ACATCM

CLINICAL PLACEMENT TRAINING HANDBOOK

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Revision Notice

This handbook is a living document and is subject to revision. ACATCM reserves the right to review, amend, or update any part of this handbook at any time to reflect changes in regulatory requirements, institutional policies, program requirements, or clinical practice. Certain provisions remain under review and may be clarified or updated in future versions.

Where any provision of this handbook is inconsistent with applicable legislation, the standards of the relevant regulatory body, or current ACATCM policy, the legislation, standards, or policy shall prevail.

All users are responsible for ensuring that they are referring to the most current version of this handbook. Questions regarding the content of this handbook should be directed to ACATCM.

Revision History

Version	Date	Summary of Changes
1.0	March 2026	Initial release.
1.1	September 2026	Editorial and formatting revisions; terminology and consistency updates; addition of version control and revision notice.

Table of Contents

1. Introduction *5*

2. ACATCM Clinical Education Model *6*

2.1 Guiding Principles **6**

2.2 Stages of Clinical Training **6**

2.3 Competency Development Framework **7**

2.4 Integration Across Academic Programs **7**

2.5 Clinical Learning Environment **7**

3. Clinical Training Site Framework *8*

3.1 ACATCM Primary Teaching Clinic – Huatuo Clinic **8**

3.2 Affiliated Teaching Clinics **8**

3.3 Specialty and Advanced Training Sites **9**

3.4 Distribution of Clinical Training **9**

3.5 Institutional Oversight **9**

4. Clinic Approval & Accreditation Process *10*

4.1 Application and Initial Review **10**

4.2 Site Inspection and Verification **10**

4.3 Approval Criteria **10**

4.4 Conditional Approval and Remediation **11**

4.5 Ongoing Monitoring and Quality Assurance **11**

4.6 Renewal and Re-Approval **11**

4.7 Suspension or Revocation of Approval **11**

4.8 Institutional Authority **11**

5. Health and Safety Standards *12*

5.1 Health and Safety Plan **12**

5.2 Orientation Requirements **13**

5.3 Compliance and Accountability **13**

6. Infection Prevention and Control (IPAC) *14*

6.1 IPAC Program Requirements **14**

6.2 Hand Hygiene Standards **14**

6.3 Treatment Room Cleaning and Disinfection **15**

6.4 Clean Field Protocol **16**

6.5 Sharps Management **16**

6.6 Needlestick and Exposure Response **16**

6.7 Student Training and Compliance....16
7. Clinical Operations Standards....18
7.1 Treatment Room Requirements....18
7.2 Required Materials and Supplies....18
7.3 Clean Field and Equipment Management....19
7.4 Physical Environment and Safety Considerations....19
7.5 Support for Clinical Education....19
8. Roles and Responsibilities....21
8.1 ACATCM Academic Oversight....21
8.2 Clinical Training Site Responsibilities....21
8.3 Clinical Administrator....21
8.4 Clinical Supervisor....22
8.5 Additional Clinical Roles (When Applicable)....24
8.6 Front Desk and Administrative Staff....24
8.7 Student Responsibilities....24
8.8 Communication and Escalation....25
9. Student Progression and Competency Framework....26
9.1 Principles of Progression....26
9.2 Scope of Practice by Training Level....26
9.3 Competency Domains....26
9.4 Clinical Skill Development....27
9.5 Clinical Hour and Patient Requirements....27
9.6 Performance Evaluation and Advancement....27
9.7 Professional Conduct and Accountability....27
10. Documentation and Compliance....29
10.1 Principles of Clinical Documentation....29
10.2 Consent Requirements....29
10.3 Charting Standards (SOAP Format)....31
10.4 Clinical Measurements and Data Recording....32
10.5 Confidentiality and Privacy....32
10.6 Access to Patient Records....32
10.7 Supervisor Documentation and Reporting....33
10.8 Documentation Compliance and Audit....33
11. Evaluation and Assessment....34

11.1 Principles of Clinical Assessment....34
11.2 Methods of Evaluation....34
11.3 Supervisor Evaluation and Reporting....35
11.4 Formal Evaluation Milestones....35
11.5 Academic Oversight and Standardization....35
11.6 Student Reflection and Feedback....36
11.7 Remediation and Progression Decisions....36
11.8 Alignment with Degree-Level Outcomes....36
11.9 Clinical Experience Targets and Case Mix Requirements....37
12. Administrative Requirements....38
12.1 Clinical Hour Tracking and Timesheets....38
12.2 Clinical Activity Requirements....39
12.3 Attendance and Scheduling....40
12.4 Required Documentation for Clinical Participation....41
12.5 Scheduling of Clinical Activities....41
12.6 Administrative Compliance and Oversight....41
12.7 Alignment with Academic and Degree Requirements....42
13. Professional Conduct and Dress Code....43
13.1 Standards of Professional Conduct....43
13.2 Ethical Practice....43
13.3 Communication and Interpersonal Conduct....43
13.4 Dress Code and Clinical Attire....44
13.5 Footwear and Safety Requirements....44
13.6 Identification Requirements....44
13.7 Professional Accountability....44
13.8 Alignment with Professional and Degree-Level Expectations....44
14. Clinic Operational Recommendations....46
14.1 Record-Keeping and Documentation Systems....46
14.2 Quality Assurance and Compliance Monitoring....46
14.3 Student Assessment and Feedback Practices....47
14.4 Regulatory Awareness and Policy Alignment....47
14.5 Communication and Ongoing Improvement....47

1. Introduction

The Alberta College of Acupuncture & Traditional Chinese Medicine (ACATCM) is an accredited degree-granting private post-secondary institution in Alberta, Canada. With the launch of the four-year Bachelor of Acupuncture (B.Ac) program, ACATCM delivers a comprehensive, competency-based education that integrates rigorous academic instruction with structured clinical training.

Clinical education is a foundational component of ACATCM's academic programs. It is designed to ensure that graduates demonstrate the knowledge, clinical judgment, technical proficiency, and professional conduct required for safe, ethical, and effective practice in Traditional Chinese Medicine (TCM). The clinical education model reflects both regulatory expectations and the standards of modern health professional education.

This Clinical Placement Training Handbook establishes the institutional framework governing all clinical training activities conducted under ACATCM. It applies to all ACATCM students, faculty, and approved clinical training sites, including the ACATCM Primary Teaching Clinic and affiliated teaching clinics across Canada.

The objectives of this handbook are to:

- Define the structure and expectations of clinical education within ACATCM programs
- Ensure consistency, quality, and accountability across all clinical training environments
- Protect patient safety and uphold the highest standards of professional and ethical practice
- Clarify the roles and responsibilities of ACATCM, clinical partners, supervisors, and students
- Support the development and expansion of a national network of approved clinical training sites

ACATCM's clinical training system is anchored by its Primary Teaching Clinic, Huatuo Clinic, which serves as the flagship site for clinical education, faculty-supervised training, and applied research. In addition, ACATCM collaborates with a network of approved affiliated teaching clinics that meet institutional and regulatory standards for student training.

All clinical training activities must align with applicable provincial legislation, the standards of the College of Acupuncturists of Alberta, and ACATCM's academic policies. Approved clinical training sites are required to adhere to the standards outlined in this handbook and participate in ongoing quality assurance and evaluation processes.

Through this structured and integrated approach, ACATCM aims to prepare graduates who are clinically competent, professionally responsible, and capable of contributing to the advancement of TCM within the Canadian healthcare system.

2. ACATCM Clinical Education Model

ACATCM employs a competency-based clinical education model that is progressively structured to support the development of safe, independent, and reflective practitioners. This model integrates academic instruction with supervised clinical experience and is aligned with the standards of professional health education and the regulatory expectations of the College of Acupuncturists of Alberta.

Clinical education is delivered through a staged progression that corresponds with increasing levels of student knowledge, technical skill, and clinical responsibility. Across all programs, students advance through clearly defined phases of learning, moving from foundational exposure to independent clinical application under supervision.

2.1 Guiding Principles

ACATCM's clinical education model is grounded in the following principles:

- Patient-Centered Care: Clinical training prioritizes patient safety, dignity, and individualized treatment planning.
- Competency-Based Progression: Advancement is based on demonstrated knowledge, clinical skills, and professional behavior rather than time alone.
- Integration of Theory and Practice: Students are expected to apply TCM theory, biomedical knowledge, and clinical reasoning in real-world settings.
- Supervised Experiential Learning: Hands-on clinical experience under qualified supervision is central to skill development.
- Professional Accountability: Students are held to the ethical, legal, and professional standards expected of practicing acupuncturists.

2.2 Stages of Clinical Training

Clinical education is structured into three primary stages, which align with ACATCM's academic curriculum and program learning outcomes.

Stage 1: Foundational Clinical Education (Early Program)

- Introduction to clinical environments, professional conduct, and patient interaction
- Development of foundational skills, including safety, hygiene, and Infection Prevention and Control (IPAC)
- Simulation-based learning and structured clinical demonstrations
- No independent patient care

Stage 2: Clinical Observation and Guided Participation (Intermediate Stage)

- Structured observation of patient care within approved clinical settings
- Introduction to clinical workflow, patient intake, and treatment planning processes
- Limited, supervised participation in non-invasive or preparatory clinical tasks where appropriate
- Development of clinical reasoning through case discussion and observation

Stage 3: Supervised Clinical Practice (Residency Stage)

- Active participation in patient care under the supervision of a licensed practitioner
- Development and implementation of treatment plans
- Progressive increase in autonomy, decision-making, and case management responsibility

- Integration of TCM diagnosis, biomedical considerations, and patient communication

2.3 Competency Development Framework

Student progression is guided by a structured competency framework that reflects increasing levels of proficiency:

- **Introduce:** Students are exposed to new concepts and skills through instruction and demonstration
- **Develop:** Students begin practicing skills under close supervision with guidance and feedback
- **Master:** Students demonstrate consistent competency in performing clinical tasks safely and effectively
- **Apply:** Students integrate knowledge and skills independently in clinical decision-making under supervision

This framework is applied across all domains of clinical education, including diagnostic reasoning, treatment planning, technical skills, communication, and professional conduct.

2.4 Integration Across Academic Programs

The clinical education model applies to both the Diploma of Acupuncture and the Bachelor of Acupuncture (B.Ac) programs, with differences in depth, complexity, and expected level of clinical reasoning.

- Diploma students develop entry-level competencies required for safe and effective practice
- Bachelor-level students are expected to demonstrate enhanced clinical reasoning, greater independence, and the ability to manage more complex and diverse patient presentations

Clinical courses and practicum experiences are sequenced to ensure that students build upon prior learning and progressively meet program learning outcomes.

2.5 Clinical Learning Environment

Clinical education occurs across ACATCM-approved training sites, including the Primary Teaching Clinic (Huatuo Clinic) and affiliated teaching clinics. These environments are structured to support:

- Exposure to diverse patient populations and conditions
- Consistent supervision and feedback
- Opportunities for skill development and clinical reflection
- Alignment with academic and regulatory standards

All clinical learning environments must provide appropriate supervision, resources, and patient care opportunities to support student progression through the stages of clinical training.

3. Clinical Training Site Framework

ACATCM delivers clinical education through a structured network of approved training environments designed to ensure consistency, quality, and scalability. This network is anchored by a primary teaching clinic and supported by affiliated clinical partners that meet institutional and regulatory standards.

The framework establishes a clear hierarchy of clinical training sites while maintaining a collaborative model that supports diverse learning experiences across Canada.

3.1 ACATCM Primary Teaching Clinic – Huatuo Clinic

Huatuo Clinic serves as the Primary Teaching Clinic for ACATCM and functions as the flagship site for clinical education, faculty-supervised training, and applied research. It represents the benchmark for clinical excellence and the standard against which all affiliated teaching clinics are evaluated.

Key roles of the Primary Teaching Clinic include:

- Core Clinical Training Site: Provides the primary environment for student clinical education, including observation and supervised clinical practice
- Faculty Integration: Enables direct involvement of ACATCM faculty in supervision, evaluation, and curriculum delivery
- Standard Setting: Establishes clinical, operational, and educational standards for all ACATCM-affiliated training sites
- Complex Case Exposure: Offers access to a high volume and diversity of patient presentations, including specialized areas of practice
- Clinical Research and Innovation: Supports integration of research activities and evidence-informed practice within clinical training

All ACATCM students are expected to complete a portion of their clinical training at the Primary Teaching Clinic unless otherwise approved by the institution.

3.2 Affiliated Teaching Clinics

Affiliated Teaching Clinics are approved external clinical partners that contribute to ACATCM's clinical education network. These clinics extend training capacity and provide students with exposure to varied clinical environments, patient populations, and practice models.

Affiliated Teaching Clinics are required to:

- Meet all minimum standards outlined in this handbook, including health and safety, IPAC, supervision, and documentation requirements
- Maintain practitioners in good standing with the relevant provincial regulatory body
- Provide appropriate supervision and learning opportunities aligned with the student's stage of training
- Participate in ACATCM's evaluation, reporting, and quality assurance processes

While affiliated clinics may vary in size, specialization, and operational structure, all must demonstrate the ability to support a safe, ethical, and educationally appropriate clinical learning environment.

3.3 Specialty and Advanced Training Sites

ACATCM may designate select clinical environments as Specialty or Advanced Training Sites to support targeted learning experiences beyond general practice.

These sites may include:

- Clinics with specialized focus areas (e.g., fertility, pain management, integrative care)
- Interdisciplinary or collaborative healthcare environments
- Settings that provide exposure to complex or medically integrated patient care

Designation as a Specialty or Advanced Training Site is subject to additional approval criteria and may involve enhanced supervision, case complexity requirements, or academic integration.

3.4 Distribution of Clinical Training

Clinical training is distributed across approved sites to ensure that students:

- Experience a range of clinical settings and patient populations
- Develop adaptability in different practice environments
- Meet program requirements for clinical hours and competencies

ACATCM retains authority over all clinical placement decisions and will assign students to training sites based on educational needs, site capacity, and program requirements.

3.5 Institutional Oversight

All clinical training sites operate under the authority of ACATCM and must comply with institutional policies, academic standards, and applicable regulatory requirements.

ACATCM is responsible for:

- Approving and monitoring all clinical training sites
- Ensuring alignment between clinical experiences and program learning outcomes
- Conducting periodic reviews and audits of affiliated clinics
- Maintaining the overall quality and integrity of the clinical education system

Through this framework, ACATCM ensures that clinical education remains consistent, high-quality, and aligned with both institutional and professional expectations while supporting the development of a national clinical training network.

4. Clinic Approval & Accreditation Process

All clinical training sites must be formally approved by ACATCM prior to participating in clinical education activities. The Clinic Approval & Accreditation Process is designed to ensure that all sites meet institutional, regulatory, and educational standards, while supporting the development of a high-quality and sustainable clinical training network.

ACATCM applies a strict but fair approval model that prioritizes patient safety, educational quality, and professional integrity.

4.1 Application and Initial Review

Clinics seeking designation as an ACATCM Affiliated Teaching Clinic must submit a formal application to ACATCM.

The application must include:

- Clinic profile and scope of services
- Practitioner credentials and proof of licensure in good standing
- Description of facilities and treatment rooms
- Health and Safety Plan
- Infection Prevention and Control (IPAC) Protocol
- Proof of required insurance (commercial liability and malpractice)
- Description of supervision model and staffing structure

ACATCM will conduct an initial review to determine whether the clinic meets baseline eligibility requirements.

4.2 Site Inspection and Verification

Following successful initial review, ACATCM will conduct a site inspection, which may be performed in person or virtually.

The inspection will assess:

- Compliance with health and safety standards
- Adequacy of treatment rooms, equipment, and supplies
- Infection prevention and control practices
- Clinical workflow and patient management systems
- Capacity to support student supervision and learning

Clinics must demonstrate that their operations align with both regulatory requirements and ACATCM's educational standards.

4.3 Approval Criteria

To be approved as an Affiliated Teaching Clinic, the clinic must:

- Operate in compliance with all applicable provincial and municipal regulations
- Employ licensed practitioners in good standing with the relevant regulatory body
- Maintain appropriate insurance coverage
- Provide a safe, clean, and professional clinical environment
- Demonstrate the capacity to support structured clinical education, including supervision and evaluation
- Agree to adhere to all policies outlined in this handbook

Approval is granted at the sole discretion of ACATCM.

4.4 Conditional Approval and Remediation

Clinics that partially meet requirements may be granted conditional approval subject to remediation of identified deficiencies.

- A corrective action plan will be issued with defined timelines
- Clinics must demonstrate compliance within the specified period
- Failure to meet remediation requirements may result in denial or withdrawal of approval

4.5 Ongoing Monitoring and Quality Assurance

All approved clinics are subject to ongoing monitoring to ensure continued compliance.

This may include:

- Periodic site reviews or audits
- Review of student feedback and supervisor reports
- Verification of documentation and regulatory compliance
- Evaluation of clinical learning quality

ACATCM reserves the right to request documentation or conduct inspections at any time.

4.6 Renewal and Re-Approval

Approval as an Affiliated Teaching Clinic is not indefinite and must be periodically renewed.

- Clinics may be required to undergo re-evaluation at defined intervals
- Updated documentation must be submitted as required
- Continued approval is contingent on satisfactory performance and compliance

4.7 Suspension or Revocation of Approval

ACATCM may suspend or revoke a clinic’s approval at any time if:

- There is a breach of safety, ethical, or professional standards
- Regulatory non-compliance is identified
- The clinic fails to meet educational or supervision requirements
- There is repeated negative feedback or unresolved concerns

In such cases:

- Student placements may be paused or terminated
- The clinic will be notified and may be given an opportunity to respond or remediate, where appropriate

4.8 Institutional Authority

ACATCM retains full authority over the approval, monitoring, and removal of clinical training sites. All decisions are made in the interest of maintaining the quality, integrity, and safety of the clinical education program.

5. Health and Safety Standards

Ensuring the health and safety of patients, students, clinical staff, and supervising practitioners is a fundamental priority of ACATCM's clinical education programs. All approved clinical training sites, including the Primary Teaching Clinic and affiliated teaching clinics, must maintain a safe, professional, and compliant clinical environment that aligns with applicable public health legislation, occupational health and safety standards, and the regulatory requirements of the College of Acupuncturists of Alberta.

Health and safety standards are designed to support a culture of accountability, risk management, and professional responsibility, while ensuring that students can engage in clinical learning without compromising their well-being or that of others.

5.1 Health and Safety Plan

All clinical training sites must maintain a documented Health and Safety Plan prior to hosting ACATCM students. This plan must be current, site-specific, and readily accessible to staff and students.

At minimum, the Health and Safety Plan must include:

- **Emergency Procedures**: Clearly defined protocols for emergency scenarios, including fire, medical emergencies, and evacuation. Clinics must identify emergency exits, muster points, and staff responsibilities.
- **Incident Reporting**: A formal process for reporting, documenting, and responding to incidents, injuries, and safety concerns, including investigation and follow-up procedures.
- **Safety Meetings and Communication**: Regular review of workplace safety concerns and documentation of safety meetings. Students must be informed of how to raise safety concerns.
- **Risk Assessment**: Ongoing identification and mitigation of physical, biological, and procedural hazards within the clinical environment.
- **Safety Data Sheets (SDS)**: Maintenance of up-to-date and accessible safety documentation for all hazardous substances used in the clinic.
- **Fire Safety and Regulatory Compliance**: Adherence to local fire safety regulations, including regular inspections, functional fire equipment, and correction of deficiencies.
- **Maintenance and Cleaning Logs**: Documentation demonstrating that clinic facilities and equipment are regularly inspected, maintained, and cleaned in accordance with regulatory requirements.
- **Student Rights and Participation**: Recognition of students' rights to a safe working environment, including the right to refuse unsafe work, and clear processes for reporting hazards.
- **Documentation and Record Retention**: Retention of health and safety records, including incident reports and training documentation, for a minimum of two years or as required by applicable regulations.
- **Annual Review**: Regular review and updating of the Health and Safety Plan to reflect changes in legislation, clinical practice, or identified risks.
- **First Aid Resources**: Availability of a clearly identified and well-stocked first aid kit appropriate to the clinic environment, with assigned responsibility for maintenance.

Each clinical training site must designate a Safety Officer responsible for implementing, maintaining, and reviewing the Health and Safety Plan, and for serving as the primary contact for safety-related matters.

5.2 Orientation Requirements

All students must complete a formal site-specific orientation prior to participating in any clinical activities. Orientation ensures that students are familiar with the clinic's health and safety protocols and can respond appropriately in the event of an emergency.

Orientation must include:

- Both general site introduction and training in safety, operational procedures, and professional expectations.
- Emergency procedures and location of safety equipment, including the location and appropriate use of fire extinguishers, first aid kits, and automated external defibrillators (AEDs), where available. Processes for responding to medical emergencies, incidents, and safety concerns must be clearly communicated.
- Incident reporting processes
- Infection Prevention and Control (IPAC) protocols, including hand hygiene protocols, use of personal protective equipment, and sharps handling and disposal procedures.
- Applicable public health requirements and reporting obligations relevant to the clinical setting.
- Policies related to workplace conduct, including policies prohibiting discrimination, harassment, and inappropriate behavior. Students must be advised of available reporting mechanisms and support processes.

Orientation must be documented, and completion must be confirmed prior to the student's participation in clinical care.

5.3 Compliance and Accountability

All clinical training sites are responsible for ensuring ongoing compliance with health and safety standards. ACATCM reserves the right to review, audit, or request documentation related to health and safety practices at any time.

Failure to comply with health and safety requirements may result in corrective action, suspension of student placements, or revocation of clinic approval in accordance with Section 4 of this handbook.

6. Infection Prevention and Control (IPAC)

Infection Prevention and Control (IPAC) is a critical component of safe and effective clinical practice within ACATCM's clinical education programs. All clinical training sites must maintain and implement a comprehensive, site-specific IPAC protocol that aligns with provincial public health requirements, the standards of the College of Acupuncturists of Alberta, and established best practices in healthcare.

IPAC protocols are designed to minimize the risk of infection transmission, protect patients and clinical personnel, and ensure that students are trained in safe, evidence-informed clinical practices.

6.1 IPAC Program Requirements

All clinical training sites must:

- Maintain a current, documented IPAC protocol
- Ensure the protocol is readily accessible to all staff and students
- Provide IPAC training to all personnel involved in clinical care
- Review and update protocols regularly to reflect changes in regulations or clinical practices

Documentation of IPAC training and compliance may be requested by ACATCM at any time.

6.2 Hand Hygiene Standards

Strict adherence to hand hygiene protocols is required at all times.

Hand hygiene must be performed:

- Before and after each patient interaction
- Before preparing a clean field
- After contact with bodily fluids or potentially contaminated surfaces
- After removal of gloves
- Before and after eating, using the restroom, or touching the face

Clinical sites must ensure the following:

- Accessible hand hygiene facilities are available, including dedicated handwashing sinks supplied with soap, disposable towels, and appropriate waste receptacles
- Hand hygiene signage is clearly posted in treatment rooms, washrooms, and near all dedicated handwashing stations
- All treatment areas are cleaned and disinfected between patients, including treatment tables, chairs, stools, work surfaces, and reusable equipment
- Approved disinfectants are used in accordance with manufacturer guidelines and public health standards
- Routine cleaning schedules and logs are maintained to support consistent infection control practices
- Sharps containers are available at point of use, used appropriately, and not overfilled
- Sharps handling and disposal follow established safety protocols at all times
- In the event of a needlestick injury or exposure incident:
    - Immediate first aid is administered
    - The incident is documented and reported in accordance with site and regulatory requirements

- Infection prevention and control practices are reinforced through orientation, supervision, and ongoing compliance monitoring

6.3 Treatment Room Cleaning and Disinfection

All treatment areas must be cleaned and disinfected between each patient encounter to reduce the risk of cross-contamination.

Clinical sites must ensure that treatment rooms meet the following standards:

Clinical Supplies and Setup

- 70% isopropyl alcohol or equivalent skin disinfectant is available for clinical use
- Clean, organized work surfaces are maintained for preparation of treatment materials
- Disposable table coverings or clean linens are used and changed between patients
- Clean and disinfected trays or containers are used for handling clinical instruments

Adjunct Therapy Readiness (where applicable)

- Cupping supplies are maintained in clean and safe condition, including appropriate materials for fire cupping where used
- Moxibustion materials are stored safely and used in accordance with fire safety requirements
- Gua sha tools and appropriate lubricants are available and properly cleaned between uses
- TDP lamps or similar devices are maintained, inspected regularly, and used safely

Cleanliness and Infection Control

- All reusable tools and equipment are cleaned and disinfected between patients
- Waste is disposed of in appropriate containers, including closed-top garbage bins where required
- Sharps containers are safely positioned and accessible without compromising patient or practitioner safety

Space and Functionality

- Treatment rooms provide sufficient space to safely accommodate the patient, supervising practitioner, and student(s)
- Layout allows for safe movement, proper positioning, and effective supervision during treatment
- Adequate lighting is available to support assessment (e.g., tongue diagnosis), palpation, and safe needle insertion and removal

Safety Requirements

- Fire safety measures are in place where applicable, including safe handling and storage of flammable materials (e.g., alcohol, moxa)
- Fire blankets or equivalent safety equipment are available where fire-based therapies are performed
- Equipment and materials are stored in a manner that minimizes risk to patients and staff

In addition to between-patient cleaning, clinics must implement regularly scheduled deep cleaning procedures.

Cleaning and maintenance activities must be documented in accordance with regulatory requirements.

6.4 Clean Field Protocol

All clinical procedures must be conducted using an appropriately maintained clean field.

Protocols must include:

- Surface sanitation prior to treatment setup
- Proper handling and storage of sterile or single-use equipment
- Procedures to minimize cross-contamination
- Appropriate use of personal protective equipment (PPE), including gloves and masks where required

6.5 Sharps Management

Strict protocols must be followed for the handling and disposal of sharps.

Requirements include:

- Immediate disposal of used needles into approved sharps containers
- Ensuring containers are not overfilled and are replaced in a timely manner
- Safe storage and handling of sharps at all times

6.6 Needlestick and Exposure Response

All clinical training sites must maintain a clearly defined protocol for responding to needlestick injuries and exposure to blood or bodily fluids.

This protocol must include:

- Immediate first aid procedures
- Incident reporting and documentation requirements
- Identification of responsible personnel for follow-up
- Guidance on medical consultation and reporting in accordance with public health guidelines

6.7 Student Training and Compliance

All students must receive Infection Prevention and Control (IPAC) training as part of their orientation and are required to adhere strictly to all IPAC protocols while participating in clinical activities.

Clinical training sites must:

- Document student IPAC training and compliance
- Provide ongoing reinforcement of IPAC practices
- Ensure that students are supervised appropriately in all clinical procedures
- Ensure alignment with established IPAC policies and procedures as set out by both ACATCM and Huatuo Clinic

Failure to adhere to IPAC standards may result in removal from clinical activities and further disciplinary action in accordance with institutional policies.

Key References:

- ACATCM Infection Prevention and Control (IPAC) Policy
- Huatuo Clinic Infection Prevention and Control (IPAC) Policy

Appendices:

Appendix A: ACATCM IPAC Policy

Appendix B: Huatuo Clinic IPAC Policy

7. Clinical Operations Standards

Clinical operations at all ACATCM-approved training sites must support safe, efficient, and educationally appropriate patient care. These standards ensure that clinical environments are properly equipped and structured to facilitate both high-quality treatment and effective student learning.

All clinical training sites, including the Primary Teaching Clinic and affiliated teaching clinics, must maintain facilities and operations that align with regulatory requirements, institutional expectations, and best practices in Traditional Chinese Medicine.

7.1 Treatment Room Requirements

Treatment rooms must be designed and maintained to support safe clinical practice, infection control, and student participation.

Each treatment room must:

- Be clean, organized, and free of unnecessary clutter
- Provide sufficient space to accommodate a patient, supervising practitioner, and at least one student without compromising safety
- Include adequate lighting for clinical assessment and treatment
- Be arranged to minimize trip hazards and ensure safe movement within the space

7.2 Required Materials and Supplies

All treatment rooms must be appropriately stocked with clinical supplies necessary for acupuncture and related therapies.

Required materials include:

- Single-use sterile acupuncture needles in various sizes
- Sharps containers that meet regulatory standards
- Cotton, gauze, and alcohol-based disinfectants
- Approved surface disinfectants and cleaning supplies
- Treatment table covers (preferably single-use and replaced between patients)

Operational Readiness of Clinical Supplies

- All treatment rooms must be fully prepared prior to patient arrival, including:
  - Clean field setup materials
  - Disinfected surfaces and equipment
  - Readily accessible sharps containers and sanitation supplies
- Supplies must be:
  - Organized in a manner that supports safe and efficient workflow
  - Replenished between patients as required

Adjunct Therapy Preparedness (Where Applicable)

- Clinics offering adjunct therapies (e.g., cupping, gua sha, moxibustion) must ensure:
  - Equipment is cleaned and prepared prior to use
  - Required materials are immediately available during treatment
  - Safe handling and storage of flammable or heat-generating materials

Where applicable, clinics must also maintain properly sanitized and stored equipment for adjunct therapies, including cupping and gua sha.

All equipment and supplies must meet infection prevention and control standards and be maintained in accordance with regulatory requirements.

7.3 Clean Field and Equipment Management

Clinical procedures must be conducted using properly prepared clean fields.

Clinical training sites must ensure:

- Availability of materials required to establish and maintain clean fields
- Proper sanitation of reusable equipment
- Safe handling and storage of all clinical instruments

All equipment must be maintained, inspected, and cleaned regularly, with appropriate documentation available for review.

7.4 Physical Environment and Safety Considerations

Clinical environments must be configured to promote safety and accessibility for patients, staff, and students.

Requirements include:

- Safe management of electrical equipment and cables to prevent hazards
- Proper waste disposal systems, including closed-top garbage containers
- Adequate ventilation and temperature control where applicable
- Safe storage of flammable or hazardous materials

Operational Safety Considerations

- Clinical spaces must be actively managed to reduce preventable hazards, including:
  - Securing electrical cords and equipment cables to prevent tripping risks
  - Maintaining clear walkways free of unnecessary equipment or clutter
- Waste and sharps disposal systems must be:
  - Positioned for safe and immediate access
  - Maintained to prevent overfilling or contamination risks

Fire and Heat-Based Therapy Safety

- Where fire-based or heat-generating therapies are used:
  - Appropriate safety equipment (e.g., fire blankets or equivalent) must be readily accessible
  - Flammable materials must be stored safely and handled in accordance with safety protocols

Where applicable, clinics must implement fire safety measures, including access to fire blankets and compliance with fire safety regulations.

7.5 Support for Clinical Education

Clinical environments must be structured to support student learning in addition to patient care.

Clinical training sites must:

- Provide sufficient space for observation and supervised participation
- Ensure students can engage in clinical activities without disrupting workflow or patient care
- Facilitate opportunities for teaching, feedback, and skill development

The clinical environment must balance operational efficiency with educational value, ensuring that students are actively engaged in learning while maintaining high standards of patient care.

8. Roles and Responsibilities

Effective clinical education requires clearly defined roles, accountability, and collaboration between ACATCM, clinical training sites, supervising practitioners, and students. This section outlines the responsibilities of each party to ensure a safe, ethical, and high-quality learning environment aligned with institutional and regulatory standards.

8.1 ACATCM Academic Oversight

ACATCM retains overall academic authority and responsibility for clinical education across all training sites.

Clinical Education Director

The Clinical Education Director is responsible for the academic integrity and strategic oversight of clinical education programs.

Key responsibilities include:

- Establishing clinical education policies and standards
- Ensuring alignment between clinical training and program learning outcomes
- Approving and monitoring clinical training sites
- Overseeing evaluation frameworks and student progression
- Addressing escalated concerns related to safety, performance, or compliance

Clinical Placement Coordinator

The Clinical Placement Coordinator manages the operational aspects of student placements.

Key responsibilities include:

- Coordinating student placement assignments across approved sites
- Managing placement schedules and capacity
- Serving as a liaison between ACATCM and clinical training sites
- Tracking student clinical hours and placement requirements
- Supporting resolution of placement-related issues

8.2 Clinical Training Site Responsibilities

All clinical training sites are responsible for maintaining a safe, professional, and educationally appropriate environment that complies with ACATCM standards.

Clinical training sites must:

- Adhere to all policies outlined in this handbook
- Ensure compliance with regulatory and safety requirements
- Provide appropriate supervision and support for students
- Maintain documentation and participate in quality assurance processes

8.3 Clinical Administrator

The Clinical Administrator is responsible for the overall management of clinic operations as they relate to student training and patient care.

Key responsibilities include:

- Ensuring policies and procedures are current and consistently applied
- Maintaining operational efficiency and clinical workflow
- Supporting a safe and professional clinical environment
- Managing student scheduling, attendance, and conduct expectations
- Addressing performance or behavioral concerns and communicating with ACATCM when required

8.4 Clinical Supervisor

The Clinical Supervisor is a licensed practitioner responsible for supervising students during clinical activities and ensuring that all clinical care is delivered safely, ethically, and in accordance with institutional and regulatory standards.

Clinic supervisors and practical/lab faculty are typically Registered Acupuncturists with diverse clinical backgrounds and a minimum of five (5) years of professional experience.

In certain cases, individuals with fewer years of experience may be considered based on additional qualifications, specialized skills, or relevant professional contributions. The clinic reserves the right to make final decisions regarding faculty appointments and will provide rationale where appropriate.

Key responsibilities include:

- **Clinical Oversight:** Overseeing all student–patient interactions to ensure patient safety, quality of care, and adherence to professional standards
- **Resident Supervision:** Providing direct oversight of residents during patient treatment to ensure safe, effective, and appropriate clinical practice
- **Clinical Instruction and Guidance:** Providing instruction, demonstration, and clinical guidance to support student learning and skill development
- **Scope of Practice Enforcement:** Ensuring students practice within their authorized scope and level of training at all times
- **Practice Quality Assurance:** Monitoring diagnosis, treatment planning, and treatment techniques to ensure alignment with institutional expectations and regulatory standards
- **Documentation Oversight:** Reviewing, providing feedback on, and co-signing clinical documentation as required, including resident charting in accordance with the standards of the College of Acupuncturists of Alberta
- **Charting Sign-Off (Regulatory Compliance):** Verifying and signing off on resident patient records. Where necessary, supervisors must provide feedback, request revisions, and approve finalized documentation in accordance with regulatory requirements
- **Clinical Hour Verification:** Maintaining and verifying clinical hour records to ensure accurate tracking and reporting in alignment with ACATCM requirements and applicable regulatory standards
- **Performance Evaluation:** Delivering structured feedback and participating in formal evaluations of student performance, including identifying strengths, areas for improvement, and progression readiness
- **Attendance and Participation Tracking:** Monitoring student attendance and engagement during clinical activities
- **Reporting and Escalation:** Reporting concerns related to student performance, conduct, or safety to the Clinical Administrator and/or ACATCM as appropriate

Clinical Supervisors have the authority to direct and reassign student activities during clinical shifts to ensure appropriate use of time, patient safety, and alignment with learning objectives.

This includes determining:

- Whether an activity qualifies as clinical learning
- How time should be allocated during periods of low patient volume
- Whether clinical hours are eligible for credit

Supervisor-to-Student Ratio

Clinical Supervisors must maintain a level of supervision that ensures patient safety, effective teaching, and appropriate oversight of all clinical activities.

A single Clinical Supervisor must not be responsible for more than seven (7) residents at any one time. Where the number of students exceeds this threshold, additional supervisory support must be assigned to ensure adequate oversight.

Supervision ratios must at all times comply with ACATCM standards, program requirements, and any applicable regulatory expectations. Clinical sites are responsible for ensuring that staffing levels are sufficient to support both safe patient care and meaningful clinical instruction.

Daily Clinical Supervision Reporting

Clinical Supervisors must complete a daily supervision report for each student participating in clinical activities under their oversight.

This report must be completed on the same day as the clinical shift and must document the student's level of participation, clinical performance, professionalism, and any notable strengths, concerns, or areas requiring follow-up.

Daily supervision reports form part of the student's ongoing clinical evaluation and must be maintained in accordance with program documentation and record-keeping requirements.

Where concerns related to student performance, patient safety, or professional conduct are identified, these must be clearly documented and escalated in accordance with program policies.

Minimum Reporting Content Requirements

- Daily supervision reports must include:
  - Brief summary of each student's level of participation
  - Observations on clinical skills, safety, and professionalism
  - Noted strengths and areas for improvement
  - Any incidents, concerns, or deviations from expected conduct
- Reports should be:
  - Concise and objective
  - Completed on the same day as the clinical shift
- Where concerns are identified:
  - Clear documentation must support follow-up actions, feedback, or escalation

8.5 Additional Clinical Roles (When Applicable)

Clinic Manager

Where student numbers or operational complexity require, a Clinic Manager may be designated to support supervision and operational oversight.

Responsibilities include:

- Supervising resident-level clinical activity
- Monitoring treatment quality and clinical standards
- Verifying clinical hour tracking and documentation
- Supporting evaluation and feedback processes

Clinical Educator

A Clinical Educator may be designated to support student learning, particularly during observation or low patient volume periods.

Responsibilities include:

- Facilitating hands-on skills training and practice
- Supporting observer engagement and learning
- Providing structured teaching and skill reinforcement
- Assisting with competency development

8.6 Front Desk and Administrative Staff

Administrative staff support the operational functioning of the clinic and contribute to a professional clinical environment.

Responsibilities include:

- Managing patient reception and communication
- Scheduling appointments and coordinating clinic flow
- Maintaining accurate and secure records
- Supporting administrative processes related to patient care and documentation

Operational Support for Clinical Education

- Front desk staff play a role in supporting clinical education by:
  - Ensuring required patient documentation (e.g., consent forms) is completed prior to appointments
  - Communicating scheduling changes that may impact student learning opportunities
- Any observed concerns related to the following must be reported to the Clinical Administrator:
  - Patient flow
  - Student attendance
  - Missing documentation

Administrative staff are not responsible for supervising students but are expected to report concerns to appropriate clinical leadership.

8.7 Student Responsibilities

Students are responsible for maintaining professional conduct and actively participating in their clinical education.

Students must:

- Adhere to all clinical site policies and ACATCM standards
- Practice within their authorized scope and level of training
- Maintain professionalism, ethical conduct, and patient confidentiality
- Complete required documentation accurately and in a timely manner
- Participate actively in learning, feedback, and evaluation processes
- Comply with health, safety, and IPAC requirements

Failure to meet these responsibilities may result in corrective action in accordance with ACATCM policies.

8.8 Communication and Escalation

Clear communication is essential to maintaining a safe, professional, and effective clinical learning environment.

- Clinical concerns should be addressed at the site level in a timely manner, involving the Clinical Supervisor and relevant clinic personnel
- Students are expected to promptly report any concerns related to patient safety, clinical incidents, or uncertainties in treatment to their Clinical Supervisor
- Clinical Supervisors must provide guidance, document concerns where appropriate, and take immediate action if patient safety is at risk
- Escalation to ACATCM must occur for significant issues, including but not limited to:
    - Patient safety incidents or adverse events
    - Serious or repeated student performance concerns
    - Breaches of professional conduct or ethical standards
    - Non-compliance with IPAC, regulatory, or institutional policies
- All escalated concerns should be documented and communicated to ACATCM in accordance with institutional reporting procedures
- ACATCM will review escalated issues and determine appropriate follow-up actions, which may include investigation, remediation, or disciplinary measures
- All parties are expected to communicate professionally, respectfully, and collaboratively at all times

9. Student Progression and Competency Framework

ACATCM employs a structured, competency-based framework to guide student development throughout clinical education. Progression is based on demonstrated achievement of defined competencies, professional conduct, and readiness to assume increasing levels of clinical responsibility.

This framework ensures that all students develop the knowledge, skills, and judgment required for safe and effective clinical practice in Traditional Chinese Medicine.

9.1 Principles of Progression

Student progression through clinical training is governed by the following principles:

- Advancement is based on demonstrated competency, not time alone
- Students must consistently meet safety and professional standards
- Clinical responsibility increases progressively under supervision
- Feedback and evaluation are integral to learning and advancement

ACATCM retains authority over all progression decisions.

9.2 Scope of Practice by Training Level

Students must practice strictly within their authorized scope, which is defined by their stage of training.

Observers (Clinical Observation Stage):

- Observe patient interactions and clinical procedures
- Participate in discussions of diagnosis and treatment planning
- Assist with non-invasive or preparatory tasks where permitted
- Do not perform independent or invasive clinical procedures

Residents (Supervised Clinical Practice Stage):

- Conduct patient intake and clinical assessments under supervision
- Develop and implement treatment plans
- Perform acupuncture and related techniques with appropriate supervision
- Document patient care and participate in follow-up management

All clinical activities must be supervised by a licensed practitioner. The level of supervision may vary based on student competency but must always ensure patient safety.

9.3 Competency Domains

Students are evaluated across multiple domains of clinical competency, including:

- Clinical knowledge and application of TCM theory
- Diagnostic reasoning and clinical decision-making
- Technical proficiency in acupuncture and adjunct therapies
- Communication and patient interaction
- Professionalism, ethics, and accountability
- Safety and adherence to IPAC standards

Students must demonstrate competency across all domains to progress.

9.4 Clinical Skill Development

Clinical skill development follows a progressive model aligned with ACATCM's competency framework:

- **Introduce:** Exposure to new skills through instruction and demonstration
- **Develop:** Guided practice with supervision and feedback
- **Master:** Consistent performance of skills at an acceptable standard
- **Apply:** Integration of skills into clinical decision-making and patient care

Students are expected to move through these stages as they gain experience and demonstrate readiness.

9.5 Clinical Hour and Patient Requirements

Students must complete required clinical hours and patient encounters as defined by their program.

Requirements may include:

- Minimum number of clinical hours
- Minimum number of patient visits
- Exposure to a range of clinical conditions

Students must maintain accurate records of clinical hours and patient encounters, which are subject to verification by supervising practitioners and ACATCM.

9.6 Performance Evaluation and Advancement

Student performance is evaluated on an ongoing basis through:

- Supervisor feedback and reporting
- Review of clinical documentation
- Formal performance evaluations at defined intervals (e.g., the end of each practicum level)

Progression to advanced stages of training requires:

- Demonstrated competency across required domains
- Satisfactory completion of clinical hours and requirements
- Professional conduct and adherence to institutional standards

Students who do not meet expectations may be required to complete additional clinical training or remediation before progressing.

9.7 Professional Conduct and Accountability

Students are expected to demonstrate professional behavior at all times during clinical training.

This includes:

- Respectful and ethical interaction with patients and staff
- Maintenance of patient confidentiality
- Accountability for clinical decisions and actions
- Responsiveness to feedback and willingness to improve

Failure to meet professional standards may result in corrective action, suspension from clinical activities, or further academic consequences.

Failure to Engage in Clinical Learning

Students who demonstrate repeated lack of engagement in clinical activities, including refusal to participate in assigned tasks or alternative learning activities, may be subject to:

- Documentation of concern by the Clinical Supervisor
- Review by the Clinical Administrator
- Impact on clinical progression or evaluation outcomes

Active participation is a required component of clinical competency development.

10. Documentation and Compliance

Accurate, timely, and professional documentation is an essential component of clinical practice and a critical requirement for safe, ethical, and accountable patient care. Within ACATCM's clinical education programs, documentation standards are aligned with the regulatory requirements of the College of Acupuncturists of Alberta, applicable privacy legislation, and institutional academic policies.

All clinical training sites, supervising practitioners, and students are responsible for maintaining documentation practices that support continuity of care, legal compliance, and the educational objectives of clinical training.

10.1 Principles of Clinical Documentation

All documentation must adhere to the following principles:

- Accuracy and completeness
- Timeliness of entry
- Professional and objective language
- Compliance with legal and regulatory standards
- Protection of patient confidentiality

Documentation serves both a clinical and educational function and must reflect sound clinical reasoning and professional judgment.

10.2 Consent Requirements

All clinical training sites must maintain clear, comprehensive, and legally compliant consent procedures. Patients must be fully informed and voluntarily agree to both treatment and participation in a teaching environment.

The following types of consent are required:

Informed Consent to Treatment

- Patients must receive a clear explanation of the nature, purpose, risks, benefits, and alternatives to treatment
- Consent must involve a direct conversation with the treating student and/or supervising practitioner
- Consent must be both verbal and documented in writing prior to treatment
- Patients must be informed of their right to refuse or withdraw consent at any time

Student Involvement Acknowledgement

- Patients must be informed when care is delivered by a student under supervision
- The role of the student and level of supervision must be clearly explained
- The clinic retains full responsibility for patient care and safety

Resident Waiver and Acknowledgement of Supervised Care

Where care is provided by a resident as part of supervised clinical training, patients must sign a Resident Waiver and Acknowledgement of Supervised Care prior to treatment.

This acknowledgement must confirm that:

- Patients understand that treatment is being provided by a resident in a supervised training role
- The supervising practitioner is a licensed acupuncturist responsible for oversight of care
- Supervision may be direct or indirect, depending on the nature of the treatment, the student's level of training, and patient safety considerations
- The clinical training site retains responsibility for treatment quality, patient safety, and regulatory compliance
- The signed acknowledgement must be retained as part of the patient record
    - The Resident Waiver and Acknowledgement of Supervised Care must be completed prior to any resident-led patient interaction, including assessment, intake, or treatment.
    - Clinics must implement a verification checkpoint to confirm completion of the waiver before the patient is brought into the treatment area.
    - This verification may be performed by:
        a. Front desk staff during check-in, or
        b. The supervising practitioner prior to initiating care
    - The waiver must be:
        a. Clearly visible within the patient record (digital or physical), and
        b. Easily accessible for supervisor confirmation during chart review or audit
    - In cases where the waiver is missing or incomplete:
        a. Treatment must not proceed until the requirement is fulfilled
        b. The incident should be documented according to clinic policy
    - Clinics are responsible for ensuring that all staff and students understand that this requirement is mandatory and non-negotiable for patient safety, legal compliance, and regulatory alignment

Privacy and Information Sharing Consent

- Patients must consent to the collection, use, and sharing of personal health information within the clinical team
- Consent processes must comply with applicable privacy legislation, including Alberta's Health Information Act (HIA)

Consent for Observation

- Patients must be informed when students are present for observation
- Patients must have the option to decline observer presence without impact on their care

All consent must be documented and retained as part of the patient record.

Operational Requirements for Informed Consent

In addition to the general principles outlined above, informed consent must be obtained through a direct interaction with the patient on the day of the appointment and prior to the initiation of any treatment.

The consent process must include:

- A clear explanation of the proposed treatment, including techniques, expected benefits, potential risks, and available alternatives
- Identification of the individual(s) providing care, including the resident and the supervising practitioner where applicable

- An opportunity for the patient to ask questions and receive satisfactory responses prior to providing consent
- Where care is delivered by a resident, confirmation that the patient understands the supervisory structure and agrees to proceed under supervised care

Written consent must accurately reflect the consent discussion and must be completed prior to treatment. Where required by clinic policy or regulatory standards, the supervising practitioner must review and confirm the consent process.

Consent must be documented in a manner that clearly identifies who conducted the consent discussion and when it occurred.

10.3 Charting Standards (SOAP Format)

All clinical documentation must follow the SOAP format to ensure consistency and clarity:

- **Subjective (S)**: Patient-reported symptoms, concerns, and relevant history
- **Objective (O)**: Clinical observations, examination findings, and diagnostic data

  Vital signs and relevant baseline measurements must be obtained and documented as part of the initial patient assessment, and updated as clinically indicated throughout the course of care.

  At minimum, blood pressure and heart rate must be recorded for all new patients, unless contraindicated or declined by the patient. Where patients present with conditions such as diabetes or other relevant systemic concerns, additional measurements, including blood glucose where appropriate and feasible, should be obtained.

  All measurements must be performed using clinic-approved and properly maintained equipment. Clinical staff and students must ensure that equipment is used in accordance with manufacturer guidelines and applicable safety standards.

  Where a patient declines measurement or where collection is not feasible, this must be clearly documented in the patient record.
- **Assessment (A)**: Clinical interpretation and diagnosis based on TCM principles and, where appropriate, biomedical considerations.

  Vital signs must be interpreted within the context of the patient's overall presentation, and any abnormal findings must be addressed appropriately, including modification of treatment, consultation with the supervising practitioner, or referral where indicated.
- **Plan (P)**: Treatment plan, including modalities, rationale, and follow-up recommendations. The Plan section must clearly and comprehensively document the treatment approach for each patient encounter. In addition to general treatment direction, the Plan must include sufficient detail to support clinical reasoning, continuity of care, and safe supervision. Where applicable, the Plan must include:
  - The specific treatment modalities to be used (e.g., acupuncture, cupping, moxibustion, gua sha, electro-acupuncture, or other adjunctive therapies)
  - Key treatment parameters, including needling strategy (such as point selection, number of needles, and general technique approach)
  - Any adjunctive therapies administered or recommended during the visit
  - Herbal or lifestyle recommendations, where provided
  - Relevant precautions, modifications, or contraindications identified for the patient
  - Follow-up planning, including recommended frequency of care, reassessment considerations, or referral if indicated

Documentation must reflect informed consent for the treatment approach and any specific modalities used.

Documentation must:

- Be accurate, legible, and complete
- Be completed within 24 hours of the patient encounter
- Be signed or initialed by the student
- Be reviewed and co-signed by the supervising practitioner as required

10.4 Clinical Measurements and Data Recording

Clinical records must include relevant measurements and observations where appropriate to support safe care and clinical reasoning.

These may include:

- Blood pressure (BP)
- Heart rate (HR)
- Blood sugar levels for applicable patients

If measurements are not obtained, the reason must be clearly documented.

10.5 Confidentiality and Privacy

All patient information must be handled in strict accordance with applicable privacy legislation and professional standards.

Requirements include:

- Secure storage of all patient records (physical and electronic)
- Restricted access to authorized personnel only
- Prohibition of unauthorized sharing or discussion of patient information
- Maintenance of professional discretion in all documentation and communication

Students and staff must comply with all confidentiality agreements and institutional policies.

Confidentiality Agreements and Access to Patient Information

All students, supervisors, and clinical staff must complete and sign a confidentiality agreement prior to being granted access to any patient records or clinical information systems.

This requirement applies to all individuals participating in clinical education activities, regardless of role or duration of placement. Access to patient information must not be provided until this requirement has been fulfilled.

Confidentiality agreements must align with applicable privacy legislation, institutional policies, and clinical site requirements. Individuals are responsible for adhering to these obligations at all times throughout their participation in clinical activities.

Any breach of confidentiality or unauthorized access to patient information must be reported and managed in accordance with institutional and regulatory policies.

10.6 Access to Patient Records

Access to patient records is limited to individuals directly involved in patient care or clinical education.

Students may only access records for:

- Patients assigned to their care, or
- Patients who have provided consent for student involvement

Unauthorized access or review of patient records constitutes a breach of privacy and may result in disciplinary action.

10.7 Supervisor Documentation and Reporting

Clinical Supervisors are responsible for overseeing documentation quality and contributing to student evaluation.

Supervisors must:

- Review and co-sign student documentation as required
- Provide feedback on clinical documentation and reasoning
- Complete required reports on student performance and participation

Reporting must be completed in a timely manner and support both academic evaluation and quality assurance processes.

10.8 Documentation Compliance and Audit

All clinical training sites must ensure consistent adherence to documentation standards.

ACATCM reserves the right to:

- Audit clinical records and documentation practices
- Request documentation for review at any time
- Verify compliance with institutional and regulatory requirements

Failure to meet documentation standards may result in corrective action, suspension of clinical privileges, or further academic or administrative consequences.

11. Evaluation and Assessment

Assessment of student performance in clinical settings is essential to the development of competent, ethical, and reflective practitioners. All evaluation processes are conducted under the authority of ACATCM to ensure alignment with program learning outcomes, regulatory standards, and academic policies.

The evaluation framework reflects ACATCM's competency-based education model and supports progressive development from foundational skills to independent clinical reasoning and practice.

11.1 Principles of Clinical Assessment

Clinical assessment at ACATCM is guided by the following principles:

- Competency-Based Evaluation: Assessment is based on demonstrated knowledge, skills, and professional behaviors
- Progressive Development: Evaluation reflects increasing expectations as students advance through stages of training
- Consistency and Fairness: Standardized criteria and processes are applied across all clinical training sites
- Formative and Summative Balance: Ongoing feedback supports learning, while formal evaluations determine progression
- Patient Safety Priority: Clinical competence must always meet safety and ethical standards

11.2 Methods of Evaluation

Student performance is assessed through multiple methods to ensure a comprehensive evaluation of clinical competence.

Evaluation methods may include:

- Direct observation of clinical performance
- Review of patient interactions and treatment execution
- Assessment of clinical reasoning and decision-making
- Evaluation of technical skills and procedural competency
- Review of clinical documentation and case management
- Assessment of communication, professionalism, and ethical conduct

Evaluation methods are designed to reflect real-world clinical expectations and ensure readiness for professional practice.

Institutional Oversight of Examinations

All examinations and formal assessments will be administered and overseen directly by ACATCM. This ensures alignment with academic outcomes, professional standards, and regulatory requirements.

- Quarterly Examination Schedule: ACATCM will conduct examinations on a quarterly basis, coordinated with insurance quarters, to support progression tracking and regulatory compliance.
- Assignment Submission and Reporting Platform: All assignments associated with observation or residency courses must be submitted through Classe Class, ACATCM's

online learning platform. Students are responsible for meeting deadlines posted in the online classroom environment.
- Rubrics and Grading Transparency: Each assignment will be accompanied by a clear rubric detailing expectations and grading criteria. Final marks will be provided upon submission review and will be visible to students via the Classe Class platform.

11.3 Supervisor Evaluation and Reporting

Clinical Supervisors play a central role in evaluating student performance.

Supervisors are responsible for:

- Providing ongoing, real-time feedback during clinical activities
- Completing structured reports documenting student performance
- Assessing competency across defined domains
- Identifying strengths, areas for improvement, and any concerns
- Participating in formal evaluation processes as required

Supervisor evaluations contribute to both continuous learning and formal academic assessment.

11.4 Formal Evaluation Milestones

Students undergo formal evaluations at defined milestones within their clinical training.

These may include:

- Evaluations based on accumulated clinical hours (e.g., periodic reviews)
- Course-based or term-based clinical assessments
- Competency-based evaluations tied to progression requirements
- Formal progress reviews must be conducted at defined clinical hour intervals, including at minimum every 200 completed clinical hours
- Documented feedback and confirmation of readiness for continued clinical progression

Resident Patient Visit Requirements (Standard 5.7)

Every 200 clinical hours, residents will complete a reflective and patient log. As required by the College of Acupuncturists of Alberta, each resident is required to see a minimum of 200 patient visits. The following structure ensures comprehensive instruction in entry-level competencies:

- Of the 200 patient visits, at least 50 are new to the resident.
- Up to 30 of the 50 new patients may be represented as case studies where each case study may count as 1.5 new patients.
- No more than 70% of the treated patients are for musculoskeletal injuries or conditions.

Each new review cycle will be informed by the outcomes of the previous review. If a resident's performance shows no improvement or declines, the supervisor may recommend that additional clinical hours be completed before further advancement.

Formal evaluations may involve structured review sessions between the student and supervising practitioner, with documentation of performance outcomes and development goals.

11.5 Academic Oversight and Standardization

ACATCM maintains centralized oversight of all clinical evaluations to ensure consistency, academic integrity, and alignment with program standards.

ACATCM is responsible for:

- Establishing evaluation criteria and grading rubrics
- Reviewing and validating supervisor assessments
- Monitoring consistency across clinical training sites
- Identifying trends in student performance and program outcomes
- Administering additional assessments or examinations where required

All final decisions regarding student evaluation, progression, and academic standing are made by ACATCM.

11.6 Student Reflection and Feedback

Students are expected to actively participate in the evaluation process as reflective learners.

This includes:

- Reviewing and responding to supervisor feedback
- Engaging in self-assessment and reflection
- Participating in formal evaluation discussions
- Identifying areas for improvement and professional growth
- Completing reflective logs, case studies, or similar documentation at defined intervals to support clinical learning and integration

Students may also provide feedback on their clinical learning experience and training sites to support continuous program improvement.

11.7 Remediation and Progression Decisions

Students who do not meet required performance standards may be subject to remediation.

Remediation strategies may include:

- Additional supervised clinical hours
- Targeted skill development or competency training
- Reassessment of specific clinical competencies
- Increased supervision or structured learning plans

Progression to advanced stages of clinical training is contingent upon:

- Demonstrated competency across required domains
- Completion of clinical hour and patient requirements
- Satisfactory professional conduct

Where performance concerns are identified at any stage, additional review, documentation, and follow-up actions must be implemented in accordance with program requirements.

ACATCM retains final authority over all progression and remediation decisions.

11.8 Alignment with Degree-Level Outcomes

For students enrolled in the Bachelor of Acupuncture (B.Ac) program, evaluation expectations reflect a higher level of clinical reasoning, integration, and independence.

In addition to entry-level competencies, B.Ac students are expected to demonstrate:

- Advanced clinical reasoning and decision-making
- Ability to manage more complex and diverse patient presentations
- Integration of TCM theory with biomedical knowledge
- Professional judgment in treatment planning and case management

Evaluation processes for B.Ac students are designed to support the development of practitioners capable of contributing to the advancement of TCM within a modern healthcare context.

11.9 Clinical Experience Targets and Case Mix Requirements

To ensure breadth and depth of clinical training, the following minimum clinical experience targets and distribution requirements apply:

Patient Encounter Volume

- Students must complete a minimum number of total patient visits as defined by program requirements
- Total patient visits must include both new patient intakes and follow-up treatments

New Patient Requirements

- A defined portion of total patient encounters must consist of new patient assessments to ensure competency in intake, diagnosis, and treatment planning

Case Mix and Diversity

- Clinical experience must reflect a range of patient presentations and conditions appropriate to entry-to-practice competencies
- No single condition category should disproportionately dominate a student's clinical experience beyond program-defined thresholds

Case-Based Learning Limits

- Approved case studies or simulated cases may contribute to clinical experience requirements where applicable
- Such cases must not exceed the maximum proportion of total required clinical experience as defined by the program

Monitoring and Verification

- Clinical experience distribution must be tracked and reviewed as part of ongoing evaluation and milestone reviews
- Students who do not meet required case mix or encounter targets may be required to complete additional clinical hours or assigned learning activities

12. Administrative Requirements

Administrative processes are essential to ensuring the integrity, accountability, and effective coordination of clinical education. All clinical training sites, supervisors, and students must adhere to established administrative requirements that support accurate tracking of clinical activity, regulatory compliance, and alignment with program expectations.

These requirements ensure that clinical education is delivered in a structured, transparent, and verifiable manner across all training environments.

12.1 Clinical Hour Tracking and Timesheets

Accurate tracking of clinical hours is required to verify student participation, support progression decisions, and ensure compliance with program and regulatory requirements.

Students must:

- Record clinical hours in accordance with institutional and site-specific procedures
- Accurately document arrival and departure times for each clinical shift
- Ensure that recorded hours reflect active participation in clinical activities
- Be present, prepared, and ready to participate at the scheduled start time of the clinical shift

  Time credit begins at the scheduled shift start time or at the time of first assigned clinical activity, whichever is later.

  Scheduled breaks, including meal periods, must not be counted toward clinical hours unless otherwise specified by program policy.

Clinical Supervisors are responsible for:

- Verifying the accuracy of recorded hours
- Confirming attendance and participation
- Signing or electronically validating timesheets within required timeframes

Clinical training sites must ensure that:

- Hour tracking systems are clear, consistent, and accessible to students
- Students are able to review their recorded hours regularly
- Discrepancies are addressed promptly and documented appropriately

All recorded clinical hours must accurately reflect actual participation in clinical activities.

Any falsification, inflation, or misrepresentation of clinical hours is considered a serious breach of professional and academic standards and may result in:

- Removal of credited hours
- Disciplinary action
- Reporting to ACATCM for further review

Clinical Supervisors and Administrators are responsible for identifying and addressing discrepancies in timesheet records.

Only time spent actively engaged in supervised clinical activities may be counted toward program requirements.

Operational Standards for Clinical Hour Eligibility

- Clinical hours must reflect active participation in supervised clinical activity, not passive presence in the clinic
- Time spent on-site without engagement in patient care or structured learning activities must not be counted toward clinical hours
- Clinical hour tracking must align with scheduled appointment blocks or assigned clinical activities, as defined by the clinic

Minimum Clinical Engagement Expectations

- Students must demonstrate consistent clinical engagement throughout each shift
- Extended periods without patient interaction must be supplemented with:
  - Supervised practice
  - Case-based learning
  - Peer-to-peer treatment (where permitted)
- Clinical Supervisors are responsible for ensuring that:
  - Students remain engaged
  - Time is used appropriately for skill development

12.2 Clinical Activity Requirements

Clinical hours must include meaningful engagement in patient care and clinical learning.

Minimum Patient Interaction Standard

Clinical schedules must support regular patient interaction to ensure meaningful hands-on learning

- As a general expectation:
  - Students should participate in at least one patient interaction within a four (4) hour period
- Where patient volume is insufficient:
  - Clinics must implement alternative structured activities, including:
    - Peer-to-peer treatments
    - Supervised mock or case-based scenarios
    - Skills practice sessions under supervision
- All alternative activities must:
  - Be supervised
  - Follow standard clinical protocols
  - Be documented appropriately where applicable

To support consistent learning outcomes:

- Students are expected to participate in patient care activities appropriate to their level of training
- Periods of low patient volume must be supplemented with structured clinical learning activities (e.g., supervised practice, case-based learning, peer treatment)
- A minimum level of patient engagement is expected during each clinical shift, as defined by program requirements
- All clinical activities must be conducted in accordance with institutional policies and documentation standards
- Missed, refused, or unattended patient appointments must not be counted toward clinical hours unless alternative activities are assigned and documented

Clinical training sites and supervisors share responsibility for ensuring that students are provided with appropriate learning opportunities during scheduled clinical time.

12.3 Attendance and Scheduling

Regular attendance and punctuality are required to ensure continuity of care, effective learning, and professional accountability.

Students must:

- Attend all scheduled clinical shifts
- Arrive on time and prepared to participate in clinical activities
- Notify the appropriate clinic authority of any absence or delay in accordance with site policies

Clinical training sites must:

- Maintain accurate attendance records
- Communicate attendance concerns to ACATCM when necessary

Repeated absences, lateness, or failure to meet attendance expectations may result in corrective action or impact progression.

Missed or Unattended Clinical Activities

- If a student:
  - Misses, refuses, or is unavailable for a scheduled patient interaction
- Clinical time must:
  - Begin at the point the student actively resumes clinical participation
- Repeated missed opportunities may:
  - Be documented and impact clinical progression

Breaks and Non-Clinical Time

Scheduled breaks (including meal periods):

- Must not be counted toward clinical hours unless explicitly permitted by program policy

Breaks must:

- Not interfere with scheduled patient care or assigned responsibilities

Residents who are scheduled for more than six (6) hours in a single day are permitted one unpaid lunch break of up to one hour. This break must not overlap with scheduled patient appointments and must be clearly documented.

Breaks made during scheduled hours must clearly be stated in the notes saying why they are made. Breaks made for same day appointments are the only breaks that will count toward clinical hours.

Receiving Treatment During Clinical Hours

Students may receive treatment within the clinic during scheduled clinical hours, provided that:

- The treatment is booked within the same clinical shift
- Participation does not interfere with assigned clinical responsibilities or patient care
- The activity is approved by the Clinical Supervisor

Time spent receiving treatment must not replace required clinical responsibilities and may only be counted toward clinical hours where it contributes to structured clinical learning, as determined by the supervisor.

12.4 Required Documentation for Clinical Participation

All students and supervising practitioners must maintain current and valid documentation as a condition of participation in clinical training.

Students must provide:

- Valid Vulnerable Sector Criminal Record Check (as required by institutional policy), completed within three months prior to the start of clinical placement and updated every three years
- Proof of professional liability (malpractice) insurance, where applicable
- Any additional documentation required by ACATCM or the clinical training site

Supervisors must provide:

- Proof of current professional registration in good standing
- Proof of current malpractice insurance coverage
- Proof of commercial liability insurance for the clinical site, where applicable
- Required background screening documentation as defined by institutional policy

Clinical training sites are responsible for:

- Verifying and maintaining required documentation
- Ensuring all documentation is current, valid, and securely stored
- Ensuring that all supervisors remain up to date with required credentials, certifications, and regulatory requirements
- Making documentation available for review upon request by ACATCM
- Ensuring commercial general liability insurance is maintained for the clinical site

Failure to maintain required documentation may result in suspension of clinical participation.

ACATCM may recommend or implement a monitoring and tracking system to support clinical training sites in maintaining up-to-date documentation and ensuring ongoing compliance.

12.5 Scheduling of Clinical Activities

Clinical schedules must be structured to support both patient care and student learning.

Clinical training sites must:

- Coordinate scheduling to ensure appropriate supervision is available at all times
- Align student schedules with clinic operations and patient flow
- Provide sufficient clinical exposure to meet program requirements

ACATCM retains authority over clinical placement scheduling and may adjust assignments based on educational needs, site capacity, or program requirements.

12.6 Administrative Compliance and Oversight

All administrative processes must align with ACATCM policies and regulatory requirements.

ACATCM reserves the right to:

- Review administrative records, including timesheets and attendance logs
- Verify compliance with documentation and scheduling requirements
- Audit clinical training sites to ensure adherence to institutional standards

Failure to comply with administrative requirements may result in corrective action, suspension of clinical placements, or further academic or administrative consequences.

12.7 Alignment with Academic and Degree Requirements

Administrative processes support the academic integrity of both the Diploma of Acupuncture and the Bachelor of Acupuncture (B.Ac) programs.

For B.Ac students, administrative tracking must support:

- Verification of increased clinical expectations and responsibilities
- Monitoring of progression toward advanced competencies
- Alignment with program learning outcomes and degree-level standards

Accurate and transparent administrative practices are essential to ensuring that all students meet the requirements for safe, competent, and independent clinical practice.

13. Professional Conduct and Dress Code

Professional conduct is a fundamental expectation of all participants in ACATCM's clinical education programs. Students, supervisors, and clinical staff are required to demonstrate behavior that reflects the ethical, professional, and interpersonal standards of the acupuncture profession and the broader healthcare environment.

Professionalism is assessed as an integral component of clinical competency and is essential to maintaining patient trust, ensuring a safe clinical environment, and supporting effective interprofessional collaboration.

13.1 Standards of Professional Conduct

All students must demonstrate professional behavior at all times during clinical training.

This includes:

- Respectful and ethical interaction with patients, staff, and peers
- Maintenance of patient dignity, privacy, and confidentiality
- Clear, professional, and appropriate communication
- Accountability for clinical decisions and actions within scope of practice
- Adherence to institutional policies, clinic procedures, and regulatory standards

Students are expected to represent ACATCM in a professional manner both within and outside the clinical environment.

13.2 Ethical Practice

Students must adhere to the ethical standards of the acupuncture profession and applicable regulatory bodies.

This includes:

- Practicing within scope and level of training
- Obtaining informed consent prior to treatment
- Prioritizing patient safety and well-being
- Avoiding conflicts of interest or inappropriate relationships
- Maintaining honesty and integrity in all clinical and academic activities

Any breach of ethical standards may result in disciplinary action and may be reported in accordance with institutional and regulatory requirements.

13.3 Communication and Interpersonal Conduct

Effective communication is essential to clinical practice and patient care.

Students are expected to:

- Communicate clearly and respectfully with patients and clinical staff
- Demonstrate active listening and empathy
- Adapt communication to meet patient needs and cultural considerations
- Collaborate effectively with supervisors and the clinical team

Unprofessional communication, including disrespectful, discriminatory, or inappropriate behavior, is not permitted.

13.4 Dress Code and Clinical Attire

All students, supervisors, and clinical staff must adhere to professional dress standards appropriate to a clinical healthcare environment.

Clinical Attire

- Designated clinical attire (e.g., scrubs or equivalent professional clothing) must be worn during all clinical activities
- Clothing must be clean, well-maintained, and appropriate for patient care
- Where role-based identification systems are used, clinical attire must clearly distinguish between observers, residents, and supervisors

13.5 Footwear and Safety Requirements

To ensure safety within the clinical environment:

- Closed-toe, closed-heel footwear must be worn at all times in clinical areas
- Footwear must provide adequate protection and must not include open mesh, perforations, or other features that expose the foot
- Footwear must be clean and suitable for indoor clinical environments

Footwear that compromises safety or hygiene is not permitted.

13.6 Identification Requirements

All individuals within the clinical environment must be clearly identifiable.

Students, supervisors, and staff must:

- Wear visible identification at all times during clinical activities
- Ensure identification clearly indicates name and role
- Maintain identification in a professional and unobstructed manner

13.7 Professional Accountability

Professional conduct is continuously assessed throughout clinical training.

Failure to meet professional standards may result in:

- Verbal or written warnings
- Removal from clinical activities for the day
- Requirement for remediation or professional development
- Suspension or termination of clinical placement

Serious or repeated breaches may result in further academic or disciplinary action in accordance with ACATCM policies.

13.8 Alignment with Professional and Degree-Level Expectations

Professional conduct expectations apply to all students; however, students enrolled in the Bachelor of Acupuncture (B.Ac) program are expected to demonstrate an increased level of professionalism, leadership, and accountability.

This includes:

- Greater independence in clinical interactions

- Leadership within the clinical environment
- Higher standards of communication and professional judgment
- Consistent demonstration of professional identity as a future healthcare practitioner

Professional conduct is integral to the development of competent practitioners and is a core requirement for graduation and entry into professional practice.

14. Clinic Operational Recommendations

This section provides operational guidance and recommendations to support clinical training sites in meeting ACATCM's standards for clinical education. Rather than prescribing specific forms or tools, ACATCM recognizes that each clinic may operate differently and encourages sites to adopt systems and processes that best fit their operational context, provided that all ACATCM requirements for documentation, student oversight, and quality assurance are met.

Clinical training sites have the flexibility to implement paper-based, digital, or hybrid approaches to operations, as long as these approaches are consistent, accessible, and capable of producing records that can be reviewed or audited by ACATCM upon request.

14.1 Record-Keeping and Documentation Systems

Clinical training sites are responsible for establishing reliable systems to capture and maintain all records required under this handbook. Sites are encouraged to leverage purpose-built software platforms, electronic health record (EHR) systems, or practice management tools where available, as these can streamline documentation, reduce administrative burden, and improve accuracy.

Regardless of the system used, documentation practices must support the following outcomes:

- Accurate tracking of student clinical hours and participation
- Secure and organized patient records, including consent and treatment notes
- Timely incident and safety reporting
- Supervisor sign-off and performance feedback records for each student
- Privacy-compliant storage and access controls in accordance with applicable legislation

Sites using digital or software-based systems are encouraged to ensure those platforms support data export or reporting functions so that records can be shared with ACATCM upon request. ACATCM may provide guidance or optional templates for clinics that prefer a standardized approach.

14.2 Quality Assurance and Compliance Monitoring

Each clinical training site is responsible for implementing its own quality assurance processes to ensure ongoing compliance with the standards set out in this handbook. Sites are encouraged to develop internal review routines that work within their operational environment.

Recommended quality assurance practices include, but are not limited to:

- Periodic review of health, safety, and IPAC compliance, using whatever format the clinic finds most effective (digital checklists, site walkthroughs, staff meetings, etc.)
- Regular verification that treatment rooms, equipment, and supplies meet the standards in Sections 6 and 7 of this handbook
- Confirmation that student orientation requirements have been completed prior to clinical participation
- Processes to address and document any incidents, near-misses, or compliance concerns in a timely manner
- Maintenance of required supervisor and site credentials, professional registrations, and insurance documentation

The specific tools, formats, or frequency of these reviews are at the discretion of each clinic, provided the outcomes are consistent, documented, and available for ACATCM review when requested.

14.3 Student Assessment and Feedback Practices

Evaluation tools support consistent and objective assessment of student performance.

Clinical training sites are responsible for establishing a process for evaluating student performance and providing meaningful feedback throughout the clinical placement. Sites have flexibility in how they structure this process, provided it is consistent, timely, and aligned with ACATCM's competency framework.

Recommended assessment practices include:

- Regular supervisor feedback on student clinical performance, delivered verbally or in writing
- Milestone or end-of-rotation evaluations that assess competency domains relevant to the student's level of training
- Opportunities for students to engage in self-reflection on their own progress and areas for development

Sites may use digital tools, software platforms, or paper-based processes for conducting and recording evaluations. Whatever format is used, assessment records must be retained and made available to ACATCM upon request. ACATCM may provide optional evaluation templates for sites that wish to use them.

14.4 Regulatory Awareness and Policy Alignment

Clinical training sites are responsible for staying current with applicable legislation, regulatory standards, and institutional policies. ACATCM does not prescribe a specific system for managing this, but sites are encouraged to establish an internal process for monitoring relevant updates and ensuring all staff and supervisors remain informed.

Key areas to monitor include:

- Updates to standards and guidelines from the College of Acupuncturists of Alberta
- Applicable provincial health and safety legislation and IPAC guidelines
- ACATCM policy communications and handbook revisions
- Best practice developments in acupuncture and TCM clinical care relevant to the training environment

Supervisors and clinic administrators are expected to remain knowledgeable about applicable requirements and to communicate relevant changes to students and clinical staff in a timely manner.

14.5 Communication and Ongoing Improvement

Clinical training sites are encouraged to foster a culture of open communication and continuous improvement within their clinical education environment. ACATCM values partnerships with its affiliated sites and welcomes feedback on the implementation of these standards.

Sites are encouraged to:

- Maintain open lines of communication with ACATCM regarding any operational challenges, student concerns, or changes to site capacity or staffing
- Proactively identify and address gaps in clinical education delivery, student support, or operational compliance
- Share feedback with ACATCM on areas where additional guidance, resources, or support would benefit clinical education delivery

ACATCM is committed to working collaboratively with clinical training sites to support high-quality clinical education. This section reflects that commitment by providing guidance rather than rigid prescription — recognizing that effective clinical training is built on strong relationships, shared accountability, and the flexibility to operate in ways that best serve students and patients alike.