

MEDICAL ACUPUNCTURE – Clinical Audit Guidelines

Please follow general guidelines for clinical audit as per the RACGP instructions.

A clinical audit can be done by a single GP or a small group of medical acupuncturists and may be done for any disease/condition that has recognised research evidence for acupuncture benefit.

EXAMPLE 1

Acupuncture in Headache or Migraine using Brief Pain Inventory (BPI).

1. Needs Assessment

Pre-reading: Identify current research evidence for acupuncture in chronic headache or migraine (not older than 10 years), including Cochrane review 2016.

Review your usual treatment for chronic headaches and choice of acupuncture points.

Learning needs:

To formally measure the impact of acupuncture in patients with headaches using a standard outcomes measure – BPI.

To apply this measurement in assessing clinical outcomes.

2. Learning outcomes

- Identify current research evidence for acupuncture treatment of headaches and migraines
- Select five patients with chronic headaches or migraines who would benefit from acupuncture
- Implement Brief Pain Inventory testing tool pre and post treatment
- Recognize and report any effects of acupuncture and outcomes for each patient

4. Methodology

Select 5 suitable patients.

Apply Informed consent to acupuncture treatment.

Ensure confidentiality of all collected data.

Perform baseline BPI.

Treat at least x 5 (*5-10 times*) with clinically appropriate point selection, at suitable intervals.

Repeat BPI in the end of the sessions.

Monitor progress, evaluate changes: a shift of two or more spaces to the left on the BPI scale is deemed significant.

Write final report identifying patient outcomes and submit record of participation.

Why is this important: review of clinical practice in headache or migraine using standard outcome measures is consistent with current best practice. In addition, as pain brings distress, use of these tools facilitates diagnosis and treatment of comorbid psychological problems. Reduced prescribing could be a secondary outcome.

EXAMPLE 2

Acupuncture in Low Back Pain (LBP) using Brief Pain Inventory (BPI).

1. Needs assessment

Pre-reading: Identify current research evidence for acupuncture in LBP (not older than 10 years).

Review your usual choice of acupuncture points and treatment for LBP.

Learning needs:

To formally measure the impact of acupuncture in patients with LBP using a standard outcomes measure-BPI.

To apply this measurement in assessing clinical outcomes.

2. Learning outcomes

- Identify current research evidence for acupuncture treatment of LBP
- Select five patients with chronic LBP who would benefit from acupuncture
- Implement Brief Pain Inventory testing tool pre and post treatment
- Recognize and report any effects of acupuncture and outcomes for each patient

4. Methodology

Select 5 suitable patients.

Apply Informed consent to acupuncture treatment.

Ensure confidentiality of all collected data.

Perform baseline BPI.

Treat at least x 5 (*5-10 times*) with clinically appropriate point selection, at suitable intervals.

Repeat BPI in the end of the sessions.

Monitor progress, evaluate changes: a shift of two or more spaces to the left on the BPI scale is deemed significant.

Write final report identifying patient outcomes and submit record of participation.

Why is this important: review of clinical practice in LBP using standard outcomes measures is consistent with current best practice. In addition, as pain brings distress, use of these tools facilitates diagnosis and treatment of comorbid psychological problems. Reduced prescribing could be a secondary outcome.

EXAMPLE 3

Acupuncture treatment for anxiety – using K10 test

1. Needs assessment

Pre-reading: Identify current research evidence for acupuncture in anxiety (not older than 10 years).

Review your usual choice of acupuncture points and treatment for anxiety.

Learning needs:

To formally measure the impact of acupuncture in patients with anxiety using a standard outcomes measure- K10 test.

To apply this measurement in assessing clinical outcomes.

K10 is available in clinical software and may be included in patient's file. Scoring is from 10-50.

Scores of 30 or above are highly predictive of DSM disorder (anxiety or depression).

Consider the assessment of sleep changes with treatment using the sleep assessment tool.

2. Learning outcomes

- Identify current research evidence for acupuncture treatment of anxiety
- Select five patients with chronic anxiety who would benefit from acupuncture
- Implement K10 testing tool pre and post treatment
- Recognize and report any effects of acupuncture and outcomes for each patient

4. Methodology

Select 5 suitable patients.

Apply Informed consent to acupuncture treatment.

Ensure confidentiality of all collected data.

Perform baseline K10 (+/- sleep assessment tool).

Treat x 5 (5-10) with clinically appropriate points selection, at suitable intervals.

Repeat K10 (+/- sleep assessment tool) at the end of the sessions.

Compare improvement: reduced score of 3 or more on the K10 scale is deemed significant.

Monitor progress, evaluate changes, write final report identifying patient outcomes and submit record of participation.

Why is this important: review of clinical practice in anxiety using standard outcomes measures is consistent with current best practice. In addition, as many patients have adverse effects to medication, reduced prescribing could be a secondary outcome.