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

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Chair NCCAOM

*Produced by the:*  
National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM)  
National Education Dialogue to Advance Integrated Health Care (NED)  
Academic Consortium for Complementary and Alternative Health Care (ACCAAH)
Competencies Survey for Acupuncture Practice in Integrative Healthcare Settings

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NED and ACCAHC’s Common Vision

We envision a health care system that is multidisciplinary and enhances competence, mutual respect and collaboration across all CAM and conventional health care disciplines.
Purpose and Goals of the Study

Purpose:
To learn what competencies and learning tools best prepare Acupuncture and Oriental Medicine (AOM) practitioners to play an optimal role in patient care in integrative medicine settings.

Goals:
• To glean information from AOM practitioners who are experienced in these settings.
• To identify the types of competencies and tools which best prepare other AOM professionals for making the most of these integrated care opportunities.
Selection of the AOM Clinicians

• Practitioners surveyed were all licensed acupuncturists who are practicing in integrated health environments.

• Practitioners were from AOM schools which offer the Doctor of Acupuncture and Oriental Medicine (DAOM) degree and academic health centers with integrative clinics (all members of the Consortium of Academic Health Centers for Integrative Medicine)
Methods

Survey Comprised of Four Parts

- Background of Survey Participants
- Specialized Training and Resources
- Key Topics in an Optimal Training
- Follow-up Interviews of the survey participants

- The survey instrument was reviewed by representatives of NED, ACCAHC and NCCAOM and the survey was administered through e-mail.
Methods

• Interviews typically happened within two weeks of filling out the survey.
• Interviews varied in length from 20 to 75 minutes.
• The interview was informally structured around the importance the participant placed on specific competencies, or comments made in their survey form.
• The survey and interviews were engaged in October and November of 2006.
## RESULTS

### Experience in the Integrated Center/Hospital

<table>
<thead>
<tr>
<th>Duration</th>
<th>0-12 mo.</th>
<th>13-2yr</th>
<th>3-5 yr</th>
<th>&gt;5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>15% (4)</td>
<td>12% (3)</td>
<td>42% (11)</td>
<td>31% (8)</td>
</tr>
</tbody>
</table>
RESULTS

Background of the Survey Participants

• **50%** (13) had an affiliation with an AOM school.

• **46%** (12) noted an affiliation with conventional medical education

• **81%** (21) are certified by NCCAOM in Acupuncture and **19%** (5) in Oriental Medicine.

• One was also a licensed naturopathic doctor.
 RESULTS

Specialized Training and Useful Resources

Only a minority of respondents responded affirmatively in any of the six categories which explored specialized training that they may have received to prepare them for their work in integrated settings.
## Specialized Training Notes by Participants

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Did the clinic/hospital/institution provide any training to prepare you for your role?</strong></td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td><strong>Is there reading and/or CD/DVD that you found particularly useful in preparing you for your work, or which you have since discovered?</strong></td>
<td>4</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>16%</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Was there any website or web resource that was particularly useful to you, or which you have since discovered?</strong></td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>60%</td>
</tr>
<tr>
<td><strong>Was there any training, conference, class, seminar that has proved particularly useful in preparing you, or which you have since discovered?</strong></td>
<td>8</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
<td>----</td>
</tr>
<tr>
<td>Did your college or professional association provide specialized training/</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>seminar/sessions which proved particularly useful?</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Was there any other resource has been particularly useful to you, or</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>which you have since discovered?</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>Were there attitudes among the health professionals with whom you work</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td>that have interfered with your ability to fully practice AOM in this</td>
<td>26%</td>
<td>76%</td>
</tr>
<tr>
<td>setting?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Key Topics in an Optimal Training

The Third Section Of The Written Survey

• Ranking of 25 potential topics which might be in “an educational session to prepare AOM practitioners for practice in an integrated care environment.

• Ranking on a 1 to 5 Likert scale: (“not important” to “very important”)
Key Topics in an Optimal Training

- Of the 25 topics selected for ranking as to their importance:
  - 12 (48%) were marked either a 4 or 5 (“important” to “very important”) by over 80% of the respondents.
  - 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.
## Key Topics in an Optimal Training

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication with MDs/nurses and other providers</td>
<td>96%</td>
</tr>
<tr>
<td>Communicating AOM concepts in a language which works with conventional practitioners</td>
<td>91%</td>
</tr>
<tr>
<td>Speaking-presentation skills to help build relationships</td>
<td>89%</td>
</tr>
<tr>
<td>Leadership skills to give my services a more effective presence</td>
<td>88%</td>
</tr>
<tr>
<td>Skills in articulating to the MDs/staff the value I offer patients</td>
<td>88%</td>
</tr>
<tr>
<td>Charting/documentation in a conventional environment</td>
<td>88%</td>
</tr>
</tbody>
</table>
## Key Topics in an Optimal Training

<table>
<thead>
<tr>
<th>Topic Area</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of high priority acute management clinical presentations (red flag)</td>
<td>88%</td>
</tr>
<tr>
<td>Skills needed for multi-disciplinary collaboration</td>
<td>85%</td>
</tr>
<tr>
<td>Strategies/skills for developing relationships with MDs/Nurses to enhance referrals</td>
<td>85%</td>
</tr>
<tr>
<td>Useful medical language/medical terminology</td>
<td>84%</td>
</tr>
<tr>
<td>Assessment and evaluation of a conventional medical record</td>
<td>83%</td>
</tr>
<tr>
<td>Management &amp; referral to conventional providers</td>
<td>81%</td>
</tr>
</tbody>
</table>
Findings from the Interviews

- Interview questions focused on
  - General perceptions of the value of the survey
  - Value of special training or a refresher course on this subject area
  - Specific content ideas they recommend including for future training
- The core intent was to gather their insights in order to pass them on to others.
Recommendations from the Interviews Were Grouped Into

• Resources to Develop
• Important Resources to Provide
• Specific Content
• Recommendations For Those in Inpatient Care
• Communication Related Recommendations
Ideas for Resources from the Interviews

**Resources to Develop**

- 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 supports 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.
Ideas for Resources from the Interviews

*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).
- Review sample policies and procedures from hospitals.
- Information on system mission and its relationship to the community.
Ideas for Resources from the Interviews

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.
Ideas for Resources from the Interviews

Specific Content

- 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 practitioners (balance, restructuring, fluidity, etc.)
- Leadership skills.
Ideas for Resources from the Interviews

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.
Ideas for Resources from the Interviews

**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
Conclusions:

• Participants indicated they have the basic clinical and inter-personal competencies to survive.

• Most are not fully enabled by a complete set of knowledge, skills and competencies to allow them to create an optimal place for AOM practice in these integrated healthcare environments.

• Most believe that focused materials or short courses targeting this transition would be useful, especially as opportunities for practice in integrative environments appear to be increasing.