Fall Webinar Series: Competency in Evidence Informed Practice for Integrative Health Professions

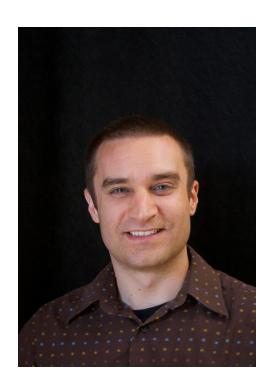
Evidence Informed Practice in Complementary and Integrative Academic Programs, Making it Work Jan. 26th, 2016





Overview

- Oct. 27th webinar- Importance of EIP from practitioners in integrative settings
- Nov. 17th webinar- Competencies to prepare graduates for interprofessional environments
- Today- Educators who have integrated ACCAHC competencies
- www.optimalintegration.org



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Today's Agenda

- Overview of ACCACH EIP competency components
- Incorporation into curriculum and role in integrative care
- Discussion



Competencies for Optimal Practice in Integrated Environments



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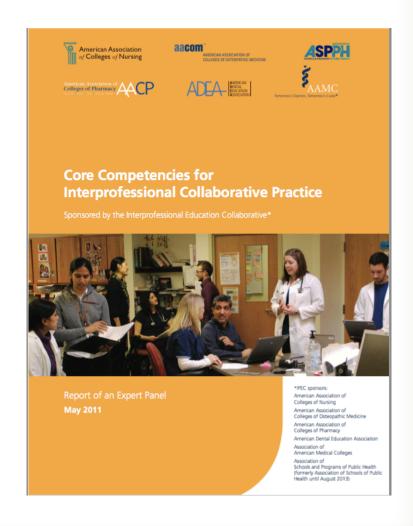
Competencies for Optimal Practice in Integrated Environments

Development initiated: September 2009
Approved by the ACCAIRC Board of Directors: August 2010
Amendments initiated to merge Interprofessional Education Collaborative (IPEC) competencies: June 2011
Amendments related to IPEC competencies approved by the ACCAIRC 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 5 – Evidence-informed practice

- EP1. Evidence, practitioner experience, patient preference
- EP2. Clinical and mechanistic methodologies
- EP3. Contemporary issues in integrative practice research
- EP4. Analyze the research base in your discipline
- EP5. Evaluate research
- EP6. Demonstrate evidence informed decision making
- EP7. Evidence informed risk management

Conventionally Based EIP Sub-Competencies

EP1. Explain the role of 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.

EP5. Apply fundamental skills in research evaluation.

EP6. Demonstrate evidence informed decision making in clinical care.

ACCAHC Based EIP Sub-Competencies

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.

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

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

Goal-Understand research designed to take account of whole practice design among CIH and conventional healthcare systems

Describe CIH discipline-specific whole practice within pharmacological/biomedical research.

Identify methodological issues that are common to research in CIH and whole practice research.

Illustrate the challenges of evaluating whole practice CIH research and the limitations of research that does not address them.

Discuss the implications of integrated medicine research combining both CIH and conventional practices.

ACCAHC EIP IN PRACTICE

BRENDAN SMITH ND

ASSISTANT PROFESSOR

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WHOLE SYSTEMS RESEARCH IN THE CLASSROOM

- Motivation for Implementation
 - Identification of the "right question" for research
 - Focus on informed decision making with patients
- How/Where to Add Competencies
 - Dedicated into EIP Course with Qualitative Studies
 - Implemented into Modules "Is there supporting evidence"



INTER-PROFESSIONAL EDUCATION IN THE CLINIC

Implementation of IPEC competencies into clinical curriculum between nutrition and naturopathic medicine programs

Goals:

- 1. Increase confidence and competence in IPE
- 2. 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.
- 3. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among healthcare professionals and with patients and families.
- 4. 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



INTEGRATING WHOLE SYSTEMS TCM RESEARCH INTO THE CLASSROOM

Whole Systems Research and TCM

WSR as an educational tool

Tension between modern research methods and the practice of TCM

Present a well-designed whole systems trial in the classroom

Whole Systems TCM

THE JOURNAL OF ALTERNATIVE AND COMPLEMENTARY MEDICINE

Volume 14, Number 5, 2008, pp. 475-487

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> A Pilot Whole Systems Clinical Trial of Traditional Chinese Medicine and Naturopathic Medicine for the Treatment of Temporomandibular Disorders

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Take Home Points

Methodologies that can honor the integrity of TCM

Meet the standards of rigorous modern research

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.

Goal-Keeping current with research surrounding the risks for various modalities and disciplines.
Identify the need for information.
Formulate a searchable clinical question.
Perform searches of the primary literature.
Critically appraise relevant research including clinical practice guidelines/best practices on the risks associated with your treatment.
Understand research on positive and negative interactions for clinical practice.

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

Goal- Locating relevant evidence to support effective communication of your profession's indications and contraindications.

Define risk management planning in the context of integrative healthcare.

List common behaviors for your field to mitigate risks to the patient.

Articulate indications, cautions, and contraindications within your discipline in order to clarify a lack of understanding and research supporting potential efficacy and/or safety.

Discuss areas of potential interactions with other modalities.

NWHSU School of Massage Therapy

Class topics: Legal Aspects of Therapeutic Massage

Federal Laws

- HIPAA/Confidentiality
- ADA Law

State/Local Laws

- MN CAP Law
- Penalty Enhancement
- Role as mandated reporter
- Non-compete clauses
- Records retention
- Scope of practice
- State/Local sales taxes
- Animal massage
- Gift certificate law
- State laws nationwide

- City MT ordinances
- General city licensing
- Zoning ordinances

Practice & Professionalism

- Health history intake form
- Informed consent
- Continuing education
- Standards of practice
- Code of ethics
- Professional insurance
- Role of professional associations
- Profession supporting groups
- Political activity

Treatment Plan Math

(Presented as part of discussion on informed consent)

Treatment Plan Proposal =

Client & Referring Provider Goals + Assessment Results

Scope of Practice (Relevant Evidence)

Treatment Plan =

Treatment Plan Proposal – Anything the Client Refuses

Ideas for inspiring students to use EIP in CIM education

- Goal: Graduates will focus treatment plans through lens of EIP
 - Current evidence indicates...
 - "I can teach that" Cognitive goal
 - Finding & evaluating evidence...
 - "I can teach that" Cognitive / Psychomotor goals
 - How do we get learners to place of wanting to do that?
 - This is the key Evidence is a moving target
 - Affective domain goals
 - Embed aspirational values
 - Wanting to use EIP will be natural outcropping

Which level will you fall into?

You get

to decide.

Full Profession

Legal Minimum

Professional Standards

Ethical Practice

Aspiration Goal -Oriented Who will notice or even know?

Every

client & professional with whom you work.

The Goal of this class is to give you the tools to meet the legal minimum. We'll talk about Standards, Ethical and Aspiration-based practices, and you can decide.

Ideas for inspiring students to use EIP in CIM education

- Share experience from practice (Yours / Other's)
 - Vicarious reinforcement
- From first class, Set goals overtly high
- Draw connection: High standard of practice –Success in practice
- Infuse that high bar into every class
- Our setting high goals encourages them to do the same (Modeling)
 - What is the top of your mountain?

Discussion

- Challenges- What and how
- Helpful hints- Where to start
- Next steps- What next



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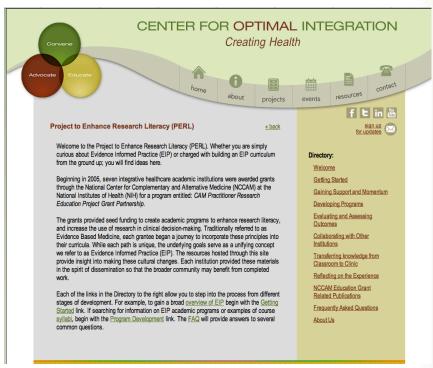


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PERL Educators Guide to Resources for EIP

- Overview
- Learning Objectives
- Resources
- Suggested Classroom Activity
- Example



http://www.optimalintegration.org/project-perl/perl.php

Feedback is welcome! Send comments to dhill@accahc.org

In Summary

- Competency in EIP for interprofessional care
- Ideas to make this work
- Importance of EIP for graduates in integrative care





Thank You!

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