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| Question | P7-Y4 | P8-Y4 | P9-Y4 | P10-Y4 |
| Describe your experiences of the teaching of the acupuncture programme. | I feel that the teaching for acupuncture has been really excellent. The expectations of our performance is very high (understandably so as we are dealing with patients) but I enjoyed learning from a practical perspective on Friday the 11th of February.  I am very hard on myself when it comes to my performance in the acupuncture clinic. I made many mistakes on Friday (Which is normal because I am a student and I am at the clinic to learn.) I felt that Dr. y made me aware of these mistakes in a very gentle way which I appreciated as I respond well to this type of teaching and I am more likely to learn/retain information better when taught in this way.  The case reviews were excellent as this allowed us to discuss as a group, with the supervision and guidance of doctor x. | My experience this week has been great I got to learn how to analyze a case by just looking at a patient although I made some mistakes I also got to learn from them, I wasn’t aware that I have limited knowledge on differentials having postgraduate around me will really strengthen my knowledge in that, it would be nice when it’s time to take vitals we as undergraduates are the ones to do it so that we can get a hang of taking vitals and doing physical examination as the postgraduates are from the outside world they already know how to do the basics but for us undergrads it’s a different story  My experience has been an amazing journey till this far because we are not only taught what is in the textbook but we are also taught to think out of the box and integrate what we read with our surrounding nature, critical thinking and the confidence to take charge and remain calm in emergencies was one of my favourite things to learn  This week I thought I had a right point GB 30 but my location was a bit off which shows that I need to work more on my GB meridian, I also couldn’t give answers when I was asked to give aetiology of stroke, I also keep making mistakes when presenting I keep forgetting to say a “12 year of boy” when I’m presenting a case to the clinician, I also didn’t know what dark spots under the eyes accompanied with tiredness indicate, but I hope to get as much knowledge and fix mistakes and be competent  This week has been quite an experience this week I thought there’s no spleen yin deficiency but I was corrected that spleen yin deficiency is there it’s just that we don’t get it most of the time that's why it's not on the notes I also got to learn more in depth on how to deal with a stroke patient I now know that a stroke patient has to be treated with extra care because emotions really affect them and affect their progress of healing I know that you have to talk to the patient’s family in order to make them aware of the impact that the emotions can do to a stroke patient and I like the fact that we were told to study more functions of one point like for instance spleen 10 it's used to benefit the skin but it’s also used in blood disorders like blood stasis that’s what I learned this week it was quite amazing to learn that I would also appreciate that whenever you prescribe point in the clinic we should state why we using those points because that will also help me in the future when I’m in my own clinic | The teaching methods of us discussing cases when we don’t have patients or after seeing a Patient still helps because we always assess our knowledge. Also, that is a good time to ask questions and get answers and clarification we need. The discussion is really helpful cause that’s where our mistakes on the understanding of concept and being corrected.  For the past weeks I realised that the teaching has been different from what I am used to which is lecture notes and videos but now we learn and revise content through the cases we see in the clinic. And this is a good reflection on how much I know and what is it that I should go and revise. So overall I see the teaching approach very effective.  At first it was really had for me to understand because of the language barrier but I eventually adapted and found Teaching to be very good especially since all lectures are pre-recorded so I can always reflect back when I don’t understand things or when I need to reflect on my knowledge I always have access to the lectures. Also the way of teaching is good as examples and analogies are made to in order to help us have better if understand of the content. That personally made things very easy for me. The structure in which is distributed made a lot of things easy as the is fairly enough work for that specific year so that helps to lower the pressure of studying a lot of content in a short space of time.  My experience with the teaching has changed a lot since last year as having to observe the post grads is very beneficial especially when it comes to learning about different conditions as they have more knowledge and are very helpful in explaining most of the things if we do not understand. Also the case discussions that we have when we don’t have patients helps more as I get to learn from my fellows because we give many different answers. It is of great benefit having someone to correct us when we are wrong especially when it comes to us needling, it makes retaining information much simpler as when you get corrected, I’m less likely to repeat the very same mistake. | This week we had the privilege to have an orientation of the clinic and how it works. I definitely benefited from it. Seeing pt this week Dr Y empharised on how I consult with a patient to rather say how can I “help” you than why are you here today. Also, on when and how long questions, I should focus on open ended questions like “Have you noticed what makes it better/worse.” Dr Y explains that it is not needed to go through the systems at the end as it doesn’t add to the information and takes up your time. He also indicates that it is important for my studying to revise the content we encountered during the consultations. For this week I ned to go over frozen shoulder, bi-pain and stroke.  I am given the opportunity to observe in the clinic before we even start with university this year. Not only that but also to consult patients by myself, going through every case with Dr Y gives me a new perspective of the case, the guidance for treatment and the correction I need to grow. When treating the patient he tells your faults and questions you on decision you make to generate confidence in yourself or just to give you the opportunity to correct yourself. I know now I need to work on my double hand insertion, I need to hold the pa head on one side when I insert SJ17 on the other side and with a frozen shoulder pt you instruct them to move their shoulder while you manipulate St38  This was our first week back to the university. As stressful it can be being the only one who sees patients, now that everyone is back it can become quite crowded. Observing and discussing the case with the post graduates and even with my classmates I find very beneficial as everyone adds to the learning process. I do think there can be more order in the clinic, for example, the number of people observing a case is more than two it’s like we are t  The case discussion when there is no patient are efficient as we ge prepared for future case and learn from pervious mistakes. Stroke patient I know how important it is to ask what happened during stroke, if there is any risk factors, previous treatment. |
| Explain your experiences in the learning of the acupuncture programme. | In terms of learning in the acupuncture clinic I feel that I have a certain level of theoretical knowledge but diminished practical knowledge in comparison. As a result, I feel that this year will be a lot of “learning on the job” which does scare me quite a bit.  I made many mistakes on Friday which Dr X educated me on and as much as I hate making mistakes, this is unfortunately the only way that I will learn and is the reason that I am working at the clinic.  It is difficult because I often have to refresh my memory on aspects of the theory of acupuncture on my own as we covered a lot of the theory quite a while ago. This, however is my burden to bear, and I take full responsibility for it.  In terms of our orientation for the clinic, the 5th years received a tour of their clinic but we did not receive a tour of the acupuncture clinic. As a result, I do not know where anything is that I need in order to perform my treatments, I do not know which consultation room to take the patients to and I do not fully understand the general procedure from start to finish in terms of the administrative procedures in order to professionally see patients. In addition, in the homeopathic clinic, there is a roster for each individual student where the patients book their appointments. I think it would be more valuable if we had a schedule like that so that we can make preparations for the patient’s arrival (such as remembering their name, familiarising yourself with the case etc.) so that we can come to clinic more prepared for which patients we are going to see and how many patients we will see.  This week we reflected on previous cases that were seen in the clinic and discussed the cases in depth as a group. This was an excellent learning experience as one of the cases being examined was a case that I took. It was good to see what questions I missed/what questions I should have asked. I feel that my case taking is quite weak so it is good to get constructive feedback on what I should have asked during the session.  The case I took was a stroke patient and I didn’t ask important questions such as:  What other treatment have you received? Has that treatment helped?  How long were you in the hospital for? (This is a good indication of severity)  Do you have hypertension, diabetes, high cholesterol levels? (Risk Factors)  What happened during the stroke?  Did you have any headaches, dizziness or projectile vomiting just before having the stroke?  Have you been monitoring your blood pressure and blood sugar?  What tests did the hospital perform?  What were your symptoms initially vs now? (Shows if there has been any progress with treatment)  Physical examinations (BP, MSK, Neuro, NHI stroke form)  In addition, I observed a follow up frozen shoulder case that Friday (18/02/2022) which was taken by one of the postgraduate students. I feel that it benefitted me greatly to observe and listen to the manner and structure that they used when questioning the patient. The postgraduates definitely have a great deal of knowledge and experience when it comes to case taking that is very beneficial for me to learn from.  This week I observed a case being treated for anxiety, I however only saw the patient after his consultation and assisted with needling him. I needled LV3 on both sides. It was important to note that the manipulation not be too strong for this case and that we rather leave him to rest during the course of the treatment. He had been in the clinic once before and remarked that he felt much better since the previous treatment which was fantastic news.  We saw a 24-year-old female who came for treatment of sinusitis and hay fever. I found the diagnosis interesting because I was thinking more along the lines of Lung Heat as she displayed a red tip of her tongue with red spots however, this did not link to her nasal discharge which she described as watery, profuse and thin. The diagnosis in the end was phlegm and dampness which made sense. On this patient I needled LI4 bilaterally and although I knew the location well, I did still needle slightly off of where the actual location was. It should have been slightly more posterior and angled more medially. Dr Y mentioned not to worry about this as this knowledge will only come with experience.  In addition, the patient was also needled at LI20 bilaterally. The postgraduate removed both needles very quickly and did not press down immediately with an earbud. This is very crucial when needling anywhere on the facial region so as to avoid any bruising or excessive bleeding.  This week was an excellent week as we saw a frozen shoulder case as well as a sciatica case. For the Sciatica case, I needled BL40 which was checked by Dr. x and was needled correctly. I am feeling quite happy with my needling skills at the moment, I know that there is still a lot of room for improvement (especially when it comes to manipulating the needles) but so far I am happy with how I needle BL40, LV3 and LV2. In addition, it has been very beneficial working with different body types in the clinic. In particular, for the sciatica case, she was slightly larger in build which we had to account for when it came to selecting the lengths of the needles (The majority of the points normally called for a 1,5cun needle but we increased the needle length to 2 cun for this patient).  In addition, it has been very rewarding working in the clinic because the frozen shoulder patient came for a follow up and showed marked improvements in her range of motion. She went from only being able to abduct her arm to 45 degrees in the initial consultation to being able to abduct it to 80 degrees. She still struggled with internal rotation of the arm but she mentioned that she doesn’t even need to take pain medications anymore which is phenomenal. She was very happy and this makes me very happy to know that we could help someone who really needed it.  Another very interesting and informative week this week. We started off by seeing a Bi pain syndrome patient who was previously diagnosed with Rheumatoid Arthritis. She presented with complaints in the right jaw, right wrist as well as both her feet. Whilst discussing this case, the group came to the conclusion that she was dealing with a heat bi syndrome because she felt better for cold application, preferred colder weather and her joints were all warmer than usual. Despite this diagnosis, her tongue didn’t fit the picture and was enlarged, pale with teeth marks and a thin coating.  I performed through needling from KI3 to BL60 and Dr. x r noted that my insertion was slightly too deep (almost went completely through to the other side of the ankle) but my location was fine.  In addition, we saw a gentleman who had been experiencing back pain for 6 months. He noticed that it happened around the time he started his running training for the comrades. The diagnosis ended up being Blood Bi Syndrome because he had a purple tongue, choppy pulse and the fact that he is training so intensely (This causes blood stasis). I did not needle this patient, I simply observed.  I was fortunate enough to observe a third patient who was complaining of sinusitis. The syndrome was diagnosed as being phlegm and dampness simply because the cause of the patients’ problem was due to excess phlegm. I needled LI4 on this patient but my angle and location was slightly off. I needed to needle more proximal to the crease between the 1st and 2nd metacarpals and angle the needle slightly more horizontally. Dr X corrected this and told me not to stress that I didn’t needle the point correctly. He explained that I knew the location but truly needling the location correctly takes time, practice and experience which I will get at the clinic.  On Friday the 11th, I was lucky enough to take a case myself. I must admit, the most daunting aspect of working in the clinic for me is case taking. This is definitely a skill that I need to hone which can only be done over time with practice. Up until this point I had only taken one other case before so I was rather nervous but I feel that I did quite well. Because the case taking is so daunting for me, it does get a bit frustrating only observing the postgrads take cases, however, they have fantastic knowledge and experience when it comes to taking cases and as such it has been very beneficial learning from them through observation. In this situation, the patient came in complaining of bloating. I needled RN10,11 and 12, ST 34,36 and ST40 bilaterally. Dr X came to check the points and my RN points were slightly inferior to the real location of the acupoints so he adjusted the needles. Even then the patient did not feel the De-Qi sensation so Dr X rotated the needles a lot until the sensations arrived. He later explained that because there is a lot of fat present, it can make it more difficult for the patient to feel the sensation so it’s best to manipulate more. He looked over the rest of the points that I needled and was happy with them which I was very pleased with, especially because last year I needled ST36 incorrectly so it was very rewarding to see an improvement.  On Monday we had a patient come in who was dealing with a lot of stress from her work. In addition, she was mourning the loss of her father in law as well as a colleague who both recently passed away. She also told us that she had macular degeneration which would ultimately lead to the loss of her eyesight. I could tell that she was quite emotional during the consultation, which is completely understandable given her circumstances, and noticed that she sighed frequently. In the end she was diagnosed with Liver Qi stagnation. I did not needle this patient, I only observed.  This patient returned that Friday and mentioned that she was feeling a great deal better but the treatment only lasted a few days. We therefore repeated the treatment again. It is a wonderful feeling to have patients come back to the clinic and hearing that they are doing better.  We also had a 71-year-old female patient coming in complaining of jaw and neck pain. She was diagnosed with Bi Pain Syndrome and we used primarily local points to treat her pains. I only needled LV3 and SP6. Dr X readjusted SP6 and mentioned that you should feel for the bone with your fingers and that the point is located just posteriorly to the bone. (I had inserted my needle too anteriorly).  Something interesting also came up at the clinic on Friday. There was a man in the Homeopathic clinic who was having a severe asthma attack and had run out of the medication in his asthma pump. Dr X escorted the man upstairs to examine him and he seemed very distressed. He couldn’t even sit down for the examination. After witnessing this, Dr X told the students to call the EMC’s to assist. He later mentioned that this should always be your first reaction to an emergency situation. Whilst waiting for the EMCs, Dr X showed me to perform acupressure on LU6 on the man’s left arm whilst he did the same on his right arm. Students were told to fetch 1,5 cun needles. They initially started walking quite slowly and Dr X told them to run because it was an emergency situation. Once they returned, Dr X inserted two 1,5 cun needles into LU6 bilaterally. He began to manipulate the one whilst I manipulated the other. It was truly incredible because the entire time that we had been in the company of the patient, he was constantly wheezing. Once we began to manipulate the needles, I could hear the wheezing stop. This was honestly such an incredible experience! My manipulation technique definitely needs work, but Dr X showed me how to perform it correctly. This I will only get right with practice.  Some things I learned after this experience in terms of what to do in an emergency:  ALWAYS contact the paramedics FIRST  Move quickly, speed is very important. Even if you don’t have alcohol swabs, insert the needles anyway.  Use the Xi-Cleft points for the particular organ that is struggling. (In this situation we used the Xi-cleft point of the Lung, LU6). | I’m one of those students who learn better from observation I got see a patient cry after removing needles, it would be better if we got glasses or water machine in our center because it’s not professional to run downstairs whenever a patient needs water and it takes a lot of time to get water what will happen in a situation where a patient needs water in an emergency situation, and it’s a great opportunity to see postgraduates Explain their cases in front of us I noticed that I’m still anxious of question their Diagnosis but I hope when time goes I will get the confidence to question them whenever I don’t agree with their syndrome  For me it took a lot out of me to learn something completely new from what I grew up learning I had my difficulties here and there but with applied effort I managed to grasp things and make it this far | My Experience hasn’t changed much because I still learn by observing post graduation. The advantage about this is that I get notice a lot of mistakes they do and this serves a reminder for me to not make the same mistake. Always observing helps me gain knowledge on how to handle different things.  Learning experience has been quite challenging especially this past week as we see often anxiety cases and since it wasn’t part of our Therapeutics it was quite challenging to pick it up at first but as we were discussing the case I got to understand and learned a lot.  Learning the acupuncture programme was quite challenging at first because I had no background about it and it was difficult to grasp the concepts as at first I found them not being the same with the human physiology that I’m use but me repeatedly doing it with my classmates gave me an insight on what I was missing. How the work was distributed throughout the years made things a little better because I was able to manage the workload and still have enough time to go back to the basics  Learning experience has been quite challenging at the first week of clinic because I was very anxious because I always wanted to get everything correct and wouldn’t want to see patients or needle because of being afraid of making a mistake, but getting to understand that my mistakes have to be exposed in order has been such a relief for me. As much as it doesn’t give me freedom to be reckless, it has made me to be comfortable at the clinic as the are postgrads who are more helping so it makes learning very easy. Also having so much patients and seeing different conditions has improve my knowledge and understanding of the content I have learning. Observing the post grads has been beneficial because I got to learn a lot of skills like how to talk to patients, how to approach different situations and how important it is to interact calmly around patients. | During the orientation, I learned to fill out all the forms in the clinic even though most of the knowledge I gained from the orientation was for the homeopathyic clinic. It was still necessary to learn as the acupuncture would work in the same way. With the stroke pt, I learned to consult in great detail about all the symptoms and previous treatments. To do the NIH SS and to indicate in case who did the talking, the patient or the assistant. It is important to tell the patient they might have a second stoke and has nothing to do with the treatment we provided. The patient should focus on reducing risking factors like sugar, BP, cholesterol for advice the patient should think about moving their arm, mentally visualised it.  Today, I am learning that one can never tell the patients they have anxiety, but rather give them advice on how to manage it. Anxiety isn’t something we can fix as acupuncturist; it is something they shou fix in their lifestyle. An exercise for frozen shoulder is to stand in a doorway against the one side with unaffected side and walk while the affected sides’ finger up the other side of doorway. It is also beneficial to use a heat pad on shoulder while doing the exercise. Important to note is that tongue and pulse of the patient is very crucial in identifying the syndrome. Also when dealing with a bell’s palsy pt, you know he is improving when the face start twitching, which means movement is coming back.  We learn so much from observing as well. This week a patient |
| Explain your experiences in the assessment of the acupuncture programme. | In terms of the assessments, I feel that the theory exams are good but I really struggle with the OSCE’s. I feel it would have been more beneficial for us to do an individual “trial run” for the OSCE’s before we completed the final examination at the end of 2021. I feel that this would have calmed my nerves much more as I would have known what to expect and how to behave during the OSCE. Bearing in mind that up until that point I had never done and OSCE in my whole life.  This was very frustrating for me as I believe that I do know my work but my nerves got the better of me as I did not understand the format of the OSCE and how the questions would be asked, as well as the level of seriousness that I was expected to display. | They were nerve wrecking especially the second year one, but as I said the teaching of staying calm and taking control of the situation came through for me | I think the way we still being assessed which is by doing cases is still effective as we get to be evaluated of knowledge as analysing them and questions that are being asked is a good way of assessing us. The writing up of the case as portfolio is also beneficial because it help us recall and remember things better since we have observed and now can evaluate it in writing as the is a lot of explaining to do. Also it serves as a good revision. The lecture is still monitors our progress via us doing observations and case discussions and can correct us there and there. So overall I find the practical way we are being assessed to be more effective.  Doing most cases is stll helping me evaluate my knowledge as analysing them is a good way of assessing an evaluating our knowledge. Having to write cases as portfolio is beneficial because it serves as a good revision. The lecture is also able to monitor our progress by us doing cases and can correct us where we have mistakes. So overall I find the practical way we are being assessed to be more effective.  Assessments were fairly set and even though I had a hard time understanding what was required of me from the questions but that got better when we started having contact classes as questions were asked in class and how they were answered Gave me an idea on how to approach and answer questions. Also since we got the memo and go through our scripts with memo helped me identify my mistakes in answering questions.  Doing most cases has helped me evaluate my knowledge as analysing them and questions that are being asked is a good way of assessing us. Also having to write to write cases as portfolio will be beneficial because it forces us to study as the is a lot of explaining to do. Also it serves as a good revision. The lecture is also able to monitor our progress via us doing clinics and can correct us there and there. So overall I find the practical way we are being assessed to be more effective. | As the year is mostly going to be the practices of acupuncture, I am glad that the lectures corrects us in our case taking and treatment, so we really can improve our skills and be better in the assessment. |
| Explain your experiences (advantages and disadvantages of practicals) in the acupuncture programme. | Practicals are essential in the acupuncture programme and I wish we had more patients in 3rd year so that we could better our practical knowledge.  As I mentioned before, I feel that my theoretical knowledge is better than my practical knowledge and this, in part, can be attributed to the lack of patients last year.  Overall I do enjoy the practicals and I enjoy applying my theoretical knowledge to a real life situation in order to make diagnoses and to treat patients. | Advantages  We get to practice while a supervisor is there with us  We get to learn from each others mistakes in class  We get to see varies patients and discuss them with the lecture to direct our way of thinking  Well I made a mistake of using a Reinforcing technique on a patient who had an excess syndrome and I was corrected by another student doctor I learned from my mistake, now I’m more conscious of the needling technique that I’ll be using on patients I will have to know whether the patient is suffering from an excess syndrome or a deficiency syndrome I wouldn’t just manipulate like I did it’s not that I don’t know the difference I do know the difference just that I just did it I didn’t think for a while but now I know that I have to be cautious and think before I do things because I’m dealing with a life of a patient that’s the advantage of this week that I got from the practice is that you have to take everything serious everything that you do has a consequences | \_\_\_when coming to practical’s They were really helpful especially the points where we get to learn how to needle dangerous points. Although they were short because of Covid as we had to be divided into groups. I’m not confident about acupoints. We also didn’t get enough time to learn them in ln 2nd year because we had limited number of classes due to covid so it was a challenge for me . Also not having done enough practice as the only available people was myself and classmates was a limitation as my family and friends around me never agree to be needled and this is because of lack of knowledge of Chinese Medicine and Acupuncture so I couldn’t practice as much as I would have loved to  I think it’s a very good program and very relevant to the modern health problems we encounter so us studying it will be beneficial to the health care system as we will be introducing diverse range of healing and therapy for healing to people. The problem I see is lack of communication within as we are mostly classes clash especially this year and things were not communicated with us on what to expect this year. I also think hours spent in the clinic a less considering it’s our final year  The advantage we have this year is us being able to see patients, the more we see different patients with different conditions it enhances our learning experiences. We are also able to form relations with practitioners and that helps with developing skills for when we will be able to practice as they educate us on what to do and not to do. Their knowledge on the western medicine also helps especially when it comes to diagnosis and differentials. The disadvantage about the practical’s is that they get to do a lot of consultations than we do, that might be a disadvantage to us as we wont get the same challenge as you being the actual doctor than being an observer. | With the practicals, I realised my improvement in confidence and needling. I also feel more comfortable as Dr Y explains that it is actually good if we make mistakes in the clinic because it is better to learn from your mistakes now, where you can learn and grow in experience. I need to make sure I see the needle at all times when I insert it as I might shift my hand and insert in the wrong location. Also when examine a pt, I need to use 2 fingers and support with my offer hand or pt should lay down. When you have a fainting needle case, you need to take all the needles out, lay pt down, let them drink sugar water and then take a glucose reading.  The advantage of practice is that you actually learn how to consult real patients. Today Dr Y explained that it is better to keep the alcohol swab in one hand while inserting needles. Then you don’t have to open new one with every needle. You can use the same one on the same patient. Also when removing the needles, you keep the needles in your hand till all is removed you don’t have to remove them one by one.  With bell’s palsy, while making ST36, ST37, LV3 and LI4 for weak constitution, the patient is instructed to move his face.  Disadvantage: I haven’t yet learned the rules and regulations at the clinic of UJ and thus the people at the reception got angry with me. I think it would be very beneficial if we have an orientation before we go into the clinic just to explain all the admin, rules and dynamics in the clinic.  We mostly observed and do case studies this week. I realised that I need to go through my physical exams again and also focus on the angel of insertion when needling. My diagnostic ability also needs some work. On the other hand, I am proud of my treatment principle and prescription writings, but I know there is always room for improvement |
| What are your views of the acupuncture programme? | I am very grateful for the acupuncture programme as it has allowed me to gain an entirely new level of knowledge regarding health and treatments of patients. I have greatly enjoyed the programme although it has been challenging at times as we were expected to learn the basic theory and diagnostics in one year which, I feel, didn’t give many of the students enough time to fully grasp those concepts which become crucial when diagnosing and treating a patient further down the line.  In addition, I am concerned because I felt that in 3rd year there was a large discrepancy between what we were being taught in diagnostics as well as pathology when it came to attending the clinic in 2021. I felt that the knowledge that Dr X expected us to know (regarding diagnostics and pathology) were not fully taught to us in those modules and would only be taught to us in 4th year.  As a result, I found 3rd year incredibly frustrating from this standpoint.  Despite these challenges, I see great value in the practice of acupuncture and I look forward to learning more this year in the clinic. | It’s a programme that is yet to grow as not everyone knows about this program | I think it’s a very good program and very relevant to the modern health problems we encounter so us studying it will be beneficial to the health care system as we will be introducing diverse range of healing and therapy for healing to people. This is also advantageous as a lot of people are always seek alternative and effective ways of healing. |  |
| Recommendations |  |  |  |  |
| Teaching | Nothing, the teaching is excellent |  | I think we should continue with methods that are use to teach in the clinic.  I think we should continue with doing online teaching for the theory as I find it effective. We can also have case writing more frequently to check our progress in understanding regularly. The cases done in the clinic can be a great way of teaching content that most don’t understand as it will be more practical |  |
| Learning | More communication between the acupuncture lecturers and the Pathology and Diagnostics lecturers to ensure that we are being taught what we are expected to know in the acupuncture clinic.  For example, last year Dr X asked us how we would assess the heart and he wanted us to mention that we would percuss the heart, however that was not taught to us in Diagnostics. It was only taught to us that we should Inspect, Palpate and then Auscultate. We were never taught/asked to percuss the heart. |  | I still think we can take turns in presenting cases we have seen , the discuss among the class what we understand, Challenges we found on the case and probably that mind with understanding the work and conditions we see.  I think we can take turns in presenting cases we have seen , the discuss among the class what we understand. Challenges we found on the case and probably this that helped with understanding the work and conditions we see. |  |
| Assessment | A “trial run” of an OSCE before the assessment OR some written scenarios with questions that could be asked during an OSCE so that we can practice. (Accompanied with a memo) |  | I think the way we are assessed in the clinic is okay and we can continue with it.  We should be assessed more frequently during the year so that we can get use to how to answer questions and how are questions asked. This is leaves room for improvement cause I get to track my progress throughout the year. |  |
| Practice | Observing more patients in 3rd year  Getting a proper tour of the acupuncture clinic and being told, step by step, what the procedure is from the minute the patient walks through the door to the minute they leave. (From getting the patient file to writing the invoice)  Having a timetable/booking sheet/roster where patients can book their appointments with specific students so that we as the students know which patient to expect on which day and to familiarize ourselves with that patients history. (The same as the 5th years in the Homeopathic clinic)  Being told where to find the equipment needed to perform the treatments (I really struggled to find the needles etc. on the 11th of Feb) |  | I think pairing a postgraduate and undergraduate each time we are the clinic might help especially in needling as this will bring equal opportunities to both parties.  Having more clinical practice may help. Even though it’s not an actual patient but our classmates can play patient. We then do history taking, prescription and needle them under the lectures supervision. This will serve as a way of learning and adapting into the habit of being confident and it will help with points , we can do this if we don’t have patients. I also think we should alternate with post grades on case takings especially on Mondays since they can come on Tuesdays and other days. |  |