

***HOW TO APPLY 5 ELEMENT TREATMENT PRINCIPLES
TO A MULTIBED CLINIC SETTING***

ABSTRACT

A qualitative study was undertaken to look at the processes and experiences around using Five Element acupuncture in the multibed clinic. Qualitative data was gathered from ten participants. The data highlighted eight key concerns that participants raised about practising Five Element acupuncture in the multibed clinic setting. In a series of semi-structured interviews with Five Element practitioners already practising in multibed clinics, responses about each of the eight concerns were gathered. The outcomes from the interviews allay the concerns expressed by the ten participants. The multibed clinic seems to be a setting that can be adapted to suit the needs of the individual practitioner and their style of acupuncture. Practitioners have the scope to choose how to apply Five Element treatment principles in the multibed clinic. Further research would be useful to provide more in-depth insights into the experiences of practitioners working in the setting.

KEYWORDS

Five Element acupuncture; Multibed clinic; Semi-structured interviews; Qualitative research; The Dragon Acupuncture Project; Association of Community and Multibed Acupuncture Clinics.

INTRODUCTION

The last ten years has seen a growing number of acupuncturists choosing to set up multibed acupuncture clinics. One of the first non-PCT funded multibed clinics to set up was The Dragon Acupuncture Project in 2003. Charlie Stone, founder and director of ACMAC (Association of Community and Multibed Acupuncture Clinics) reports that the numbers of multibed clinics opening in the UK saw a significant increase last year in 2009. With this in mind, one could arguably present a case that the multibed clinic has a secure place within the profession as a workable model for acupuncture in the UK.

Studying Five Element acupuncture at The College of Traditional Acupuncture (CTA) in Warwick, my motivation for this research project was to explore the multibed clinic in the context of Five Element acupuncture. This project looks at the practical application of Five Element treatment principles in the multibed setting. It aims to provide Five Element practitioners with information on the experiences of other Five Element trained practitioners who have experience working within multibeds. It also sets out to examine whether working in a multibed clinic is a viable treatment setting for Five Element acupuncture.

RESEARCH METHODOLOGY

Definitions

- *A multibed clinic* is a setting where acupuncture treatments are carried out in an open room with several beds often divided by screens. It enables acupuncturists to treat several patients simultaneously.

The Resource Methods

The resource methods used in the research included a literature review and formal and informal data gathering from students and practitioners, E-mail feedback from final year students at CTA and experienced Five Element practitioners, and interviews with Five Element practitioners.

The list below summarises the aims & objectives of the four stages of the research:

1. Carried out a literature search to determine if there existed any information on using different acupuncture approaches in this context.
2. Gathered informal qualitative data from ten participants about what concerns they might have about working in a multibed clinic setting. Extrapolated the main concerns that were highlighted from the responses and used the information to formulate interview questions.
3. Interviewed five Five Element practitioners who are/have experienced working in multibed practices and asked them a series of interview questions based on stage 2.
4. Analysed the data with regards to the identified themes. Drew the information together into a series of accounts.

LITERATURE REVIEW

Having carried out a search of the literature the research available on the multibed clinic seems limited. The research tends to be exploratory, and the questions being asked tend to emphasise moving towards a clear definition of a multibed acupuncture clinic (Potter:2008). The current research examines the patient experience and identifies key features of patient experiences of having acupuncture in a multibed clinic. Stone (2006) identifies affordability, confidentiality, privacy and de-stigmatisation of illness as key factors determining patient experience.

In the US a pioneer of 'Working Class Acupuncture' Lisa Roehleder has written two visionary books on integrating acupuncture into the American healthcare system. While reading Roehleder's experiences offered insight into breaking down class barriers and making acupuncture more accessible to all, overall it was not relevant for this project.

The literature that was useful for this project was a DVD of the seminar *Multibed clinic: How and Why? (July 2009)*. Watching this provided an opportunity to hear guest speakers including Peter Deadman, John Tindell founder of The Gateway clinic, Nik Tilling and Calum Thomson, co-founders of The Dragon Acupuncture Project in Brighton. See *Appendix II* for summaries of the key points made by some of the guest speakers.

Also of use was Alex Wood's documentation of her experiences setting up The Swansea Acupuncture Project, another multibed clinic. Wood (2007) a practitioner

who trained in Five Element acupuncture on Reading's integrated course highlights a number of useful key points:

- To make a clear diagnosis when working in a multibed clinic it is important to work at your own speed.
- A multibed clinic can be set up to suit the needs of the practitioners working in the space. Particularly in the early days it would be more viable to structure more time in between each patient, this would enable practitioners to get used to working in space and also time to develop a faster pace of diagnosis.
- Setting up a multibed clinic has expanded both her wallet and her clinical experience.
- Alex Wood (2007) highlights that some patients would never chose to have acupuncture in this setting, while a few patients being seen privately may flow over to the multibed setting, the majority continue to be seen privately.

For this project I was interested in finding out more about the application of Five Element acupuncture in the multibed clinic setting. For example could tonification needle technique be used as the primary needle technique? The literature only goes so far as to suggest that the multibed model lends itself to retention, with practitioners leaving needles in for up to 20 minutes (Stone:2006). With a number of questions such as this one left unanswered unfortunately none of the research was able to help fully answer my research question.

***WHAT CONCERNS WORKING IN A MULTIBED CLINIC RAISES FOR CTA
STUDENTS AND FIVE ELEMENT PRACTITIONERS***

The second stage of the primary research involved informal data gathering from final year students and experienced Five Element practitioners regarding any concerns that they may have about working in the multibed setting. Eight key concerns were identified:

- 1.** Compromised confidentiality and privacy of the patient.
- 2.** Being less able to carry out CSOE diagnosis within this setting.
- 3.** Is it a financially viable option for practitioners?
- 4.** Would a multibed clinic deflect patients away from a practitioners existing private practice.
- 5.** Time management. Unlike TCM, Five Element acupuncturists rarely retain needles, how then will it be possible to split your time and treat three patients an hour? Four of the students raised concerns that as new practitioners their diagnostic skills would not be quick enough to work within a multibed. Looking out for the CF requires attention to the subtle clues of pathology, not just the symptoms. Student practitioners expressed that while experienced Five Element practitioners may work well in this setting, whether it would be suitable for a new graduate was questionable.
- 6.** Loss of rapport. Some practitioners felt that as new practitioners, they rely on building rapport with patients. They raised concerns that in a multibed there would perhaps be less opportunity to build rapport.
- 7.** The vulnerability of patients to other patients who may be being treated in the space.
- 8.** As a practitioner, how to manage your energy in the space.

THE INTERVIEWS WITH FIVE ELEMENT PRACTITIONERS**WORKING WITHIN MULTIBED CLINICS**

The third stage of the primary research involved conducting five interviews with Five Element practitioners. The following section presents the responses from these practitioners to the eight main concerns highlighted in section two. See *Appendix III* for list of interview questions.

1. How do you manage patient confidentiality and privacy?

AP, CS and MM said that if a patient needs to discuss matters that are confidential then there is a private space available to use as and when. *MB and CT* had highlighted that from experience, having a private space was key when working in a multibed clinic. *CT* said that the space is often bustling and therefore when speaking quietly, privacy can be maintained within a multibed clinic. As a practitioner working in the space it is the practitioner's responsibility to remind patients of the openness of the space should they begin to discuss very personal issues. *CT* reiterated while a degree of confidentiality and privacy can be maintained part of the benefit of the multibed clinic is that it lowers the stigma attached to illness and encourages people to be more open about their health and healing. One of the benefits of being treated in the multibed clinic is that patients can get a sense that they are not alone with their illness. Also advice being offered to others by the practitioners may resonate equally within them selves.

2. How do you find working with Colour Sound Odour and Emotion (CSOE) in the space?

MB commented that in his experience working in a multibed, the most challenging part of CSOE diagnosis is gauging patients' Odour. Working in a space where so many other smells are present means that gauging a patient's individual odour becomes very difficult. The other three aspects of CSOE, Colour, Sound and Emotion, MB felt were less affected by the multibed clinic setting. AP did not seem to feel that the multibed setting impacted on ability to diagnose using CSOE. Both CS and CT commented how in the multibed setting 'emotion testing' they felt was inappropriate. It is perhaps more important in multibed settings that the practitioner conveys integrity, as other patients can listen to what you say while they lie down on the couches. If the practitioner keeps entering into different emotional spaces that are not in line with their own nature, other patients being treated in the room may take a negative view of the practitioner. It was felt that it is better to invite the emotions in a way that is more passive. CT later highlighted that treating in a multibed setting invites just as much an emotional interaction as when treating in the one to one setting. All practitioners commented on the usefulness of observing how patients interact with others. This is something that practitioners do not often get a chance to observe in private practise. This offers almost another tool to help diagnosis.

3. Can multibeds be a financially viable option for practitioners to make money?

CT highlighted that at The Dragon Acupuncture Project he would see 3 patients every hour, each patient pays a minimum of £15 therefore he makes £45 the equivalent of one treatment fee in a private practise. Obviously keeping overheads as low as possible can be tricky but seeing approximately 50 patients each week, CT considers that in terms of revenue the multibed clinic is a viable option for practitioners to make money. CT advises practitioners who are considering working in multibed clinics to calculate how many patients they can expect to see an hour and then to divide that by the 'going rate' charged in private practise.

4. In your experience have you found that your private patients tend to move over into your multibed clinic?

MM and AP, who both practice in a multibed clinic and privately, felt that opening a multibed clinic had not had any negative impact on their private practises. AP said that having the multibed clinic helped her to avoid uncomfortable conversations that she may have previously had with patients who were unable to meet the full treatment fees to see her privately. AP added that it helps keep treatment charges clear, allows the practitioner to uphold going rate treatments fees while also having another option or alternative if issues of affordability arise for the patient. Both MM and AP said that in their experience most patients who come to see them privately do so because they prefer having treatment in a one to one space. Having treatment in a communal space would not be their personal preference therefore they would not see that having a multibed clinic available as an option that they would like to pursue.

5. How do you manage your time?

AP said that when she and her colleague Julie Reynolds had first started the multibed clinic, they were both running the clinic with three patients every hour. Soon they both realised that this was too tight a timeframe and therefore they both decided to extend patient times to every thirty minutes. This they have found to be much more workable. It allows for the unforeseen circumstances, if a patient is late or a patient requires a longer treatment. *CS's* response to this question was that you just get on with it. Similar to other multibed clinics like The Acupuncture Clinic in Hove, East Sussex, *CS's* clinic in Lewes operates on a drop in basis. *CS* reported getting a buzz when she is treating every twenty minutes or so. Working to a tighter time frame also prompts you to think on your feet and respond to the patients' needs in the moment. *CS* reports that for the practitioner it promotes treatments that are less led by the mind. *CT* added that when you are working in a multibed clinic you just keep moving because this is what you need to do. Having a receptionist is helpful but not essential for a multibed clinic to be successful.

5. Five Element acupuncture uses mainly tonification technique, does the multibed setting allow you to work in this way? If yes, please can you explain how this works for you? If not, how have you adapted your treatment approach?

Both *AP* and *CS* explained that since qualifying ten and three years ago respectively, how they practice has changed somewhat. *AP* said that although she tends to finish treatments on the Causative Factor (CF) and her overall approach is Five Element, she also uses other treatments. *AP* added that this applies to both her private and multibed practise, for example she tends to treat many patients for pain and commonly

uses Ashi points. Similar to **CS**, **AP** using Ashi points and treating pain retains needles often. **CS** made an interesting point about treating what she meets, **CS** said that it is common for patients to really want an excuse to lie down, being able to do so with needles in gave them this excuse, and therefore needle retention constituted an important part in meeting the patients needs. **CT** made similar comments. **CT** added that he used needle retention frequently, he works often with the 8 extraordinaries where needles are retained in points for up to 40 minutes. **CT** commented that if he did just use tonification needle technique in the space the treatment would become much more labour intensive and it would perhaps become more difficult to move from patient to patient. However **CT** did not see any reason why practitioners who did choose to use only tonification could not have patients lie on the couch for a few minutes between or after their treatment. **CT** saw no reason why patients would not understand that time might be needed for the treatment to settle.

6. What is your experience of building rapport with patients in a multi-bed clinic?

CS, **AP**, **CT** and **MM** all shared similar views that building rapport in the multibed setting was not a problem. **AP** said that contrary to what other practitioners might think, she had in fact found gaining rapport with patients easier in this context. The benefits include clear boundaries within the setting. This not only helps to avoid the idle 'chit chat' but helps make space to connect with the patients nonverbally. One of the students had voiced concerns that during her college clinical experience she had felt that treatment had often become as much a talking therapy as it had an acupuncture therapy. **AS** however highlighted that working in a multibed setting allows for rapport to be built without necessarily a significant amount of verbal communication. While practitioners working in multibed clinics tend to see a patient

privately for the first appointment and therefore can use this as an opportunity to build rapport, practitioners tended to consider that there is little difference between building rapport when seeing a patient one-to-one and seeing them in a multibed clinic setting. CT also drew attention to the value of patients seeing and hearing their practitioner build rapport with other patients in the room. Drawing from his experience CT considers that this can be enhancing for patient-practitioner rapport. And although CT did add that if an argument takes place between patient and practitioner in the space it can carry the potential to break rapport with other patients, CT concluded that the practitioner development and learning in how to navigate the 'emotional ice bergs' of clinical life is a great opportunity. CT also added that it is the practitioner's responsibility to manage the space and maintain a general quietness and calmness in the setting.

7. How do you maintain a calm and quiet environment where patients are not disturbed by other patients?

CT said that as the practitioner you must be aware of those patients who are pushing the boundaries of the space and disturbing other patients. Recognition that those patients having treatment can feel vulnerable should be given utmost thought and consideration. CS also highlighted that checking in with patients during their treatment and being sensitive to their needs can make up for any downfalls that patients might find within the multibed model. Empowering patients to feel comfortable to tell you if their experience of being in the space becomes uncomfortable is important. As in any acupuncture setting practitioner-patient rapport is very important.

8. How to you keep check on your own energy when treating in a multi-bed clinic?

CT firmly believes that having a daily practise is essential regardless of whether you have a private practise or are working in a multibed clinic. Having a practise that promotes Qi awareness, means that you become more aware of the situations and interactions that drain you. You develop a clearer understanding about what enhances your energy and what hinders it, CT commented that in his own experience as a practitioner it has helped him to develop a good understanding of his own energy, a sense of how he feels whether he is tired or energised. CT highlights the benefits of working alongside other practitioners as part of a team. Not only do you have other practitioners who look out for you and check in with you if they see you getting tired or have any concerns, but also other practitioners can assist in the treatments of patients who you may be finding draining. Additional tips, something practitioners at The Dragon Acupuncture Project find useful in neutralising and clearing oneself from patients was to wash hands with salt water. CT would also advise keeping your clinic clothes separate from you everyday clothes. CS highlighted that she finds practising in a multibed clinic much less draining than one to one practise, especially when treating more challenging patients in a multibed the practitioner has the indirect support from colleagues. What CS highlighted was that to remain energised by the environment that it was important to keep check of working relations. Ensuring that working relations are good within this setting is very important.

STRENGTHS AND WEAKNESSES

This is the one of the first pieces of research that focuses specifically on Five Element acupuncture treatment principles and the multibed clinic setting. For the interview questions were formulated based on the real concerns of practitioners. This added relevance to the research. As a piece of qualitative research using semi-structured interviews, the research yielded rich data on perceptions and experiences of practitioners working within the setting.

One of the weaknesses of the research was that it had not considered how a practitioner's practice evolves after qualifying. Out of the five interviewees only one practitioner kept her primary focus on using Five Element treatment principles in her practice. Although all interviewees considered them selves to be practising Five Element acupuncture, most had integrated other approaches, for example TCM pain relief treatments. In addition two of the practitioners interviewed had trained at The College of Integrated Chinese Medicine in Reading. In view that this research set out to specifically inform CTA trained practitioners it is important to acknowledge that this may have some bearing on the research validity.

DISCUSSION

The research suggests that there are no set rules governing how to set up and run a multibed clinic. It seems that practitioners do what suits them best, seeing patients every hour, operating 30-45 minute slots, or running clinics on a drop in basis can all work equally as well. How Five Element treatment principles are applied in the setting therefore varies depending on how the practitioner chooses to apply them.

The research indicated that the multibed setting offers greater potential to treat patients more frequently (Stone:2006). Niki Bilton recommends in *The Art of Crafting a Treatment* (2004:26) that in the early stages of Five Element treatment a patient may need to be seen three or four times in a short period. The more affordable treatment costs that tend to be charged in multibed clinics helps make this a more viable option for more patients. Treating patients based on their needs rather than affordability is likely to help in the delivery of Five Element treatment principles and cut down months of subsequent treatment.

Something that tutors have often reminded us of throughout studying has been to be as present as possible with the patient in their space. This is a key aim that as practitioners we are looking for when treating. It seems true that the multibed clinic may push us out of our comfort zone, however it can also encourage us away from relying on mind-led treatment plans that often tend to be formulaic and static. One interviewee commented that working in this context encourages practitioners to 'think on their feet' and be present in the space. Peter Deadman commented that the multibed clinic helps practitioners to develop more adept honing skills and intuitive diagnosis.

For future research it would be interesting to explore the multibed clinic as a context for learning. Hearing the recent news of CTA's closure and having doubts about how necessary a requirement it is for acupuncture to have degree status, raises the question could the multibed clinic provide a new platform for teaching? Potentially the multibed clinic could prove a suitable context and offer the student greater opportunity for clinical experience during training. One might create the opportunity to return the training of Five Element acupuncture more towards how it was taught by J.R Worsley with emphasis on sensory skills and clinical experience. Other lines of enquiry that this research opens are the effect of the open space of a multibed. Tutors have in previous classes indicated some therapeutic benefits from bringing groups of each CF together in one space. It would be interesting to see what could be done with this idea in the context of the multibed.

CONCLUSION

This qualitative study has informed Five Element practitioners who may be considering setting up a multibed clinic. The findings paint a positive picture. Responses from Five Element practitioners who are already practising in multibed clinics indicated that the concerns voiced by other practitioners were all manageable, even eased by working in the setting.

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