



[www.accahc.org](http://www.accahc.org)

3345 59<sup>th</sup> Avenue Southwest, Seattle, Washington 98116  
[jweeks@accahc.org](mailto:jweeks@accahc.org) or [brosenthal@accahc.org](mailto:brosenthal@accahc.org); 206-932-5799

## Competencies for Optimal Practice in Integrated Environments

Elizabeth Goldblatt, PhD, MPA/HA  
Chair

John Weeks  
Executive Director

Beth Rosenthal, PhD, MBA, MPH  
Assistant Director

### Board Members

Joseph Brimhall DC\*  
Stan Dawson, DC, LMT  
Horace Elliott  
Elizabeth Goldblatt, PhD, MPA/HA\*  
Dale Healey, DC  
Guru Sandesh Khalsa, ND  
Christa Louise, PhD  
Jo Anne Myers-Ciecko, MPH  
David O'Bryon, JD, Vice Chair\*  
Reed Phillips, DC, PhD, Founding Chair  
Marcia Prenguber, ND\*  
Jan Schwartz LMT, Secretary\*  
Pamela Snider, ND, Treasurer\*  
Felicia Tomasko, RN  
Kory Ward-Cook, PhD, MT (ASCP), CAE  
John Weeks, *ex officio*\*  
Mark Ziegler, DC

\* Executive Committee

### Organizational Members

#### Councils of Colleges

Council of Colleges of Acupuncture and Oriental Medicine  
Association of Chiropractic Colleges  
Alliance for Massage Therapy Education  
Association of Accredited Naturopathic Medical Colleges

#### Accrediting Agencies

Accreditation Commission for Acupuncture  
and Oriental Medicine (*Affiliate*)  
Commission on Massage Therapy Accreditation  
Council on Chiropractic Education  
Council on Naturopathic Medical Education  
Midwifery Education Accreditation Council

#### Testing and Certification

North American Board of Naturopathic Examiners  
National Board of Chiropractic Examiners  
National Certification Commission for  
Acupuncture and Oriental Medicine

#### Traditional World Medicines & Emerging Professions

Accreditation Commission for Homeopathic  
Education in North America  
International Association of Yoga Therapists  
National Ayurvedic Medical Association

#### Sustaining Donors Group & Center for Optimal Integration

Leo S Guthman Fund  
Bastyr University  
Life University  
Lia Fund  
National University of Health Sciences  
NCMIC Foundation  
Westreich Foundation

#### Founding Philanthropic Partner

Lucy Gonda

Development initiated: September 2009

Approved by the ACCAHC Board of Directors: August 2010

Amendments initiated to merge Interprofessional Education Collaborative (IPEC) competencies: June 2011

Amendments related to IPEC competencies approved by the ACCAHC Board of Directors: October 2011

**Background:** ACCAHC's collaborative process on the *Competencies for Optimal Practices in Integrated Environments* (September 2010) ran roughly parallel in time to the work of the Interprofessional Education Collaborative (IPEC) on the *Core Competencies for Interprofessional Collaborative Practice* (February 2011). ACCAHC's work was a collaboration of academics from five disciplines (chiropractic, naturopathic medicine, massage therapy, acupuncture and Oriental medicine, direct-entry midwifery). The IPEC collaboration includes six disciplines (medicine (MD), nursing, osteopathy, pharmacy, dentistry, public health). After IPEC's document was published, the ACCAHC Education Working Group engaged a line by line examination of the two documents to determine the level of alignment. The group determined that the content substantially overlapped and recommended endorsing all of the 4 IPEC competency fields (1-4, below) with one change, VE11. In addition, the group added two more competency fields: Competency 5, because evidence is a key language of collaboration and integration; and Competency 6, to reflect the learning opportunities that are missed by students who are not principally educated in conventional academic health centers and institutions. The ACCAHC Board of Directors endorsed these changes in October 2011. (These three additions are marked with ^ in this document.)

**Preamble:** Skills in team care are essential for all healthcare practitioners. Knowledge of other health care systems and the practices of colleagues in other fields provide a necessary beginning. Inter- and intra-professional education (IPE) that occurs in classes, clinics and research projects, for health care students and faculty, enhance the ability to collaborate. For members of the licensed integrative practice disciplines, education in these areas gains importance as patients form their own teams and as health systems open their doors to practice opportunities in interdisciplinary, inpatient and outpatient environments. These competencies and related knowledge areas are guides for collaborative efforts toward better patient care through enhancing mutual respect and understanding across healthcare professions. This document, which assumes that all practitioners are equipped with their own, discipline-specific clinical competencies, is meant to serve as a resource to all parties to these emerging healthcare teams.

*Note on language: "Integrated" has historically referred to integration across settings and disciplines in conventional environments and "integrative" to those emerging approaches and providers associated with "complementary and alternative medicine," "integrative health care" and "integrative medicine." In this document "integrated" is used to refer to integration in the larger context (environment), and "integrative" is used when focusing on patient care delivery (practice).*

## COMPETENCY 1 – Value and Ethics for Interprofessional Practice

*General Competency Statement: Work with individuals of other professions to maintain a climate of mutual respect and shared values.*

- VE1. Place the interests of patients and populations at the center of interprofessional health care delivery.
- VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
- VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health care team.
- VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions.
- VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services.
- VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
- VE7. Demonstrate high standards of ethical conduct and quality of care in one's contributions to team-based care.
- VE8. Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.
- VE9. Act with honesty and integrity in relationships with patients, families, and other team members.
- VE10. Maintain competence in one's own profession appropriate to scope of practice.
- VE11. Demonstrate personal behaviors and self-care practices that reflect optimal health and wellness.^

---

## COMPETENCY 2 – Roles and Responsibilities

*General Competency Statement: Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.*

- RR1. Communicate one's role and responsibilities clearly to patients, families, and other professionals.
- RR2. Recognize one's limitations in skills, knowledge, and abilities.
- RR3. Engage diverse healthcare professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.
- RR4. Explain the roles and responsibilities of other care providers and how the team works together to provide care.
- RR5. Use the full scope of knowledge, skills, and abilities of available health professionals and healthcare workers to provide care that is safe, timely, efficient, effective, and equitable.
- RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
- RR7. Forge interdependent relationships with other professions to improve care and advance learning.
- RR8. Engage in continuous professional and interprofessional development to enhance team performance.
- RR9. Use unique and complementary abilities of all members of the team to optimize patient care.

^ Signifies a section added by ACCAHC to the IPEC document. See page 1 for explanation.

## COMPETENCY 3 – Interprofessional Communication

*General Competency Statement: Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.*

- CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
- CC2. Organize and communicate information with patients, families, and healthcare team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- CC3. Express one’s knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment and care decisions.
- CC4. Listen actively, and encourage ideas and opinions of other team members.
- CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
- CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.
- CC7. Recognize how one’s own uniqueness, including experience level, expertise, culture, power, and hierarchy within the healthcare team, contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
- CC8. Communicate consistently the importance of teamwork in patient-centered and community-focused care.

---

## COMPETENCY 4 – Teams and Teamwork

*General Competency Statement: Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.*

- TT1. Describe the process of team development and the roles and practices of effective teams.
- TT2. Develop consensus on the ethical principles to guide all aspects of patient care and team work.
- TT3. Engage other health professionals – appropriate to the specific care situation – in shared patient-centered problem-solving.
- TT4. Integrate the knowledge and experience of other professions – appropriate to the specific care situation – to inform care decisions, while respecting patient and community values and priorities/preferences for care.
- TT5. Apply leadership practices that support collaborative practice and team effectiveness.
- TT6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families.
- TT7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care.
- TT8. Reflect on individual and team performance for individual, as well as team, performance improvement.
- TT9. Use process improvement strategies to increase the effectiveness of interprofessional teamwork and team-based care.
- TT10. Use available evidence to inform effective teamwork and team-based practices.
- TT11. Perform effectively on teams and in different team roles in a variety of settings.

## **COMPETENCY 5 – Evidence-based healthcare and evidence-informed practice<sup>^</sup>**

*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.*

- 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.
- 

## **COMPETENCY 6 – Institutional Healthcare Culture and Practice<sup>^</sup>**

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

- 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.
- 

<sup>^</sup> Signifies a section added by ACCAHC to the IPEC document. See page 1 for explanation.