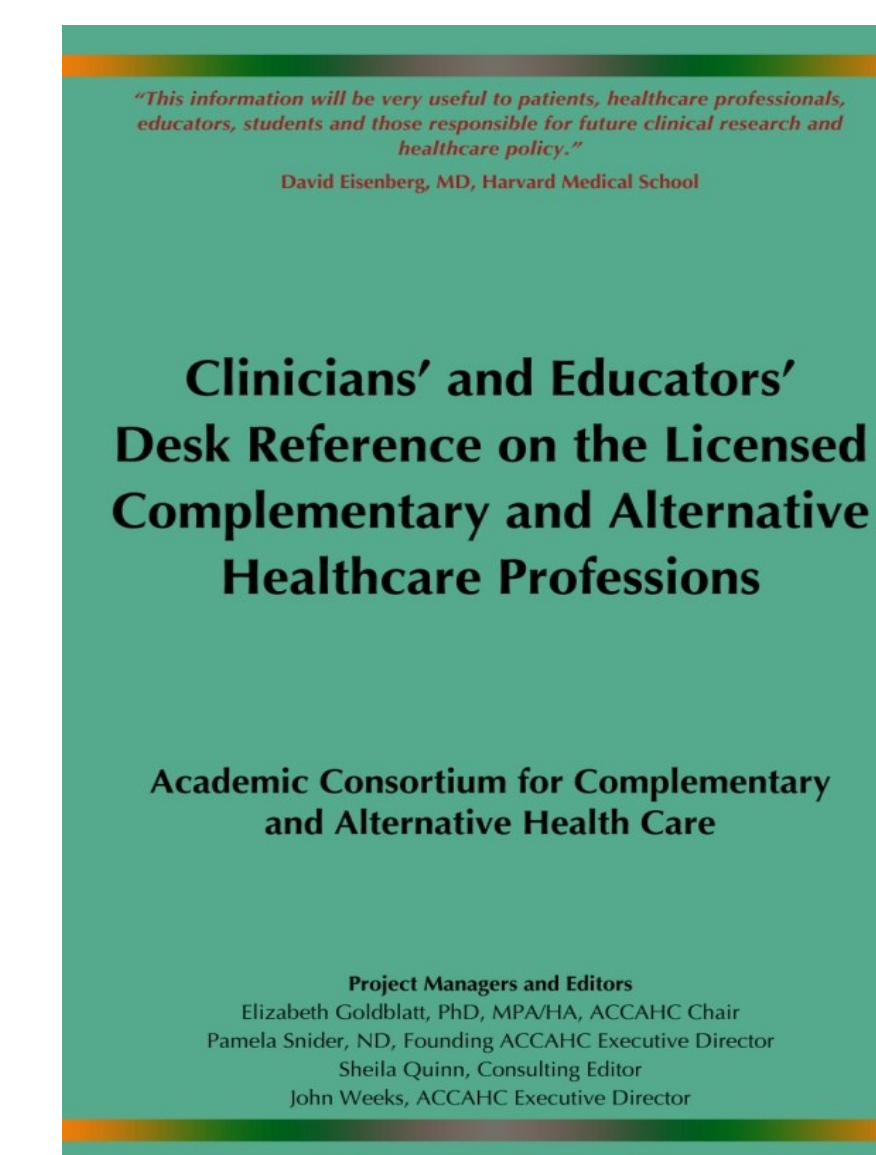


Interprofessional Education (IPE) in Accredited Education for the Complementary and Alternative Medicine (CAM) Professions: Impressions from Surveys and an IPE Marketing Campaign

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Background of the Project

Background: The IPE movement focuses on medical doctors and allied health professions associated with conventional academic health centers. Little exploration has been engaged about the perspectives and practices relative to IPE in programs and institutions associated with the education of the 350,000 licensed practitioners from the five complementary and alternative medicine (CAM) fields with a U.S. department of education-recognized accrediting agency. These five are chiropractic (DC), acupuncture and Oriental medicine (AOM), massage therapy (MT), naturopathic medicine (ND) and direct-entry (homebirth) midwifery (DEM). While lumped as “CAM,” they are known to fight over scope issues in state legislatures. What are the IPE practices in these fields, relative to each other and conventional disciplines?

About ACCAHC and the CEDR: The sponsor, the Academic Consortium for Complementary and Alternative Health Care (ACCAHC), is a not-for-profit 501c3 organization the core membership of which is academic organizations from these five disciplines. ACCAHC views IPE as a key requirement for bettering human health. In 2009, ACCAHC published the *Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions (CEDR)* in collaboration with the councils of colleges for the five licensed CAM disciplines as a tool for moving the integration dialogue from integrating “therapies” to the IPE practice of integrating professionals from distinct disciplines.

CEDR Marketing Campaign

Purpose: Introduce CAM schools to IPE, to the CEDR, and to seek adoption of the CEDR, ideally as a required text.

Description: In March 2010, complimentary copies of the CEDR were sent to presidents, deans, faculty and/or other appropriate contacts in CAM schools/programs. The lists were provided by ACCAHC member councils of colleges (AOM, DC) or accrediting agencies (DEM, MT, ND). From March to November 2010, each of the schools/programs were contacted by phone and email to confirm the CEDR had been received, explore the courses in which it might be a good fit, whether any such material was covered, and who teaches those courses. In many cases multiple people in each institution were contacted.

Categories of Response: Respondents were placed in one of these three categories: 1) **ADOPTED** the CEDR (purchased multiple copies, for use with a specific student population); 2) **CONVERSATION ENGAGED** - did not adopt but ACCAHC staff found interest in IPE and engaged dialogue; or 3) **NO CONVERSATION ENGAGED** – no or minimal responses despite an average 7 contacts via email and phone. Typically 2 or 3 different individuals per institution were contacted.

Table #1: Response to the CEDR Marketing Campaign

Profession	Source for list of schools	US schools contacts	Adopted (%)	Conversation Engaged (%)	No Conversation Engaged (%)
AOM	Council of Colleges of Acupuncture and Oriental Medicine	57	8 (14%)	27 (47%)	22 (39%)
DC	Association of Chiropractic Colleges	17	4 (24%)	5 (29%)	8 (47%)
ND	Council on Naturopathic Medical Education	5	1 (20%)	4 (80%)	0 (0%)
MT	Commission on Massage Therapy Accreditation	65	4 (6%)	12 (19%)	49 (75%)
DEM	Midwifery Education Accreditation Council	10	0 (0%)	4 (40%)	6 (60%)

Results: As of June 1, 2012, 22 institutions/programs had purchased 25 or more CEDRs directly from ACCAHC. (Between 1-3 others appear to have purchased through a print-on-demand company.) The books have been used in 24 courses (12 as a required text, and 12 as a recommended text), in 20 schools. In other schools, the CEDR has been gifted to faculty, used in faculty development days, gifted to graduates, and gifted to new students during their orientation.

Comment: The low interest in purchasing was a surprise to ACCAHC leadership, especially given the institutional endorsement of the project in each field and strong endorsements of the CEDR by educators in each field. The campaign educated about institutional purchasing practices, including academic freedom. The campaign created baseline understanding of the level of IPE awareness in these fields.

Survey Purposes & Methods

Purposes: Both the CEDR marketing campaign (2010—see box below left) and the surveys (2012) support ACCAHC’s mission to foster better healthcare through enhancing mutual understanding and respect among the disciplines. Specifically: 1) gain understanding of perceptions and practices of CAM educational institutions/programs relative to IPE and other CAM fields; 2) discover IPE-related perceptions and practices toward conventional disciplines; 3) provide baseline information on readiness for both IPE and team care; 4) understand the experience with the CEDR and other IPE products; and 5) begin to frame strategies to help move these fields toward better integration via IPE.

Methods: The survey instrument was developed by a multidisciplinary team. A link was sent via email to contact lists of individuals at accredited U.S. programs. The lists originated from ACCAHC partner organizations. (See Table #1.) Two reminders were sent. Individuals were called where phone numbers were available. Survey Monkey was utilized. Two similar versions of the survey were sent to institutions from the five disciplines: one to 24 individuals in 16 Institutional Purchaser (IP) institutions (institutions that had purchased the CEDR); a second to 170 individuals in 120 (non-CEDR purchasing) institutions. Both surveys asked the same IPE questions; the IP survey asked more detailed questions about usage of the CEDR. Questions used the “with, from and about” language of the definition of IPE. Others specifically asked “about” questions. Individuals were asked to respond on behalf of their institutions.

Survey Results & Conclusions

Respondents and Response Rate: Table #2 shows the number of people contacted, the total number of programs/schools/institutions involved (more than one individual from some schools were on the list), and the number and percent of respondents for each group. With the exception of the ND group in which 5/6 (83%) indicated they were from institutions with at least two programs of the AOM/DC/ND, the other four non-CEDR purchasing groups were overwhelmingly single discipline (69% -AOM, 83% -DC, 79% -MT, 100%-DEM). Roughly 50% of personnel responding in DC/ND/MT/DEM were administrators; just 19% of AOM. Those indicating they were officers-deans/president-owner were 63%/31%-AOM, 50%/17%-DC, 33%/17%-ND, 26%/42%-MT, and 17%/50%-DEM.

Results on IPE Questions: Table 3 provides some findings. A majority of the respondents indicated that they have classroom programs (58%) in which students learn “with, from and about” each other. Just under half (49%) state that they offer clinical instruction that meets this IPE definition. As an average response per disciplines, IPE is deemed marginally more important in the classroom on the 1-6 scale (4.34) than in the clinical environment (3.58). Virtually no difference was found in perceptions of how well other CAM professions were educated about the disciplines in the surveyed institutions (4.12) as compared to perceptions of how the surveyed institutions educate their students about CAM fields not in their institution (4.12). Notably, the importance of IPE with conventional medical and allied health disciplines ranked marginally higher than that regarding CAM disciplines as an average across the five disciplines (4.58). A question on the type of information that is typically included in content ABOUT other disciplines ranked highest in the area of referral, special conditions for referral, and how to work collaboratively. These tended to be higher relative to conventional disciplines. Such content is still typically noted by over 50% of respondents. The percent saying programs offered over 15 hours in education “about” other CAM fields were as follows: AOM (34%), DC (17%), ND (50%), MT (44%), and DEM (67%).

Table 3: Sample Results by Disciplines/Group on Perceptions and Practices on IPE

Current IPE Programs and Perceptions Regarding IPE and other CAM Professions	AOM	DC	ND	MT	DEM	IP
Does your institution have IPE in your institution's CLASSROOM (non-clinical) instruction in which students from two or more CAM professions learn WITH, FROM and ABOUT each other? YES	62%/10	0%/0	83%/5	67%/12	33%/2	57%/8
Does your institution have IPE in your institution's CLINICAL instruction in which students from two or more CAM professions learn WITH, FROM and ABOUT each other? YES	57%/8	20%/1	83%/5	41%/7	17%/1	77%/10
Mean Response						
How important to have CLASSROOM experiences when students learn with from and about other CAM disciplines?	4.62	3.00	5.50	4.58	4.00	5.00
How important to have IPE CLINICAL experience when students learn with, from and about other CAM disciplines?	4.08	2.00	5.50	4.07	2.25	5.15
The extent to which your institution operates on the belief that <i>OTHER CAM healthcare professions</i> are adequately educated about the value of CAM discipline(s) in your institution.	4.43	3.50	4.80	3.88	4.00	3.67
State the extent to which your institution operates on the belief that <i>CAM students in your institution</i> are adequately educated about the clinical value of services of other CAM professions.	4.14	3.00	4.67	3.81	5.00	3.69
Questions Regarding Importance of IPE with Conventional Disciplines						
How important is it to your institution to have educational experiences where students from your institution's discipline(s) learn WITH, FROM and ABOUT STUDENTS of conventional medical (MD, DO) or other allied health disciplines (RN, PT, Pharm, Psych, etc.)?	5.08	4.00	5.33	4.31	4.17	5.00

Discussion: Given the high percentage of respondents from single-purpose programs/institutions, the level of work “with, from and about” other disciplines is high. Did respondents include merely having a teacher from another field? The strategies for IPE merit exploring. Despite the small number of respondents, the distinct differences in response by discipline are worth noting. The DC respondents reported the least IPE involvement as well as the least interest. The NDs, who are most often in multidisciplinary institutions, reported the most. MT and DEM respondents each indicated that multiple fields of content were important when learning “about” other disciplines, whether CAM or conventional. The AOM, DC and ND respondents all showed lower interest in providing educational content about referral to other CAM providers. Does this suggest less interest or a perception of less need? One notable outcome was the similarity in perceptions across respondent groups about whether other disciplines did a good job educating students about disciplines other than their own, and whether they (the responders) did a good job educating (their) students about disciplines other than their own. This countered a view, informally gathered, that most fields think others need to know more about them, but they educated their own well about others.

Next Steps

The CEDR marketing campaign and survey were each engaged, principally, to assist ACCAHC in clarifying its next steps relative to IPE. These findings call for focused reflection, and potentially educational practice changes, for some of these CAM fields if perceived importance of IPE is to be aligned with current offerings. The gaps between perception and practice, including the use of the highly-regarded but poorly-utilized CEDR, suggest that ACCAHC, and other organizations or institutions interested in providing resources or programs for engaging the CAM fields in IPE, will find opportunities as well as challenges in this endeavor.

Table #2: Responses to the Survey by

Group	Group		
	# Individuals Contacted	# Programs Involved	Response Rate (# respondents)
AOM	68	45	22% (15)
DC	22	11	23% (5)
ND	10	5	50% (5)
MT	60	50	32% (19)
DEM	10	9	60% (6)
IP	24	16	63% (15)
	194	136	42% (65)

Percentage that replied “Yes” /number respondents for each question