

COMPETENCIES FOR OPTIMAL PRACTICE IN INTEGRATED ENVIRONMENTS: EXAMINING ATTRIBUTES OF A CONSENSUS INTERPROFESSIONAL PRACTICE DOCUMENT FROM THE LICENSED INTEGRATIVE HEALTH DISCIPLINES

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Introduction: The Academic Consortium for Complementary and Alternative Health Care (ACCAHC) is committed to advancing human health through the advancement and integration of the complementary and alternative medicine (CAM) professions within the American healthcare system. This will involve the maturation and integration of the licensed CAM professions into conventional healthcare delivery, and in turn, it will involve the development of competency in integrative healthcare and interprofessional education within the CAM professions.

Method and Results: In 2010, ACCAHC resolved to identify the competencies necessary for this transformation, and in the process, discovered a parallel process of competency development within conventional healthcare, the Interprofessional Education Collaborative (IPEC), representing the six major conventional healthcare professions.

Discussion: The ACCAHC competency document, its development, and its similarity to the IPEC document are discussed. The ACCAHC competency document identified two domains of competence that were not present in the

IPEC document: evidence-informed practice and institutional healthcare practices. These two domains of competency are discussed with respect to their significance in both CAM and conventional healthcare practices.

Conclusion: ACCAHC's goal is to foster collaboration among its member professions and with conventional healthcare professions, and to use these competency documents to improve and optimize healthcare delivery, practices, and outcomes in America. It is hoped that ACCAHC's competency document will catalyze interaction with IPEC leading to the adoption of a single shared competency document that will meet the needs of all healthcare providers and educators.

Key words: Academic consortium for complementary and alternative health care, Complementary and alternative medicine, Collaborative practice, Interprofessional competencies, Chiropractic, Acupuncture and oriental medicine, Naturopathic medicine, Massage therapy, Midwifery

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INTRODUCTION

The Academic Consortium for Complementary and Alternative Health Care (ACCAHC) consists of members representing the five major licensed complementary and alternative medicine (CAM) professions: chiropractic, acupuncture, massage therapy, naturopathic medicine, and direct-entry midwifery, as well as emerging traditional medical systems. ACCAHC is dedicated to interprofessional education and practice involving the CAM professions, and its structure and history are described in more detail below.

An early and pressing consideration for these CAM professions, as they seek to integrate with conventional healthcare delivery, is challenging the assumption that they are "modalities" and not healthcare professions. The very formation of ACCAHC was an act of interprofessional education supporting the dissolution of this false assumption in favor of strengthening the professional identities of the represented professions. ACCAHC was a leading force in the National Education Dialogue (NED) in 2005, which involved 11 healthcare disciplines, including leaders of the Consortium of Academic Health Centers in Complementary and Integrative Medicine (CAHCIM).¹

ACCAHC has produced surveys, publications, and reports since its inception in 2004.² These include surveys on inter-institutional relationships and a reference text entitled "Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions."³ Throughout all of this work, the focus was on developing and promoting interprofessional relationships among the member healthcare disciplines and between these disciplines and their counterparts in conventional healthcare. Ultimately,

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this led to the decision in 2009 to develop a document outlining the educational competencies for practicing in integrated environments, as a tool for the CAM professions to adapt for use in their wide range of professional contexts. Another reason for developing the competency document was to encourage interprofessional activity among the CAM professions and their academic institutions, which themselves are considered highly independent and “siloeed.” Breaking out of these silos was, and remains, a key area of attention for ACCAHC.

The development of the document entitled “Competencies for Optimal Practice in Integrated Environments”⁴ was seen as a major focus of work for ACCAHC and as a crucial resource for its CAM discipline academic institutions and the professions that they represent. Following the development of this document, it was discovered that a parallel document had been developed by the Interprofessional Education Collaborative (IPEC)⁵ which represented the six major conventional healthcare professions: nursing, osteopathic medicine, pharmacy, dentistry, medicine, and public health. This document mirrored the work of ACCAHC and an extensive comparison was undertaken to “cross-walk” the two documents. This resulted in a revised competency document for ACCAHC which is seen as complementary to the IPEC document, with ACCAHC amendments considered to be of importance in both complementary and conventional healthcare. This revised document is discussed in detail below.

THE ACADEMIC CONSORTIUM FOR COMPLEMENTARY AND ALTERNATIVE HEALTH CARE

ACCAHC is a national leadership organization focused on advancing whole-person care, emphasizing health and well-being, and supporting collaborative and integrative team-based care. Core membership consists of the national councils of colleges, accrediting agencies, and certification/testing organizations from the five licensed complementary and alternative healthcare professions. The fields include chiropractic, naturopathic medicine, acupuncture and Oriental medicine, massage therapy, and direct-entry midwifery—together representing over 370,000 licensed practitioners. These five fields each have a US Department of Education-recognized accrediting body and national certification or examination bodies. The national organizations that are members of ACCAHC each nominate a representative to serve on the ACCAHC Board. There is also a membership category for traditional world medicines and emerging professions in order to include and support those fields that are in accord with ACCAHC mission, vision, and core values. ACCAHC has a 20-member board and four part-time staff. In addition to the executive and finance committees, and the Leadership Development Task Force, ACCAHC has three standing committees—the Educational Working Group, the Clinical Working Group, and the Research Working Group. Fundamentally, the organization developed because national leaders of these five fields realized that many of them shared a vision and core values.

The mission of ACCAHC is to enhance the health of individuals and communities by creating and sustaining a

network of global educational organizations and agencies, which will promote mutual understanding, collaborative activities, and interdisciplinary healthcare education. ACCAHC fulfills its mission through education, convening, and policy engagement.

ACCAHC envisions a healthcare system that is multidisciplinary and enhances competence, mutual respect, and collaboration across all healthcare disciplines. This system will deliver effective care that is patient centered, focused on health creation and healing, and readily accessible to all populations.⁶

ACCAHCs Core Values

- The diversity and traditions that exist in programs and institutions accredited by agencies recognized by the US Department of Education, as well as emerging fields that are actively engaging educational and regulatory processes.
- The Institute of Medicine (IOM) statement that “the goal of integrating care should be the provision of comprehensive care that is safe and effective care, that is collaborative and interdisciplinary, and care that respects and joins effective interventions from all sources.”⁷
- Public accountability and standards of practice, which emphasize patient-centered care, patient safety, practice competencies, professionalism, and a rigorous code of ethics.
- The diverse healthcare paradigms and their academic and clinical applications which recognize the intimate relationship between health, mind, body, spirit, and environment and emphasize health promotion, healing, prevention, and wellness.
- The importance of insuring that all academic healthcare programs and institutions accredited through US Department of Education-recognized accrediting bodies have direct and equitable access to all public and private support systems.
- Evolving academic health centers and institutions as they emerge through the benchmarking processes of establishing high standards and developing academic curriculum, research, clinical training, future leaders, and policy action that will affect the transformation of our healthcare system.
- Explicit inclusion of “complementary and alternative medicine” therapies and licensed or nationally certified practitioners and of “integrative health” and “integrative practitioners” in governmental and private healthcare policy dialogs, reports, and recommendations until such time as these distinct disciplines and practices that are used by significant subsets of the population are routinely included as part of the interprofessional communities of medical and healthcare professions.

Brief History of ACCAHC

The Academic Consortium for Complementary and Alternative Health Care (ACCAHC) was formed in 2004 as a project of the Integrated Healthcare Policy Consortium (IHPC), an organization dedicated to promoting policies and action to advance integrated healthcare. ACCAHC was part of a broader IHPC educational initiative entitled the

National Education Dialogue to Advance Integrated Health Care: Creating Common Ground (NED). The goal of both efforts was to mainly fulfill educational directions recommended by the White House Commission on Complementary and Alternative Medicine Policy and the IHPCs National Policy Dialogue to Advance Integrated Health Care. ACCAHC was formally incorporated in the early 2008 as a not-for-profit charitable organization. In many ways, the creation of ACCAHC represented the first time leaders of key national educational institutions, accrediting agencies, and certification/testing organizations within the five distinct CAM fields made a commitment to learn to work together to better patient care and to support interprofessional practice and education (IPPE). ACCAHC also decided to be inclusive, and thus, the traditional world medicines and emerging professions that are committed to self-regulation and standard setting in their fields are part of the ACCAHC community.

From the beginning, ACCAHC has always supported the creation of environments of respectful teamwork which patients desire and which quality healthcare demands from professionals. As well as creating collaboration among the ACCAHC member disciplines, we also engage our colleagues in conventional medical education, research, policy, and practice. ACCAHC has, from its inception, been in dialog and sharing with the Consortium of Academic Health Centers for Integrative Medicine. Leaders of the two organizations have met several times since the mid-2000. Several of the Consortium's key leaders serve on the ACCAHC Council of Advisers.

Some of ACCAHCs current leading activities include participation in three Institute of Medicine (IOM) projects, one of which is sponsorship of the current IOM Global Forum on Innovation in Health Professional Education, along with the following:

- assisting educators and clinicians in developing and enhancing *Competencies for Optimal Practice in Integrated Environments*;
- creation of a white paper on the roles of four of the ACCAHC disciplines on meeting the nation's primary care needs;
- participation on the advisory board for Collaboration Across Borders IV conference on interprofessional practice and education (IPPE);
- participation on the Pain Action Alliance to Implement a National Strategy;
- Integrative Medicine for the Underserved;
- the Health Resources Services Administration (HRSA)-funded National Coordinating Center for Integrative Medicine through the Integrative Medicine in Preventive Medicine project of the American College of Preventive Medicine.

ACCAHC is also involved in expanding evidence-informed education and practice in ACCAHC colleges, schools, and programs, which promotes a real world practice and a patient-centered approach to research, providing collaboratively-developed perspectives on key policy issues, representing patient interests in whole-person care in key

national health dialogs educating leaders in health-focused care about ACCAHC, and developing a Center for Optimal Integration web portal.

BACKGROUND FOR THE OPTIMAL PRACTICE IN INTEGRATIVE ENVIRONMENT PROJECT

Once incorporated and with the three ACCAHC working groups established, ACCAHC leaders focused on identifying the priority projects that would help fulfill ACCAHCs mission to better patient care through fostering more mutual respect and understanding among the disciplines. Our initial major projects were the creation of the ACCAHC *Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions* (CEDR) and development of the "Competencies for Optimal Integration." The chapters of the CEDR are authored by academic leaders who are nationally involved in their respective fields. In this paper, each of the five licensed CAM fields offers an overview of its field. In addition, there is information about the emerging professional and traditional world medicine that are ACCAHC members. The CEDR was a very important first project for the organization as ACCAHC recognized that it was and is vital that administrators, faculty, students, and practitioners from each of the five licensed CAM fields knows the basics of the other fields and that our conventional healthcare colleagues and the public obtain a basic understanding about the ACCAHC professions.

The next major project was the creation of the "Competencies for Optimal Practice in Integrated Environments." In May 2009, the Academic Consortium for Complementary and Alternative Health Care (ACCAHC), met for the organization's first biennial meeting. The participants consisted of educators, clinicians, and researchers.

The new era of integrative health and medicine had and has created growing opportunities for licensed CAM practitioners to participate with conventional medicine delivery in community practices, clinics for the underserved, some hospitals, and throughout various healthcare environments. Yet each was keenly aware that, for the most part, the education they provide to students takes place in silos. In addition, ACCAHC recognizes that a new generation of students is pushing for experience in integrated environments. Students want to learn about interprofessional practice and education. The time has come to shift from the silo approach of education and practice to a collaborative, integrative approach—this is what is best for the patient, for healthcare outcomes, and for cost of healthcare.

Thus, the second ACCAHCs major project was to develop competencies for optimal integrative practice that would emphasize interprofessional practice and education. In the ACCAHC 2009 planning session, and in subsequent board meetings, the core project involved ACCAHCs Education, Clinical, and Research Working Groups along with input from the ACCAHC Board and colleagues in the conventional healthcare community. ACCAHC academic leaders began to identify the appropriate knowledge, skills, and attitudes for optimal integrative practices.

EARLY DEVELOPMENT OF THE COMPETENCY DOCUMENT

Initial discussions led to the early identification of five major competency fields: communication and interprofessional relationships, interprofessional education, evidence-based healthcare, healthcare policy, and institutional healthcare culture and practice. Associated with these five fields were 28 competency elements. Building from this early iteration of the ultimate document, ACCAHC working group members further developed the 28 competency elements through a volunteer effort based on interest and expertise of the participants. This process was called the "Adopt a Competency Task" (ACT) Project or ACT Project.

TRANSLATION TO EDUCATIONAL PRACTICE: ADOPT A COMPETENCY TASK (ACT) PROJECT

This project began in September 2010, and ACCAHC educator leaders "adopted" a competency element as volunteer faculty in teams of 2–3 members. The goal was to create 1–2 h educational modules for each element that would include an overview, learning objectives, and when appropriate, learning resources. The ultimate goal was to create a set of educational resources that could be adapted by ACCAHC members for use in their programs. A sample ACT segment is shown in Figure 1. This sample segment shows the overview and learning objectives as well as the interdisciplinary team that created the document consisting of a chiropractor, a naturopathic physician, and an acupuncturist.

THE INTERPROFESSIONAL EDUCATION COLLABORATIVE COMPETENCY DOCUMENT

The Interprofessional Education Collaborative (IPEC), representing medical education [Association of American Medical Colleges (AAMC)], nursing education (American Association of Colleges of Nursing), dental education (American Dental Education Association), osteopathic medical education (American Association of Colleges of Osteopathic Medicine), and public health education (Association of Schools of Public Health), had developed its own competency document when ACCAHC was developing its document. The focus was on team-based care. The document was announced publicly in May 2011 as Core Competencies for Interprofessional Collaborative Practice.⁵

Similar to the ACCAHC document, this competency document has four fields and a total of 38 sub-competency elements. The four main competency fields are as follows: Values/Ethics for Interprofessional Practice, Roles/Responsibilities for Collaborative Practice, Interprofessional Communication, and Interprofessional Teamwork and Team-based Care.⁵

MUTUAL DEVELOPMENT AND DISCOVERY OF RESPECTIVE COMPETENCY DOCUMENTS

Unfortunately, there are no formal communication channels between the IPEC members and the ACCAHC members. Accordingly, each group developed its competency document

without awareness of the similar process in the other group. A newsletter published by the AAMC noted the IPEC competency project in January 2011. A month later, ACCAHC officials learned more details of the project from a meeting with HRSA Administrator Dr Mary Wakefield. ACCAHC then sought participation in an upcoming IPEC meeting, which was denied. Finally, ACCAHC representatives attended the press conference in May 2011 in which the IPEC competency document was announced.

ACCAHC REVIEW AND APPRAISAL OF THE IPEC DOCUMENT ("A TALE OF TWO DOCUMENTS")

Upon initial review of the IPEC document, the Education Working Group of ACCAHC noted the considerable similarity of the respective documents of the two groups.

In terms of the general characteristics, the two documents were also very similar:

*Competencies for Optimal Practice in Integrated Environments*⁴

Sponsor: Academic Consortium for Complementary and Alternative Health Care

Disciplines represented: Five core professions and 16 organizations

Document began and completed: Started Fall 2009 and endorsed August 2010

Number of major competency fields: Five

*Core Competencies for Interprofessional Collaborative Practice*⁵

Sponsor: Interprofessional Education Collaborative

Disciplines represented: Six core professions

Document began and completed: Started Fall 2009 and published May 2011

Number of major competency fields: Four

CROSS-WALKING THE COMPETENCY SETS

Next, ACCAHC Education Working Group members carefully analyzed and compared the two documents and identified the overlap of the major competency fields as shown in Table 1. Overall, it was felt that the IPEC document, with three key additions, could represent the competency sets that were derived from the ACCAHC project.

Additional Element 1

The ACCAHC project members proposed to add one sub-competency element to the major competency of Values/ethics for interprofessional practice. This would be the 11th element for this competency and would represent a value that is considered very important to ACCAHC members:

VE 11: Demonstrate personal behaviors and self-care practices that reflect optimal health and wellness.

Additional Element 2

ACCAHC identified two entire competency areas that do not exist in the IPEC document. Each of these will be considered individually as two additional elements.

Additional competency area 5: Evidence-based healthcare and evidence-informed practice

Competency Area 5: Evidence-based Health Care & Evidence-informed Practice

5.5 Relate contemporary issues in integrative practice research, including those relative to measuring whole practices, disciplines, whole systems and health outcomes

Overview

The modalities, materials and practices of CAM sometimes present problems in research that may go beyond the evaluation of conventional drugs and devices. In addition, single agents are rarely used in everyday CAM practice with combinations of treatments the general rule. In fact, discipline-specific whole practices may assess the patient in ways which are not distinguished in conventional medical theory before applying lifestyle measures and specific therapeutics to improve health. Research should be designed to take account of these differences among CAM and convention healthcare systems.

Learning Objectives

1. Be aware of similarities and differences of CAM discipline-specific whole practice and pharmacological/biomedical research.
2. Be able to identify methodological issues that are common to research in CAM and whole practice research. The following issues bear attention beyond that required for pharmaceutical trials: Standardization; Individualization of treatment: nosology and indication; Combination therapies: effect size, response rate and safety; Nonspecific healing effects; Outcomes and measures; Controls and blinding; Whole practice models
3. Understand the challenges of evaluating whole practice CAM research and the limitations of research that does not address them.
4. Appreciate the implications of integrated medicine research combining both CAM and conventional practices.

Developers: Carlo Calabrese, ND, MPH, Greg Cramer, DC, PhD, Hong Jin, LAc

Figure 1. Sample ACT segment.

The subject of evidence-based care and evidence-informed practice is of great importance to the CAM fields. It is an area in which CAM disciplines have been historically neglected or avoided. However, over the past 2–3 decades, it has taken on increasing importance. Evidence is the language of integration and it can be both a conversation opener and a barrier. The culture of evidence is unfortunately less pervasive in the CAM disciplines than in the conventional healthcare professions. National Institutes of Health (NIH)-sponsored R25 education

grants are facilitating a growth in the culture of evidence-informed practice among contemporary CAM graduates and institutions, but the process is complex and will take time to become ubiquitous. This competency area was described as follows:

Competency 5: Evidence-based care and evidence-informed practice

General competency statement: Explain, evaluate, and apply scientific evidence in the context of practitioner experience and patient preferences and apply evidence-informed decision making in integrated healthcare delivery.

Table 1. Cross-Walking the Major Elements of the ACCAHC^a and IPEC Competency Documents

ACCAHC Competencies for Optimal Practice in Integrated Environments	IPEC Core Competencies for Interprofessional Collaborative Practice
Evidence-based healthcare and evidence-informed practice	No specific counterpart
Interprofessional education	Roles/responsibilities for collaborative practice
Institutional healthcare culture and practice	No specific counterpart
Communication and interprofessional relationships	Interprofessional teamwork and team-based care; interprofessional communication; and values/ethics for interprofessional practice
Healthcare policy	No specific counterpart but overlaps with Interprofessional teamwork and team-based care

ACCAHC, Academic Consortium for Complementary and Alternative Health Care; IPEC, Interprofessional Education Collaborative.

^aThe original ACCAHC document prior to revisions leading to the final document.

Competency elements (EP1–EP7)

EP1: Explain the role of scientific evidence in healthcare in the context of practitioner experience and patient preferences.

EP2: Describe common methodologies within the context of both clinical and mechanistic research, focusing on an assessment of your own field.

EP3: Discuss contemporary issues in integrative practice research, including those relative to evaluating whole practices, whole systems, disciplines, patient-centered approaches and health outcomes.

EP4: Analyze the research base within one's own discipline, including the positive and negative interactions, indications, and contraindications for one's own modalities and agents.

EP5: Apply fundamental skills in research evaluation.

EP6: Demonstrate evidence-informed decision making in clinical care.

EP7: Discuss the value of evidence-informed risk management planning and risk management behavior.

ACCAHC noted that the only reference to evidence-informed practice in the IPEC document was in Teams and team-based care: sub-competency 10—“use available evidence to inform effective teamwork and team-based practices.” Given that there is a current debate about wastefulness in healthcare and that the need for evidence in healthcare practices is being widely emphasized, it is proposed that this element, though perhaps with different supportive language, might be considered for inclusion in the IPEC document. In the context in which the Institute of Medicine has estimated that \$750 billion of what is done in US healthcare is waste, the logic is that we do not want to have perfectly functioning teams performing perfectly wasteful and possibly harmful interventions.⁸

Additional Element 3

Additional competency area 6: Institutional healthcare culture and practice

Most of the ACCAHC educational and practice settings are in functional and/or structural silos. ACCAHC members typically have low familiarity with the culture, language, protocols, or operations of integrated institutional settings such as outpatient or inpatient service settings. Accordingly, attention to this area was deemed necessary for CAM

providers to achieve competency in integrated environments. This competency area was described as follows:

Competency 6: Institutional Healthcare Culture and Practice

General competency statement: Prepare practitioners who were not principally educated in conventional academic and delivery environments to better understand such settings and systems.

Competency elements (IH1–IH9)

IH1: Explain health system accreditation standards and protocols as they apply to your discipline.

IH2: Describe organizational and administrative structures and the decision-making processes that accompany them.

IH3: Explain credentialing and privileging mechanisms and describe existing examples for your discipline.

IH4: Describe the clinical services and processes of care for each discipline in a facility.

IH5: Appraise and produce a medical record, demonstrating comprehension and interpretation of relevant short-hand and abbreviation; common medical terminology; and standard charting and documentation in both paper and electronic medical record formats.

IH6: Describe policy issues, management structures, and emerging clinical and economic models, including how compensation strategies, incentives, and other factors are used to leverage clinical decisions.

IH7: Explain the concept of informed consent, and be able to communicate the benefits and risks of care options.

IH8: Identify models of integrative care, including any established best practices, describing challenges and opportunities for growth.

ACCAHC feels that this additional competency element is worthy of consideration for inclusion by IPEC. A major commission report in 2010 in *Lancet*⁹ on the subject of transforming education for 21st century healthcare proposed that non-clinical skills would play a major role in “transformative” education. Skills in institutional culture such as those proposed in ACCAHCs document would facilitate shifts toward greater responsiveness of clinical education to “real world” delivery needs as well as integration with public health efforts, both of which were proposed in the *Lancet* article.

The ACCAHC competency document has been endorsed by national education organizations of the five core disciplines (Association of Accredited Naturopathic Medical Colleges; Association of Chiropractic Colleges; Council of Colleges of Acupuncture and Oriental Medicine; Alliance for Massage Therapy Education; and Midwifery Education Accreditation Council). ACCAHC informed IPEC of these endorsements, which thus include endorsement of the IPEC Core Competencies document. Notably, ACCAHC is listed as a Supporting Organization on the IPEC website.¹⁰

CONCLUSION

ACCAHCs goal is to foster collaboration among its member professions and with conventional healthcare professions, and to use these competency documents to improve and optimize healthcare delivery, practices, and outcomes in America. It is hoped that ACCAHCs competency document will catalyze interaction and debate with IPEC toward the adoption of a single competency document aimed at the needs of all healthcare providers and educators: complementary as well as conventional.

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