

Competencies of Licensed Acupuncturists for Practice in Hospitals, Integrative Centers A Survey of MDs/Administrators of Integrative Clinics

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Introduction

- The number of licensed acupuncture and Oriental medicine (AOM) practitioners working along side or under medical doctors continues to increase annually.
- Optimization of complementary and alternative care in integrated practice settings is an evolving challenge.
- Specific competencies to support optimal participation by acupuncturists in integrated settings may be unknown or under developed.
- Educators wishing to design curriculum to teach the knowledge, skills and abilities to optimize acupuncturists delivery of care in integrated settings needs further elucidation.
- This project (1) followed a separate, parallel survey of 26 licensed AOM practitioners about their experiences in these facilities.(2) Some the data collected in that survey is shared here for comparison purposes.

Study Goals

- This survey was developed to learn what competencies medical doctors or administrators of integrative clinics perceive as important to deliver optimal care in an integrative practice setting.
- To identify types of competencies and tools which best prepare AOM professionals for integrated care opportunities.

Methods

- A survey instrument, developed from a previous study of acupuncturists, perceived competencies needed to most effectively deliver optimal care in integrated practice settings, was given to leaders of integrated health environments in which acupuncture and oriental medicine practitioners delivered care. (2)
- The integrated health care leaders who were sent the paper survey instrument. Half of the leaders were from member institutions of the Consortium of Academic Health Centers for Integrated Medicine. (3)
- The survey instrument collected data on the following areas:
 - o Respondent background
 - o Specialized training of the respondents
 - o Importance of a set of competencies
- Within two weeks of completing the survey, the principal investigator followed with survey respondents up by telephone for the purpose of gathering additional qualitative information. The interviews took 20 to 75 minutes each.

Findings

Part I: Background of the Survey Participants

N=10 (9 MDs & 1 RN)

- One had less than one year of experience working with AOM practitioners.
- One had 1 to 3 years experience working with AOM practitioners.
- Two had 3-5 years experience working with AOM practitioners.
- Six had greater than 5 years experience working with AOM practitioners.

Part II: Specialized Training and Useful Resources

The table below shows the type of training materials that were found to be helpful to prepare to work effectively in an integrated care setting.

- In-house training, mostly on policies and procedures was cited by 50% (5) of the survey respondents to be the type of training provided. Inter-active sessions were deemed to be most helpful.
- Use of readings, CD/DVDs, or Web-based resources for training were noted to be absent.
- Other resources cited for improving the delivery of care were team meetings and mentorships provided by MDs.

Specialized Training Noted by Participants	Yes		No	
	MD	MD	L.Ac.	L.Ac.
Did the clinic/hospital provide any training to prepare L.Ac. for role?	50% (5)	50% (5)	36% (9)	64% (16)
Reading and/or CD/DVD particularly useful in preparing L.Ac. for integrative practice?	0% (0)	100% (10)	16% (4)	84% (21)
Was there a website/online resource useful to you, or which you?	0% (0)	100% (10)	40% (10)	60% (15)
Was there any training/conference/class/seminar that proved particularly useful in preparing you?	30% (3)	70% (7)	32% (8)	68% (17)
Did your college or prof. association provide specialized training which proved particularly useful?	N.A.	N.A.	36% (9)	64% (16)
Was there any other resource has been particularly useful to you, or which you have since discovered?	50% (5)	50% (5)	44% (11)	56% (14)

Attitudes Among Health Professionals

	Yes	No
MD-Admin Responses		
Were there attitudes among the health professionals with whom you work that have interfered with your ability to fully practice AOM in this setting?	70% (7)	30% (3)
LAc Responses		
Were there attitudes among the health professionals with whom you work that have interfered with your ability to fully practice AOM in this setting?	26% (6)	76% (17)

Part III: Key Topics in an Optimal Training

This section asked for ranking (Likert scale: 1-5; "not important" to "very important") of 25 topics for "an educational session to prepare AOM practitioners for practice in an integrated care environment." Bolded topic % ratings scored highest under "very important"

Topics in Optimal Training	MD	LAc
% is of those marking the topic as "important" (4) or "very important" (5)		
Communication with MDs/nurses and other providers	100%	96%
Communicating AOM concepts in a language which works with conventional practitioners	90%	91%
Speaking-presentation skills to help build relationships	70%	89%
Leadership skills to give my services a more effective presence	40%	88%
Skills in articulating to the MDs/staff the value I offer patients	80%	88%
Charting/documentation in a conventional environment	100%	88%
Recognition of high priority acute management clinical presentations (red flag)	100%	88%
Skills needed for multi-disciplinary collaboration	100%	85%
Strategies/skills for developing relationships with MDs/Nurses to enhance referrals	100%	85%
Useful medical language/medical terminology	80%	84%
Assessment and evaluation of a conventional medical record	50%	83%
Management & referral to conventional providers	90%	81%
Management & referral to other CAM providers	80%	75%
Quality assurance and quality improvement processes	90%	72%
Outcomes studies and documentation	80%	61%
Cross cultural communication	80%	68%

Part IV: Findings from the Interviews

- Basic questions addressed:
 - General perceptions of the value of the survey
 - Is there value in special training in this area?
 - What content ideas would you recommend including?

Selecting the Right AOM Professional

- **Intuition as much as credentialing**
 - Focus on choosing the right person.
 - *Team player* who was not merely an advocate for their discipline.
 - Passion for integration.
- **System Player**
 - Appreciation for working in a system/institution, its time frames.
- **Loyalty to process over patient**
 - Willingness to forego some AOM tools in patient care (often moxa or herbs)– if the system's protocols did not allow them.
 - Willingness to be under supervision of an MD, for a time at least.

Other Themes

- **Team meetings**
 - Most underscore the value of team meetings, multi-disciplinary grand-rounds, shared case review, for building competency.
- **Mentorship**
 - Willingness to be mentored, by the conventional staff.
- **Medical language and documentation**
 - Familiarity with medical mores in terms of language and documentation clearly have the advantage.
 - Belief that with the right person, these skills can be gained.
- **Basic hospital training**
 - Most hospitals require all new employees to have training
 - Learning keys: safety procedures, cleanliness, medical records, etc.

Summary and Discussion

- Topics prioritized by MDs/Administrators typically aligned with those highlighted by LAc (2). Differences were visible in a few areas.
 - A licensed acupuncturists "leadership skills" were not viewed as being as necessary by the MDs (40% vs. 88%).
 - Ability of a LAc to assess and evaluate a conventional medical record (50% vs. 83%).
- The five competencies indicated by all the MDs as "very Important" or "Important"
 - Communications with MDs, nurses and other providers
 - Charting and documentation in a conventional environment
 - Recognition of high priority acute care management – red flags
 - Skills in multi-disciplinary communications
 - Strategies and skills to develop relationships with MDs and nurses to enhance referrals
- The MDs/Administrators ranked a few areas as more important than the LAc. Among these were
 - "Quality assurance and improvement processes (90% vs. 72%)
 - "Outcomes studies and documentation" (80% vs. 61%)
- The MDs were clear that acupuncturists in the integrated setting needed to be able to submit to, or be patient with the demands of the healthcare institution and its conventional medical ethos
- Although a set of very specific competencies have been identified in this study and the previous licensed acupuncturists study conducted earlier by the same investigators, there does not appear to be a body of identifiable reference materials to learn the knowledge, and identify the skills and abilities needed to gain these competencies.

Conclusions:

- This project suggests most LAc were not enabled by a set of knowledge, skills and competencies to allow them to create an optimal place for AOM practice in these environments.
- This project also suggests that there is value from investment in resource materials and programs for licensed acupuncturists to acquire the competencies most valued by MD administrators.
- The benefit of developing resources for acupuncturists who wish to practice in a healthcare facility most likely would extend to other complementary and alternative medicine practitioners who desire to work effectively in a health care facility.
- The acquisition of the most significant core competencies identified in this study can be anticipated to flow into the systems in which CAM practitioners work, and ultimately to the patients they serve.

References

1. Survey of MDs/Administrators of Integrative Clinics to Gather Information on Competencies of Licensed Acupuncturists for Practice in Hospitals, Integrated Centers and Other Conventional Healthcare Settings
2. Survey of Licensed Acupuncturists to Gather Information on Competencies for Practice in Hospitals, Integrated Centers and Other Conventional Healthcare Settings
3. www.inconsortium.org

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Sponsors:

- National Educational Dialogue to Advance Integrated Healthcare: Creating Common Ground (NED)
- Academic Consortium for Complementary and Alternative Health Care (ACCAHC)
- National Certification Commission for Acupuncture and oriental Medicine (NCCAOM)