



# **Western Medical Acupuncture for Musculoskeletal Pain Conditions Foundation Course**

## **AACP Course Handbook**



Dear Delegate,

On behalf of the AACP, I am delighted to welcome you to our Level 7 Post Graduate AACP Acupuncture Foundation Course and hope that you enjoy and are inspired by your studies.

I am sure you are very excited about starting your course and studying acupuncture and I would like to take this opportunity to advise you that while you are studying acupuncture with the AACP you will have our full support. Not only during your educational period, but also after have you qualified as part of your AACP membership. Therefore, if you have any concerns or are apprehensive about your studies or your practice please do not hesitate to contact us.

Our tutors take pride in their work as educators and are passionate about passing on their knowledge of acupuncture. Our AACP accredited tutors have said "teaching the foundation course is extremely rewarding." "No one course is ever the same and there is always something interesting to keep you on your toes." "You meet some great people and you get to teach them a fantastic new skill, which leaves most wondering what on earth they did before they learnt it!"

We have a fantastic support network of tutors and as a trainee member of the AACP you will have access to our website and Journals to assist you in your studies.

We look forward to teaching you and if you have any questions unanswered please feel free to contact the AACP or your tutor.

I hope you have an inspirational course.

With best wishes,

**Jonathan Hobbs**  
**Chairman, AACP**



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## Plagiarism and how to Avoid it

### Academic Integrity and Avoiding Plagiarism

The AACP expects all tutors and trainees to act with the highest standards of academic integrity. Academic Misconduct (cheating) is an attempt to obtain for you or for another an un-permitted advantage which may or may not result in a higher mark than your or his/her abilities would otherwise secure. It can occur both under exam conditions and in coursework. Suspected incidents are investigated and, if proven, will result in the trainee being penalised. Actions range from the issue of a verbal/ written reprimand to the cancellation of marks and disqualification from any further attempt.

Although the AACP realises that most trainees are aware of the need to avoid plagiarism, we ask that you take a few minutes to read the guide on our website, which also includes a full Harvard Referencing Guide. <https://www.aacp.org.uk/page/32/plagiarism>

Plagiarism is a particularly common form of Academic Misconduct. It is the unacknowledged representation of the work of another person or organisation as the student's own. This can include lecture notes, hand-outs, presentations, and applies to work of other students. It includes downloading from the internet.

You are plagiarising if you:

- Copy the work of another;
- Include in your work, material which has been directly copied from the internet, books or journals;
- Closely paraphrase the work of another by changing a few words or altering the order of presentation;
- Quote phrases from another's work;
- Deliberately present another's concept as your own;
- Submit a piece of work wholly or in part which you have previously submitted for credit for another module or programme (self-plagiarism).

It is perfectly acceptable and indeed proper to draw on the work of others and the material found in texts in books, journals and the internet, however it must be referenced appropriately. One means by which to avoid plagiarism is to include, in all cases and without exception, a formal reference, normally in the Harvard style, though other systems are used for specific disciplinary areas. Investing the effort to understand and use referencing skills effectively will mean that you can utilise the material that is useful to your academic work. You can normally expect to improve your marks with the adoption of good referencing practices since this is regarded as 'good academic practice'.

You need to make sure that your work is not plagiarised. To avoid plagiarism, remember the following advice:

- Take the time to learn how to reference properly, understand the rules of good citation practice, and be systematic in its use;
- When taking notes from any source, remember to write down all the bibliographic details at the time (author, date, title, publisher, location). This will enable you to locate the specific reference you need more easily when you come to write up your assignment;
- When making notes, identify your own ideas from the ideas of others, so you do not inadvertently conflate your original concepts with the arguments and thoughts of other writers in your final piece of work;
- Don't be afraid to use your own words. Elegant academic writing comes with many years of practice. You are not expected to write as professionally as the authors of the books and journals you have read. Even in very competent undergraduate work, plagiarised passages can normally be discerned by markers as 'a different voice';

- A good way to use others' work effectively is to try and develop your own ideas about the piece you are writing and use the thoughts and arguments of others to support your ideas or to offer an alternative position. It is not good academic practice to draw on notes, articles and books, without including some elements of your own original thought.

The AACCP takes cases of plagiarism very seriously. The penalty applied to those against whom an allegation has been proved depends on the severity of the plagiarism. There are a range of penalties which include the cancellation of a candidate's marks for a piece of assessed work in the least severe case, to the disqualification of the candidate from any future assessment/examination in the most severe case.

## Extenuating Circumstances

Extenuating circumstances is the term used for circumstances outside your control which have adversely affected your academic performance or prevented you from attending an examination. Examples might include ill health, bereavement, or eviction from your accommodation. You can find more about extenuating circumstances on <https://www.aacp.org.uk/page/66/mitigation>

Always contact your Tutor for advice. Cases for extenuating circumstances must be submitted on the appropriate form available from the webpage and accompanied by evidence. Please note that computer problems do **not** constitute extenuating circumstances so you should ensure that you back up your data as you go, and that the storage device that you select is secure.

Please be advised that an Extenuating Circumstances claim cannot be considered once marks have been given for any work submitted.

## 1 Course Information

**Pre Requisites:** Course participants are required to: show evidence of current HCPC registration; be a member of the CSP or demonstrate valid and adequate professional practice insurance; be able to practise acupuncture within a musculoskeletal clinical setting during the period of the course; provide a signed health screening form; give consent to receive repetitive needling (delivered by fellow participants and the tutor). Participants working in private practice or outside a registered NHS premises must have a licence to practise acupuncture.

**Short Course Descriptor:** This course (divided between direct contact time; and self-directed learning) is designed to provide Physiotherapists with a basic level of acupuncture training.

The course provides a Western medical approach to acupuncture – grounded in current research evidence rather than in traditional Chinese philosophical thinking. This course does not cover the traditional Chinese medical approach to acupuncture, except where Western scientific theory and evidence can be used to explain concepts of traditional Chinese medicine (e.g. fascial planes and meridians).

Participants will be encouraged to critically evaluate their own clinical practice and where appropriate, challenge the current evidence base. This course is designed to provide participants with a rationale for using acupuncture as an additional treatment for the management of common musculoskeletal pain conditions. Topics covered include the laboratory and radiological research which is used to explain the mechanism of acupuncture analgesia; current evidence from acupuncture clinical trials research; and the non-specific 'placebo' effects associated with acupuncture analgesia. Participants will be introduced to the concept of myofascial trigger point pain, and its treatment with dry needling.

Direct teaching will be split either into two three-day sessions, separated by six weeks, or two consecutive two-day sessions followed by six weeks then a final two-day session. Courses run with a maximum of 15 participants per tutor.

**Course Aims:** The overall aim of the course is to enable the participant to demonstrate a level of knowledge, understanding and practical skill, which ensures the safe and appropriate delivery of acupuncture, primarily for musculoskeletal pain conditions, within a clinical setting.

**Assessed Learning Outcomes (LO):**

By the end of the course the participant will be expected to be able to:

1. Demonstrate the safe application of acupuncture needling – in accordance with the Health and Safety regulations and within the scope of professional practice and underpinned with an understanding of the contra-indications and precautions for the application of acupuncture.
2. Demonstrate an understanding of how acupuncture can be applied as an integrated treatment in the physiotherapy management of certain musculoskeletal pain conditions.
3. Demonstrate an understanding of the specific and non-specific analgesic effects of acupuncture needling, with reference to the current best available evidence.
4. Provide evidence of clinical reasoning and reflective learning, based on one's own clinical practice.
5. Demonstrate an understanding of how to critically evaluate acupuncture research; to judge the applicability of the evidence to one's own clinical practice, and to translate evidence into clinical practice.

Knowledge and Understanding (LO1,2,3,4,5); Cognitive/intellectual skills (LO 2,4,5); Practical Skills (LO1,2,4)

**Assessment Mode:** Summative. Practical skills competency test (LO1,2). Reflective diary– two clinical cases (LO 1,2,4); Written case study (max. 2,500 words) (LO1,2,3,4,5)  
Written evaluation of safe practice (LO1,2)

**Examples of Recommended Texts and Resources:**

British Medical Association (2000). Acupuncture: efficacy, safety and practice. Harwood academic publishers.UK. ISBN 90-5823-164-X

Hecker H-U, Steveling A, Peuker E, Kastner J, Liebchen K (2008). Color Atlas of Acupuncture. Body points, Ear points, Trigger points.2nd Edition. Thieme. Stuttgart. ISBN 978-3-13-125222-7.

Hempen C-H, Wortman Chow V (2006) Pocket Atlas of Acupuncture. Thieme Medical Publishers.

Lian Y-L, Chen C-Y, Hammes M, Kolster BC (2006). The Atlas of Acupuncture. An illustrated manual of acupuncture points. Konemann. ISBN 3-8290-2996-9.

White A, Cummings M, Filshie J (2008). An Introduction to Western Medical Acupuncture. Churchill Livingstone. Edinburgh, ISBN-13:978-0-443-07177-5

[www.aacp.org.uk](http://www.aacp.org.uk) AACP trainee membership entitles you to access AACP electronic databases. Useful documents include: AACP guidelines for safe practice, AACP Evidence and Commissioning Resource and past AACP Journals.

[www.medical-acupuncture.co.uk](http://www.medical-acupuncture.co.uk) British Medical Acupuncture Society (BMAS)

Useful websites and electronic databases for 'best available evidence' on acupuncture include:

- Cochrane library data base of systematic reviews.
- Pubmed, AMED & Web of Science
- NHS Evidence <http://www.library.nhs.uk/CAM>
- Best available evidence (includes evidence other than clinical trials) <http://www.bestbets.org>

**Pre-course Reading Preparation:** Participants should be familiar with their Hospital or Clinic's policy on the use of acupuncture. We recommend Chapters 3 to 5 of White A, Cummings M, Filshie J (2018) 'An Introduction to Western Medical Acupuncture', as pre-course reading on the neurophysiological mechanisms associated with acupuncture analgesia.

**An adequate acupuncture policy, and a means for safe needle disposal, must be in place at the participant's place of work before they can carry out any acupuncture procedure. This is a prerequisite to all course participation.**

You should note that it is a legal requirement that all allied health professionals using acupuncture within private practice in England and Wales are required to register with the Local Authority. Not to do so contravenes both the law and CSP rules of professional conduct. Look in the documents section of the AACP webpage at [www.aacp.org.uk](http://www.aacp.org.uk) for details of the legislation covering the licensing of acupuncture. The legislation covering the licensing of acupuncture is:

*Local Government Miscellaneous Provisions Act 1982 Part VIII, Acupuncture, Tattooing, Ear-Piercing and Electrolysis.*

If you work in private practice you require:

- To licence your premises for acupuncture use
- a sharps and clinical waste contract
- a sink
- a needle policy

## **1.1 Course Delivery**

To achieve the learning objectives the following teaching strategies will be employed:

- Contact study hours
- Supervised practical workshops - using the principle of 'watch, undertake, and then teach' (to consolidate learning).
- Formal lectures, using power point presentation.
- Informal discussion, using flip chart/white board to gather and develop ideas.
- Facilitated small group discussion to develop clinical reasoning skills and critically evaluate the evidence base.
- Self-directed study hours
- Search e-sites for empirical evidence and patient experience of acupuncture.
- Access e- discussion forums.
- Reflective diary of own acupuncture clinical cases.

Support for course participants and their learning:

- For the duration of the course, participants will have e-mail access to their tutor. The tutor is available to answer queries about individual clinical cases and will provide informal feedback on written course work. In the event that the tutor is unavailable (through illness or annual leave) another AACP tutor will be assigned to provide support.
- AACP trainee membership allows access to the AACP database of research papers and electronic libraries.
- Course participants can have access to the power point slides used in the formal teaching sessions to enable them to access hyperlinks to abstracts of research papers and relevant websites.

## 1.2 Documentation

Course documents will be supplied in a hard copy format. Documents include:

- This Pre-Course Handbook – providing an overview of the course, assessment guidelines, and template for a reflective diary.
- A Practical Workbook – providing information on safe acupuncture practice; a comprehensive guide to the meridians and acupuncture points which are considered to be relevant for treating musculoskeletal pain conditions; examples of case scenarios.

Power point presentations will be provided online which cover the evidence base and theoretical underpinning of acupuncture. These are copyright protected and should only be used by the participant themselves. A number of the slides contain hyperlinks to research articles and relevant websites.

### Programme Structure, Detailing Indicative Content of the Course

Area of Study (Level 7)	Tutor:Student Ratio (Max)	Guideline Contact Study Hours	Guideline Self Directed Study	Guideline Total hours	Guideline Credit Equivalence
Acupuncture Research	N/A	8	42	50	5
Acupuncture Point Location	15:1	10	60	70	6
Integration of anatomy, physiology, microbiology and pathology	N/A	5	45	50	5
Needling skills, safe practice & patient management	15:1	10	50	60	6
History and Philosophy of TCM	N/A	2	8	10	2
Clinical reasoning & Integrated Practice	15:1	8	52	60	6
Total	N/A	43	257	300	30



## 2 Timetables

### 2.1 Indicative Content for Three Weekend Format

Time	DAY 1	Time	DAY 2
08:45	Registration	09:00	Neurological Mechanisms 2. Supraspinal analgesia, affective and autonomic effects (L)
09:15	Welcome & Introductions Outline of the course & assessment methods.	(LO3)	
09:45	Origins and Evolution of Acupuncture (L)	10:00	Needling points on the Stomach and Spleen meridians (P)
10:30	Neurological Mechanisms 1. Local effects and segmental analgesia (L)	(LO1)	
11:15	Refreshments	11:00	Refreshments
11:30	Safe Practice (L&D) Contraindications and precautions; adverse reactions; critical incidence. Introduction to the content of the Practical Workbook	11:30	Application of Stomach and Spleen points to musculoskeletal conditions (P)
(LO1)		(LO1,2)	Lower limb case scenarios
12:30	Lunch	12:30	Lunch
13:00	Mapping meridians & palpating points; safety and anatomy Familiarisation with acupuncture needles. Handling needles; needling technique; preparing patient (D&P)	13:00	Acupuncture for LBP – the evidence (L)
(LO1,2)		(LO2,3)	
14:00	Demonstration of needling Needle points on the Lung and Large Intestine meridians (P)	13:45	Needle points on the Bladder meridian Relate to anatomy Lumbar and lower limb points (P)
(LO1,2)		(LO1,2)	
15:00	Refreshments	15:00	Refreshments
15:15	Continue needling points on the Lung and Large Intestine meridians (P)	15:15	Continued practical Bladder meridian thoracic points Safety and anatomy (P)
(LO1,2)		(LO1)	
16:15	Reflection/discussion Outline of Day 2	16:00	Surface mark points previously covered.
(LO4)		(LO1)	
16:30	Close	16:15	Summary of Day and Close

Time	DAY 3	Time	DAY 4
09:00	Acupuncture for neck pain and headaches – the evidence (L)	09:00	Neurological mechanisms 3. Acupuncture – no more than a theatrical placebo? (L&D)
09:30 (LO1,2)	Bladder meridian cervical points and revision of thoracic and lumbar points  Needle Huatuo Jiaji points & discuss their application  Needle points on the Kidney meridian  Needle upper limb points on the Small Intestine, and Triple Energiser meridians (P)	09:30 (LO1,2)	Needle points on the Gallbladder and Liver meridians (P)  Discuss clinical application – segmental needling for lumbo-pelvic & hip pain conditions, plus headache.
11:00	Refreshments	11:00	Refreshments
11:15 (LO1,2,3)	Continued practical Small Intestine meridian, upper limb points	11:15 (LO1)	Clinical Competency test (A) Practical needling test and written evaluation to ensure safe practice  Surface mark points on large intestine, lung, stomach, spleen, bladder and kidney meridians (P)  Case scenario treatment planning (D)
12:30	Lunch	12:30	Lunch
13:00 (LO2,3,5)	Treatment Dose (L&D)	13:00 (LO4)	Guidelines on writing reflective diaries (D)
14:00 (LO1)	Needle points on the Pericardium and Heart meridians (P)	13:15 (LO1)	Needle points in the face and head GB, SI, ST, LI & Yintang. (P) Revision of points covered in first 3 days. Surface marking and needling. (P)
15:00	Refreshments	15:00	Refreshments
15:15 (LO2,3,4,5)	Application in clinical practice – case scenarios Clinical reasoning (D)	14:45 (LO2,3,4)	Case scenario treatment planning (D) (opportunity to re-take practical test)
16:00 (LO2,3,4)	Reflection & discussion of case scenarios (D)	15:30 (LO4)	Reflection & discussion of case scenarios (D) Expectation of use of acupuncture between sessions.
16:30	Close	16:00	Close

Time	DAY 5	Time	DAY 6
<b>09:00</b> <b>(LO2,3)</b>	Submit reflective diary.  Myofascial trigger point pain an enigma –The theory and scientific evidence (L)	<b>09:00</b> <b>(LO2,3,5)</b>	Electro-acupuncture – an introduction (L&P)
<b>10:00</b> <b>(LO2,3,5)</b>	Acupuncture for myofascial trigger point pain – The evidence (L)	<b>09:45</b> <b>(LO1,2)</b>	Practical application of electro- acupuncture (P)  Needle points on the Conception vessel and Governor vessel meridians (P)  Revision of all points covered Surface mark all the points needled on the meridian. (P)
<b>10:30</b>	Needling of trigger points Fanning technique; sparrow pecking & superficial needling (P)  Clinical application.  Needle muscles in the upper quadrant (P)		
<b>11:15</b>	<b>Refreshments</b>	<b>11:00</b>	<b>Refreshments</b>
<b>11:30</b> <b>(LO3,5)</b>	Needle muscles in the lower quadrant (P)	<b>11:15</b> <b>(LO1,2)</b>	Open session for practical. Points not covered; additional points; different needling techniques e.g. ‘surrounding the dragon’; ‘herringbone’ (P)
<b>12:30</b>	<b>Lunch</b>	<b>12:15</b>	<b>Lunch</b>
<b>13:15</b> <b>(LO1,2,4)</b>	Electro-acupuncture –an introduction (L&P)  Practical application of electro-acupuncture.  Needle muscles in the lower quadrant.	<b>12:45</b> <b>(LO1,2,3,4,5)</b>	Case study what is expected – submission process  AACP certificate and membership
<b>15:00</b>	<b>Refreshments</b>		
<b>15:15</b> <b>(LO1,2,3)</b>	Clinical application of MTrP needling (D)  Case scenarios (D)	<b>13:45</b> <b>(LO2,3,4)</b>	Case scenarios – small group work discussion and feedback. (D) Revision of all points covered Surface mark all the points needled on the meridian. (P)
<b>16:15</b>	<b>Summary of Day and Close</b>	<b>15:00</b>	<b>Feedback and Close</b>

Key: L = keynote lecture; P = practical; D= facilitated group discussion; A = assessment; LO = learning outcome

### 3 Summative Assessment

#### 3.1 Clinical Competency Test

##### 3.1.1 Practical Needling Test

Participants will be instructed to needle an upper limb point and/or a lower limb point. They will needle either the course tutor or a fellow participant who has completed their competency test. Needling technique will be assessed as a pass or fail.

To obtain a pass, participants will be expected to:

- Insert needles (via a guide tube) using a sterile technique. Touching the shaft of the needle will incur an instant fail
- Demonstrate an awareness of anatomical structures at the site of needling
- position the 'patient' in a safe, comfortable position
- Dispose of the needles safely
- Manage any adverse response in an appropriate manner

If participants fail the practical needling competency test they will have the opportunity to re-take, following feedback from the course tutor and additional practice. The tutor will advise participants if they consider that additional supervision is required when first needling in clinical practice (provided by a colleague of the participant, who practises acupuncture). This recommendation will be documented on the needling competency certificate. This certificate will be temporary and will only be valid for six months (the maximum time allowed for completion of all course work). A full certificate of needling competency will be issued alongside the AACP Acupuncture in Physiotherapy certificate on successful completion of all course work. (LO1,2).

##### 3.1.2 Written Evaluation of Competence for Safe Practice

The written evaluation consists of short answer questions aimed at assessing participants' knowledge of safe acupuncture practice and their understanding of the precautions and contraindications associated with acupuncture needling. This will allow the tutor to assess whether or not they consider the participant competent enough to practise. (LO1,2)

#### 3.2 Reflective Case Studies

The reflective diary needs to include two clinical cases, ideally one spinal case and one peripheral case. All cases need to be anonymised.

**Marking guidelines:** Weighting of the mark allocation to each bullet point for each case study.

Each clinical case will be expected to include:

- Evidence of adequate screening and informed consent (2).
- A demonstration of safe, appropriate application of acupuncture needling (including managing and reflecting on any critical incidents) (5)
- Rationale for using acupuncture, supported where possible evidence (covered during the course) (5)
- Rationale for acupuncture point selection and treatment dose, based on patient presentation and acupuncture concepts e.g. Local soft tissue effects, segmental inhibition, non-specific effects, trigger points, connective tissue planes, meridians (10)
- Rationale for any changes in treatment (8)
- Critical and balanced reflection (10)
- Identification of skills and knowledge that require further development, and a description of how these have or will be addressed (5)
- Critical evaluation of how each of the clinical cases has subsequently informed/alterd your clinical practice (5)



**Notes:**



**Use the marking and feedback form to structure your submission.**

3.2.1 Reflective Diary Template (use as a guide and amend as required): Acupuncture Treatment

Patient Profile (ie gender, work, hobbies).

HPC

PMH

DH

SH

What specific goals does the patient want to achieve via their physiotherapy/acupuncture treatment?

OE

SH

Clinical Diagnosis:  
Subjective Markers:  
Objective Markers:

Acupuncture Treatment

Includes points needled, stimulation, depth of insertion, length of treatment. Other treatment. Measured outcome, and how you dealt with adverse effects.

Rx	Selected Points	Needling Technique	‘Dose’	Rx Response/Adverse Effects
1.				

First, provide an overall rationale for using acupuncture for this particular case – where appropriate use evidence to explain and support your thinking.

Second, provide rationale for point selection (related to acupuncture concepts) and ‘dose’. Where possible, use evidence to explain and support your reasoning.

For each subsequent treatment, reflect on the effect of the previous treatment, including adverse events and non-analgesic response (e.g. patient energised or relaxed). Explain treatment modifications and reasons for modification based on the response, relating to acupuncture concepts (e.g. add in points with the same innervation as the affected area).

Also note any progression of non-acupuncture treatments, and the effect of acupuncture on analgesic use.

Skill and Knowledge Requiring Development	How these have/will be addressed

Finally provide a summary and critical evaluation of how this case has informed your clinical practice (LO1,2,4)

### 3.2.2 Submitting and Re-Submitting the Reflective Diaries

Reflective diaries can be submitted either as a hard copy on the first day of the final weekends teaching, or via e-mail directly to the tutor. The pass rate is 50%. Marks and written feedback will be sent to participants via e-mail two weeks after submission.

If participants fail the assignment, they will be asked to re-submit one of the reflective cases along with the final case study. The tutor will provide guidance on what participants need to do to pass the assignment.

### 3.3 Case Study Report

The case study should be anonymous. All identifying information should be removed. If the participant considers submitting a case study for journal publication, written patient consent must be obtained.

Word count for the case study is 2500 +/- 10% words. The study must be written in Arial font with 1.5 line spacing. Each page should be numbered, with the name of the author in the footer.

The case study should comprise of:

- Title page including a description of the case, the author's name, and the word count.
- Abstract (approx. 150 words)
- Introduction including an overview of the clinical condition being treated (e.g. OA knee); rationale for using acupuncture for that specific condition, with supporting evidence which indicates an appropriate review of the literature (approx. 600 words).
- Description of the case including the patient profile, HPC, relevant PMH, SH, DH, clinical assessment and examination findings. Details of each treatment should be presented (include obtaining informed consent). The rationale for point selection and aspects of treatment 'dose' should be supported by sound clinical reasoning, and the best available evidence. Reliable and valid outcome measures should be used to measure treatment effect. (approx. 1000 words)

N.B. the descriptions of the patient profile and each treatment session can be presented in table format, the content of which will be excluded from the overall word count. Body charts used to record symptom presentation before and after treatment are also accepted

- Discussion including a summary of the case study; an acknowledgment of the limitations; a critical reflection the treatment used, and suggestions for alternative acupuncture approaches which may have been used producing a potentially different outcome. Highlight any implications for clinical practice or future research. (approx. 700 words).
- Acknowledgements
- Reference list

(LO 1,2,3,4,5)

#### 3.3.1 Referencing

Every knowledge statement should be referenced. The reference style required is Harvard.

### 3.4 Marking Guidelines

A case study will be expected to include:

- Rationale for using acupuncture, supported by relevant best available evidence
- Rationale for acupuncture point selection and treatment dose, based on patient presentation, clinical experience, and acupuncture concepts
- Outcome measures relevant to the clinical condition, and the 'symptom/s' being treated
- Critical and balanced reflection on the clinical case being reported
- Up to date and relevant referencing



Marks will be allocated for the overall presentation style, including correct citation of references; use of scientific language and correct notation; adherence to the word limit and adherence to the structural format required.

The case study should be supported by relevant literature, with marks allocated for critical analysis of this literature and an understanding of how the literature relates to the clinical case.

Marks for the case study will be structured according to standard Masters Level marking and CSP assessment criteria. Table 1 provides an example of the marking format. (Appendix p 25 shows the marking grid for the case study).

### 3.5 Submitting and Re-Submitting the Case Study Report

The date for submission will be set at six weeks after the final teaching session. Submission will be done electronically as instructed by the tutor. The tutor will return the marked scripts electronically within six weeks of the submission date, complete with feedback.

Participants who fail this assignment will have an opportunity to resubmit the assignment to the tutor in response to detailed comments to remedy areas that needed further development, with the re-submission date negotiated with the course tutor (within six months after the final teaching session). Students who fail a second time will not be eligible to register with the AACP. Re-submissions will be double marked by an independent assessor who is based in higher education.

Mitigating circumstances may lead to a postponement of any submission date in deliberation with the tutor. However, any such date should lie within the six months after the final teaching session.

Once all the course work has been successfully completed, the course tutor will inform the AACP. The AACP will post participants their course certificate along with information regarding membership of the AACP.



**To obtain top marks, ensure that you answer all of the bullet points.**



#### 4. Appendices

##### 4.1 Marking and Feedback Form Reflective Case Studies

Assessment Criteria (breakdown of allocated marks)	Case Studies Description	
Each Case	Case 1	Case 2
Evidence of adequate screening and informed consent. (2)		
A demonstration of safe, appropriate application of acupuncture needling (including managing and reflecting on any critical incidents) (5)		
Rationale for using acupuncture, supported where possible by evidence (5)		
Rationale for acupuncture point selection and treatment dose, based on patient presentation, clinical experience, and acupuncture concepts (10)		
Rationale for any changes in treatment (8)		
Critical and balanced reflection (10)		
Identification of skills and knowledge that require further development, and a description of how these have or will be addressed (5)		
Critical evaluation of how each of the clinical cases has subsequently informed/alterd your clinical practice (5)		
Mark /50 Pass Mark = 50%		
Comments:		
Overall Result /100% (average of 2 cases)	Classification: Pass/Fail	
Participant Name:	Marker:	Date:

4.2 Marking and Feedback Form – Clinical Case Study

Name:					Tutor:				
Course Venues and Dates:					Marker:				
Grade	0-29% Fail	30-39% Unsatisfactory	40-49% Satisfactory	50-59% Good	60-69% Very Good	70% > Excellent			
Assesment Criteria									
Overall presentation style which adheres to the required structural format including correct citation of references, use of scientific language, correct notation and word count									
Demonstrates rationale for using acupuncture. Including a critical analysis of the literature used to support this rationale and demonstrating an understanding of how the literature relates to the clinical case									
Demonstrates rationale for acupuncture point selection and treatment dose, e.g. based on patient presentation, clinical experience, and acupuncture concepts									
Demonstrates use of outcome measures relevant to the clinical condition, or the 'symptom/s' being treated									
Demonstrates critical and balanced reflection on the case study, including an acknowledgment of its limitations, possible alternative approaches, implications for clinical practice and/or future research									
Comments									
Overall Mark:					Date:				

### 4.3 Marking Sheet – Practical Competency Test

Assesment Criteria	Total Marks	Breakdown of Allocation
Patient Care (assuming screened for contra-indications)		
Clear and comprehensive explanation of the procedure	<div>/3</div> <div>/2</div> <div>/3</div> <div>/2</div>	Provide a realistic account of the possible benefits (3)  Supported with evidence (2)  An explanation of the needling process to include needle insertion; expected needle sensation; how needle will be stimulated (3)  Verbal consent obtained (2)
Warning re: Potential Side-Effects	<div>/5</div> <div>/5</div>	A clear explanation of the possible adverse effects, especially lightheaded, faint and fatigued, nausea. (5)  Clear statement that the 'patient' should let the clinician know if they start to experience any of these sensations (5)
Positioning of the Patient	<div>/5</div> <div>/5</div>	The patient should be positioned for comfort (5)  To allow easy re-positioning (i.e. into recovery position) if experience vaso-vagal response (5)
Communication with patient during needle insertion and stimulation (prompts provided by tutor; question how would modify treatment if patient 'strong reactor' or 'weak reactor')	/10	Ask patient to relay what they are feeling when the needle is stimulated; react to the patient's response by stimulating needle more or less; observe skin, needle reaction locally; observe any autonomic change (10)
Explanation given to patient post treatment re: possible expected response.  (Question from tutor re: treatment plan if patient comes back, better, worse or same)	<div>/5</div> <div>/5</div>	Clear explanation given as to possible adverse response immediately post treatment e.g. temporary increase in pain; drowsy – safe to drive (5);  Ask patient to monitor their symptoms over next few days and report any change at their next appointment (5)
<b>Maximum score 50/50. Convert to percentage. Pass &gt; 60%</b>		
<b>Result</b>	<b>/50</b>	<b>%</b>

#### 4.4 Marking Sheet – Needling Technique

Needling Technique		
Select appropriate length of needle  (Question from tutor – what structure are you needling into?)	Pass or Fail*	Insert to appropriate depth being mindful of anatomical structures at the point of insertion. Allow half the shaft of the needle to show. NEVER needle up to the handle.
Preparing needle for insertion	Pass or Fail	Shaft of needle not touched
Needle insertion (aseptic technique)	Pass or Fail	Wash hands prior to needling; if shaft of needle is touched, needle should be discarded and process re-started.
Appropriate needle stimulation	Pass or Fail	Guided by patient response
Needle removal and disposal	Pass or Fail	Safely to avoid needle stick injury and into sharps box
<p>* circle response</p> <p>All 5 components need to be passed to achieve accepted level of competency (LO1,2)</p>		
<p>Comments:</p>		
Participant Name:	Marker:	Date:



**Make sure you use a clean needling technique!**

## 4.5 Acupuncture and Hepatitis-B Immunity

Exposure prone procedures (EPP) are those in which there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker.

AACP does not view acupuncture as constituting an EPP, however contact with body or blood fluids is a risk. Department of Health Guidelines require that practitioners provide evidence to their NHS trust of their Hepatitis-B surface antigen [HbsAg] status before undertaking EPP work.

The full Hepatitis-B immunisation. Guidelines can be found in the document section on the AACP website [aacp.org.uk](http://aacp.org.uk).

In summary, to ensure protection to practitioners and patients the AACP recommend the following:

1. All AACP members should seek Hepatitis-B vaccine, administered intramuscularly at 0, 1 and 6 months, unless they already have evidence of up to date vaccination.
2. Immunity should be checked two months after the third dose. The result should be recorded, and the practitioner should retain an up-to-date vaccination card.

(Refer to AACP document for details re: testing and maintaining immunity – safety guidelines)

## 4.6 Acupuncture in Pregnancy for Patients

Acupuncture is a safe treatment to receive in uncomplicated pregnancy. It is important to fully clinically reason the acupuncture treatment, taking into account the physiological and anatomical differences in a pregnant patient.

It is essential that the clinician has the clinical competence to deliver acupuncture to a pregnant patient to ensure it lies within one's personal scope of practice.

Precautions Specific to Acupuncture in Pregnancy:

- Historical acupuncture texts describe 'forbidden' points in pregnancy, however there is no scientific evidence to support this notion.
- Traditionally 'forbidden' points (LI4, SP6, BL60, BL67) should be considered with caution.
- Strong sympathetic effect, as associated with very strong needle stimulation (especially in LI4) should be avoided in pregnancy
- Sacral foramina points (BL31, 32, 33, 34) and abdominal points should be avoided.
- Ensure that there is no past history of obstetric abnormality such as miscarriage and that the patient is in a state of good health.

**Notes:**