

THE HOSPITAL HANDBOOK PROJECT

INFORMATION FOR
HOSPITAL-BASED
ACUPUNCTURISTS



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Hospital & Healthcare System-based Practice for LAc's: How do you get your foot in the door? *First Steps*

Monday, Nov. 8th, 2021

Atlantic Symposium 2021

Presenter: Megan Kingsley Gale, MSAOM, NCCAOM[®] Dipl. O.M., LAc, LMT

Founder and Director (volunteer)

The Hospital Handbook Project For Acupuncturists and Their Hospital Sponsors

www.thehospitalhandbook.com

Core Focus (Vision)

- Core (brief):
 - The HHP is the go-to resource for hospital-based acupuncture work: employment practices and program standards
- Our niche
 - Professional network community of hospital practice LAc clinicians, program managers and more



Outline

- Introduction
 - My story & the origin of the HHP
 - Current work and how to connect to it
- *How do you get your foot in the door of hospital-based practice? First Steps for the Prospective LAc Practitioner or Student*
 - Minimum requirements
 - Recommended knowledge, skills, and abilities (KSAs) to be successful
 - Understanding what defines *professional practice* in this setting
 - Common hurdles
 - Connection-making resources

My Story & the Origin of the HHP



- See the article and presentation [at *Introducing the HHP*](#), on the website

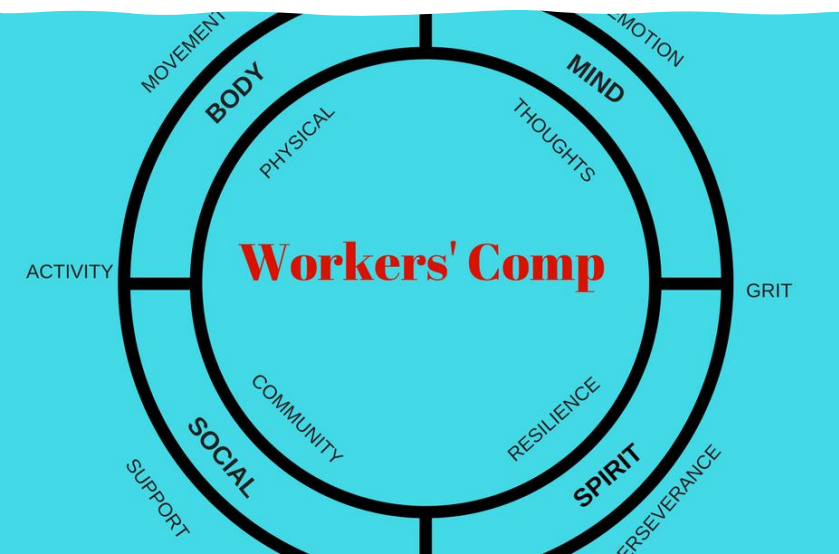


The HHP Begins

Late 2015/early 2016—The HHP begins

began work on the HHP as a unique project

- April – June 2017 our first fundraiser for the HHP
- 2017-2020 continue to develop resources in response to community feedback
- **2021**—working to move the HHP under a 501c3 entity as a fiscal A sponsorship



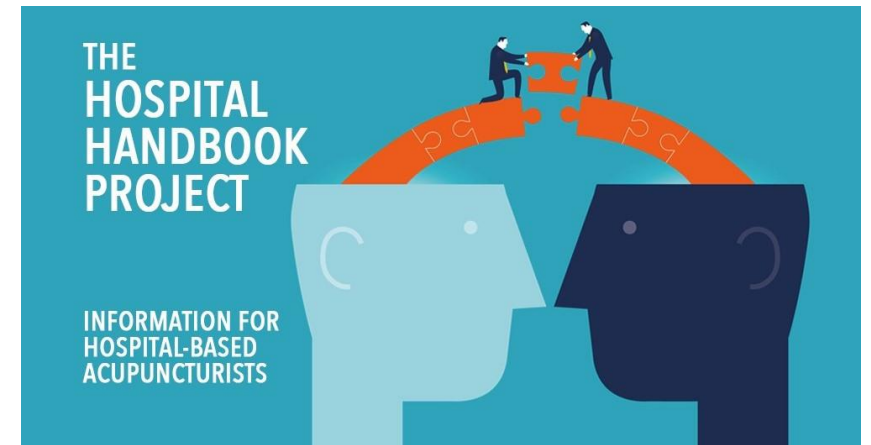
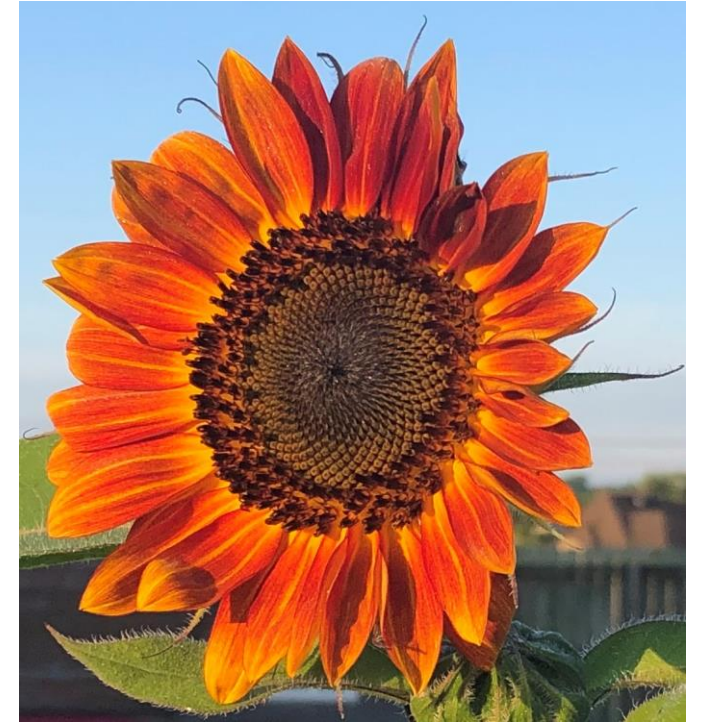
What is “Hospital-based”?

- Working at a facility or organization that is accredited by or eligible for accreditation by The Joint Commission (TJC)
- TJC is a nonprofit quality assurance and safety vetting organization based in the U.S.
- TJC accredits a variety of organizations, including hospitals, ambulatory centers/facilities, county clinics, FQHCs, federal health facilities (MTF, VA, IHS, etc.), and some hospice organizations.



Our Vision

- **Support healthcare organization employment to be available as an employment option for LAc**
- The HHP is a
 - professional networking resource for hospital and healthcare system-based LAc employment, best practices and program standards
 - resource for LAc and program managers in this setting to connect to resources and program examples to share ideas, innovations, and avoid reinventing the wheel



The Hospital Handbook Project

“If you have knowledge, let others light their candles in it.”

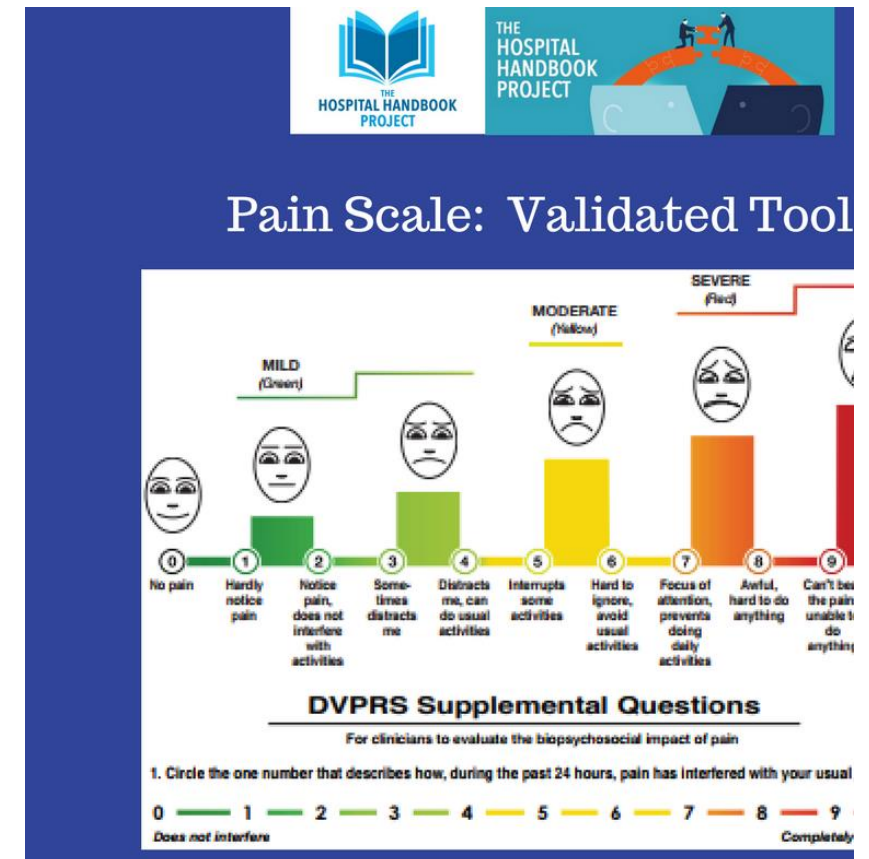
--Margaret Fuller

- Goal is to avoid re-inventing the wheel. Have discussions. Identify issues. Share solutions. Grow together.
- Not-for-profit community resource
- We have or are developing resources for:
 - Students and prospective practitioners
 - New Hospital Employees (0-5+ years)
 - Leads/Program Managers
 - Hospital Admin



Not for everyone, but can help all of us

- **Hospital-based practice isn't for every LAc**
- But lessons learned from hospital-based practice community can help inform private practitioner and other non-hospital work such as
 - Documentation standards. i.e. how to collect clinical metrics
 - [How to Use a Validated Pain Scale in Your Chart Note](#)
 - [Calculating MED for Non-Prescribers: Medication Review Standard](#)
 - Standards of employment for clinicians and clinician managers
 - [Basics of Being an Employee in a Mid to Large Healthcare System](#)
 - Standards of care. i.e. specialty work
 - Oncology—see the [Society of Integrative Oncology](#) and [Research Thursdays: Oncology](#) resource post
 - Atlantic Symposium speakers: Dr. Susan Veleber and Matthew Weitzman
 - Innovations and advocacy
 - Telehealth capability as part of ongoing patient care access to providers
 - Advocacy at federal level
 - Inclusion legislation, Medicare
 - Federal work
 - Research
 - Easier access to diverse team of experts, resources (IRB), and funding potential



The Hospital Handbook Project

Past and ongoing community discussions include

- [Pandemic prep & response](#)
- [Hiring, salary & benefits considerations](#)
- Clinical metrics, program metrics, personnel metrics
- [Schedules for multiple LAcS in team-based care](#)
- Preparing for Medicare coverage of LAc work
- [Quality Assurance Standard: Peer Record Review for LAcS](#)
- [What does telehealth for LAcS look like?](#) Inpatient? Outpatient? CHM and telehealth?
- Future community discussions
 - Workgroup 2022: Hospital and Healthcare System-based LAc Employment Practices (PD, credentialing, benefits packages, roles and responsibilities, etc.)
 - Goals:
 - Improve current resources.
 - Encourage best practices in hiring and employment for our profession in this setting.
 - Leadership development





How do you get your foot in the door of hospital-based practice?

First Steps for the Prospective LAc Practitioner or Integrative Health Student

First Steps for the Prospective LAc Practitioner or Student

- For a more comprehensive resource, see the [First Steps](#) resource
- Today, we'll briefly cover:
 - Minimum requirements
 - Recommended knowledge, skills, and abilities (KSAs) to be successful
 - Common hurdles
 - Connection-making resources

Minimum Requirements

- Minimum education and certification requirements needed to be eligible to work in hospital and healthcare system-based practice
 - Bachelor's degree (any field) + **Master's degree** from [ACAHM](#)-accredited program
 - Formally ACAOM
 - Current NCCAOM[®] board certification status
 - Current, unrestricted license in your state(s) of practice
 - National provider identifier (NPI)
 - CPR/AED certification current
 - Hep B immunization status or blood titer

Recommended KSAs to be Successful

- *This is a brief topic coverage, not comprehensive*
 - Recommended KSAs to be successful as an LAC in the conventional U.S. healthcare setting.
 - **Professional practice**
 - What it is
 - Examples of what it looks like as an LAC
1. Learn to work as part of healthcare team of interdisciplinary professionals
 2. Communication skills
 3. Practice research literacy
 4. Connect to mentors
 5. Connect to hospital and healthcare system LAC community

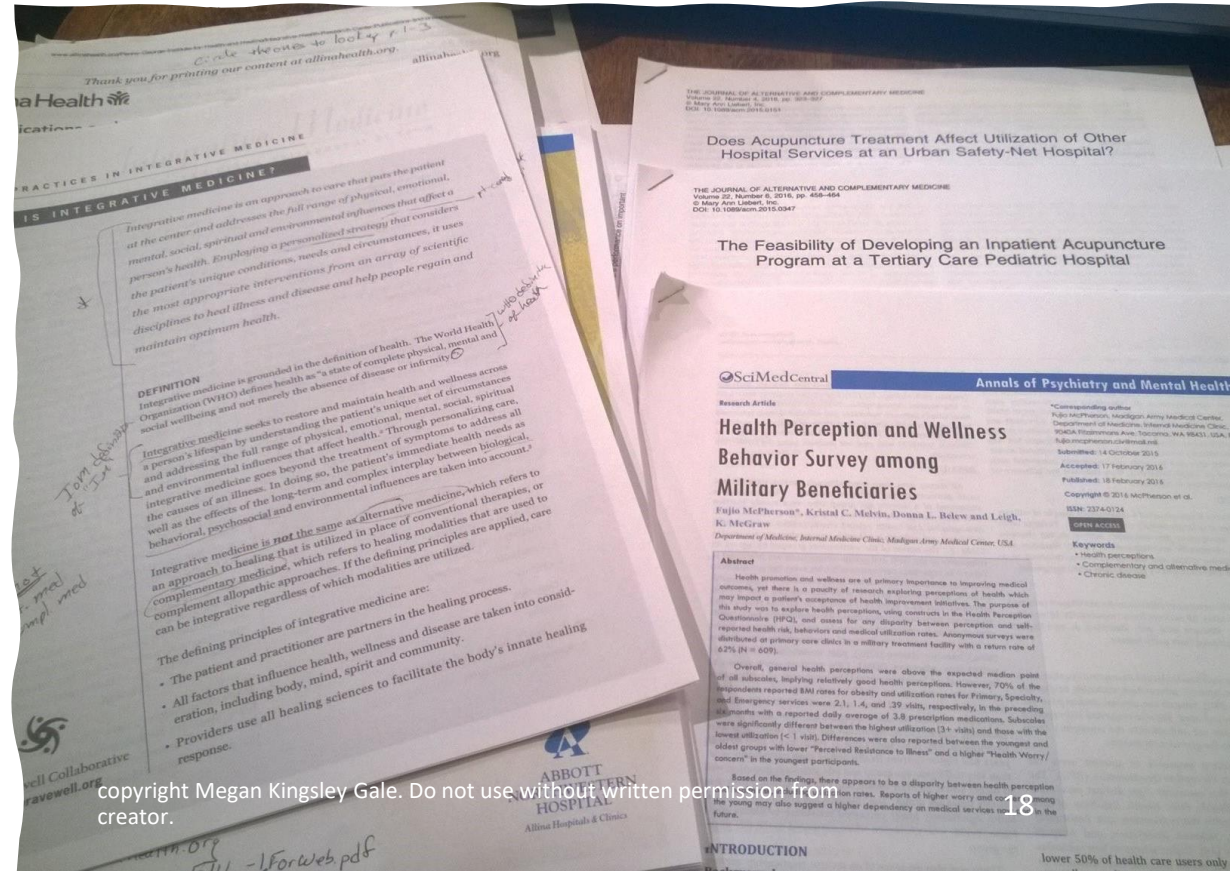
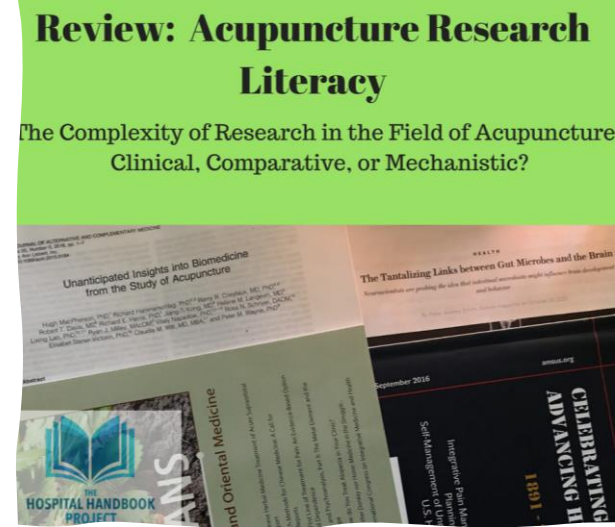


KSA: Communication Skills

- Communication skills with
 - Patients and their families/caregivers
 - Colleagues in your field
 - Professionals in other healthcare fields
 - Hospital admin

Skills to learn, practice, and hone

1. How to work well as part of a team
2. Communication skills
3. Research literacy



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Foundations

from *First Steps*

- Best advice after you meet the minimum requirements?
 - **Cultivate relationships and make connections**

- Easy tools you have access to for this?

1. Shadow health care providers
2. Cultivate mentor relationships
3. Volunteer in the hospital setting

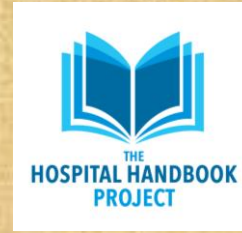
- I do not recommend volunteering your acupuncture clinical skills



*“Seeds have a greater chance
of taking root when
the soil is prepared.”*

Foundations

from *First Steps*



- “5 Ingredients”

1. Practice research

- Regularly read peer-reviewed scientific research in the field
- Listen to audio programs of researchers discussing their research
- Engage in research discussions with colleagues regularly

2. Biomedicine

- Take CEUs in biomedicine as well as TCM/Eastern medicine/acupuncture

3. Pharmacology reviews

- stay updated on understanding and recognizing symptoms of medication side effects and red flags

4. Cultivate mentor relationships

5. Connect to the hospital and healthcare system-based LAc community



Cultivate Mentor Relationships

“Colleagues are a wonderful thing—but mentors, that’s where the real work gets done.”

Junot Diaz

“One of the greatest values of mentors is their ability to see ahead what others cannot see and to help them navigate a course to their destination.”

John C. Maxwell

“Mentoring is a brain to pick, an ear to listen, and a push in the right direction.”

John Crosby

“A mentor is someone who sees more talent and ability within you than you see in yourself and helps bring it out of you.”

Bob Proctor

Cultivate Mentor Relationships

- Quote from Tony Tjan
 - *“Mentorship is a two-way street—a relationship between humans—and not a transaction. So, don’t just march up to people and ask them to advise you. Take the time to develop genuine connections with those you admire and assist them whenever you can.”*
- Source: “The 5 Types of Mentors You Need in Life” by Julia Fawal published 9.18.2018.
<https://ideas.ted.com/the-5-types-of-mentors-you-need-in-your-life>

Shadowing

from *First Steps*

- What is Shadowing?
 - Shadowing is the ancient tradition of pre-approved, quiet observation of a professional during a typical workday shift.
 - Short-term. Not the same as an internship
 - When you shadow, you follow the provider for a set time, agreed upon by both you and the provider. You follow the clinician through the clinic day, politely and respectfully (and usually silently) observing.
 - *Like a shadow, you silently follow the practitioner throughout the set time.*
- Benefits of Shadowing
 - Get a glimpse into this provider's typical clinic day
 - Learn more about this specialty
 - See a sampling of the case load. You get a glimpse into this provider's typical clinic day
 - You make a personal connection with this provider
 - You learn more about the nuances of the specialty and how this provider practices specifically and interacts with her team.

To Be Successful in Shadowing and Relationship-building: Pack These

From *First Steps*



Tools for Your Trail Pack

Tools 1-4:

- A Trail Guide
- Curiosity balanced with respect
- Capacity for caritas
- Mindfulness of Your Limits

Tools for Your Trail Pack

Tools 5-9:

- Humility
- Grit
- Patience to stay the course
- Love of learning
- The language of biomedicine

What is Professional Healthcare Work?

- Quote:

“Professional work requires knowledge in a field of science or learning characteristically acquired through education or training equivalent to a bachelor’s or higher degree with major study in or pertinent to the specialized field, as distinguished from general education.”

“Work is professional when it requires the exercise of discretion, judgment, and personal responsibility for the application of an organized body of knowledge that is constantly studied to make new discoveries and interpretations, and to improve data, materials, and methods.”

- FYI, federal health care positions under the GS pay scale are classified as GS 0601 series (professional) or GS 0640 series (technician).

- Source

- U.S. Office of Personnel Management (OPM) publication, September 2017 publication date.
- Professional Work in the Medical and Healthcare Group, 0600. *Job Family Standard for Professional Work in the Medical and Healthcare Group, 0600.*
- P. 7-8, *Distinguishing Between Professional and Technical Work*, “Professional Work in the Medical and Healthcare Group 0600”.

How is a Healthcare Professional different than a Technician?

Professional	Technician
Has a National Provider Identifier (NPI)	Not eligible to apply for an NPI
Has training and education to evaluate a patient and takes responsibility for their clinical work (signs notes)	Cannot sign notes. Notes are signed by a supervisor
Has ability to create and modify a treatment plan	Does not have ability or authority to evaluate a patient
Can adapt treatment procedures per patient need	Must have permission from supervisor to adapt a treatment or procedure for a patient
Can re-evaluate a patient	
As a healthcare professional, participates in professional practice evaluation (FPPE and OPPE)	Carries out the treatment plan their supervisor, the provider, creates
Is defined by state law as licensed, independent practitioner (LIP) and practices with independence.	

29-1291 Acupuncturist

- The Bureau of Labor and Statistics' Standard Occupation Code for Acupuncturists was published in the electronic *Occupational Handbook* in July 2017 and in the print edition in January 2018.
- Note that 29-1291 Acupuncturist is classified into the following categories by the BLS
 - “health diagnosing and treating practitioner” and
 - “job zone 5—extensive preparation needed”



National Standards for Professional Practice of a Healthcare Practitioner

- There are six areas of general competencies for “professional practice work” in health care that were established by a joint initiative of two major national U.S. organizations:
 - The Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS)
- These 6 areas of evaluation are directly related to the definition of “professional work” as a health care professional.
- These standards are applied to health care professionals working in hospital practice.
- Practically, these are the 6 areas where health care professionals are evaluated for competence in their focused and ongoing professional practice evaluations (FPPE, OPPE)
- Professional practice evaluations are a Joint Commission requirement

6 areas of Competence for a Healthcare Professional

Patient care	Practitioners are expected to provide patient care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and care at the end of life.
Medical/Clinical Knowledge	Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others
Practice-based Learning and Improvement	Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate, and improve patient care
Interpersonal and communication skills	Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
Professionalism	Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity, and a responsible attitude toward their patients, their profession, and society
Systems-based Practice	Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.



ACIH's Competencies for Optimal Practice in Integrative Environments

<https://integrativehealth.org/>

1. **Value & Ethics for Interprofessional Practice**
 - Work with individuals of other professions to maintain a climate of mutual respect and shared values
2. **Roles & Responsibilities**
 - 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
3. **Interprofessional Communication**
 - 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
4. **Teams and Teamwork**
 - 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
5. **Evidence Informed Practice**
 - 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
6. **Institutional Healthcare Culture and Practice**
 - Prepare practitioners who were not principally educated in mainstream/conventional academic, hospital and outpatient delivery environments to work in such settings and systems



IPEC's 4 Core Competencies

www.ipecollaborative.org

- **Principles**
 - patient and family centered; community and population oriented; relationship focused; process oriented; linked to learning activities, educational strategies, and behavioral assessments that are developmentally appropriate for the learner; able to be integrated across the learning continuum; sensitive to the systems context and applicable across patient settings; applicable across professions; stated in language common and meaningful across the professions; and outcome driven
- **Competency 1 (values/ethics for interprofessional practice)**
 - Work with individuals of other professions to maintain a climate of mutual respect and shared values
- **Competency 2 (roles/responsibilities)**
 - Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations
- **Competency 3 (interprofessional communication)**
 - Communication with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease
- **Competency 4 (teams and teamwork)**
 - Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable
- Source: p. 10 of IPEC document, *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*

Barriers to Hospital Practice

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Common Hurdles

To working in hospital and healthcare-system based practice as an LAc

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Common Hurdles

- Goal: Identify and briefly discuss common hurdles to starting work in and continuing work in hospital and healthcare system practice.
 - Individual-level hurdles
 - Organization-level hurdles

Remember these tools?

Source: *First Steps*

- Trail guides => mentors, advocates, and the hospital-based practice LAc community



Tools for Your Trail Pack

Tools 1-4:

- A Trail Guide
- Curiosity balanced with respect
- Capacity for caritas
- Mindfulness of Your Limits



Tools for Your Trail Pack

Tools 5-9:

- Humility
- Grit
- Patience to stay the course
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Common Hurdles

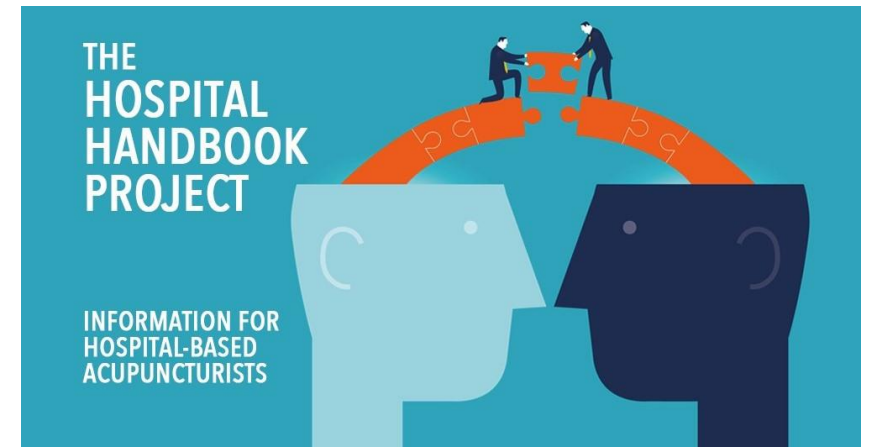
Individual Level	Organizational Level
Not qualified for the work Not willing to learn and grow	Recognition as a unique profession by the U.S. federal govt. BLS SOC--until Jan 2018, there was no BLS SOC for LAcS
Arrogance & ignorance	Advocates for work—need to have these at levels: clinic, dept. admin/board of directors
Lack of cultural competency (hospital culture, microculture of organization)	First hire and lack of knowledge of LAcS Professional vs. Technician
Having an advocate/sponsor	Credentialing process
	Recognition as a “professional” on the organization’s lists of types of clinicians who work as professionals (psychologist, LCSW, PT, DC)
Lack of support *many forms*	Ability to adapt Organizational values Align your work with the mission and vision of the organization
Not connected to the wider hospital-based practice LAc community	Using metrics matched appropriately to capture your work well
	Reimbursement rates
Metrics--Not capturing any metrics/data	Reimbursement Model(s)—how your salary and clinic is funded

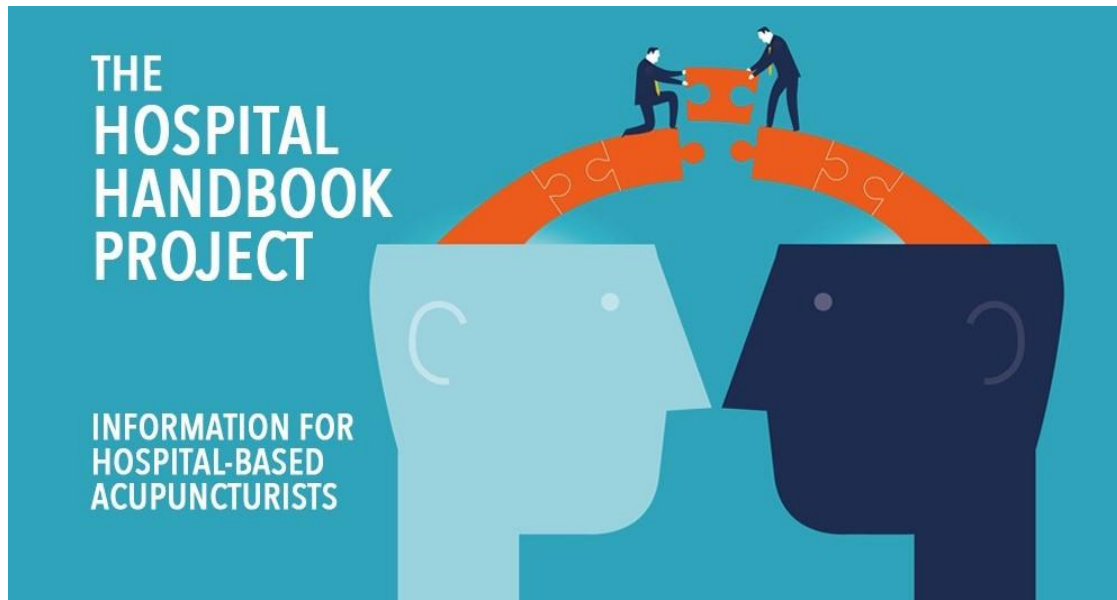
Organization-Level Hurdles

- **Reimbursement Models—how is your salary and clinic supported financially?**
- Grants and sponsorships, philanthropic funding
- Hospital sees it as a “savings”—decreases inpatient length of stay, decrease costs (Allina research)
- Fee for service
- Value-based payment models
 - Clinical outcomes-based
 - Bundled payment model (Bree Collaborative)
- Market competition (regional)
 - Patient demand for services. Acupuncture is “popular”.
- Part of local “opioid crisis mitigation” plans and funding
- Federal payer coverage
 - Medicare, DoD MTF, Tricare, VHA
- State payer
 - Medicaid, Workers’ Comp, Personal Injury
- Private Payer Insurance

Connection-making & Wisdom sharing

- Is there a national resource for this?
- Yes, [the HHP](#)
 - Not-for-profit community resource project. The HHP is the go-to resource for hospital and healthcare system-based acupuncture employment practices and program standards
 - The HHP is a professional network community of hospital and healthcare system-based LAc clinicians, program managers, researchers, and more.





The HHP Resources

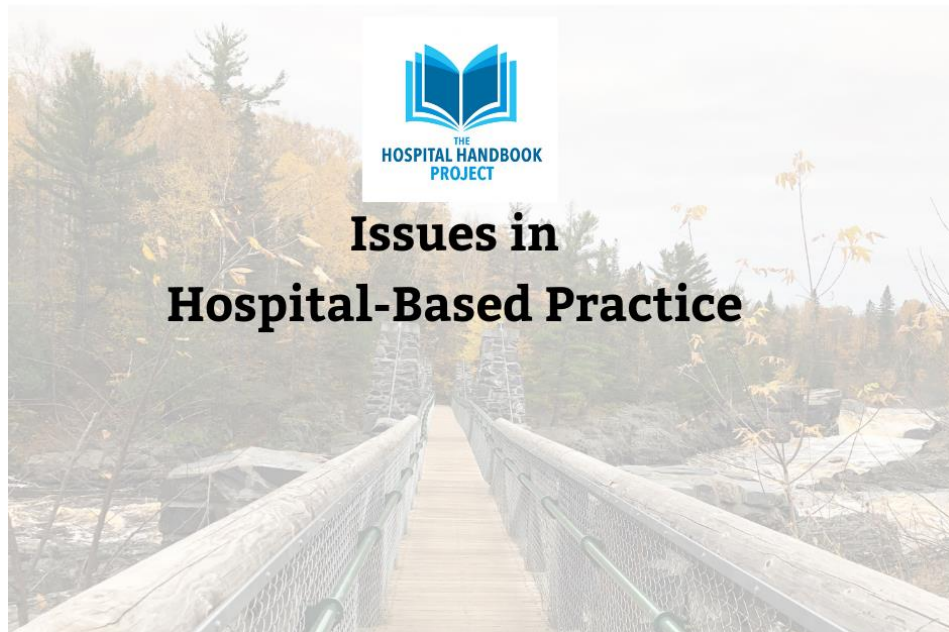
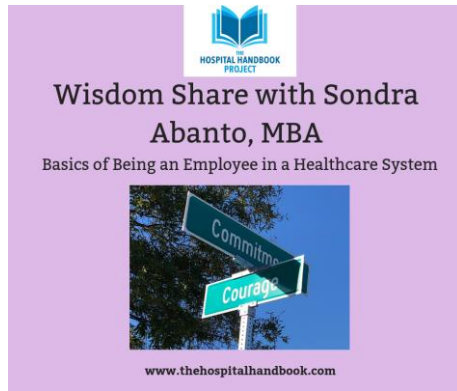


Find Your Trail Guide



Recommended HHP Resources for Student and Prospective LAc

- **Recommended for the Student or Practitioner interested in Hospital-based Practice**
 1. The ***First Steps Resources:***
 - [Get Your Foot in the Door: First Steps](#)
 - E-book + workbook
 2. **[Join the Discussion](#) at the Tier 1 level**
 - Access to the *First Step* resources e-book, workbook, and online resource
 - Access to tier 1 HHP community discussion platform
 - Access to your copy of [HHP's Summary of Programs and Recommended Research Citations](#).
 - Coupons or discounts to other resources
- [The Basics of Being an Employee in a medium to large Healthcare System](#), video interview series
- Documentation and metrics in pain management
 - [Calculating MED for Non-prescribers: Medication Review Standard](#)
 - [Pain Scale: how to use a validated tool in your chart note](#)



Recommended HHP Resources

- **For the Current Hospital-based Acupuncturist**
 1. [The New Hospital Employee](#) (0-5+ years)
 - Resource bundle, subscription-based
 2. [HHP discussion platform, Tier 2](#)
 - Access to discussion space
 - Access to these online resources
 - *First Steps, New Hospital Employee, Issues in Hospital-based Practice, TJC and Other QA standards*
 - More, depending on work-in-progress status
 3. The [Basics of Being an Employee in a medium to large Healthcare System](#)
 4. [Issues in Hospital-based Practice](#) webinar series

How you can support

- Join [the email list](#)
 - To get updates and newsletters from the HHP
- Join the community
 - <https://www.thehospitalhandbook.com/blog/2021/9/4/join-the-discussion>
- First Steps
 - <https://hospital-practice-basics.teachable.com/p/first-steps-resource>
- Support in cups of virtual coffee/tea
 - <https://www.thehospitalhandbook.com/support-the-project/buy-megan-a-cup-of-coffee>
- Sponsor the work
 - Send me a message via the website contact page
 - <https://www.thehospitalhandbook.com/contact-1>
 - Individual sponsorship
 - Organizational sponsorship

An illustration on a light blue background shows two men in dark suits. One man is kneeling on the left, and the other is standing on the right. They are both reaching towards a large, orange puzzle piece that is being placed into a path of other orange puzzle pieces. The path of puzzle pieces forms a semi-circular arch. The puzzle pieces have faint white numbers on them. The word 'References' is written in a large, black, sans-serif font across the middle of the arch.

References

References

- The HHP Origin Story
 - <https://www.thehospitalhandbook.com/blog/2021/2/2/introducing-the-hospital-handbook-project-a-presentation>
- Professional Work in the field of Healthcare and Science
 - [*The Classifier's Handbook*](#) can be found online
 - Also this pdf referenced on GS: <https://www.opm.gov/policy-data-oversight/classification-qualifications/classifying-general-schedule-positions/standards/0600/gso600.pdf>
 - Applies to all federal GS (general schedule) federal health care workers (DoD, VHA, Public Health Service Corps, etc.)
- The Bureau of Labor and Statistic's (BLS) Standard Occupational Code (SOC) is 29-1291 Acupuncturist
 - Published in electronic edition July 2017 and print edition January 2018
 - <https://www.onetonline.org/link/summary/29-1199.01>
- Acupuncture as a "[cost savings](#)" research
 - Next slide

References

- Acupuncture as a “cost savings” research citations
 - See the HHP’s new publication on “[Program Citations and Recommended Research](#)” for full list
 - Cost-Effectiveness of adding acupuncture and licensed acupuncturists as integrative health providers to pain management programs
 - In September 2017, the [white paper](#), *Acupuncture’s Role in Solving the Opioid Epidemic: Evidence, Cost-Effectiveness, and Care Availability for Acupuncture as a Primary, Non-Pharmacologic Method for Pain Relief and Management*, was published by The Joint Acupuncture Opioid Task Force, chaired by Bonnie Bolash, MAc. <https://www.evidencebasedacupuncture.org/wp-content/uploads/2017/09/Acupunctures-Role-in-Solving-the-Opioid-Epidemic- Final September 20 2017-1.pdf>
 - Cost Savings were noted at an Allina Health inpatient program in Minnesota.
 - JA Dusek, Rivard RL, Griffin KH, and Finch MD. Significant Pain Reduction in Hospitalized Patients Receiving Integrative Medicine Interventions by Clinical Population and Accounting for Pain Medication. *The Journal of Alternative and Complementary Medicine*. Mar 2021. S-28-S-36. <https://www.liebertpub.com/doi/10.1089/acm.2021.0051>
 - JA Dusek, Griffin KH, Finch MD, Rivard RL, Watson D. Cost Savings from Reducing Pain through Delivery of Integrative Medicine Program. *The Journal of Alternative and Complementary Medicine*. Jun 2018. <https://doi.org/10.1089/acm.2017.0203>
 - [Another publication of a pain management program at Abbot Northwestern of Allina Health: “Impact of Integrative Medicine on Pain Management in a Tertiary Care Hospital,”](#) published 2010. Abbott Northwestern, an Allina Hospital. Penny George Institute, at the time part of the Bravewell Collaborative. “Optimal inpatient pain management remains a major institutional and therapeutic challenge” *Journal of Patient Safety* published March 2010.
 - “Cost-Effectiveness of a Team-Based Integrative Medicine Approach to the Treatment of Back Pain” Peter M. Wayne, Julie E. Buring, David M. Eisenberg, Kamila Osypiuk, Brian J. Gow, Roger B. Davis, Claudia M. Witt, and Thomas Reinhold. *The Journal of Alternative and Complementary Medicine*. Mar 2019. ahead of print <http://doi.org/10.1089/acm.2018.0503>

References

- The 6 Areas of Professional Practice Competence for Health Care Practitioners
 - Accreditation Council for Graduate Medical Education ([ACGME](#))
 - Accredits residency and fellowship programs for physicians
 - American Board of Medical Specialties ([ABMS](#))
 - Specific to physicians. Deals with board certification for physicians in a specialty such as dermatology, pathology, pediatrics, etc.
 - The Interprofessional Education Collaborative (IPEC)'s "Core Competencies for Interprofessional Collaborative Practice", 2016 revision
 - The Academic Collaborative for Integrative Health (ACIH)'s "Competencies for Optimal Practice in Integrated Environments", 2018 revision

ACIH's Competencies for Optimal Practice in Integrated Environments

- ACIH = Academic Collaborative for Integrative Health at integrativehealth.org
- IPEC = Interprofessional Education Collaborative
- ACIH's "Competencies for Optimal Practice in Integrative Environments", published August 2010 and amended October 2011 to include IPEC's "Core Competencies for Interprofessional Collaborative Practice" (February 2011)
 - Updated in 2018 to reflect the IPEC's 2016 update
 - <https://integrativehealth.org/competencies-integrated-practices>
- ACIH's work represented the following professions:
 - **chiropractic, naturopathic, acupuncture and Eastern medicine, and direct entry midwifery**

Interprofessional Education Collaborative (IPEC)

- Interprofessional Education Collaborative (IPEC) <https://www.ipeccollaborative.org/resources.html>
- In 2011, IPEC began with the following health professions:
 - **medicine (MD), nursing, osteopathy, pharmacy, dentistry, public health. By 2018 IPEC now includes at least 20 professions.**
- ACIH updated their “Competencies” document in 2018 to reflect the related updates in IPEC’s revision of its “Core Competencies for Interprofessional Collaborative Practice”
 - <https://integrativehealth.org/competencies-integrated-practices>
- Publication is *Core Competencies for Interprofessional Collaborative Practice: 2016 Update*
 - Citation is: Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.
 - Link to document through the IPEC website is:
 - <https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>
 - Retrieved online 09.27.2020

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