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## Multidisciplinary Consortium of Integrative Practice Educators Responds to Integration Era with *Competencies for Optimal Practice in Integrated Environments*

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## Project Supports Educators, Students, Clinicians and Administrators toward Optimal Integration

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### DC, ND, LAc and Massage Educators Lead Effort

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Release available here: <http://accahc.org/images/accahc-coi-optimal-practice.pdf>

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Following a lengthy collaborative process involving academic leaders from 8 disciplines\*, the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) has endorsed what it calls the *Competencies for Optimal Practice in Integrated Environments*. ACCAHC is presently focused on aggregating and creating content to develop a rich web-portal, the *Center for Optimal Integration*, ([www.optimalintegration.org](http://www.optimalintegration.org)) to assist educators, practitioners and organizations of all types to move toward such competencies.

Mike Wiles, DC, MEd, Vice President and Provost at Minnesota-based Northwestern Health Sciences University, is among those leading the ACCAHC process. Wiles, co-chair of ACCAHC's Education Working Group, explains the importance of the initiative: "The era of integration is here. Yet the educational standards and clinical models of the licensed integrative healthcare disciplines are generally not emphasizing integrative models of care. These competencies focus us all on the current and future needs of providers."

The ACCAHC *Competencies* consist of 28 competency elements in 5 distinct fields:

- Healthcare policy
- Institutional healthcare culture and practice
- Interprofessional education
- Communication and interprofessional relationships, and
- Evidence-based health care and evidence-informed practice.

A multidisciplinary group of over 50 professionals from ACCAHC's Education Working Group, Clinical Care Working Group, Research Working Group, Council of Advisers, Board of Directors and member organizations participated in the multiple stages of the process that began in September 2009.

Marcia Prenguber, ND, is co-chair of the ACCAHC Clinical Working Group and director of integrative care for Indiana University Health Goshen, in Goshen, Indiana, where she also heads a residency program for naturopathic doctors. Prenguber, the past president of the Council on Naturopathic Medical Education, underscores that the focus is on “optimal” competencies rather than the minimal competencies in typical accreditation standards.

Prenguber states: “Our work on the *Competencies* is energized by the knowledge – which I see daily here in my health system – that creating optimal health care teams while at the same time honoring the diverse contributions of our practices amidst the challenges of healthcare delivery asks all of us to perform at our best. The document represents our identification of the kinds of knowledge, skills and attitudes that would do that.”

### **Next steps – toward a web portal**

ACCAHC executive committee member Jan Schwartz, MA, who also serves as Wiles’ co-chair of the Education Working Group, notes that ACCAHC’s Board has chosen as its central focus from 2010 forward the development and hosting of an extensive body of resources that will assist educators, students, clinicians and administrators toward bettering patient care through the identified competencies.

Schwartz, a massage therapist and Past-Chair of the Commission on Massage Therapy Accreditation, is also an online education specialist. She states: “We are developing plans and looking for the resources to create what will be an extraordinary web portal. We will have more to report on this soon.” The site, in development, will be called the *Center for Optimal Integration*.

Prenguber’s co-chair of the clinical group, Jason Wright, MS, LAc, Dean of the Finger Lakes School of Acupuncture and Oriental Medicine of the multidisciplinary New York Chiropractic College, clarifies that “these competencies are not about the skills of current graduates to provide quality clinical services – our practitioners are well trained for that in our accredited programs.”

Wright, a member of the executive committee of the Council of Colleges of Acupuncture and Oriental Medicine, explains: “Our work with the competencies and providing web-based resources is at the heart of ACCAHC’s mission. This work supports our ongoing commitment to promote mutual understanding, collaborative activities, interdisciplinary health care education, and the delivery of optimal patient care.”

ACCAHC urges any institutions and organizations that share this mission to post, circulate and publish the competencies to their educators, students, clinicians and administrators. (Contact [jweeks@accahc.org](mailto:jweeks@accahc.org) for a separate PDF and introduction.)

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**\*About the Academic Consortium for Complementary and Alternative Health Care (ACCAHC):** ACCAHC is a 501c3 organization the mission of which is to enhance patient care through fostering mutual respect and understanding among diverse healthcare professionals and disciplines. ACCAHC’s basic work is funded 2/3 through philanthropic contributions and publications, with the remaining third from dues of core members: councils of colleges, accrediting agencies and certification and testing organizations from the 5 complementary healthcare professions with a US Department of Education-recognized accrediting body (DC, ND, AOM, massage therapy, direct-entry midwifery) plus some traditional world medicines and emerging professions that are engaging self-regulatory actions (Yoga therapy, Ayurvedic medicine, yoga teaching, homeopathic medicine). [www.accahc.org](http://www.accahc.org)



# Competencies for Optimal Practice in Integrated Environments

Development initiated: September 2009  
Approved by the ACCAHC Board of Directors: August 17, 2010

**Preamble:** *Skills in team care are essential for all healthcare practitioners. Knowledge of other health care systems and the practices of colleagues in other fields provides a necessary beginning. Inter- and intra-professional education (IPE) that occurs in classes, clinics and research projects, for health care students and faculty, enhance the ability to collaborate. For members of the licensed integrative practice disciplines, education in these areas gains importance as patients form their own teams and as health systems open their doors to practice opportunities in interdisciplinary, inpatient and outpatient environments. These competencies and related knowledge areas are guides for collaborative efforts toward better patient care through enhancing mutual respect and understanding across healthcare professions. This document, which assumes that all practitioners are equipped with their own, discipline-specific clinical competencies, is meant to serve as a resource to all parties to these emerging healthcare teams.*

## **Healthcare Policy**

Describe policy issues, structures, emerging clinical and economic models, and other factors that may impact clinical and financial decisions; discuss how cost, compensation models and incentive structures influence care decisions; summarize recent history of integrated care, including varieties of integrated care models; describe best practices, opportunities and challenges.

## **Institutional Healthcare Culture and Practice**

Explain inpatient and outpatient health system accreditation standards and protocols; describe authority structures and decision processes; explain credentialing and privileging mechanisms; identify and discuss liability issues; contrast provider payment models; describe the clinical services and processes of care for other disciplines in a facility; identify and apply common medical terminology; appraise a medical record; select appropriate medical codes; define relevant short-hand and abbreviations; evaluate standard charting and documentation in both paper and electronic medical record formats.

## **Inter-Professional Education (IPE)**

Describe the various health care systems in common practice including both conventional and the licensed complementary and alternative healthcare fields, as well as the emerging fields and traditional world medicines; discuss the emphasis each places on disease prevention, wellness and the therapeutic strategies engaged for health creation.

## **Communication and Inter-professional Relationships**

Discuss concepts of one's own discipline in terms appropriate for administrators and practitioners in other disciplines; role-play strategies useful for building appropriate consultation, referral and co-management relationships; identify decision processes in complex institutions; demonstrate public speaking and presentation skills to represent your discipline and practice to larger groups; produce written and presentation materials suitable for both consumer and professional audiences; identify leadership strategies useful in fostering institutional change; and integrate the knowledge, skills and values described in the practitioner-to-practitioner section of *Health Professions Education and Relationship-Centered Care* (Pew Health Commission, 1994, page 36; attached).

## **Evidence-based Health Care and Evidence-informed Practice**

Discuss basic research principles and methodologies within the context of both clinical and mechanistic research; evaluate research; explain the role of scientific evidence in healthcare in the context of practitioner experience and patient preferences and apply evidence-informed decision making; describe and discuss the research base within one's own discipline; relate contemporary issues in integrative practice research, including those relative to measuring whole practices, whole systems and health outcomes; identify and appraise the positive and negative interactions and contraindications for one's own modalities and agents; and identify standard research methods and tools appropriate for assessing one's field in a clinical setting.

## Practitioner to Practitioner Relationships in Relationship-Centered Care

From *Health Professions Education and Relationship-Centered Care*  
Tresolini C.P. and the Pew-Fetzer Task Force. San Francisco, CA:  
Pew Health Professions Commission.1994; p.36.  
<http://rccswmi.org/uploads/PewFetzerRCCreport.pdf>

Area	Knowledge	Skills	Values
<b>Self awareness</b>	<ul style="list-style-type: none"> <li>• Knowledge of self</li> </ul>	<ul style="list-style-type: none"> <li>• Reflect on self and needs</li> <li>• Learn continuously</li> </ul>	<ul style="list-style-type: none"> <li>• Importance of self-awareness</li> </ul>
<b>Traditions of knowledge in health professions</b>	<ul style="list-style-type: none"> <li>• Healing approaches of various professions and across cultures</li> <li>• Historical power inequities across professions</li> </ul>	<ul style="list-style-type: none"> <li>• Derive meaning from others' work</li> <li>• Learn from experience in a healing community</li> </ul>	<ul style="list-style-type: none"> <li>• Affirmation and value of diversity</li> </ul>
<b>Building teams and communities</b>	<ul style="list-style-type: none"> <li>• Perspectives on team building from the social sciences</li> </ul>	<ul style="list-style-type: none"> <li>• Communicate effectively</li> <li>• Listen openly</li> <li>• Learn cooperatively</li> </ul>	<ul style="list-style-type: none"> <li>• Affirmation of mission</li> <li>• Affirmation of diversity</li> </ul>
<b>Working dynamics of teams and communities</b>	<ul style="list-style-type: none"> <li>• Perspectives on team dynamics from the social sciences</li> </ul>	<ul style="list-style-type: none"> <li>• Share responsibility responsibly</li> <li>• Collaborate with others</li> <li>• Work cooperatively</li> <li>• Resolve conflicts</li> </ul>	<ul style="list-style-type: none"> <li>• Openness to others' ideas</li> <li>• Humility</li> <li>• Mutual trust, empathy, support</li> <li>• Capacity for grace</li> </ul>