

CALL FOR PUBLIC COMMENTS ON DRAFT REVISIONS TO ADVANCED PRACTICE DOCTORAL PROGRAM ACCREDITATION STANDARDS

STANDARDS REVISION PROCESS TO DATE

In accordance with its [Standards Review Policy](#), the Accreditation Commission for Acupuncture and Herbal Medicine (ACAHM or Commission) is undertaking a comprehensive review of the accreditation requirements for the advanced practice Doctor of Acupuncture and Oriental Medicine (DAOM) program.

The Commission formed a working group in April 2022 comprised of ACAHM Commissioners, an ACAHM staff member, and individuals nominated by the Council of Colleges of Acupuncture and Herbal Medicine (CCAHM or Council).

Since May 2022 the Working Group has gathered input from stakeholders via:

1. a review of public comments received in 2018 when DAOM standards were incorporated into the Comprehensive Accreditation Standards.
2. a preliminary survey sent to CCAHM exploring what should differentiate the advanced practice doctoral programs from the entry-level doctoral programs.
3. interviews with representatives from schools that are offering DAOM programs, have offered DAOM programs in the past, or are considering developing a DAOM program.

The input gathered indicated general support for the following concepts:

- the accreditation standards should maintain an emphasis on research.
- programs should be afforded flexibility to offer additional areas of program focus, including but not limited to clinical specialty concentrations, translation of classical works, clinical research, professional leadership, classroom/clinical pedagogy, etc.
- advanced practice standards should require professional competency development at higher levels of Bloom's taxonomy than the entry-level program requirements.

Considering this input, the Working Group drafted the attached proposed revisions to the accreditation standards 1, 7, and 8 for the advanced practice doctoral program. There are no proposed revisions to the other standards. This document provides the language of the relevant criteria as currently published by ACAHM and the proposed revised language with changes highlighted by **red font**.

Following the adoption of revised program accreditation standards, ACAHM will determine an advanced practice doctoral program degree title for incorporation into ACAHM's [Program Naming Policy](#).

Criterion 1.03: PROGRAM GOALS – CURRENTLY PUBLISHED

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

- A. The program must enumerate a set of broadly defined goals. Each goal must support the professional development of students as future health care practitioners.

PROFESSIONAL ENTRY-LEVEL DOCTORAL [DAc] PROGRAMS

- B. The DAc program's goals must address the following general principles:
1. Providing the student with an advanced education in core didactic and core clinical areas, with an emphasis on clinical assessment, diagnosis, and intervention (broadly defined to include treatment and treatment planning).
 2. Developing the student's knowledge and understanding of how to engage in collaborative interactions involving acupuncture practitioners and other health care practitioners.
 3. Improving the student's ability to think critically, synthesize knowledge, and use research findings and the scientific and scholarly literature to support their professional practice.

ADVANCED PRACTICE DOCTORAL [DAOM] PROGRAMS

- C. The DAOM program's goals must address the following general principles:
1. Providing the student with an advanced, in-depth education in core didactic, core clinical, specialty didactic, and specialty clinical areas, with an emphasis on clinical assessment, diagnosis, and intervention (broadly defined to include treatment and treatment planning).
 2. Advancing the student's ability to apply East Asian Medicine (EAM)-related modalities.
 3. Developing the student's knowledge and understanding of how to engage in collaborative interactions involving acupuncture practitioners and other health care practitioners.
 4. Improving the student's ability to think critically, synthesize knowledge, and use research findings and the scientific and scholarly literature to support their professional practice.
 5. Providing the student with an opportunity for advanced discourse between faculty and students which results in the development of an academic community that will enrich and advance the profession by contributing to the development of future generations of practitioners, faculty, researchers, clinical supervisors, and leaders of the profession.

Criterion 1.03: PROGRAM GOALS – PROPOSED REVISIONS

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ALL PROGRAMS

- A. The program must enumerate a set of broadly defined goals. Each goal must support the professional development of students as future health care practitioners.

PROFESSIONAL ENTRY-LEVEL DOCTORAL [Dac] PROGRAMS

- B. The DAc program's goals must address the following general principles:
1. Providing the student with an education in core didactic and core clinical areas, with an emphasis on clinical assessment, diagnosis, and intervention (broadly defined to include treatment and treatment planning).
 2. Developing the student's knowledge and understanding of how to engage in collaborative interactions involving acupuncture practitioners and other health care practitioners.
 3. **Developing** the student's ability to think critically, synthesize knowledge, and use research findings **along with** scientific and scholarly literature to support their professional practice.

ADVANCED PRACTICE DOCTORAL [DAOM] PROGRAMS

- C. The DAOM program's goals must address the following general principles:
1. Providing the student with an advanced, in-depth education in core didactic, core clinical, specialty didactic, and specialty clinical areas, with an emphasis on clinical assessment, diagnosis, and intervention (broadly defined to include treatment and treatment planning).
 2. Advancing the student's ability to apply East Asian Medicine (EAM)-related modalities.
 3. **Advancing** the student's **ability** to **effectively** engage in collaborative interactions involving acupuncture practitioners and other health care practitioners.
 4. **Advancing** the student's ability to think critically, synthesize knowledge, and use research findings **along with** scientific and scholarly literature to support their professional practice.
 5. **Cultivating the student's ability to contribute to EAM-related scholarly literature.**
 6. Providing the student with an opportunity for advanced discourse between faculty and students which results in the development of an academic community that will enrich and advance the profession by contributing to the development of future generations of practitioners, faculty, researchers, clinical supervisors, and leaders of the profession.

Criterion 7.02: MINIMUM PROG. LENGTH, CREDITS AND HOURS – CURRENTLY PUBLISHED

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ADVANCED PRACTICE DOCTORAL [DAOM] PROGRAMS

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

1. Advanced practice doctoral programs must be a minimum of 1,200 clock hours of instruction and include a minimum of 650 clock hours of instruction of demonstrated clinical experience (such as observation, internship, externship, clinical tutorials, case study composition, case study presentation, scholarly writing for publication, clinical pedagogy/supervision, etc.). The demonstrated clinical experience must include of a minimum of 200 clock hours of instruction of clinical training, as defined in [ACAHM's Glossary](#).

Criterion 7.02: MINIMUM PROG. LENGTH, CREDITS AND HOURS – PROPOSED REVISIONS

INSTITUTIONAL COMPONENTS

There are no institutional components for this criterion.

PROGRAMMATIC COMPONENTS

ADVANCED PRACTICE DOCTORAL [DAOM] 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 of 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.

Criterion 7.04: PROFESSIONAL COMPETENCIES – CURRENTLY PUBLISHED

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.

PROFESSIONAL ENTRY-LEVEL DOCTORAL [DAc] PROGRAMS

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

- 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 [DAOM] PROGRAMS

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

- Patient Care Domain 1: Foundational Knowledge
- Patient Care Domain 4: East Asian Medicine-Based Diagnosis (applied with qualitatively advanced competence beyond master's-level)
- Patient Care Domain 6: East Asian Medicine-Based Treatment (applied with qualitatively advanced competence beyond master's-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

PATIENT CARE COMPETENCIES - Definitions and Rationale

Critical thinking 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.

Professional judgment 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.

Diagnostic studies 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.

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

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

East Asian Medicine-Based treatment 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.

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

SYSTEMS-BASED MEDICINE COMPETENCIES - Definitions and Rationale

Systems-based medicine 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. 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

Professional development 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.

Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients¹. 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.

ADVANCED PRACTICE DOCTORAL PROGRAM COMPETENCIES

PATIENT CARE COMPETENCIES

Patient Care Domain 1: FOUNDATIONAL KNOWLEDGE

Advanced Practice Doctoral Level Competencies

The student must demonstrate the ability to:

- A. make and defend judgments based on 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.

¹ Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ*. 1996 Jan 13; 312 (7023): 71-72. PubMed PMID: 8555924

- C. demonstrate relevant Chinese language terminology skills sufficient to clarify essential concepts represented in the classical texts of EAM.

Patient Care Domain 4: EAST ASIAN MEDICINE-BASED DIAGNOSIS

Advanced Practice Doctoral Level Competencies

The student must demonstrate the ability to:

- A. apply all master's-level professional competencies of *Patient Care Domain 4: East Asian Medicine-Based Diagnosis* in core and concentration areas with competence that is qualitatively advanced beyond entry-level.
- B. appraise and apply in-depth knowledge of EAM principles and theory to formulate a comprehensive East Asian medicine-based diagnosis.

Patient Care Domain 6: EAST ASIAN MEDICINE-BASED TREATMENT

Advanced Practice Doctoral Competencies

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 Level 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

Systems-Based Medicine Domain 3: COLLABORATIVE CARE

Advanced Practice Doctoral Level Competencies

The student must demonstrate the ability to:

- 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 3: INCORPORATING SCHOLARSHIP, RESEARCH AND EVIDENCE-BASED MEDICINE/EVIDENCE-INFORMED PRACTICE INTO PATIENT CARE

Advanced Practice Doctoral Level 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.

Criterion 7.04: PROFESSIONAL COMPETENCIES – PROPOSED REVISIONS

PROGRAMMATIC COMPONENTS

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

PATIENT CARE COMPETENCIES - Definitions and Rationale

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

Clinical reasoning 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 patient².

Critical thinking 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.

Diagnostic studies consist of comprehensive evaluations for formulating an East Asian Medicine-Based diagnosis. Acupuncture practitioners are expected to be able to review,

² 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.

understand, and communicate about diagnostic studies pursuant to East Asian Medicine (EAM) principles and theory.

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

East Asian Medicine-Based Treatment 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.

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

Professional judgment 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

Systems-based medicine 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. 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

Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients³. Evidence-based medicine

³ Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *BMJ*, 1996 Jan 13; 312 (7023): 71-72. PubMed PMID: 8555924

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.

Professional development 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.

ADVANCED PRACTICE DOCTORAL PROGRAM COMPETENCIES

PATIENT CARE COMPETENCIES

Patient Care Domain 1: FOUNDATIONAL KNOWLEDGE

Advanced Practice Doctoral Program Competencies

The student must demonstrate the ability to:

- 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-level 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

Advanced Practice Doctoral Program Competencies

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.

SYSTEMS-BASED MEDICINE COMPETENCIES⁴

Systems-Based Medicine Domain 3: COLLABORATIVE CARE

⁴ 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.

Advanced Practice Doctoral Program Competencies

The student must demonstrate the ability to:

- 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 disease.
- 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. embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.

PROFESSIONAL DEVELOPMENT COMPETENCIES⁴

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

Advanced Practice Doctoral Level 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 the 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: PROFESSIONAL LEADERSHIP

Advanced Practice Doctoral Program Competencies

The student must demonstrate the ability to:

- A. develop and employ communication skills and techniques to facilitate effective discussions with team members, patients, and 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.
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Criterion 7.05: CLINICAL TRAINING – CURRENTLY PUBLISHED

PROGRAMMATIC COMPONENTS

ADVANCED PRACTICE DOCTORAL [DAOM] 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 curriculum of the doctoral program must provide the student opportunities for assuming in-depth professional responsibilities and demonstrating professional role modeling. This may include supervised: teaching assignments, participation in administration of services, quality assurance activities, clinical research activities, and supervision responsibilities.
- M. The clinical program must promote the integration of practice and scholarly inquiry.

Criterion 7.05: CLINICAL TRAINING – PROPOSED REVISIONS

PROGRAMMATIC COMPONENTS

ADVANCED PRACTICE DOCTORAL [DAOM] 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.

Note that the Currently Published subcomponent L. was relocated under *critterion 7.02: Min. Program Length*

Criterion 7.08: CLINICAL RESEARCH PROJECTS – CURRENTLY PUBLISHED

PROGRAMMATIC COMPONENTS

ADVANCED PRACTICE DOCTORAL [DAOM] 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 research 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. Clinical research projects may include, but are not limited to:
1. Theoretical analyses
 2. Surveys or analyses of archival data
 3. Outcomes research
 4. Systematic, qualitative investigations
 5. Public policy issues
 6. Case studies
 7. Evaluative research
 8. Interpretive translation research
 9. Educational research - professional and patient
- B. The products from clinical research projects must meet academic form and style standards suitable for peer-reviewed professional publications.
- C. The program must develop a comprehensive, faculty committee-based review process for the clinical research 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.

Criterion 7.08: CAPSTONE PROJECTS – PROPOSED REVISIONS

PROGRAMMATIC COMPONENTS

ADVANCED PRACTICE DOCTORAL [DAOM] 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.

Criterion 8.02: CREDENTIALS – CURRENTLY PUBLISHED**INSTITUTIONAL COMPONENTS**

The institution's faculty and guest lecturers must possess recognized credentials and demonstrate competence in those areas they are assigned to teach.

PROGRAMMATIC COMPONENTSALL PROGRAMS

- A. Program faculty and guest lecturers must:
1. possess appropriate recognized credentials,
 2. have relevant professional experience,
 3. demonstrate substantial competence in the areas they are assigned to teach.

MASTER'S LEVEL AND GRADUATE CERTIFICATE PROGRAMS

- B. For each faculty member who does not possess at least a master's level degree, certificate or diploma, the program must document the method(s) by which it determined the instructor's competence, including relevant education and training and significant experience and leadership in their areas of instruction, to teach at the master's level.

PROFESSIONAL ENTRY-LEVEL DOCTORAL [DAC] AND ADVANCED PRACTICE DOCTORAL [DAOM] PROGRAMS

- C. The doctoral program must employ didactic and clinical faculty who are credentialed at the doctoral level. Within 10 years from the date of approval to begin a doctoral program, the program or institution must demonstrate that a majority of core faculty teaching in the program have achieved doctoral-level degrees or the terminal degree in the field in which they are currently teaching.

Criterion 8.02: CREDENTIALS – PROPOSED REVISIONS**INSTITUTIONAL COMPONENTS**

The institution's faculty and guest lecturers must possess recognized credentials and demonstrate competence in those areas they are assigned to teach.

PROGRAMMATIC COMPONENTSALL PROGRAMS

- D. Program faculty and guest lecturers must:
1. possess appropriate recognized credentials,
 2. have relevant professional experience,
 3. demonstrate substantial competence in the areas they are assigned to teach.

MASTER'S LEVEL AND GRADUATE CERTIFICATE PROGRAMS

- E. For each faculty member who does not possess at least a master's level degree, certificate or diploma, the program must document the method(s) by which it determined the instructor's competence, including relevant education and training and significant experience and leadership in their areas of instruction, to teach at the master's level.

PROFESSIONAL ENTRY-LEVEL DOCTORAL [DAC] AND ADVANCED PRACTICE DOCTORAL [DAOM] PROGRAMS

- F. The doctoral program must employ didactic and clinical faculty who are credentialed at the doctoral level. Within 7 years from the date of approval to begin a doctoral program, the program or institution must demonstrate that a majority of ~~core~~ core faculty teaching in the program have achieved doctoral-level degrees or the terminal degree in the field in which they are currently teaching.