ACAHM COMPREHENSIVE STANDARDS AND CRITERIA

STANDARD 7: PROGRAM OF STUDY

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Related Policies:		
References:		

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

The program must:

A. be appropriate to an institution of higher education offering a graduate-level professional degree in acupuncture.

- B. be sufficiently rigorous in breadth and depth, and appropriate to graduate professional education and training for practitioners in the acupuncture profession.
- C. employ policies and procedures that ensure reliable and accurate assignment of credit hours and conform to commonly accepted practice in higher education.
- D. ensure that the sequencing, duration, nature, and content of all didactic, practical, and clinical training courses are appropriately integrated and consistent with program purpose, goals, and expected student learning outcomes.
- E. show evidence that it has developed appropriate course prerequisites and that students have completed all prerequisites prior to enrollment in a course.
- F. demonstrate that institutional commitment, the level of instruction, supervision, oversight, and opportunities for graduates, are comparable for:
 - 1. each language track of programs taught in multiple languages.
 - 2. each location for programs taught at multiple locations.
 - 3. all methods of educational delivery (i.e., distance education).

Criterion 7.02: MINIMUM PROGRAM LENGTH, CREDITS AND HOURS	
Related Policies:	Glossary;
References:	

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

MASTER'S-LEVEL PROGRAMS

These credit requirements are over and above the 60 semester credits required for admission to the professional master's-level program and must meet ACAHM credit-related definitions.

- A. Professional master's programs in **acupuncture** must:
 - 1. be at least three (3) academic years in length.
 - 2. be equivalent to a minimum of 105 semester credits of instruction, including at least:
 - a) 705 clock (contact) hours of instruction in East Asian medical theory, diagnosis and treatment techniques in acupuncture, and related studies.
 - b) 660 clock hours of instruction in clinical training, comprised of at least 150 hours in clinical observation and 500 clock hours of instruction in clinical internship.

- c) 450 clock hours of instruction in biomedical clinical sciences.
- d) 90 clock hours of instruction in counseling, communication, ethics, and practice management.
- B. Professional master's programs in acupuncture with a Chinese herbal medicine specialization must:
 - 1. be at least four (4) academic years in length.
 - 2. be equivalent to a minimum of 146 semester credits of instruction, including at least:
 - a) 705 clock hours of instruction in East Asian medical theory, diagnosis and treatment techniques in acupuncture, and related studies.
 - b) 450 clock hours of instruction in didactic East Asian Medicine (EAM)-related herbal studies.
 - c) 870 clock hours of instruction in integrated acupuncture and herbal clinical training, comprised of at least 150 hours in clinical observation and 700 clock hours of instruction in clinical internship.
 - d) 510 clock hours of instruction in biomedical clinical sciences.
 - e) 90 clock hours of instruction in counseling, communication, ethics, and practice management.

PROFESSIONAL ENTRY-LEVEL DOCTORAL PROGRAMS

These credit requirements are over and above the 90 semester credits required for admission to the professional doctoral program and must meet ACAHM credit-related definitions.

- C. Professional entry-level doctoral programs in **acupuncture** must:
 - 1. be at least four (4) academic years in length.
 - 2. be equivalent to a minimum of 121 semester credits of instruction and include at least:
 - a) 705 clock (contact) hours of instruction in East Asian medical theory, diagnosis and treatment techniques in acupuncture, and related studies.
 - b) 790 clock hours of instruction in clinical training, comprised of at least 150 hours in clinical observation and 500 clock hours of instruction in clinical internship.
 - c) 450 clock hours of instruction in biomedical clinical sciences.
 - d) 90 clock hours of instruction in counseling, communication, ethics, and practice management.

3. meet or exceed all existing ACAHM standards and criteria required for master's-level acupuncture programs, in addition to meeting the professional entry-level doctoral standards, criteria, and professional competencies defined in this document.

D. Professional entry-level doctoral programs in acupuncture with a Chinese herbal medicine specialization must:

- 1. be at least four (4) academic years in length.
- 2. be equivalent to a minimum of 162 semester credits of instruction and include at least:
 - a) 705 clock hours of instruction in East Asian medical theory, diagnosis and treatment techniques in acupuncture, and related studies.
 - b) 450 clock hours of instruction in didactic EAM-related herbal studies.
 - c) 1,000 clock hours of instruction in integrated acupuncture and herbal clinical training, comprised of at least 150 hours in clinical observation and 700 clock hours of instruction in clinical internship.
 - d) 510 clock hours of instruction in biomedical clinical sciences.
 - e) 90 clock hours of instruction in counseling, communication, ethics, and practice management.
- meet or exceed all existing ACAHM standards and criteria required for master's-level acupuncture programs with a Chinese herbal medicine specialization, in addition to meeting the professional entry-level doctoral program standards, criteria, and professional competencies defined in this document.

E. Professional entry-level doctoral degree completion tracks must:

- be equivalent to a minimum of 16 semester credits of instruction (accounting for a minimum of 300 clock hours of instruction) and include a minimum of 130 clock hours of instruction of demonstrated clinical experience that leads to the development of professional competencies in the systems-based medicine domain outlined in *Criterion* 7.04: Professional Competencies.
- meet or exceed all existing ACAHM standards and criteria for accreditation required for master's-level acupuncture programs, in addition to meeting the professional entry-level doctoral program standards, criteria, and professional competencies defined in this document.

ADVANCED PRACTICE DOCTORAL PROGRAMS

These hour requirements are over and above the requirements for admission to the advanced practice doctoral program.

F. Advanced practice doctoral programs must:

- 1. be a minimum of 1,200 clock hours of instruction and include a minimum of 200 clock hours of instruction in clinical training, as defined in ACAHM's Glossary.
- 2. provide opportunities for students to assume in-depth professional responsibilities and demonstrate professional role modeling in supervised activities such as teaching assignments, participation in administration of services, quality assurance activities, clinical research activities, and clinical supervision responsibilities.

GRADUATE CERTIFICATE PROGRAMS

These credit requirements are over and above the 60 semester credits required for admission to the professional graduate certificate program and must meet ACAHM credit-related definitions.

- G. Professional **Chinese herbal medicine certificate programs** must be equivalent to a minimum of 41 semester credits of instruction, including at least:
 - 1. 450 clock hours of instruction in didactic EAM-related herbal studies.
 - 2. 210 clock hours of instruction in clinical training, comprised of at least 200 clock hours of instruction in herbal clinical internship training.
 - 3. 60 clock hours of instruction in related biomedical clinical sciences.

H. Professional Asian medical bodywork certificate programs must:

- 1. be at least one (1) academic year in length.
- 2. be equivalent to a minimum of 18 semester credits of instruction, including at least:
 - a) 100 clock hours of instruction in East Asian medical theory, diagnosis, and related studies.
 - b) 150 clock hours of instruction in Asian medical bodywork techniques and related treatment modalities.
 - c) 90 clock hours of instruction in clinical training (see *criterion 7.05*).
 - d) 150 clock hours of instruction in biomedical clinical sciences, including musculoskeletal anatomy.
 - e) 60 clock hours of instruction in communication, ethics, and practice management.

Criterion 7.03: MAXIMUM PROGRAM LENGTH, CREDITS AND HOURS	
Related Policies:	
References:	

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

The program must implement a written policy establishing a maximum time frame in which a student must complete the program, which must be a period that is no longer than 200 percent of the published length of the educational program.

Criterion 7.04: PROFESSIONAL COMPETENCIES	
Related Policies:	
References:	CCAHM Clean Needle Technique Manual

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

The program must adopt and implement a curriculum that reflects the attainment of the program learning outcomes and the achievement of all relevant required professional competencies, as outlined by this criterion.

MASTER'S-LEVEL PROGRAMS

Master's program learning outcomes must address and lead to the development of all professional competencies designated for master's programs, as outlined by this criterion.

PROFESSIONAL ENTRY-LEVEL DOCTORAL PROGRAMS

Professional entry-level doctoral program learning outcomes must address and lead to the development of all professional competencies designated for master's programs by this criterion; and all professional competencies designated as professional entry-level doctoral program professional competencies, as outlined by this criterion.

Professional entry-level doctoral degree completion tracks must address each of the domains and related professional competencies identified for professional entry-level doctoral programs:

- Patient Care Domain 8: Advanced Diagnostic Studies
- Systems-Based Medicine Domain 2: Patient Care Systems
- Systems-Based Medicine Domain 3: Collaborative Care
- Professional Development Domain 2: Formulating and Implementing Plans for Individual Professional Development
- Professional Development Domain 3: Incorporating Scholarship, Research and Evidence-Based Medicine/Evidence-Informed Practice into Patient Care

ADVANCED PRACTICE DOCTORAL PROGRAMS

Advanced practice doctoral program learning outcomes must address and lead to the development of all professional competencies designated as advanced practice doctoral program professional competencies, as outlined by this criterion under the following domains:

- Patient Care Domain 1: Foundational Knowledge (applied with qualitatively advanced competence beyond entry-level)
- Patient Care Domain 4: East Asian Medicine-Based Diagnosis (applied with qualitatively advanced competence beyond entry-level)
- Patient Care Domain 6: East Asian Medicine-Based Treatment (applied with qualitatively advanced competence beyond entry-level)
- Patient Care Domain 8: Advanced Diagnostic Studies
- Systems-Based Medicine Domain 3: Collaborative Care
- Professional Development Domain 3: Incorporating Scholarship, Research and Evidence-Based Medicine/Evidence-Informed Practice into Patient Care

GRADUATE CERTIFICATE PROGRAMS

Learning outcomes for **Chinese herbal medicine certificate programs** must address and lead to the development of all professional competencies designated for master's programs as outlined by this criterion, except for specified components of Patient Care Domain 6.

*Note that many of the competencies may be addressed via education completed in master's-level programs prior to or concurrent with enrollment in the Chinese herbal medicine certificate program, and not within the program curriculum itself.

Learning outcomes for **Asian medical bodywork certificate programs** must address and lead to the development of all professional competencies designated for the certificate program, as outlined by this criterion.

*Note that many of the competencies may be addressed via education completed in entry-level programs prior to or concurrent with enrollment in the Asian medical bodywork certificate program, and not within the program curriculum itself.

PATIENT CARE COMPETENCIES - Definitions and Rationale

<u>Case management</u> is a process of managing the patient's care, including treatment, follow-up, referral, and collaboration.

<u>Clinical reasoning</u> is a complex cognitive process that is essential to evaluate and manage a patient's medical problem. It includes the diagnosis of the patient problem, making a therapeutic decision and estimating the prognosis for the patient¹.

<u>Critical thinking</u> is the cognitive process of objectively analyzing and evaluating propositions that have been offered as true. It includes reflecting upon the specific meaning of statements, examining evidence, and reasoning to form a judgment. Acupuncture practitioners use critical thinking to improve the likelihood of desirable patient outcomes. Critical thinking also involves evaluating the decision-making process, including the reasoning that went into conclusions and the factors considered in making a decision concerning patient care. The development of critical thinking skills is an essential precursor of professional judgment.

<u>Diagnostic studies</u> consist of comprehensive evaluations for formulating an East Asian Medicine-Based diagnosis. Acupuncture practitioners are expected to be able to review, understand, and communicate about diagnostic studies pursuant to East Asian Medicine (EAM) principles and theory.

<u>East Asian Medicine-Based Diagnosis</u> is the act of collecting and analyzing relevant clinical information to inform East Asian medical treatment, and the decision reached by such analysis.

<u>East Asian Medicine-Based Treatment</u> may include, but is not limited to: the use of EAM clinical procedures to stimulate specific locations via mechanical, electrical, magnetic, thermal, laser, photon, or wave-generating means; needle insertion (e.g., acupuncture, dry-needling); moxibustion and localized heat therapy; therapeutic blood withdrawal; cupping; scraping/gua sha; manual therapy (e.g., bodywork, tui na, shiatsu); therapeutic exercise (e.g., taiji, qigong); nutritional counseling; lifestyle recommendations; and internal and/or external herbal therapy.

<u>Emergency Management</u> is employing inpatient and outpatient services to prevent the death or serious health impairment of the recipient.

<u>Professional judgment</u> involves the application of professional knowledge and experience to define objectives, solve problems, establish guidelines, evaluate the work of others, interpret results, provide advice or recommendations, assess recommendations of others, and other matters which have an element of latitude in decision-making.

SYSTEMS-BASED MEDICINE COMPETENCIES - Definitions and Rationale

<u>Systems-based medicine</u> is the description of the organization, practice, and components of medicine in terms of the whole medical system, including medical theories, standards of care, regulatory requirements, business practices, and policy. Medical systems are described in terms of the relationship between individuals and whole systems. Individual and collective systems may be expressed in terms of: self-and-other, self-and-collective, and between collectives.

ACAHM Comprehensive Standards and Criteria: Standard 7

¹ Yazdani S, Hoseini Abardeh M. Five decades of research and theorization on clinical reasoning: a critical review. Adv Med Educ Pract. 2019 Aug 27;10:703-716. doi: 10.2147/AMEP.S213492. PMID: 31695548; PMCID: PMC6717718.

More specifically, the systems view may be seen in terms of medical theories, but also in the areas of business practices and policy development. Acupuncture practitioners must be able to deliver and coordinate care within healthcare systems, provide collaborative care such as that found in team-based and multi-disciplinary health care settings, and engage other health care professionals regarding the appropriate use of East Asian medicine. Note that a critical component of East Asian medical practice in integrative practice settings includes the competencies necessary to educate other health care professionals regarding the appropriate use of East Asian medicine. This requires practitioners to possess the attitudes, knowledge, and skills to communicate with other health care providers in appropriate, readily understandable terms.

PROFESSIONAL DEVELOPMENT COMPETENCIES - Definitions and Rationale

<u>Evidence-based medicine</u> is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients². Evidence-based medicine includes sophisticated methods of evidence collection, analysis, and integration. Evidence-informed practice is based on the principle that the development and implementation of interventions is informed by the most current, relevant, and reliable evidence about the effectiveness. Acupuncture practitioners should understand the purpose and process of evidence-based medicine and evidence-informed practice, and be able to appraise and apply the evidence, then reflect on their practice. Scholarly research in source and contemporary works in the field of East Asian medicine constitutes an important evidentiary resource in support of clinical practice.

Acupuncture practitioners must have a comprehensive knowledge of ethics and practice management to succeed in professional practice.

<u>Professional development</u> is a process for continued development of individual practitioners that enables them to expand their knowledge base and fulfill their potential to better meet the needs of patients. Scholarship is a systematic pursuit of a topic in the form of an objective, rational inquiry that involves critical analysis.

ENTRY-LEVEL PROGRAM COMPETENCIES

[master's, herb certificate, and professional entry-level doctoral]

PATIENT CARE COMPETENCIES

Patient Care Domain 1: FOUNDATIONAL KNOWLEDGE

Master's Program and Chinese Herbal Medicine Certificate Competencies

The student must demonstrate the ability to acquire and utilize the knowledge of basic principles of East Asian medicine (EAM), modes of diagnosis, and treatment strategies in the care of patients.

² Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. <u>BMJ</u>, 1996 Jan 13; 312 (7023): 71-72. PubMed PMID: 8555924

Patient Care Domain 2: CRITICAL THINKING/PROFESSIONAL JUDGMENT

Master's Program and Chinese Herbal Medicine Certificate Competencies

The student must demonstrate the ability to:

- A. engage in good judgment that relies on knowledge and experience, is sensitive to context, and is self-correcting.
- B. apply critical thinking skills, professional judgment, and cultural sensitivity to patient health care concerns.
- C. document and support treatment choices.
- D. identify, locate, and assess appropriate sources of information to support professional judgment and the analysis of clinical courses of action.

Patient Care Domain 3: HISTORY TAKING AND PHYSICAL EXAMINATION

Master's Program and Chinese Herbal Medicine Certificate Competencies

The student must demonstrate the ability to:

- A. provide a comfortable, safe environment for history taking and the patient examination.
- B. conduct and appropriately document a health history and a relevant physical examination.
- C. recognize clinical signs and symptoms that warrant referral to, or collaborative care with, other health professionals.

Patient Care Domain 4: EAST ASIAN MEDICINE-BASED DIAGNOSIS

Master's Program and Chinese Herbal Medicine Certificate Competencies

- A. collect and organize relevant data to facilitate the development of an East Asian medicine-based diagnosis.
- B. access relevant resources such as classical and modern literature, research literature, and clinical experience in arriving at an East Asian medicine-based diagnosis.
- C. formulate an East Asian medicine-based diagnosis pursuant to EAM principles and theory.
- D. describe the biomedical pathophysiological process responsible for the patient's clinical presentation.

- E. interpret relevant findings from laboratory tests, diagnostic imaging tests, and objective and subjective data from the assessment of the patient to formulate a diagnosis and treatment plan pursuant to East Asian medicine principles and theory.
- F. explain the subjective and objective findings that warrant consultation with or referral to other health care providers.

Patient Care Domain 5: CASE MANAGEMENT

Master's Program and Chinese Herbal Medicine Certificate Competencies

The student must demonstrate the ability to:

- A. describe the role of the patient in successful treatment outcomes.
- B. demonstrate awareness of and familiarity with cultural competency, and how cultural issues influence an East Asian medical treatment and case management.
- C. employ a comprehensive process for the care of patients.
- D. collaborate with the patient to develop short, medium, and long-term treatment plans.
- E. modify plans consistent with changes in the patient's condition.
- F. assess patient outcomes.
- G. communicate with other health care providers to determine an appropriate plan of care.
- H. manage inappropriate patient behavior.
- J. educate patients about behaviors and lifestyle choices that create a balanced life and promote health and wellness.
- K. provide a report of findings and health care plan to the patient.
- L. create reports and professional correspondence relevant to the care of patients.
- M. identify a range of referral resources and the modalities they employ.
- N. use information systems in case management.

Patient Care Domain 6: EAST ASIAN MEDICINE-BASED TREATMENT

Master's Program and Chinese Herbal Medicine Certificate Competencies

The student must demonstrate the ability to:

A. explain the fundamental theory underlying the application of East Asian medicine-based treatment.

- B. describe the principles and methods of East Asian medicine-based treatment and its related clinical procedures.
- C. accurately and appropriately locate acupuncture points. (<u>not</u> relevant to Chinese herbal medicine certificate programs)
- D. articulate acupuncture point functions and the decision-making process for point selection. (not relevant to Chinese herbal medicine certificate programs)
- E. administer East Asian medicine-based treatment and use treatment equipment consistent with relevant recognized safety guidelines, including the best practices for acupuncture needle safety and related procedures described in the Clean Needle Technique (CNT) Manual (see CCAHM Clean Needle Technique Manual specifically referenced and incorporated herein), and OSHA protocols.
- F. recognize potential adverse events for each clinical procedure, including, but not limited to, healthcare associated infections.
- G. describe safety considerations and guidelines to prevent adverse events for each clinical procedure.
- H. describe state and federal regulations relevant to the practice of acupuncture and herbal medicine, if applicable, including scope of practice, vendor compliance with manufacturing standards, and appropriate mechanisms for the reporting of serious adverse events.
- J. describe and demonstrate appropriate patient draping and positioning to optimize treatment and maintain the patient's dignity.
- K. employ health, cleanliness, and safety practices to reduce transmission of diseases through hygienic methods.
- L. describe and employ appropriate cleaning and pathogen reduction techniques in healthcare and professional practice locations.
- M. recognize ethical issues and evaluate appropriate actions when administering treatment.
- N. For programs with Chinese herbal medicine specialization and Chinese herbal medicine certificate programs, in addition to the above competencies, the student must:
 - 1. describe the fundamental theory underlying the use of herbs, natural products, and formulations.
 - 2. accurately articulate properties and functions of herbs and natural products in the materia medica.
 - recognize obsolete or restricted herbs and natural products (i.e., endangered species, restricted or toxic substances) and identify appropriate alternatives for said substances.

- 4. accurately articulate properties, functions, principles, dosages, and ingredients of traditional formulations.
- 5. compose and revise formulations of appropriately dosed herbs and natural products based on traditional practice and patient assessment.
- 6. safely and effectively administer herbs and natural products, formulations, and prepared products (i.e., dietary supplements).
- 7. evaluate the efficacy of appropriately administered herbs, natural products, and formulations through the identification and review of current research.
- 8. recall elementary concepts of botany and common chemical constituents of herbs and natural products.
- 9. appraise potential toxicity, side effects, contraindications, and pharmaceutical interactions for herbs and natural products, formulas, and prepared products.
- 10. describe state and federal regulations relevant to the practice of East Asian medicine, including scope of practice, vendor compliance with manufacturing standards, and appropriate mechanisms for the reporting of serious adverse events.
- 11. describe the various forms of formulation preparation.
- 12. describe dispensary practices that provide quality assurance, including product storage, facility management, preparation practices, product tracking, and record-keeping.
- 13. recognize ethical issues and evaluate appropriate actions when administering herbs and natural products.

Patient Care Domain 7: EMERGENCY MANAGEMENT

Master's Program and Chinese Herbal Medicine Certificate Competencies

- A. identify subjective and objective findings that indicate urgent referral.
- B. identify risk factors and findings that suggest medical conditions requiring referral.
- C. implement key emergency first-aid procedures, including CPR.
- D. describe the legal implications of inappropriate emergency management.
- E. describe correct emergency management documentation and follow-up procedures.
- F. develop an emergency management plan for private office and multi-disciplinary settings.

Patient Care Domain 8: ADVANCED DIAGNOSTIC STUDIES

Professional Entry-Level Doctoral Program Competencies

The student must demonstrate the ability to:

- A. describe the relevant laws and regulations, including scope of practice, that may govern or limit conducting diagnostic studies.
- B. explain the clinical indications, risks, and benefits for diagnostic procedures.
- C. outline the principles and applications of equipment utilized for diagnostic imaging, laboratory, and other relevant diagnostic tools.
- D. assess written diagnostic reports, including the range of values that distinguish normal from abnormal findings, as relevant to patient care and communication with other health care providers.
- E. review findings from relevant diagnostic studies with objective and subjective findings from the assessment of the patient.
- F. communicate effectively with other health care providers regarding the results of diagnostic studies.

SYSTEMS-BASED MEDICINE COMPETENCIES

<u>Systems-Based Medicine Domain 1: EDUCATION AND COMMUNICATION</u>

Master's Program and Chinese Herbal Medicine Certificate Competencies

- A. summarize the applicability of East Asian medicine to diseases and syndromes in the biomedical model.
- B. communicate with other health care professionals in their own terms.
- C. demonstrate knowledge of other health care disciplines.
- D. discuss East Asian medicine in terms of relevant scientific theories.
- E. articulate expected clinical outcomes of East Asian medicine from a biomedical perspective.
- F. translate, explain, and discuss East Asian medical terminology for effective communication.
- G. demonstrate East Asian medical techniques and discuss their relevance in multi-disciplinary settings.
- H. access relevant and appropriate information from a wide variety of sources to support the education of colleagues.

J. describe and discuss the clinical scope of East Asian medicine in an informed, authoritative, and appropriate manner.

Systems-Based Medicine Domain 2: PATIENT CARE SYSTEMS

<u>Professional Entry-Level Doctoral Program Competencies</u>

The student must demonstrate the ability to:

- A. guide a patient into health care systems, e.g., homeless care, elder care, and family services.
- B. identify, describe, and assess possible solutions to healthcare disparities due to socioeconomic factors.
- C. describe the role of acupuncture professionals within current health care systems and the impact of that role on patient care.
- D. employ patient care in the context of relevant health care systems.
- E. differentiate between models of care and treatment modalities.

Systems-Based Medicine Domain 3: COLLABORATIVE CARE

Professional Entry-Level Doctoral Program Competencies

- A. recognize the impact that organizational culture and established systems have on patient care.
- B. interact appropriately and skillfully with other members of the health care team and within that health care system.
- C. describe the prevailing and emerging organization, structure, and responsibilities of the health care team.
- D. discuss, in the appropriate context, the patient's condition using vocabulary and concepts common to other members of the health care team.
- E. articulate the importance of supporting and participating in professional activities and organizations.
- F. compare and contrast common medical models.

PROFESSIONAL DEVELOPMENT COMPETENCIES

Professional Development Domain 1: ETHICS AND PRACTICE MANAGEMENT

Master's Program and Chinese Herbal Medicine Certificate Competencies

The student must demonstrate the ability to:

- A. apply data and information concerning confidentiality and HIPAA, informed consent, scope of practice, professional conduct, malpractice and liability insurance, requirements of third-party payers, OSHA, professional development, other applicable legal standards to improve practice management and records management systems.
- B. develop risk management and quality assurance programs.
- C. practice ethically and behave with integrity in professional settings.
- D. articulate the strengths and weaknesses of multiple practice and business models, and create and implement:
 - 1. practice/office policies and procedures.
 - 2. business/professional plans designed to support success in professional practice.
 - 3. marketing/outreach plans designed to support success in professional practice.
- E. describe and apply a variety of billing and collection systems.
- F. demonstrate use of electronic health records and electronic medical records systems.

<u>Professional Development Domain 2: FORMULATING AND IMPLEMENTING PLANS FOR INDIVIDUAL PROFESSIONAL DEVELOPMENT</u>

Professional Entry-Level Doctoral Program Competencies

- A. identify and remediate areas of professional weakness.
- B. propose improvement methods in the analysis of practice for the purpose of developing a program of learning on a lifelong basis.
- C. identify sources of ongoing professional development, education, and research, both classical and contemporary.
- D. describe emerging technology systems for information access and management.

E. assess professional development needs and use available professional development resources to respond to changes in the local, state, regional, and national health care environment.

<u>Professional Development Domain 3: INCORPORATING SCHOLARSHIP, RESEARCH AND EVIDENCE-BASED MEDICINE/EVIDENCE-INFORMED PRACTICE INTO PATIENT CARE</u>

Professional Entry-Level Doctoral Program Competencies

The student must demonstrate the ability to:

- A. describe evidence-based medicine and evidence-informed practice; and differentiate between the two.
- B. describe data collection methods to facilitate information dissemination in the field.
- C. assess research, including hypothesis, design, and methods, both qualitative and quantitative.
- D. describe the role and purposes of outcomes research.
- E. modify treatment plans and protocols using new information from current quantitative and qualitative research.
- F. use evidence-based medicine and/or evidence-informed practice to improve the patient care process.

ADVANCED PRACTICE DOCTORAL PROGRAM COMPETENCIES

PATIENT CARE COMPETENCIES

Patient Care Domain 1: FOUNDATIONAL KNOWLEDGE

<u>Advanced Practice Doctoral Program Competencies</u>

- A. formulate and justify clinical reasoning utilizing comprehensive, in-depth knowledge of EAM principles, modes of diagnosis, and treatment strategies in the care of patients.
- B. interpret historical cultural perspectives and use them to clarify essential concepts represented in the classical texts of EAM.
- C. demonstrate relevant language terminology skills in the source language (i.e., Mandarin Chinese, classical Chinese, Korean, etc.) sufficient to clarify essential concepts represented in the classical texts of EAM.

Patient Care Domain 4: EAST ASIAN MEDICINE-BASED DIAGNOSIS AND CLINICAL REASONING

Advanced Practice Doctoral Program Competencies

The student must demonstrate the ability to:

- A. formulate clinical reasoning through qualitatively advanced application of the master's program professional competencies of *Patient Care Domain 4: East Asian Medicine-Based Diagnosis* (listed below) to evaluate and manage patients with complex conditions in core and specialty concentration areas.
 - 1. prioritize relevant data to develop an EAM-based diagnosis.
 - 2. appraise relevant resources, such as classical and modern literature, research literature, and clinical experience, to generate and validate an EAM-based diagnosis.
 - 3. appraise and apply in-depth knowledge of EAM principles and theory to formulate a comprehensive EAM-based diagnosis.
 - 4. analyze the biomedical pathophysiological process responsible for the patient's clinical presentation.
 - 5. interpret relevant findings from laboratory tests, diagnostic imaging tests, and objective and subjective data from the assessment of the patient to formulate a diagnosis and treatment plan pursuant to EAM principles and theory.
 - 6. determine the subjective and objective findings that warrant consultation with or referral to other health care providers.
- B. employ clinical reasoning, including EAM-based diagnosis development and pattern differentiation, to make therapeutic decisions to manage patients with complex conditions.
- C. estimate the prognosis for a patient based on clinical reasoning.

Patient Care Domain 6: EAST ASIAN MEDICINE-BASED TREATMENT

<u>Advanced Practice Doctoral Program Competencies</u>

The student must demonstrate the ability to administer East Asian medicine-based treatment, including Chinese herbal medicine as applicable, in core and concentration areas with competence that is qualitatively advanced beyond entry-level.

Patient Care Domain 8: ADVANCED DIAGNOSTIC STUDIES

Advanced Practice Doctoral Program Competencies

- A. describe the relevant laws and regulations, including scope of practice, that may govern or limit conducting diagnostic studies.
- B. explain the clinical indications, risks, and benefits for diagnostic procedures.
- C. outline the principles and applications of equipment utilized for diagnostic imaging, laboratory, and other relevant diagnostic tools.
- D. assess written diagnostic reports, including the range of values that distinguish normal from abnormal findings, as relevant to patient care and communication with other health care providers.
- E. review findings from relevant diagnostic studies with objective and subjective findings from the assessment of the patient.
- F. communicate effectively with other health care providers regarding the results of diagnostic studies.

SYSTEMS-BASED MEDICINE COMPETENCIES³

Systems-Based Medicine Domain 3: COLLABORATIVE CARE

Advanced Practice Doctoral Program Competencies

- A. recognize the impact that organizational culture and established systems have on patient care.
- B. engage diverse professionals as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
- C. explain the roles and responsibilities of other providers and how a team of diverse healthcare professionals can work together to provide care, promote health, and prevent
- D. communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
- E. express one's knowledge and opinions to team members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.
- F. demonstrate respect for the cultural diversity and individual differences that characterize patients, populations, and the health team to reduce health disparities through culturally sensitive and unbiased quality care.

³ Several competencies under the Systems-Based Medicine and Professional Development domains have been adapted with permission from "Competencies for Optimal Practice in Integrated Environments," Academic Collaborative for Integrative Health, 2018 and "Core competencies for interprofessional collaborative practice: 2016 update," Interprofessional Education Collaborative, 2016.

PROFESSIONAL DEVELOPMENT COMPETENCIES3

<u>Professional Development Domain 3: INCORPORATING SCHOLARSHIP, RESEARCH AND EVIDENCE-BASED MEDICINE/EVIDENCE-INFORMED PRACTICE INTO PATIENT CARE</u>

Advanced Practice Doctoral Program Competencies

The student must demonstrate the ability to:

- A. analyze the research base within East Asian medicine and demonstrate how the evidence informs clinical decision making.
- B. describe data collection methods to facilitate information dissemination in the field.
- C. describe and apply critical evaluation of common research methodologies within the context of clinical and mechanistic research.
- D. propose a viable research project including formulating a research question, hypothesis, and design.
- E. analyze and evaluate findings from classical and modern literature, research literature, and clinical experience to develop meaningful contributions to the field.
- F. effectively disseminate research evidence from the field of East Asian medicine to patients, families, community members, the public, and healthcare professionals.

Professional Development Domain 4: PROFESSIONAL LEADERSHIP

Advanced Practice Doctoral Program Competencies

- A. develop and employ communication skills and techniques to facilitate effective discussions with team members, patients, and the community.
- B. integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care.
- C. forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.
- D. apply leadership practices that support effective communication, collaborative practice, professional advocacy, and teamwork.
- E. articulate the importance of supporting and participating in professional activities and organizations.

ASIAN MEDICAL BODYWORK CERTIFICATE PROGRAM COMPETENCIES

PATIENT CARE COMPETENCIES

Patient Care Domain 1: FOUNDATIONAL KNOWLEDGE

The student must demonstrate the ability to acquire and utilize the knowledge of basic principles of East Asian medicine, modes of diagnosis, and treatment strategies in the care of patients.

Patient Care Domain 2: CRITICAL THINKING/PROFESSIONAL JUDGMENT

The student must demonstrate the ability to:

- A. engage in good judgment that relies on knowledge and experience, is sensitive to context, and is self-correcting.
- B. apply critical thinking skills, professional judgment, and cultural sensitivity to patient health care concerns.
- C. document and support treatment choices.
- D. identify, locate, and assess appropriate sources of information to support professional judgment and the analysis of clinical courses of action.

Patient Care Domain 3: HISTORY TAKING AND PHYSICAL EXAMINATION

The student must demonstrate the ability to:

- A. provide a comfortable, safe environment for history taking and the patient examination.
- B. conduct and appropriately document a health history and a relevant physical examination.
- C. recognize clinical signs and symptoms that warrant referral to, or collaborative care with, other health professionals.

Patient Care Domain 4: EAST ASIAN MEDICINE-BASED DIAGNOSIS AND TREATMENT PLANNING

- A. collect and organize relevant data to facilitate the development of an East Asian medicine-based diagnosis.
- B. describe the biomedical pathophysiological process responsible for the patient's clinical presentation.

- C. describe common diagnostic imaging tests such as medical radiology (X-rays), magnetic resonance imaging tests (MRI), computed tomography scans (CT), and ultrasound.
- D. interpret relevant reported findings of laboratory or diagnostic imaging tests from medical healthcare providers (e.g., physician, pathologist, radiologist, etc.) and objective and subjective data from the assessment of the patient to formulate a diagnosis and treatment plan pursuant to East Asian medicine principles and theory.
- E. explain the subjective and objective findings that warrant consultation with or referral to other health care providers.

Patient Care Domain 5: CASE MANAGEMENT

The student must demonstrate the ability to:

- A. describe the role of the patient in successful treatment outcomes.
- B. demonstrate awareness of and familiarity with cultural competency, and how cultural issues influence a bodywork session and case management.
- C. collaborate with the patient to develop short, medium, and long-term treatment plans.
- D. modify plans consistent with changes in the patient's condition.
- E. assess patient outcomes.
- F. manage inappropriate patient behavior.
- G. educate patients about behaviors and lifestyle choices that create a balanced life and promote health and wellness.
- H. provide a report of findings and health care plan to the patient.
- J. create reports and professional correspondence relevant to the care of patients.

Patient Care Domain 6: EAST ASIAN MEDICINE-BASED TREATMENT

- A. explain the fundamental theory underlying the application of Asian medical bodywork.
- B. utilize Asian medical bodywork techniques and theory to treat conditions such as acute pain, chronic pain, musculoskeletal conditions, and internal conditions.
- C. integrate Asian medical bodywork techniques and principles into an East Asian medicinebased treatment plan.

- D. administer Asian medicine-based bodywork treatment and use treatment equipment consistent with relevant recognized safety guidelines, including the best practices for safety and related procedures described in the Clean Needle Technique (CNT) Manual (see CCAHM Clean Needle Technique Manual specifically referenced and incorporated herein), and OSHA protocols.
- E. recognize potential adverse events for each clinical procedure, including, but not limited to, healthcare associated infections.
- F. describe safety considerations and guidelines to prevent adverse events for each clinical procedure.
- G. describe contraindications for the application of Asian medical bodywork.
- H. describe state and federal regulations relevant to the practice of bodywork, if applicable, including scope of practice and appropriate mechanisms for the reporting of serious adverse events.
- J. describe and demonstrate appropriate patient draping and positioning to optimize treatment and maintain the patient's dignity.
- K. employ health, cleanliness, and safety practices to reduce transmission of diseases through hygienic methods.
- L. describe and employ appropriate cleaning and pathogen reduction techniques in healthcare and professional practice locations.
- M. recognize ethical issues and evaluate appropriate actions when administering treatment.
- N. safely and effectively administer topical/externally applied East Asian herbal formulations that are complementary to Asian medical bodywork.

Patient Care Domain 7: EMERGENCY MANAGEMENT

- A. identify subjective and objective findings that indicate urgent referral.
- B. identify risk factors and findings that suggest medical conditions requiring referral.
- C. implement key emergency first-aid procedures, including CPR.
- D. describe the legal implications of inappropriate emergency management.
- E. describe correct emergency management documentation and follow-up procedures.
- F. develop an emergency management plan for private office and multi-disciplinary settings.

Patient Care Domain 9: SELF-CULTIVATION

The student must demonstrate the ability to:

- A. describe and demonstrate self-cultivation exercises that support the development of hand techniques and body mechanics, including balance, stability, and leverage.
- B. employ a self-cultivation practice, such as Qi Gong, to develop personal structural integrity and apply that understanding to the patient treatment.

PROFESSIONAL DEVELOPMENT COMPETENCIES

<u>Professional Development Domain 1: ETHICS AND PRACTICE MANAGEMENT</u>

The student must demonstrate the ability to:

- A. apply data and information concerning confidentiality and HIPAA, informed consent, scope of practice, professional conduct, malpractice and liability insurance, requirements of third-party payers, OSHA, professional development, other applicable legal standards to improve practice management and records management systems.
- B. practice ethically and behave with integrity in professional settings.

Criterion 7.05: CLINICAL TRAINING	
Related Policies:	Glossary;
References:	

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

MASTER'S-LEVEL, GRADUATE CERTIFICATE, AND PROFESSIONAL ENTRY-LEVEL DOCTORAL PROGRAMS

- A. The clinical internship must be conducted in a clinical internship location (see "Clinical Settings" in *Glossary*).
- B. The clinical training must provide sufficient patient contacts to fulfill the professional competencies expected of program graduates.
 - 1. An **acupuncture program** must ensure that the clinical internship training, conducted under the supervision of program approved supervisors, consists of at least 250 treatments of student-delivered patient care where student interns conduct patient interviews, perform diagnosis and treatment planning, perform appropriate acupuncture and/or related treatments, and follow-up on patients' responses to treatment.

- 2. An acupuncture program with a Chinese herbal medicine specialization must ensure that the clinical internship training, conducted under the supervision of program approved supervisors, consists of at least 350 treatments of student-delivered patient care where student interns conduct patient interviews, perform diagnosis and treatment planning, perform appropriate acupuncture and/or herbal medicine treatments, and follow-up on patients' responses to treatment.
- 3. A **Chinese herbal medicine certificate program** must ensure that the clinical internship training, conducted under the supervision of program approved supervisors, consists of at least 100 treatments of student-delivered patient care where student interns conduct patient interviews, perform diagnosis and treatment planning, administer appropriate herbal medicine treatments, and follow-up on patients' responses to treatment.
- 4. An Asian medical bodywork certificate program must ensure that the clinical training, conducted under the supervision of program approved supervisors, consists of at least 60 treatments of student-delivered patient care, at least 30 minutes in duration, where student interns conduct patient interviews, perform diagnosis and treatment planning, perform appropriate medical bodywork treatments, and follow-up on patients' responses to treatment. The clinical training must be separate and distinct from clinical training in other ACAHM-accredited/pre-accredited programs.
- C. Clinical training must place students in internship settings with an adequate number and variety of supervisors; and must provide a wide range of educational experiences.
- D. The program must incorporate two or more stages or levels of clinical training, which must be associated with clearly defined outcomes that describe the achievement of competency.

MASTER'S-LEVEL AND PROFESSIONAL ENTRY-LEVEL DOCTORAL PROGRAMS ONLY

E. The program must ensure that each student fulfills at least 150 hours observing acupuncturists and senior student interns performing East Asian medical therapies in a clinical setting. At least 60 clock of hours clinical observation must include patient diagnosis and treatment performed exclusively by experienced practitioners that have all necessary state authority to perform the East Asian medical therapies and associated faculty duties.

PROFESSIONAL ENTRY-LEVEL DOCTORAL PROGRAMS ONLY

F. As part of its clinical training, the entry-level doctoral program must provide opportunities for interns to engage in collaborative interactions with other medical providers in appropriate clinical settings.

ADVANCED PRACTICE DOCTORAL PROGRAMS ONLY

- G. The program must offer a concentration in at least one clinical specialty area and/or East Asian medicine-related (see *Glossary*) modality.
- H. The program must provide in-depth, advanced clinical training in the defined concentration(s) that leads to development of clinical expertise beyond entry-level.

- J. The program must provide in-depth didactic and practical training in the area(s) of concentration sufficient to support the clinical experience.
- K. As part of its clinical training, the program must provide opportunities for interns to engage in collaborative interactions with other medical providers in appropriate clinical settings.
- L. The clinical program must promote the integration of practice and scholarly inquiry.

Criterion 7.06: SYLLABI	
Related Policies:	
References:	

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

- A. A syllabus must be prepared for each program course or major unit of instruction including clinical instruction.
- B. Syllabi must be:
 - 1. maintained in the program's curriculum files;
 - 2. distributed to each student in the course/clinical experience; and
 - 3. available to all faculty.
- C. Syllabi must contain all required information needed for a student to successfully complete the requirements of the course, including at minimum:
 - 1. the course description;
 - 2. learning outcomes described in measurable terms;
 - 3. prerequisites for enrolling in the course;
 - 4. an outline of the content of the course and didactic and clinical instruction in enough detail to permit the student to see its full scope;
 - 5. schedule of deadlines for course requirements (e.g., papers, projects, examinations);
 - 6. method(s) of instruction;
 - 7. assessment and grading methods;
 - 8. type of grading system used;
 - 9. attendance policy;
 - 10. procedure for accommodations request;
 - 11. required and recommended reading; and
 - 12. credit hours granted, including expected out of class study time and specific out of class requirements.

Criterion 7.07: CONTINUING EDUCATION	
Related Policies:	
References:	

INSTITUTIONAL COMPONENTS

For institutional offerings of continuing education and/or special instructional activities, provision for such activities must include an adequate administrative structure, a sound financial base, and appropriate facilities.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

Continuing education activities or hours must be non-credit bearing and cannot be converted into academic credits for any purpose.

Criterion 7.08: CAPSTONE PROJECTS	
Related Policies:	
References:	

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ADVANCED PRACTICE DOCTORAL PROGRAMS ONLY

- A. The doctoral program must require students to demonstrate the achievement of professional competencies under the *Professional Development Domain* as outlined in *criterion 7.04* by completing an acceptable clinically oriented capstone project. The project must demonstrate the necessary knowledge and skills for designing and critiquing approaches to systematic inquiry and the use of qualitative and/or quantitative methods. Capstone projects may include, but are not limited to:
 - 1. Theoretical analyses and review
 - 2. Surveys or analyses of archival data
 - 3. Systematic, qualitative investigations
 - 4. Public policy issues
 - 5. Evaluative research
 - 6. Interpretive translation research
 - 7. Educational research (i.e., professional classroom/clinical pedagogy, patient education)
 - 8. Case-based research (i.e., Case reports, Case series, Cohort studies, etc.)
 - 9. Outcomes research/Clinical trials
- B. The products from capstone projects must meet academic form and style standards suitable for peer-reviewed professional publications.

- C. The program must utilize a faculty-based committee to review the capstone projects that includes individuals with demonstrable relevant experience in research, scholarly writing, peer review, publication, and/or clinical practice.
- D. The program must utilize a comprehensive, committee-based review process for the capstone projects that includes, at a minimum, evaluation of:
 - 1. the research interest, ethical issues, and methods of addressing such in the research,
 - 2. data gathering methods,
 - 3. progress toward completion, and
 - 4. final project content, format, and delivery.