Survey of Licensed Acupuncturists to Gather Information on Competencies for Practice in Hospitals, Integrated Centers and Other Conventional Healthcare Settings

Produced by the:
National Education Dialogue to Advance Integrated Health Care
Academic Consortium for Complementary and Alternative Health Care

For the:
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Abstract: An increasing number of licensed practitioners of acupuncture and Oriental medicine (AOM) are working in environments where overall clinical decision-making is dominated by medical doctors. These include integrative medicine clinics, hospitals and community health centers. *Survey*: This survey and interview process was engaged to explore the competencies of AOM practitioners which best support their playing an optimal role in patient care in these settings. A three page survey was developed with reviews from two multi-disciplinary teams. Survey sections focuses on identifying useful training and quantifying the importance of a set of 25 topics in a session to prepare AOM practitioners. *Participants*: Forty-five (45) experienced practitioners were identified and emailed the survey; 26 (58%) participated, most of whose practice was entirely or principally in outpatient settings. Of these, 19 (76%) participated in a follow-up telephone interview. *Findings*: Preparation and resources were found to be uneven and often sketchy with a minority of participants noting valuable preparation in any of six different areas. Skills deemed to be "very important" by the greatest number of participants were the "recognition of high priority acute management clinical presentations" (76%), "useful medical language/medical terminology" (69%), "communication with MDs/nurses and other providers" (69%) and "skills in articulating to the MDs/staff the value I offer patients" (65%). Interviews yielded a useful perspective, especially among those clinicians who are also AOM educators, about the extent to which today's AOM education according to current accreditation standard already prepares students for integrated practice. *Conclusion*: Written, web-based materials or review courses for those entering, or seeking to enter, integrated practice environment would be useful tools for those with this clinical interest. The survey was carried out through the National Education Dialogue to Advance Integrated Health Care and the Academic Consortium for Complementary Health Care. The project was supported by a grant from the National Certification Commission for Acupuncture and Oriental Medicine.

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Introduction

An increasing number of licensed practitioners of acupuncture and Oriental medicine (AOM) are working in environments where overall clinical decision-making is dominated by medical doctors. These include outpatient integrative medicine clinics associated with academic health centers, health systems and community health institutions as well as, to a lesser extent, inpatient care in hospitals.

Facilitating the *optimal* role for complementary and alternative health care practitioners in patient care in such settings is an evolving challenge. The specific competencies which support optimal participation may be unknown to, or under-developed in, licensed AOM practitioners who are interested in engaging the challenges of practicing in these facilities. Educators interested in providing useful services which facilitate this integration may not know how to best shape their programs.

This survey project was developed with the goal of gleaning information from AOM practitioners who are experienced in these settings. The project sought to identify the types of competencies and tools which will best prepare other AOM professionals for making the most of these integrated care opportunities.

Project Leaders and Sponsors

This project was carried out through the National Education Dialogue to Advance Integrated Health Care: Creating Common Ground (NED) in concert with the Academic Consortium for Complementary and Alternative Health Care (ACCAHC). Both are initiatives developed by the multi-disciplinary Integrated Healthcare Policy Consortium (IHPC) (www.ihpc.info) .

NED and ACCAHC share a common vision which includes the following statement: *We envision a health care system that is multi-disciplinary and enhances competence, mutual respect and collaboration across all CAM and conventional health care disciplines.* Priorities for NED efforts were set at a national NED gathering of 70 educators from 12 distinct disciplines. One on the nine priorities is to "develop an outline of skills and attitudes appropriate for those involved in collaborative integrated health care." A second is to "create collaboratively-developed educational resources to prepare students and practitioners to practice in integrated clinical settings." (NED Progress Report, 2004-2005)

This project was engaged to fulfill on these priorities. The project was supported by funds granted from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM).

Selection of the AOM Clinicians

Individuals who were surveyed were all licensed acupuncturists who are practicing in integrated health environments. A subset was identified through queries to the leaders of NED and ACCAHC on their regular conference calls. Others were located through direct contact with various hospitals and educational centers. The search focused on AOM schools which offer the Doctor of Acupuncture and Oriental Medicine (DAOM) degree and academic health centers with integrative clinics which are members of the Consortium of Academic Health Centers for Integrative Medicine (http://www.imconsortium.org/). A third subset was selected by project director Weeks based on his knowledge of health system integration initiatives gained through his work as the publisher-editor of the *Integrator Blog News & Reports* (www.theintegratorblog.com).

Survey Development and Interview Process

The survey was developed through a multi-disciplinary process which grew out of themes discovered in prior work of the multi-disciplinary NED and ACCAHC teams. The

instrument was reviewed by representatives of NED, ACCAHC and NCCAOM and the survey was administered through e-mail. Non-responders were e-mailed a second and a third time to increase participation.

The instrument had three fields. The first focused on the respondent's background, the second on specialized training they have had in the field, and the third on quantifying the level of importance of a set of competencies.

Interviewees were selected through a field in the survey which asked for their phone number for a follow-up interview. Each who was reached was typically interviewed within two weeks of filling out the survey. Interviews varied in length from 20 to 75 minutes. The survey was informally structured around the importance the participant placed on specific competencies, or comments made in their survey form. Participants were given the opportunity to comment on their view of the value of the project itself. The survey and interviews were engaged in October and November of 2006.

Findings

The findings of the project first look at the survey outcomes and subsequently (Part IV, below) at the gleanings from the interviews.

Part I: Background of the Survey Participants

The participants have clinical experience in 27 separate integrated care institutions. (Table 1.) Nearly three-fourths (73%) had over 3 years of experience in these settings, with 8 (31%) noting more than five years. Only 4 (15%) were in their first year in the integrated setting. (Table 2)

Of the group, 13 (50%) had some affiliation with an AOM school. (Table 3) Nearly as many, 12 (46%) noted an affiliation with conventional medical education . (Table 4) Of the set, 21 (81%) are certified by NCCAOM in acupuncture and 5 (19%) in Oriental medicine. One was also a licensed naturopathic doctor.

Part II: Specialized Training and Useful Resources

Only a minority of respondents responded affirmatively in any of the six categories which explored any specialized training that they may have received to prepare them for their work in integrated settings. (Table 5) Those responding in the affirmative typically provided information on the kinds of training which were helpful.

- *From the hospital or clinic* Of respondents, 9 (36%) recalled useful content from the sponsoring system. Examples included basic new practitioners briefings on policies and procedures (including OSHA), learning the computer and medical records systems and training on research protocols. Few noted specific training related to the integrative environment. Where provided, inter-active sessions and speaking engagements with conventional practitioners were deemed to be most helpful.

Table 1: Locations of Practices

Location
Daniel Freeman (Marina)
Daniel Freeman (Inglewood)
Good Samaritan, LA
One Sky Medicine
One Sky Wellness Associates
Community Health Centers of King County
Shore Health System's Center for Integrative Medicine
University of Maryland Integrative Medicine
Harborview Medical Center
Sojourns Community Health Clinic
Heartspring Wellness Center, Good Samaritan Regional Medical Center
Venice Family Clinic
Beth Israel Medical Center's Continuum Center for Health and Healing
Eleven Eleven Wellness Center
University of Arizona Campus Health Services
Canyon Ranch Health Resort, Medical Department
Highline Hospital
Cedars Sinai Medical Center
Center for Integrative Medicine, George Wash. University
Palmetto Baptist Medical Center
Athens Regional Medical Center
Oregon Health Sciences University
Heartspring Wellness Center (Samaritan Health Services)
Walter Reed Army Medical Center
Banner Estrella Medical Center
Kaiser Permanente, Northern California
University of Arizona Medical Center

Table 2: Experience in the Integrated Center/Hospital

Duration	0-12 mo.	13-2yr	3-5 yr	>5 years
Total	4 (15%)	3 (12%)	11 (42%)	8 (31%)

Table 3: AOM School Affiliation

School
Academy of Oriental Medicine at Austin
Bastyr University (3 respondents)
Tai Sophia Institute
Emperors College
Tri-State College of Acupuncture (2 respondents)
Anglo-Dutch Institute of Oriental Medicine
Asian Institute of Medical Studies
Oregon College of Oriental Medicine
Phoenix Institute of Herbal Medicine & Acupuncture
Tucson program, not specifically named

Table 4: Med School Affiliation

School
University of Maryland
Baltimore VA Hospital
University of Washington (2 respondents)
UCLA (2 respondents)
Albert Einstein Medical College/Beth Israel Medical Center (2 respondents)
Cedars-Sinai Medical Center (UCLA)
George Washington University Med Center
Oregon Health Sciences University
University of Arizona

- *Hard copy resources* Of respondents, only 4 noted any reading, or CDs or DVDs that were useful. Among these was Complementary and Alternative Medicine : Legal Boundaries and Regulatory Perspectives by Michael Cohen, JD; and an edited text by Nancy Faass entitled Integrating Complementary Medicine into Health Systems.

- *Web-based resources* More (10/40%) said a web resource helped them. Among these are articles on the *Acupuncture Today* site, the *Integrator Blog News & Reports*, www.Gancao.net, data-bases on natural products and modalities, and the NIH National Center for Complementary and Alternative Medicine. Another value of the internet noted was the use of web pages as a means of understanding the organization which sponsored the integrated site in which the AOM clinician was to participate.

Table 5: Specialized Training Notes by Participants

	Yes	No
Hospital/clinic *Did the clinic/hospital/institution provide any training to prepare you for your role?*	9 (36%)	16 (64%)
Reading/CD/DVD *Is there reading and/or CD/DVD that you found particularly useful in preparing you for your work, or which you have since discovered?*	4 (16%)	21 (84%)
Web Resource *Was there any website or web resource that was particularly useful to you, or which you have since discovered?*	10 (40%)	15 (60%)
Training/conference *Was there any training/conference/class/seminar that has proved particularly useful in preparing you, or which you have since discovered?*	8 (32%)	17 (68%)
College or prof. assn *Did your college or prof. association provide specialized training/seminar/sessions which proved particularly useful?*	9 (36%)	16 (64%)
Other resource *Was there any other resource has been particularly useful to you, or which you have since discovered?*	11 (44%)	14 (56%)
Attitudes *Were there attitudes among the health professionals with whom you work that have interfered with your ability to fully practice AOM in this setting?*	6 (26%)	17 (76%)

Two conferences in particular were cited as useful, those sponsored by the multi-disciplinary American Academy of Pain Management and the annual Health Forum/American Hospital Association conference on Integrative Medicine for Health Systems. A few participants noted specific courses in their acupuncture schools or programs of their professional associations.

Among the other resources noted were personal experience of the respondents in prior work with the system under a separate professional degree. No resource stood out as particularly remarkable. Only *Acupuncture Today* was mentioned more than once – two times – as a resource.

An additional query concerned attitudes among the other health professionals in the clinic which might have "interfered with your ability to practice AOM in this setting." Just over one fourth (6/26%) marked yes. Most skepticism was described as being at the outset. Others noted a limit on treating pain conditions and an inability to use herbs.

Part 3: Key Topics in an Optimal Training

The third section of the written survey focused on ranking of 1-5 on a Likert scale ("not important" to "very important") of 25 potential topics which might be in "an educational session to prepare AOM practitioners for practice in an integrated care environment."

Of the 25 topics selected for ranking as to their importance (see Appendix 2):

- 12 (48%) were marked either a 4 or 5 ("important" to "very important') by over 80% of the respondents. (Table 6)
- The 4 topics which scored highest under "very important" were "recognition of high priority acute management" (76%), "charting and documentation" (69%), "useful medical language" (69%), "communications with MDs and nurses" (65%).
- 19 were marked either a 4 or 5 ("important" to "very important") by over 50% of the participants.

Table 6: Viewed as Important or Very Important by Over 80% by Ranking

Topic Area	%
Communication with MDs/nurses and other providers	96%
Communicating AOM concepts in a language which works with conventional practitioners	91%
Speaking-presentation skills to help build relationships	89%
Leadership skills to give my services a more effective presence	88%
Skills in articulating to the MDs/staff the value I offer patients	88%
Charting/documentation in a conventional environment	88%
Recognition of high priority acute management clinical presentations (red flag)	88%
Skills needed for multi-disciplinary collaboration	85%
Strategies/skills for developing relationships with MDs/Nurses to enhance referrals	85%
Useful medical language/medical terminology	84%
Assessment and evaluation of a conventional medical record	83%
Management & referral to conventional providers	81%

The participants were also given an opportunity to add topics that they felt were left out that might have been included. One topic noted, by a participant who works in an inpatient setting, was the ability to give dictation.

Part IV: Findings from the Interviews

The 19 interviews with participants varied in length from 20 to 75 minutes based on passions of the interviewees and the direction taken by the interview process. All were asked some basic questions: general perceptions around the value of the survey project, whether they thought there might be value in special training or a refresher course in the area, and specific content ideas that they would recommend including. The core intent was to gather their insights in order to pass them on to others.

The interviews yielded an array of general and specific ideas. These are captured below.

Ideas for Resources and Content from Participant Interviews

Note: The following capture many but not all of the diverse recommendations which came from the participant interviews.

Resources to Develop

- One-pager on steps to credentialing, types of credentialing and privileging.
- Clarity on the institution's specific standards for medical records for which the institution may be audited.
- Develop a preparatory course of web-accessible materials on the educational content which may be in AOM programs in 2006 but are not organized around supporting a practitioner's competent and confident entrance into integrated practice.
- Powerpoint on the profession available for presentations to conventional providers.
- Literature to provide when doing in-services and presentations.

Resources to Provide

- Provide relevant clinic or hospital operating procedures.
- Familiarize practitioners with the standard of the Joint Commission on Accreditation of Health Care Organizations (JCAHO), the hospital accrediting agency, for background on the culture and quality policing in a healthcare organization.
- Review sample policies and procedures from hospitals.
- Information on system mission and its relationship to the community.

Specific Content

- Understand the culture of a large corporation which shapes a hospital, including lines of authority and responsibilities.
- Language for writing reports.
- Teach rule-out scenarios.
- Teach to JCAHO requirements.
- Refresher on Western diagnoses most likely to be seen.
- Teach medical shorthand and abbreviations.
- Scopes of all the providers.
- OSHA, HIPAA requirements in a health system setting.
- SOAP notes.
- Understand the role of pastoral counseling.
- Medication interactions.
- Multiple complications and multiple morbidities.
- Rules on liability.
- Learn language to describe AOM conditions and action which is shared with conventional (balance, restructuring, fluidity, etc.)
- Leadership skills.

For Those in In-patient Care

- Consider a kind of AOM "hospitalist" with requisite training.
- Optimize skills in physical exam and laboratory interpretation.
- How to communicate with the administration.

Communication Related

- Clarify your own mission – why are you there?
- Be a professional, be respectful ("professionalism is an academic issue")
- Understand the chain of command.
- Know your job from the system's perspective (ie., "to keep chronic pain patients out of morbidity clinics")
- Learn how to recommend actions to medical doctors, how to give them information.
- Become efficient.
- Don't get caught up in your self-importance.
- Build relationships with ancillary providers (nurses, medical technicians, etc.)
- Know your limits; know the limits of the evidence-base for AOM accepted by Western medicine.
- Teach emotional intelligence
- Helps to have engaged "a lifetime of spiritual practice and therapy helps."

Two Additional Themes

The interviews elicited strong comments from a subset of participants in two areas which are worth noting:

- *Changes in accreditation standards: Are today's graduates better prepared?* A subset of the clinicians who are also AOM educators took a position that today's AOM education better prepares students for integrated practice than the education that many of these more veteran practitioners would likely have received. The most significant factors in this change was viewed as a 2004 accreditation standard which strengthened the requirements in Western biomedicine from 360 to 510 hours. A second is the

increasing number of opportunities, in many schools, for students to have clinical experience in integrated, typically community health environments.

- *Does acupuncture need additional certification?* A small set of participants expressed strong opposition to supporting any process which might suggest a need for an additional, separate, certification program for members of the AOM profession. They were concerned that this exploration of evolving competencies might be used to make a case that the profession should have an additional certification.

The majority of participants expressed strong support for the project and the potential that new and focused resources might be available to others who are choosing to enter MD-dominant, integrated care environments.

Conclusions

The AOM participants in the project indicated that, as representatives of the AOM profession inside conventional healthcare delivery institutions, they had the basic clinical and inter-personal competencies to survive and, for many, to thrive.

Yet at the same time, few felt they were, or are yet, enabled by a full set of knowledge, skills and competencies which might allow them to create an *optimal* place for AOM in these environments. The vast majority entered their clinical positions with little focused training. They have been classic pioneers, learning on the hoof.

Some participants argued that the situation today is different than that captured in the survey because AOM education for work in integrated environments in 2006 is significantly better than an earlier era. If so, the need and even usefulness of such programs may not be as high for current graduates than for those who graduated 5 or more years ago. If so, the primary beneficiaries of focused educational projects would be earlier graduates who are considering new work in integrative settings.

If we proceed from the perspective that the issues identified by these participants reflect the likely interests and needs of most others in the profession, this project has significant value. The survey and interview findings serve to clarify critical competencies which support integrated care practice. Some existing resources are identified. An array of potentially helpful but not yet developed resources are described. Educators are directed toward the kinds of content which will assist in preparing such practitioners,

The project findings suggests that the there is value from additional investment in developing the resources and programs noted in this report. The beneficiaries will not only be the AOM practitioners who are learning to work in new environments. Benefits can be anticipated to flow to the patients they are seeking to serve.

Appendix 1: Notes on Specialized Training/Learning

Note: Each participant was numbered for the purpose of maintaining anonymity.

	What
Hospital/clinic *Did the clinic/ hospital/ institution provide any training to prepare you for your role?*	• OSHA; policies and procedures • interface with conventional providers, lectures with them • training to carry out research protocols • Monthly lectures from experts from different fields to update knowledge; case discussion sessions • Several computer-based courses of working with human subjects, and working with VA computer system • We work in a very integrated way on a daily basis. I typically see patients for an initial intake with another practitioner; frequently an ND, MD, Chiropractor or NP. We all learn from each other. We meet as a group daily, monthly and quarterly for cross training. • Sort of, not in relationship to clinical work; only in terms of learning the medical records computer program that everyone had to learn • Research on human subjects training • Institutional information • Internship with an acupuncturist in Faculty practice at the Center for Health and Healing. This internship not officially sponsored by the Center; Exposure to practice within integrative center, sharing patients with physicians and other providers, exposure to the practice of western medicine • I provided for physicians, not the other way around
Reading/CD/ DVD *Is there reading and/or CD/DVD that you found particularly useful in preparing you for your work, or which you have since discovered?*	• Acupuncture Today • Integrative Complementary Medicine into Health Systems (Faass) • My masters in public health provided me with background information on health care systems, billing issues and an overview to the current strengths and challenges of the US health care system. • Health Psychology – a biopsychosocial perspective; The Management of Pain; Full Catastrophe Living; Complementary and Alternative Medicine; Complementary and Alternative Medicine: Clinic Design; Complementary and Alternative Medicine Management; Professionalism and Ethics in Complementary and Alternative Medicine; Handbook of Complementary and Alternative Therapies in Mental Health; Restored Harmony: An Evidence Based Approach for Integrating Traditional Chinese Medicine into Complementary Cancer Care; Complementary and Alternative Medicine : Legal Boundaries and Regulatory Perspectives
Web Resource *Was there any website or web resource that was particularly useful to you, or which you have since discovered?*	• Bravewell, AHA website (Sita), Integrator Blog www.theintegrator.com • Electronic resource library for quick access top latest research in the field (www.hshs.umaryland.edu/resources/ • www.nccam.nih.gov • natural medicine database • the hospital subscribes to NatMed database, and has access to research databases. this is tantamount for research (latter) and to support recommendations to patients. (former) • Dr. Bruce Johnson's seminars and website • www.acupuncture.com • Pubmed • Walter Reed AMC web page, history, layout pages • Acupuncture Today and TCM assistant, for clinical ideas

Training/ conference *Was there any training/ conference/class/ seminar that has proved particularly useful in preparing you, or which you have since discovered?*	• Doctoral studies at Emperor's College and administrative duties • Two seminars at the beginning, 10 years ago • AHA Health Forum annual conference • My own! • American Academy of Pain Management Meetings; Research and practice components of the Tri-State curriculum for post graduate studies • Acu needling techniques • Orientation sessions prior to clinical trial. Meetings with Clinical study primary investigators and OM colleagues • Overall coordination of our Integrative Medicine core faculty was excellent at the PIM. We were woven into a very good team, providing IM education for the 2-year IM Fellowship for 4 physicians per year.
College or prof. assn *Did your college or prof. association provide specialized training/ seminar/ sessions which proved particularly useful?*	• orientations and industrial medicine courses • Professional association seminars on coding and navigating 3rd party reimbursement were helpful • Basic protocols on how to communicate with conventional providers • COURES ON Western medical specialties as part of Mac degree • Clinical rotation 9 • Clinical internship programs in western medical and integrative health settings • Research and practice components of the Tri-State curriculum for post graduate studies • Weekend seminar offered to the public AC • There were a couple of classes taught by and RN/L.Ac. and she discussed and showed us different reports in the Western field.
Other resource *Was there any other resource has been particularly useful to you, or which you have since discovered?*	• Collegial meetings & seminars bringing together practitioners of a variety of medical disciplines. • Experience working with a rheumatologist for 6 years • Talking with other integrative centers • Practitioner network and resource www.gancao.net • My colleagues in practice • Being involved at the Asian Institute and having students observe me at UA Campus Health setting • While not in the "resource" category per se - I think that common sense, professional courtesy and intellectual curiosity go a long way in building collaborative relationships between CAM providers and allopathic providers. Sometimes this collaboration dynamic is overly mystified. I have found that once allopathic providers understand that as a CAM provider you are there to help with patient quality of life while simultaneously respecting allopathic care that all kinds of positive collaborations can occur. This is further driven home by the fact that many CAM providers have regular contact with patients which in turn provides the opportunity to do early recognition of a potential problems with quick referral back to the PCP. This really helps to drive home the partnership between CAM and allopathic medicine. • Various seminars at AAOM and CSOMA conferences • My work for the doctoral program with teaching and have opportunity of observing the visiting professors' teaching • my own experience working in a hospital for 20+ years • The staff at the hospital is always very friendly and helpful if I don't understand something. Also I have made friends with an RN whom will help if I need it.

Attitudes *Were there attitudes among the health professionals with whom you work that have interfered with your ability to fully practice AOM in this setting?*	• Not only have attitudes not been interfering, but my work has been able to flourish directly due to the open-minded attitudes of the health professionals I have partnered with. • Originally, a couple doctors very skeptical • (Not yet) – just beginning • A small group of admitting providers at Daniel Freeman Hospital were relatively hostile to CAM providers. This situation did not occur at any other site. The most probable contributing factor was the earliness of the effort. I was at Daniel Freeman Hospital in the 1990's, which was relatively early as far as being a CAM provider admitted at an occidental acute care facility. My experiences at other hospitals, medical centers and community clinics have been much more positive. • Herbs were not allowed • Only in the area of herbal prescribing which given the regulatory issues that allopathic centers have to navigate, is understandable. • I had to work hard to gain the trust of MD's. There is a prejudiced attitude on part of many about our medicine and we have much to overcome. • Referral issues regarding training or awareness of the evidence of utilization of acupuncture. • The Center has a policy to hire licensed professionals to practice a particular medicine or modality (as opposed to physicians with abbreviated training). I'm allowed to practice acupuncture without any interference. • And I believe this will continue for sometime. I had one physician actually tell one of our mutual patients that acupuncture just masks the pain, and then gave the patient a prescription for Vicodin. • I had the ideal circumstance

Other comments: Many years of practicing and teaching; I believe I was chosen for the hospital position due to my 15 years of experience in the Pharmacy. The hospital felt I might be more capable of communicating with the Western Physicians on staff.

Appendix 2: Importance of Specific Topics in an Optimal Training Program

If you were to provide an educational session meant to prepare AOM practitioners for practice in an integrated environment, please note the importance of these topics:

Key: 1= Not important, 3 = Somewhat important, 5 = Very important, NA = Not applicable

#		1	2	3	4	5	NA
1	Credentialing processes and procedures	0	1 (4%)	11 (42%)	5 (19%)	9 (35%)	0
2	Charting/documentation in a conventional environment	0	0	2 (8%)	5 (19%)	18 (69%)	1 (4%)
3	Useful medical language/medical terminology	1 (4%)	0	3 (12%)	4 (15%)	18 (69%)	0
4	Communication with MDs/nurses and other providers	0	0	1 (4%)	7 (27%)	18 (69%)	0
5	Liability issues	1 (4%)	2 (8%)	6 (23%)	5 (19%)	12 (46%)	0
6	Management & referral to conventional Providers	0	0	5 (19%)	8 (31%)	13 (50%)	0
7	Quality assurance and quality improvement processes	0	2 (8%)	4 (16%)	10 (40%)	8 (32%)	1 (4%)
8	Insurance/payment and billing issues	1 (4%)	4 (15%)	9 (35%)	7 (27%)	5 (19%)	0
9	Outcomes studies and documentation	0	5 (19%)	5 (19%)	11 (42%)	5 (19%)	0
10	Research methodology and grant-writing	1 (4%)	5 (20%)	9 (36%)	6 (24%)	3 (12%)	1 (4%)
11	Skills in articulating to the MDs/staff the value I offer patients	0	2 (8%)	1 (4%)	6 (23%)	17 (65%)	0
12	Facility with the scientific literature which might support broader use of my services	1 (4%)	2 (8%)	6 (23%)	5 (19%)	12 (46%)	0
13	Cross-cultural communication	0	1 (4%)	7 (28%)	8 (32%)	9 (36%)	0
14	Strategies/skills for developing relationships with MDs/Nurses to enhance referrals	1 (4%)	0	3 (12%)	6 (23%)	16 (62%)	0
15	Skills needed for multi-disciplinary collaboration	0	0	4 (15%)	7 (27%)	15 (58%)	0
16	Recognition of high priority acute management clinical presentations (red flag)	0	1 (4%)	1 (4%)	3 (12%)	19 (76%)	1 (4%)
17	Leadership skills to give my services a more effective presence	0	1 (4%)	2 (8%)	14 (56%)	8 (32%)	0
18	Communicating AOM concepts in a language which works with conventional practitioners	1 (4%)	1 (4%)	0	8 (33%)	14 (58%)	0
19	Speaking-presentation skills to help build relationships	0	0	3 (16%)	8 (31%)	15 (58%)	0
20	Knowledge of the skills, competencies and training of other practitioners (such as DC, DO, MD, RN, ND, PT, OT, etc.)	0	0	6 (24%)	6 (24%)	13 (52%)	0
21	The roles of other healthcare personnel such as medical technologists, nurses assistants, nurses, etc.	0	2 (8%)	9 (35%)	9 (35%)	6 (23%)	0
22	Fluency in "evidence-based medicine"	1 (4%)	2 (8%)	8 (31%)	9 (35%)	6 (23%)	0
23	Assessment and evaluation of a conventional medical record	0	0	4 (17%)	7 (29%)	13 (54%)	0
24	Negotiation/mediation skills	0	2 (8%)	13 (52%)	4 (16%)	5 (20%)	0
25	Management & referral to other CAM providers	0	2 (8%)	4 (17%)	12 (50%)	6 (25%)	0

Appendix 3: All Additional Notes on Other Knowledge, Skills or Attitudes as Provided by Participants

Note: These include comments at the end and comments inserted by some respondents after specific questions. The reason there is a Participant #28 is that two participants who filled out the survey did not have requisite integrative clinical experience. Their responses were not included.

Participant #2
- Skills in articulating XX (under J)
- Are candidates for the training self-selected? Or could assessment of attitude be part of the admissions/selection process into the training program? I ask because I think that an attitude (possibly difficult to instill if missing?) of open-minded confidence without defensiveness and without obsequiousness is essential. Flexibility, ability to learn quickly, non-dogmatic.
- Opportunities to dialogue and build relationships with practitioners trained in other disciplines before working together is very useful in order to surface hidden assumptions and biases.
- I find that not only is it crucial to be fluent in medical terminology but it has often been very helpful to be conversant in Western pathology (which overlays the ability to talk about AOM in Western terms.) I don't actually know how deep the training in Western disease process is in AOM school; my training in that came from NM school.
- Also useful—especially for your shared patients--is to have a good idea of what your partners and referral sources can and can't treat well and what you can and can't treat well. Obviously, much of that information has not been investigated yet from the research perspective.
- I'll send along other thoughts as they show up!

Participant #4
- I have worked in this setting for 10 yrs and found the work rewarding, but also limited a lot to just pain management. We had interface exchanges of information on various topics among providers, nd, md, do, lac, to educate each other on how each pathology may be treated within our scope of practice. Still, seems that md's are interested solely in referring patients for pain management.

Participant #6
- Will know more after I begin my work

Participant #7
- Many of the above questions need to be contextualized to the memorandum of understanding between the institution/provider and the hospital or medical center. While in some hospitals and large medical centers there is ample opportunity for cross referral, education and collaboration, in other hospitals and medical centers, CAM providers function independently in a relative degree of isolation. It is especially important when functioning in multi-specialty community clinics to be able to function independently under conditions of a wide variation in interactions with the rest of the clinic, ranging from some interaction to professional isolation. While in major medical centers the level of interaction is greater, this is sometimes compounded by increased levels of administrative and technological detail (read electronic charting and patient management) that brings its own administrative demands.
- Relationships between CAM providers and non-CAM institutions can be viewed on a continuum between large and very complex acute care facilities and medical centers affiliated with large universities to small groups of non-profit community clinics. The level of interaction and complexity as you move toward major medical centers, with increased regulatory, QA and internal administrative hurdles. As you move toward smaller community based providers, the regulatory and administrative burdens decrease, as does the level of interaction and collaboration. This is of course a generalization. I have participated in some community based clinics with relatively complex technical and administrative needs, although the inverse has not been the case. Virtually all larger acute care or university clinics have been robust in their administrative needs.
- Specialty clinics, such as oncology clinics and drug treatment facilities, tend to be more enthusiastic about incorporating CAM treatments as long as key clinicians and administrators are "on board." CAM

therapies under these conditions can thrive when this is the case, but tends to wither and be ultimately unsuccessful when these key players are not fully engaged.

Participant #10
- Noted that B and C were in Masters' program

Participant #12
- Flexibility. // A pragmatic attitude in which the practitioner recognizes the primary focus of the clinic is western medicine, with a willingness and interest in exploring the ways in which AOM can best fit within the setting to the maximum benefit of the patient and the clinic. // Willingness to collaborate with practitioners of various disciplines, recognizing each have benefits and limitations.

Participant #13
- Important to have an acceptance of the western medical model despite one's prejudices towards it and to maintain one's flexibility and TCM integrity while working within a multidisciplinary setting.

Participant #15
- The ranking of skill sets above depends greatly on the type of facility that one is working at. Some facilities will have a very big emphasis on research and outcomes as the internal politics and funding depends on this. Other facilities won't have this focus at all and simply want their patients to progress and be less drug dependent/seeking or other simplified management. Also, the larger the facility, the less likely that the CAM provider is really going to need to know other professions/departments as the "home department" for that patient is going to be the one to carry the ball if additional medical intervention is needed. Also, what insurance/payment that the patient has unfortunately determines so much of what their medical options are.

Participant #16
- Skills needed to competently perform physical exams and F/U assessments; Knowledge of lab data; Knowledge of radiology data; Contraindications for treatment in the inpatient setting.

Participant #17
- Communication skills with acutely ill patients. It is important to stress to anyone going into a new integrative setting that until we gain greater acceptance, we will be heavily scrutinized. Because of this, individuals in these areas need to realize that not only are they representing themselves but the ENTIRE profession. It is sad but true that making mistakes in these settings can have a resounding negative effect on the entire field. Because of all of this I think it is very important that we have a certification program for anyone entering a hospital setting.
- Having trained a multitude of personalities in the hospital setting over the last couple to years I cannot stress enough the need for professionalism and that some personalities are not made for and should not be in the hospital setting. There definitely needs to some sort of filtering process in place, otherwise the entire profession as well as the healthcare system may suffer.

Participant #23
- [4] What I mean by "communication" is an ability to explain to MD/nurses + the patient how I might think about approaching the patient in terms that are understandable (not Zang Fu, but for example the impact of fluid/blood physiology on the condition, structural impact, "body armor", etc…) while at the same time being able to use my East Asian methods of assessments while performing treatments. From MD/nurses I would like to learn what are the concerns for patient's safety, contraindications, limitations and what they would like me to do (in terms of outcomes) that they are not able to.
- [6] That would mean learning what other providers can do better than I can.
- [7] I don't understand this question
- [10] (NOT IMPORTANT, it's covered adequately in schools) and grant-writing
- [11]Not so much for the referral purposes as for the patient safety reasons
- [12]What matters most to my colleagues is how I can help their patients (based on a longer term relationship that I have with these providers), not what studies say.

- [13]Not clear what that means specifically
- [14]If I'm able to help patients - that is the best strategy for referrals
- [15]Not clear what that means specifically. This question should be broken to specific questions/ skills
- [17]Don't understand this question
- [18] No clear what that means specifically. Sounds similar to question D
- [20]If learnt via cooperation and sharing patients as opposed to a classroom teaching. Every practitioner is different and "Knowledge of the skills, competencies and training of other practitioners" are not a generic terms
- [21]Not clear what that means
- [22]This term is a work in progress and we should not accept it or teach it on biomedical terms.
- [23] Depends on the state and the scope of practice
- [24]Not clear for what purpose

Participant #24

- Your survey seems to me to be another example of Acupuncture and Oriental Medicine being positioned as second class citizens to the MDs of the world. The reason why AOM has moved into the Western medical setting is because it is the patients who want our services… IT IS NOT THE MDS WHO WANT US THERE, IT IS THEIR PATIENTS! . So why are you… and why do we as a profession… consistently ask questions about how WE can better our education and communication to serve allopathic doctors, instead of offering courses and trainings to the Western Medical practitioners so that THEY can learn the language and terminology, philosophy, foundations of OUR medicine!
- Are the groups you are associating with doing surveys of MDs, DOs and other allopathic providers to find out what they are doing to communicate and integrate themselves to our medicine??

Participant #25

- I am pretty sure you asked almost every aspect of the interplay between AOM and Western Medicine. Attitudes are the biggest hurdle we have to overcome. My biggest suggestion to everyone (and I give a talk at the hospital orientation every other week) is that everyone heals differently. If one thing does not work, lets try another method. If surgery and medications have got you no where, try some integrative care, even if it is not AOM. The second biggest hurdle is hard evidence to show and give to the Western physicians. They want to see that it really works and that good tests and studies have been conducted. Sometimes even with great evidence they are often sceptical, we have to keep pushing the envelope. I personally do not get involved in grant writing and have yet to be involved in any big studies. However I feel this is just a matter of time, since I work at a brand new hospital that plans to play a bigger integrative role with each progressing year.

Participant #26

- [professional resources - E] CSOMA and AAOM have often included integrative practice sessions/information in their annual meeting CEU courses.
- [other resources] Association with colleagues at UCSF Osher Center.
- [1-Credentialing] NA professional organizations should provide practitioners with templates for this and assistance with implementation. I have been working with an AAOM on such a product.
- [5- Liability] In my estimation these are rather complex issues and should be explored by the state and national professional organizations.
- [7- QA/QM] An important topic in general for the profession
- [8- Insurance] Again, assistance from the professional organizations in this regard would be very helpful.
- [10- Research Methods] Not relevant for the majority of practitioners, not their interest area; they are clinicians primarily.
- [11- Skills in articulating] Smart people do not spend too much time trying to convert anyone to anything.
- [12- Facility with literature] Those in charge of related institutional decision making will or will not take evidence into consideration, not main job of provider.
- [14- Skills for developing relationships] Those might be hard to teach

- [17- Leadership] Great idea, but not highest on the list. Good for humans in general, especially those doing good works.
- [18 – Communicating concepts in language understandable] I think it not important for AOM providers to translate their model into western terms, but rather to be able to speak both languages. Translation does a disservice to AOM.
- [19- Speaking] Useful in life but not what will sell the medicine to hospitals
- [24- Negotiation] Good for humans in general, not core curriculum

Participant #28

- I think the structure of an Integrative team is critical to its success. Our program succeeded, in large measure, because these physicians were being re-trained over 2 years to become a different kind of physician—whereas, many programs skip this and assume that physicians are ready to operate in this new manner, without additional training! It would be much easier to discuss this over the phone… which I look forward to!

Other knowledge, skills, etc.

- It is important for practitioners be facile with dictation.

Appendix 4: Survey Instrument

Survey of Licensed Acupuncturists to Gather Information on Competencies for Practice in Hospitals, Integrated Centers and Other Conventional Healthcare Settings

We anticipate that the time required per practitioner will be 15-30 minutes, for the written survey, and 15-30 minutes for the interview. While your written surveys will be used as the basis for your oral interview, none of the specifics of your survey and interview process will be shared in the project report, in a way that will link back to you, without your prior approval. Basic contact is johnweeks@theintegratorblog.com

Sponsorship: This survey is a project of the National Education Dialogue to Advance Integrated Health Care: *Creating Common Ground* (NED) and the Academic Consortium for Complementary and Alternative Health Care (ACCAHC). The survey is funded through a grant from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). NED is a project of the Integrated Healthcare Policy Consortium (http://ihpc.info/).

Project Description and Goal: Creating the *optimal* role for acupuncture and Oriental medicine in conventional medical settings, such as hospitals and integrative clinics, may be facilitated by certain competencies. These may have been unknown to, or under-developed in, some licensed AOM practitioners who are interested in practicing in these facilities. The goal of this survey project is to glean from AOM practitioners who are experienced in these settings the types of competencies and tools which will best prepare other AOM professionals for making the most of these integrated care opportunities.

Individuals Surveyed: The project will receive completed surveys, and then carry out oral interviews, with roughly 25 experienced AOM practitioners. We are targeting practitioners in hospitals, those involved with AOM schools with DOM programs, and practitioners who work with clinics associated with institutions which are part of the Consortium of Academic Health Centers for Integrative Medicine (http://www.imconsortium.org/).

1. Basic information

First name:
Last name:
Phone contact for follow-up interview:

Is it okay to share your email with the NCCAOM, AAOM or AOM Alliance, CCAOM should they find this list of LAcs useful for some project (Y or N) :

List all professional degrees and licenses (MA, DAOM, MS, ND, RN, etc.)

List all professional licenses (LAc, RN, massage, etc.)

Note certifications (XX if yes):
Dipl OM (NCCAOM) :
Dipl Ac (NCCAOM) :
Other:

Name of Conventional Hospital(s) or Center(s) where you practice(d).
A. Name:
Experience: ___0-12 mo ____13mo-2 yr ___ 3-5 years ____> 5years

B. Name:
Experience: ___ 0-12 mo ___ 13mo-2 yr ___ 3-5 years ____> 5years

Do you have an AOM school affiliation?
Yes:
No:
If Yes, please name:
Your Title/Position(s):

Do you have a conventional academic medical center affiliation?
Yes:
No:
If Yes, please name:
Your Title/Position(s):

II. Specialized training/learning to prepare you for this position, or which you have since engaged.

A. Did the clinic/hospital/institution provide any training to prepare you for your role?
Yes
No
If yes, what in particular was useful:

B. Is there reading and/or CD/DVD(s) that you found particularly useful in preparing you for your work, or which you have since discovered?
Yes
No
If yes, please list/describe:

C. Was there any website or web resource that was particularly useful to you, or which you have since discovered??
Yes
No
If yes, please list/describe:

D. Was there any training/conference/class/seminar that has proved particularly useful in preparing you, or which you have since discovered?
Yes
No
If yes, please describe:

E. Did your college or professional association provide specialized training/seminar/sessions which proved particularly useful?
Yes
No
If yes, please describe:

F. Was there any other resource has been particularly useful to you, or which you have since discovered?
Yes
No
If yes, please describe:

G. Were there attitudes among the health professionals with whom you work that have interfered with your ability to fully practice AOM in this setting?
Yes
No
If yes, please describe:

III. Creating an Optimal Training Program

If you were to provide an educational session meant to prepare AOM practitioners for practice in an integrated environment, please note the importance of these topics:

1. Credentialing processes and procedures

____	____	____	____	____	____
1 Not important	2	3 Somewhat Important	4	5 Very Important	N.A. Not apply

2. Charting/documentation in a conventional environment

____	____	____	____	____	____
1 Not important	2	3 Somewhat Important	4	5 Very Important	N.A. Not apply

3. Useful medical language/medical terminology

____	____	____	____	____	____
1 Not important	2	3 Somewhat Important	4	5 Very Important	N.A. Not apply

4. Communication with MDs/nurses and other providers

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

5. Liability issues

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

6. Management & referral to Conventional Providers

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

7. Quality assurance and quality improvement processes

1	2	3	4	5	N.A.
Not important important		Somewhat Important Important		Very Important Important	Not apply

8. Insurance/payment and billing issues

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

9. Outcomes studies and documentation

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

10. Research methodology and grant-writing

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

11. Skills in articulating to the MDs/staff the value I offer patients

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

12. Facility with the scientific literature which might support broader use of my services

1	2	3	4	5	N.A.

Not important		Somewhat Important		Very Important	Not apply

13. Cross-cultural communication

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

14. Strategies/skills for developing relationships with MDs/Nurses to enhance referrals

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

15. Skills needed for multi-disciplinary collaboration

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

16. Recognition of high priority acute management clinical presentations (red flag)

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

17. Leadership skills to give my services a more effective presence

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

18. Communicating AOM concepts in a language which works with conventional practitioners

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

19. Speaking-presentation skills to help build relationships

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

20. Knowledge of the skills, competencies and training of other practitioners (such as DC, DO, MD, RN, ND, PT, OT, etc.)

1	2	3	4	5	N.A.
Not		Somewhat		Very	Not apply

important Important Important

21. The roles of other healthcare personnel such as medical technologists, nurses assistants, nurses, etc.

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

22. Fluency in "evidence-based medicine"

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

23. Assessment and evaluation of a conventional medical record

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

24. Negotiation/mediation skills

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

25. Management & referral to other CAM providers

1	2	3	4	5	N.A.
Not important		Somewhat Important		Very Important	Not apply

IV. Please note any other additional knowledge, skills or attitudes which you think would be important parts of such a training session

Any additional comments (use as much space as necessary):

Please email to John Weeks/NED johnweeks@theintegratorblog.com or mail to 3345 59th Avenue SW, Seattle, WA 98116; 206-932-3899 ***Thank you for your time & participation!***