

## Appendix

# D.1

### Extract from

### *Bachelor of Health Science (Acupuncture): Submission to Queensland Office of Higher Education*

Australian College of Natural Medicine, 1998, Brisbane  
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Note: The ACNM Bachelor of Health Science (Acupuncture) program was approved under the relevant Act by the Queensland Minister for Education on 18 December 1997.

### **Rationale for course structure**

In the Australian College of Natural Medicine's submission to the Office of Higher Education [*Curriculum: Bachelor of Health Science (Acupuncture)*, August 1997], the following schema was offered as a rationale for sequencing within an acupuncture course.

The table below shows the natural sequence of TCM theory as a knowledge base consisting of seven major components:

1. Basic concepts of TCM
2. Normal structure and function of the human body
3. Causes of disease
4. Pattern differentiation
5. Collecting, collating and interpreting clinical information
6. Treatment planning
7. Fundamental theory of acupuncture, moxibustion, and ancillary techniques

Parallel to the development of the knowledge base is the skills base consisting of physical skills and intellectual skills:

- Physical skills:
1. Point location skills
  2. Acupuncture needle skills
  3. Moxibustion skills, cupping, spooning, and other ancillary skills
- Intellectual skills:
4. Case history taking skills
  5. Physical examination skills
  6. Pattern differentiation skills
  7. Treatment planning skills
  8. Patient management skills
  9. Clinic management skills

Combining the above with respect to acupuncture-moxibustion programs, we have:

KNOWLEDGE BASE	SKILLS BASE
	<b>Physical skills</b>
<ol style="list-style-type: none"> <li>1. Basic concepts of TCM               <ul style="list-style-type: none"> <li>- Yin Yang theory</li> <li>- Five Phases theory</li> </ul> </li> <li>2. Normal structure and function of the human body               <ul style="list-style-type: none"> <li>- Qi, blood, body fluids</li> <li>- Zangfu functions</li> <li>- Channel theory (pathways functions)</li> <li>- Point theory (categories, functions, indications)</li> </ul> </li> <li>3. Causes of disease</li> </ol>	<ol style="list-style-type: none"> <li>1. Point location skills</li> <li>2. Acupuncture needle skills               <ul style="list-style-type: none"> <li>- Needling demonstration</li> <li>- Supervised needling practice</li> </ul> </li> <li>3. Moxibustion skills, cupping, spooning, and other ancillary skills</li> </ol>
	<b>Intellectual skills</b>
<ol style="list-style-type: none"> <li>4. Pattern differentiation               <ul style="list-style-type: none"> <li>- Eight principles differentiation</li> <li>- Qi and blood differentiation</li> <li>- Causes of disease differentiation</li> <li>- Jing-luo differentiation</li> <li>- Zangfu differentiation</li> <li>- Six channels differentiation</li> <li>- Wei/Qi/Ying/Xue differentiation</li> <li>- Sanjiao differentiation</li> </ul> </li> <li>5. Collecting, collating and interpreting clinical information               <ul style="list-style-type: none"> <li>- Four Methods of examination</li> <li>- Collating clinical information</li> <li>- Pattern differentiation method</li> </ul> </li> <li>6. Treatment planning               <ul style="list-style-type: none"> <li>- Treatment principles</li> <li>- Principles and strategies of point selection and combination</li> <li>- Technique selection</li> </ul> </li> <li>7. Fundamental theory of acupuncture, moxibustion, and ancillary techniques               <ul style="list-style-type: none"> <li>- Treatment principle selection</li> <li>- Point selection and point combination strategies</li> <li>- Technique selection</li> </ul> </li> <li>8. Patient management skills               <ul style="list-style-type: none"> <li>- Explanation of pattern differentiation</li> <li>- Offering advice to patients</li> </ul> </li> <li>9. Clinic management skills               <ul style="list-style-type: none"> <li>- Reception skills</li> <li>- Time management skills</li> <li>- Hygiene and safety skills</li> </ul> </li> </ol>	

Source:  
Bachelor of Health Science (Acupuncture). Submission to Queensland Office of Higher Education  
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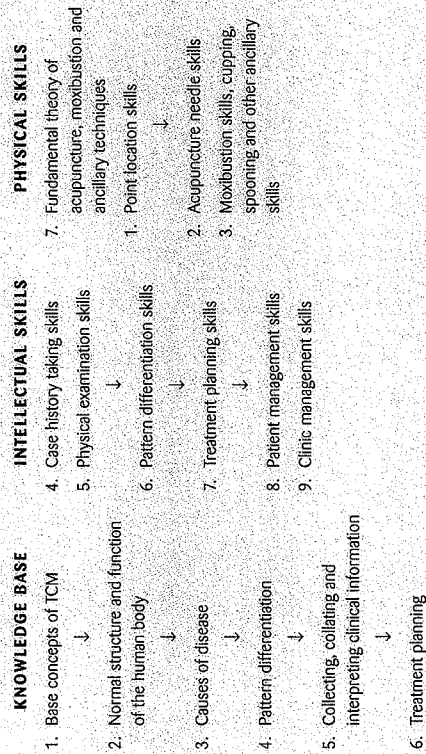
In the natural flow of TCM theory, the sequence flows from basic concepts of TCM to normal structure and function of the human body to causes of disease (Knowledge base components 1 to 3). In theory teaching, it is logical to proceed next to pattern differentiation theory and then to case history taking and physical examination methods (Knowledge base components 4 and 5). However, when it comes to the TCM therapeutic process in the clinic, case history taking and physical examination must precede pattern differentiation (Intellectual skills 4 to 6). Hence the sequencing of the Knowledge base components is slightly different from the intellectual skills base components in the placement of pattern differentiation.

The reason for this difference in sequencing theory is that the process of collecting information through case history taking and physical examination is directed towards clinical interpretation, namely to the question: 'What is the best match between this presenting case and a known TCM pattern?' Therefore the student needs to be familiar with the TCM Patterns first in order to take a meaningful case history and to know what to look for in the tongue and pulse.

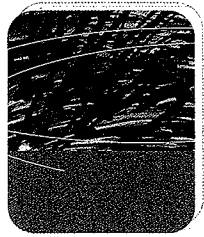
Then both Knowledge base and Intellectual skills base components move on to treatment planning while intellectual skills extend further into patient management skills and clinical management skills (which are developed concurrently rather than sequentially).

In physical skills, it is essential to develop point location skills before proceeding to apply acupuncture, moxibustion or any other ancillary technique, but there is no necessary sequence between needling, moxibustion and cupping. Also fundamental theory of acupuncture, moxibustion and ancillary techniques (Knowledge base 7) is clearly prerequisite for practical skills in needling, moxibustion and related techniques.

Course sequencing of Knowledge and Skills - Acupuncture



Source: Bachelor of Health Science (Acupuncture): Submission to Queensland Office of Higher Education Australian College of Natural Medicine, 1996, Brisbane © Australian College of Natural Medicine



## Appendix D.2

### TCM paediatrics: sample of content for acupuncture clinical studies

#### Principles of TCM paediatrics

- Children's spleen is insufficient
- Children's yin is insufficient
- Zangfu are fragile and soft; qi flows out of its pathway
- Children become ill easily and their illnesses quickly become serious
- Zangfu have clear spirit; easily and quickly they recover
- Liver often has stagnation
- Treat the mother to treat the child
- TCM theory of childhood development
- Causes of disease in paediatrics

#### TCM paediatric diagnostic methods

- Looking: examination of the index finger vein, facial colour, movement and behaviour, the orifices, excretions, rashes
- Hearing and smelling: voice and speech, breathing, cough, odours
- Asking the parent/care-giver: heat and cold, perspiration, appetite and digestion, sleep, urination, bowel habits, hearing, vision, developmental milestones, pregnancy and birth history, family medical history, family and domestic environment, behaviour, immunisations
- Palpation
- Pattern differentiation of gan and ji

#### TCM paediatrics therapeutic methods

- Treatment principles in paediatrics
- Selecting laser, non-retaining needling, retaining needling, moxibustion, or massage
- Specific acupuncture points for paediatrics: sifeng
- Explaining procedures and obtaining informed parental consent
- Ethical issues in treating children

#### TCM paediatric treatment

- Respiratory disorders: cough, asthma, common cold/flu, tonsillitis, pneumonia, pertussis
- Digestive disorders: vomiting, diarrhoea, abdominal pain, gan (infantile nutritional impairment), ji (accumulation disorder), constipation
- Genitourinary disorders: nocturnal enuresis, urinary tract infection
- Neurological disorders: infantile convulsions, infantile paralysis
- Learning disabilities: hyperactivity, sleep disturbance
- Dermatological disorders: eczema
- Contagious diseases: mumps, measles, pertussis (may be covered under respiratory disorders)
- Five sensory orifices disorders: myopia, strabismus, glue ear, tonsillitis (may be covered under respiratory disorders), oral thrush, mouth ulcers, teething

#### TCM paediatric acupuncture research



# Appendix D.3

## Categories of individual herbs and herbal formulae: sample of content for Chinese herbal medicine principles and practices

### Individual herbs

Categories of the herbs studies in the following categories should cover the herbs' source, flavour and nature, channel routes, functions, key indications and contraindications, normal dosages and administration. For some toxic herbs, their toxicity and poisoning prevention should be indicated.

- External dispersing herbs
- Heat-clearing herbs
- Purgative herbs
- Aromatic herbs for dissolving Dampness
- Wind-damp dispelling herbs
- Herbs for removing Dampness and promoting diuresis
- Herbs for dissolving phlegm, relieving cough and wheezing
- Interior warming herbs
- Qi-regulating herbs
- Herbs for promoting digestion
- Herbs for expelling (or killing) parasites
- Haemostatic herbs
- Herbs for promoting blood circulation and removing blood stasis
- Shen-calming herbs
- Herbs for calming Liver Wind
- Herbs for inducing resuscitation
- Herbs for reinforcing deficiency
- Astringent herbs
- Herbs for external use

### Herbal formulae

Categories of the herbal formulae studies in the following categories should cover ingredients, functions, clinical applications, cautions and contraindications, and modifications according to signs and symptoms.

- External dispersing formulae
- Heat-clearing formulae
- Purgative formulae
- Formulae for regulating the functions of the organs
- Interior warming formulae
- Formulae for reinforcing the deficiency
- Shen-calming formulae
- Formulae for inducing resuscitation
- Astringent formulae
- Qi-regulating formulae
- Blood-clearing formulae
- Wind-eliminating formulae
- Dryness-eliminating formulae
- Dampness-eliminating formulae
- Phlegm-eliminating formulae
- Formulae for promoting and removing accumulation
- Formulae for expelling (or killing) parasites
- Formulae for external use

### Classical herbal formulae

Studies in the following classical herbal formulae should cover their original meaning,

- ingredients, functions, clinical applications, cautions and contraindications, and modifications according to the diagnosis and treatment.
  - Formulae in the *Treatise on Cold Injuries (Shang Han Lun)*
    - Tai Yang disease and the formulae
    - Yang Ming disease and the formulae
    - Tai Yin disease and the formulae
    - Shao Yin disease and the formulae
    - Jue Yin disease and the formulae
  - Formulae in the *Synopsis of the Golden Chamber (Jin Hui Yao Lun)*
    - Internal diseases and the formulae
    - External diseases and the formulae
    - Gynaecology and obstetrics and the formulae
  - Formulae in the *Study of Warm Diseases (Wen Bing Xue)*
    - Formulae for Wei Stage
    - Formulae for Qi Stage
    - Formulae for Ying Stage
    - Formulae for Xue Stage



## Appendix D.4

### Physical resources: typical requirements for course providers

#### Extract from

p. 6 in

Draft Working Guidelines: Minimum Criteria for All Bachelor Degree Programs in Acupuncture or Chinese Herbal Medicine, Office of Higher Education, Department of Education, Queensland, February 1998

#### Clinical training facilities

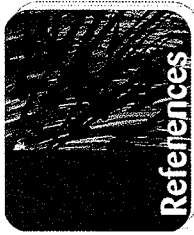
... [Clinical training facilities should be of a standard consistent with best practice in the relevant profession.

Minimal requirements ... include facilities that meet the requirements of the Skin Penetration Regulations 1987 associated with any clinical examination of patients. Acupuncture clinics should comply with the Infection Control Guidelines for Acupuncture published by the Australian Acupuncture Association Ltd [now the Australian Acupuncture and Chinese Medicine Association Ltd].

Facilities should be comparable to clinical facilities of this nature in allied health courses at degree level in the Australian higher education system.

Herbal dispensary facilities must be supervised and be to an adequate standard of size, safety, and security.

Applicants are invited, within the confines of ethical behaviour, to consider the use of closed circuit video cameras and one-way mirrors for group student observations and student supervision, as well as recording of diagnostic and clinical treatment by students, to be evaluated by supervisors on completion of the clinical session.



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Henry Liang, Sydney Institute of Traditional Chinese Medicine	Appendices C.2, D.3
John McDonald, Australian College of Natural Medicine	Appendices A.3, A.6, B.4, C.1, D.2
Carole Rogers, University of Technology Sydney	Appendix B.7
Kerry Watson, Victoria University of Technology	Appendix B.5
Chris Zaslowski, University of Technology Sydney	Appendices C.3, C.4

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Ministerial Advisory Committee, Department of Human Services, Victoria	<i>Traditional Chinese Medicine: Report on Options for Regulation of Practitioners</i> , July 1998, pp. xiii-xx
Office of Higher Education, Queensland	<i>Draft Working Guidelines: Minimum Criteria for All Bachelor Degree Programs in Acupuncture or Chinese Herbal Medicine</i> . Queensland Office of Higher Education, February 1998
Australian Qualifications Framework Advisory Board to MCEETYA	<i>Australian Qualifications Framework: Implementation Handbook</i> , 2nd edition, 1998, pp. 8-9, 46, 47, 50, 51, 53, 55
Australian College of Natural Medicine	<i>Bachelor of Health Science (Acupuncture)</i> , Submission to the Queensland Office of Higher Education, 1998
University of Western Sydney Macarthur	<i>Towards a Safer Choice: The Practice of Traditional Chinese Medicine in Australia</i> . Alan Bensoussan and Stephen P Myers, November 1996, p. 175

**The standards outlined in these guidelines have been developed by the TCM profession in Australia under the auspices of the National Academic Standards Committee for TCM (NASC). Meetings and consultations were held during a three-year period to ensure that the standards represent a clear statement from the TCM profession on the minimum educational requirements for graduates.**

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