



SUBJECT OUTLINE

Subject Name:

Subject Code:

Chinese Medicine – Acupuncture Clinical CMCS322 Studies 5A

SECTION 1 – GENERAL INFORMATION

Award/s:	Total Course Credit Points:	Level:
Bachelor of Health Science (Acupuncture)	128	3 rd Year
Duration:	1 Semester	
Subject Coordinator: Dr Yun Shen (Perth Campus)		
Subject is:	Subject Credit Points:	4
Core		

Student Workload:

No. timetabled hours per week: 8	No. personal study hours per week: 4	Total hours per week: 12
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Delivery Mode:

Clinic Block Delivery 2 x 4 hour clinic practicum sessions over 12 weeks (includes 30 mins per session set-up / pack down time)

Full Time

Part Time

Pre-requisites: SOCQ121, BIOE221, BIOS222, CMAC311, CMCS311

Co-requisites: SOCI221, CMAC321

Special Resource Requirements:

Flat soled, closed toe leather footwear or approved equivalent

HLTAID003 Provide first aid (VET unit of competency)

LMS-based clinic induction and quiz

Professional Dress Standards as described by the [Endeavour Clinic Handbook](#)

[Endeavour Clinic Handbook](#)

WWCC (or its equivalent) for the location in which subject is undertaken as per [Working with Children Check Policy](#)

Clinical equipment kit including:

- Measuring tape
- Otoscope
- Penlight
- Percussion reflex hammer
- Sphygmomanometer



- Stethoscope
- Thermometer
- Timing device (with second hand)

SECTION 2 – ACADEMIC DETAILS

Subject Rationale

This subject provides students with clinical practice experience. Each clinic student is expected to professionally manage clients as they attend to their clinical rounds. Supervisors expect clinic students to manage the consultation process and provide them with an accurate final diagnosis, prognosis and treatment for approval. By subject conclusion students will have developed further confidence in clinically managing clients.

Learning Outcomes

1. Consistently apply professional Chinese medicine knowledge and skill to questioning, clinical investigations (eg. tongue and pulse), TCM diagnosis, principles of treatment and prescription, prognosis to the application of identified treatment.
2. Consistently apply appropriate skills in the application of acupuncture, moxibustion and allied acupuncture techniques in consultation with client and specific to their requirements.
3. Consistently apply appropriate professional, ethical and legal requirements and/or considerations to clinic practice and management, ensuring adherence to record keeping and infection prevention and control guidelines when implementing strategies to ensure quality assurance and risk management in clinic practice.
4. Compare and contrast various acupuncture treatments sourced from research and classical texts appropriate to individual cases to improve overall treatment and efficacy and prognosis.
5. Develop a coherent argument for the utilisation of specific acupuncture treatments for individual cases.
6. Apply safe and effective acupuncture treatments.
7. Critically evaluate the outcome of each individualised treatment based on follow-up feedback from the client.
8. Communicate effectively with clients, their carers and families ensuring client involvement in structuring a treatment plan in managing their presenting health issue, identifying any risks and benefits of each option to allow informed decision making.

Assessment Tasks

Type	Learning Outcomes Assessed	Session Content Delivered	Due	Weighting
Attendance (100% required)	N/A	N/A	Weeks 1-12	Pass/Fail



Mid-semester Progressive Clinical Assessment (rubric-based)	1-8	1-12	Week 6-7	20%
Examination Techniques Portfolio (application and reasoning for six examination techniques)	1	1-14	Week 7	30%
Final Progressive Clinical Assessment (rubric-based)	1-8	13-24	Week 12	50%
All written assessments and online quizzes are due at 11:55 p.m. Sunday and submitted through the LMS				
The overall pass rate for this subject is 50%				
Additionally students must pass the Final Progressive Clinical Assessment with a mark not less than 50%				

Prescribed Readings:

1. Chinese Medicine Board of Australia. (2013). *Infection prevention and control guidelines for acupuncture practice*. <http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Infection-prevention.aspx>
2. Chinese Medicine Board of Australia. (2014). *Code of conduct*. <http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx>
3. Chinese Medicine Board of Australia. (2014). *Guidelines for advertising regulated health services*. <https://www.chinesemedicineboard.gov.au/Codes-Guidelines/Advertising-a-regulated-health-service/Guidelines-for-advertising-regulated-health-services.aspx>
4. Chinese Medicine Board of Australia. (2016). *Guidelines for safe practice of Chinese herbal medicine*. <http://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-safe-practice.aspx>
5. Chinese Medicine Board of Australia. (2016). *Patient health records guidelines*. <http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx>
6. Chinese Medicine Board of Australia. (2019). *Continuing professional development guidelines*. <http://www.chinesemedicineboard.gov.au/Codes-Guidelines.aspx>
7. Chinese Medicine Board of Australia. (2019). *Social media: How to meet your obligations under the national law*. <https://www.chinesemedicineboard.gov.au/Codes-Guidelines/Social-media-guidance.aspx>
8. Chinese Medicine Board of Australia. (2020). *Guidelines: Mandatory notifications about registered health practitioners*. <https://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-mandatory-notifications.aspx>
9. Chinese Medicine Board of Australia. (2020). *Guidelines: Mandatory notifications about registered students*. <https://www.chinesemedicineboard.gov.au/Codes-Guidelines/Guidelines-for-mandatory-notifications.aspx>



Recommended Readings:

1. Maciocia, G. (2008). *The practice of Chinese medicine: The treatment of disease with acupuncture and Chinese herbs* (2nd ed.). Elsevier Churchill Livingstone. [ebook available]
2. Maclean, W., & Lyttleton, J. (1998). *Clinical handbook of internal medicine: The treatment of disease with traditional Chinese medicine. Volume 1: Lung, kidney, liver, heart*. University of Western Sydney.
3. Maclean, W., & Lyttleton, J. (2002). *Clinical handbook of internal medicine: The treatment of disease with traditional Chinese medicine. Volume 2: Spleen and stomach*. University of Western Sydney.
4. Wang, J.-Y., & Robertson, J. (2008). *Applied channel theory in Chinese medicine: Wang Ju-Yi's lectures on channel therapeutics*. Eastland Press.

Subject Content

Weeks	Clinical Practicum
1-12.	<p>Clinic practicum goes from Week 1 to Week 12.</p> <p>Mid-semester reviews are conducted Weeks 6-7 and students are presented with written and verbal feedback from each supervisor about their performance in clinic in relation to specified rubrics, and marks are aggregated to provide a single grade.</p> <p>Final reviews of clinical practicum are conducted in Week 12 and students are presented with further written and verbal feedback from each supervisor about their performance in clinic in relation to specified rubrics, and marks are aggregated to provide a single grade.</p> <p>In Clinical Practicum students are evaluated on their ability to apply their knowledge and skills in a professional manner. Therefore students should note that, although helpful, previous success in academic subjects does not guarantee success in Clinical Practicum.</p> <p>During Chinese Medicine - Acupuncture Clinical Practicum students will practice under supervision either individually or in pairs:</p> <ul style="list-style-type: none"> ➤ Conducting clinical consultations and observations ➤ Good practitioner-client communication ➤ Case taking ➤ Clinical examination skills ➤ Interpret biomedical and functional test results ➤ Chinese medicine diagnostic techniques ➤ TCM differential diagnosis ➤ Developing individualised treatment plans ➤ Appropriate referral ➤ Present to supervisor and obtain approval for treatment plan ➤ Needling, moxa and allied techniques ➤ Office management skills, dispensing and reception duties ➤ Observing all clinic policy and procedure ➤ Participating in debriefing sessions at the conclusion of each clinical practicum to identify any important issues