APPLICABLE), AND IS NOW IN FULL COMPLIANCE WITH ALL ACAOM STANDARDS, CRITERIA AND POLICIES, EXCEPT AS NOTED BY THE INSTITUTION.

ADDITIONALLY, THESE SIGNATURES CERTIFY THAT TO THE BEST OF OUR KNOWLEDGE THE INFORMATION CONTAINED IN THIS APPLICATION AND ITS ATTACHMENTS IS TRUE AND ACCURATE.

\_\_\_\_\_  
*Chief Executive Officer*

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chair, Board of Directors/Trustees

\_\_\_\_\_  
 Date



**\*FEE:** Please submit a check in the amount of \$4,000, with the memo field “SUBSTANTIVE CHANGE APP”, to: ACAOM, 8941 Aztec Drive, Eden Prairie, MN 55346. Substantive change applications will not be processed until the associated fees are paid in full.

## **ATTACHMENT 1: APPLICATION NARRATIVE**

When an institution plans to implement its first distance education course, ACAOM must be notified at least six months prior to the planned implementation through receipt of a completed substantive change application and associated fee. (See ACAOM Notification of Institutional Change Policy and ACAOM’s Dues and Fee Schedule). ACAOM will review the substantive change based on the demonstrated compliance with all of its *Standards and Criteria for Accreditation*, policies, and procedures, including those specific to distance education and elements critical to effective use of distance education methods. ACAOM approval is required prior to the implementation of the first distance education course.

While recognizing that some ACAOM accredited institutions offer instruction in more than one language, this policy specifies that the first course to be offered via distance education must be offered in English. An accredited institution seeking to offer a subsequent distance education course in a language other than English, must apply for Substantive Change approval for the first course in each additional language. At the present time, only programs offered in English are eligible for distance education approval.

Please take careful note of the contents of the *ACAOM Distance Education Policy* [see Attachment 2] when preparing the narrative portion of this application and supporting documents thereto.

**A change application, report or self-study section prepared for a regional/national accreditor that led to approval of distance education programming may be submitted as the narrative component for this application. Relevant exhibits and supplemental information should be included. However, please review the Practice Guidelines below and the ACAOM Distance Education Policy to be sure that all major elements are addressed.**

Review of this application by staff and peer/technical reviewers will lead to a recommendation to the Commission, which will determine whether to approve initiation of a first distance education course. This category of substantive change ordinarily requires a site visit within six months following implementation. Because of the distributed and asynchronous nature of distance instruction and related resources, this post-implementation review may be conducted remotely. The Commission reserves the right to move directly to approval without a post-implementation review, based upon findings from the preimplementation review.

Whether writing an application narrative specifically for ACAOM submission or borrowing content from prior distance education reviews by other accreditation agencies, please be sure to address the following Distance Education Practice Guidelines that will be available to peer, technical and staff reviewers:



## 1. PURPOSE AND GOVERNANCE

- The program/institution's core documents demonstrate a commitment to delivering quality distance educational offerings.
- Faculty, staff, administrators, governing board members, students and other stakeholders were active participants in the decision to offer distance educational offerings.
- Faculty were actively engaged in the development of distance educational offerings and related content, tools and assessments.

## 2. COURSE OUTCOMES

- Course outcomes are clearly defined, simply stated, and indicate the benefits for students who are reasonably capable of completing the educational offering.
- Course learning outcomes are linked to program outcomes as identified by the institution and are consistent with the curricula offered.
- Course outcomes are measurable and reasonably attainable through distance education.
  - Appropriate program outcomes clearly communicate the knowledge, skills, and abilities students will obtain upon completion of the educational offering.

## 3. COURSE DELIVERY

- All required learning activities are clearly stated.
- Online materials sufficiently support the curriculum and are delivered using readily available, reliable technology.
- Instructions and suggestions on how to study and how to use the instructional materials are made available to assist students to learn effectively and efficiently.

## 4. COURSE DEVELOPMENT

- Qualified persons competent in distance education instructional practices and experts in their subjects or fields develop the content of curricula and prepare instructional materials.
- All curricula and instructional materials are appropriately designed and presented for distance education.
  - The organization and presentation of the curricula and instructional materials are designed using sound principles of learning and are grounded in distance education instructional design principles.
- Effective procedures are used on a continuing basis to keep curricula and instructional materials up-to-date.

## 5. COURSE FACULTY

- Faculty/instructors are properly and continuously trained on institution policies, learner needs, instructional approaches and techniques, and the use of instructional technology.
- The institution regularly evaluates faculty performance using clear, consistent procedures.
- The institution assures that faculty are appropriately involved and engaged in the distance education courses/curriculum and instructional aspects of the distance educational offerings.



## 6. DOCUMENTATION OF CREDIT HOURS AND STUDENT WORK

- The institution is accountable for demonstrating that each course and program requires the appropriate amount of work for students to achieve the level of competency defined by institutionally established course/program outcomes.
- The institution measures and documents the amount of time it takes the average student to achieve learning outcomes and specifies the academic engagement and preparation time.
- All student work is documented in the curricula materials and syllabi, including a reasonable approximation of time required for students to complete the assignments.
- Evaluation of student work is identified as a grading criterion and weighted appropriately in the determination of a final course grade.

## 7. EDUCATIONAL MEDIA AND LEARNING RESOURCES

- Learning resources for faculty and students are available and appropriate to the level and scope of program offerings.
- Program designers, faculty, and instructors effectively use appropriate teaching aids and learning resources, including educational media and supplemental instructional aids, when creating programs and teaching students.
- The institution provides faculty and students – whether learning on-site or at a distance – with access to learning resources and libraries that are appropriate for the achievement of learning outcomes.

## 8. EXAMINATIONS AND OTHER ASSESSMENTS

- Examinations and other assessment techniques provide adequate evidence of the achievement of stated learning outcomes.
- The institution implements grading criteria that it uses to evaluate and document student attainment of learning outcomes.

## 9. STUDENT INTEGRITY AND ACADEMIC HONESTY

- The institution publishes clear, specific, policies related to student integrity and academic honesty.
- The institution affirms that the student who takes the examination is the same person who enrolled in the program and that the examination results will reflect the student's own knowledge and competence in accordance with stated learning outcomes.



#### 10. ACCESS TO STUDENT SUPPORT SERVICES

- The institution uses appropriate and readily accessible technology to optimize interaction between the institution and the learner that enhances instructional and educational services.
- Students, faculty, and involved practitioners receive training and support for the technology used to deliver the educational offerings.
- The institution publishes all available methods students can use to submit inquiries and assignments, and responds promptly and thoroughly to all student inquiries.
- The institution provides support services designed for the students enrolled, such as financial aid guidance, advising services, employment assistance, and/or alumni services.
- Appropriate academic support services are readily available.
- Any career services and/or alumni services are offered as published in the institution's materials.

#### 11. CONFIDENTIALITY AND PRIVACY

- The institution implements policies to protect student confidentiality and privacy as required by applicable federal and state laws.



## **ATTACHMENT 2: ACAOM DISTANCE EDUCATION POLICY**

The ACAOM Distance Education Policy was implemented October 17, 2016, and may be amended from time to time. You may locate the most current version via the ACAOM public website's Documents and Resources page.

The ACAOM Distance Education Policy (rev. October 30, 2016) may be directly obtained from the ACAOM website's Policy page at <http://acaom.org/policies/>

Please be sure that your narrative (Attachment 1) is fully respondent to the ACAOM Distance Education Policy, as may apply on the date that your application is received by ACAOM.

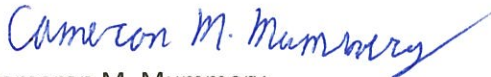


August 11, 2017

To whom it may Concern:

At our request, a survey was conducted by the American Acupuncture Council of 60 accredited Acupuncture Educational and training programs in the country. Of these schools, 34 are approved by the CA Board of Acupuncture and 26 are not. A review of claims statistics for these Acupuncture College's revealed no statistically supportable difference in claims outcomes between these two groups.

Sincerely,



Cameron M. Mummery  
Programs