

Pathways to Healing

by Elaine Zablocki

Desk Reference Offers Clear View of CAM Professions

A recently published book offers all of us, for the first time, a clear view of the CAM professions: their skills, approaches to patient care, education and accreditation.

The Academic Consortium for Complementary and Alternative Health Care (ACCAHC) has developed the *Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions (CEDR)* in collaboration with the councils of colleges for the licensed CAM professions. It's primarily intended for people who are studying integrative medicine or one of the CAM disciplines. However, the book will also be extremely useful for current health practitioners who need to know more about each of the CAM disciplines, and for consumers who are evaluating their health-care choices. While we already have general impressions of the CAM professions, it's extremely helpful to have a reliable reference available whenever accurate details are needed.



Liza Goldblatt, PhD, MHA/PA,
consortium chair

The book offers a broad summary of essential information on each of the five licensed CAM professions: acupuncture and Oriental medicine, chiropractic, massage therapy, direct-entry midwifery, and naturopathic medicine. There are shorter sections on the emerging fields of Ayurvedic medicine, yoga therapy, homeopathy, holistic nursing, and holistic and integrative medicine.

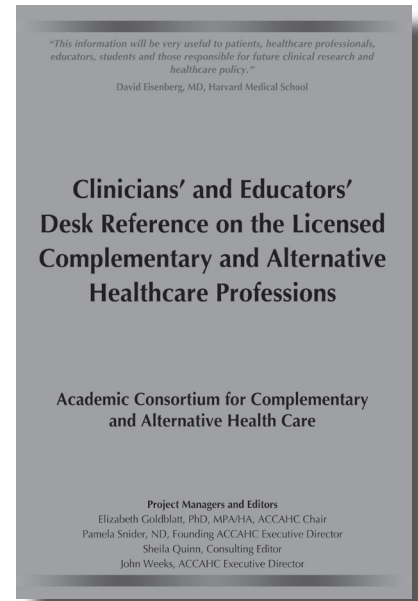
"We expect the *CEDR* will be a valuable resource for students, faculty, administrators, clinicians and researchers," says consortium chair Liza Goldblatt, PhD, MHA/PA. "We hope that health-care and medical colleges and universities will adopt it as a required textbook, so students now in training will start out with a much stronger knowledge base about the licensed health-care practitioners available in the USA."

The book offers a broad summary of essential

Each section was written by authors recommended by leading organizations affiliated with the relevant discipline. For each profession, the *CEDR* covers philosophy and mission, approaches to patient care, scope of practice, education, research, regulation and certification, and key challenges and opportunities for practitioners in this field.

"One of our top priorities in publishing this book is to make it available to every CAM student throughout their education, so they become familiar with the other professions," says ACCAHC assistant director Beth Rosenthal, MPH, MBA, PhD. "All health professionals need to know about training and scope of practice in order to refer to CAM providers in their community."

Even when evidence about the value of CAM services is published in top-flight medical journals, allopathic physicians may not be familiar with practitioners in their own community. For example, a recent article in the *New England Journal of Medicine* discussed the benefits of acupuncture for back pain. "A physician could read this article, and still not be sure where to refer his or her patients," says Adam Perlman, MD, MPH, chair of the department of primary care within the School of Health Related Professions at the University of Medicine and Dentistry of New Jersey. "Whether you're sending your patients to an acupuncturist or a neurologist, you still want to know the practitioner's reputation and skills in order to make an appropriate referral."



Beth Rosenthal, MPH, MBA, PhD



Adam Perlman, MD, MPH

However, “The reality is that our patients are now putting together their own health-care teams, including both CAM and conventional practitioners,” Goldblatt observes. “Practitioners are ethically responsible to know more about the other practitioners available in the US, for the benefit of their patients. Practitioners need to communicate with each other and ideally work collaboratively.”

Interprofessional Education

At the February 2009 Institute of Medicine conference, “Integrative Medicine and the Health of the Public,” Perlman spoke about the importance of interprofessional education, in which students from various health-care disciplines study side by side. “We need to educate our students about other professions and how to work together effectively, early in their training,” he said. “Often there is a disconnect: we educate our students in their silos, but when they get out into practice, they find they need to work in teams.”

Ideally, students should train together in both educational and clinical settings, and experience the mutual benefits of team-based practice, Perlman says. He works to promote the use of CAM disciplines in conventional settings, and may find himself talking with a nursing home administrator about the benefits of massage and mind-body medicine. “I emphasize that this will not only improve the residents’ health and quality of life, but also assist the nursing staff in challenging situations,” he says. “For example, when you have an agitated individual who is difficult and time-consuming, massage may help them calm down. Acupuncture may decrease a patient’s need for pain medications, thereby improving the person’s health, and also making them easier to manage from a nursing perspective.”

We also need ways for health-care professionals who are currently in practice to become more familiar with each other’s training and abilities. As the medical director of the Saint Barnabas Siegler Center for Integrative Medicine, Perlman has worked to develop opportunities for CAM professionals to interact with allopathic physicians. “We’ve sponsored lectures by CAM practitioners attended by both the general public and some members of the medical staff,” he says. “We’ve set up ‘meet and greet’ opportunities for CAM and allied health professionals as well as the medical staff.”

Perlman has some interesting comments for CAM professionals who are working within the larger health-care

system. “In general, care within the conventional system is extremely fragmented,” he notes. “Often the quality of care is not what it ideally should be, and fragmentation is one reason. While physicians write the orders in a hospital, they may have little direct communication with the nursing staff, the nutritionist, or the physical therapist who goes to the bedside every day.” His advice to complementary practitioners: “If the physician isn’t communicating with you directly, don’t take it personally. Quite frankly, communication tends to be limited throughout the system. While all providers are often very pressed for time, it is still important to make the effort to communicate directly when possible. We all owe that to our patients.”

Southern California University Pioneers Approach

At present, interprofessional education is an idea in transition from vision to reality. However, it’s been a reality for several years at the Southern California University of Health Sciences (SCUHS), in Whittier, California.

SCUHS starts from an exceptionally favorable position, since it includes a college of chiropractic, a college of acupuncture and Oriental medicine, and certificate programs in massage therapy and Ayurvedic medicine. “Our board of regents decided years ago that we would offer integrated education,” says Michael Sackett, DC, MS, DABCO, interim dean of the Los Angeles College of Chiropractic. “It’s important for both students and faculty to understand what each of the CAM professions does. The more you understand how someone else’s toolbox works, the better it is for your patient.”



Michael Sackett, DC, MS, DABCO

SCUHS offers a flexible curriculum. Some students study chiropractic, some study acupuncture and Oriental medicine, while some opt for a dual degree in both disciplines. For example, in fall 2010, the entering class will include about 75 students who plan to study chiropractic, 16 who plan to study acupuncture and Oriental medicine, and 28 who plan to study both.

The curriculum includes a number of core courses that everyone takes. Chiropractic and acupuncture students sit side by side in some of the basic science courses, as well as courses in public health and classes on how to take a history. In addition, all the disciplines participate jointly in student organizations and social events. “This means our students learn throughout their training how other disciplines analyze health issues. They become familiar with other disciplines’ vocabulary and their approaches to treatment,” Sackett says. “When our students are in practice, they will be prepared to make referrals to other professionals, and to



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work in collaborative teams." Hopefully, in coming years this model will become more widely available, as educators seek out opportunities for a variety of health professions to study and practice together.

Reference Valued in Academic Settings

People who are familiar with the CAM professions offer high praise for the *CEDR*. Larry and Barbara Dossey call it "a landmark achievement." Andrew Weil says it's "a great platform for developing collaborative relationships to serve our patients." David Eisenberg of Harvard Medical School says, "This information will be very useful to patients, health-care professionals, educators, students and those responsible for future clinical research and health-care policy."

While interprofessional education is an idea with enthusiastic supporters, it has not yet been broadly adapted in health-care curricula. One reason, of course, is that academic schedules are overstuffed with material that students must cover. At the same time, some innovative colleges and universities are already relying on the *CEDR* to prepare their students for team-based practice. It's a required text in the bachelor of professional studies program at New York Chiropractic College, and the master's degree program at Tri-State College of Acupuncture. It's required reading in the Northwestern Health Sciences University curriculum, while it's a graduation gift at Georgetown University's master of science in physiology CAM program.

A much larger number of colleges and universities are considering the *CEDR* for inclusion in their curricula. However, academic decisions require many consultations. Rosenthal has been calling CAM educational institutions, and sending them copies of the book. "The process is lengthy," she reports. "The book arrives on the president's desk and then it may take a couple of weeks to get to the academic dean. When the faculty has a meeting, this may not be the top item on their agenda."

However, Goldblatt isn't discouraged by this deliberative process. "I'm an academic, and I understand that the academic world often moves slowly," she says. "ACCAHC has received a great deal of positive feedback on the *CEDR* from both CAM and allopathic colleges. In addition, the *CEDR* is stimulating wonderful conversations among the various health-care practitioners and educators."

Resources

To order the *Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions*, go to <http://www.accahc.org/index.php>.

The Institute of Medicine Summit on Integrative Medicine and the Health of the Public, held February 2009, is available online in several formats:

- the 222-page workshop summary as a free PDF download:
<http://www.iom.edu/Reports/2009/Integrative-Medicine-Health-Public.aspx>.
- all of the presentations as audio-visual files:
<http://www.imsummitwebcast.org>.
- radio and TV interviews about the summit on the Bravewell Collaborative website:
http://www.bravewell.org/transforming_healthcare/national_summit.

Saint Barnabas Siegler Center for Integrative Medicine:
www.saintbarnabas.com/services/integrative/index.html.

Southern California University of Health Sciences:
http://www.scuhs.edu/about_us.aspx.

Elaine Zablocki has been a freelance health-care journalist for more than 20 years. She was the editor of *Alternative Medicine Business News* and *CHRF News Files*. She writes regularly for many health-care publications.

