### **REVIEW ARTICLE**

## 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

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.

# Corresponding author. e-mail: mwiles@nwhealth.edu 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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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).<sup>1</sup>

ACCAHC has produced surveys, publications, and reports since its inception in 2004.<sup>2</sup> These include surveys on interinstitutional relationships and a reference text entitled "Clinicians' and Educators' Desk Reference on the Licensed Complementary and Alternative Healthcare Professions."<sup>3</sup> 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 "siloed." 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"<sup>4</sup> 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)<sup>5</sup> 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 wellbeing, 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 parttime 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.<sup>6</sup>

#### **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."<sup>7</sup>
- 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 Download English Version:

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