

## Competencies for Optimal Practice in Integrated Environments

Development initiated: September 2009

Approved by the ACIH Board of Directors: August 2010

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

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

Amendments to Competencies 5 and 6 approved by the ACIH Board of Directors: January 2018

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**Background:** The Academic Collaborative for Integrative Health (ACIH) initially created a document entitled “Competencies for Optimal Practices in Integrated Environments in September 2010 ([available here](#)). ACIH’s work was occurring concurrently with the work the Interprofessional Education Collaborative (IPEC), which was published in February 2011 ([available here](#)). IPEC’s document was entitled “The Core Competencies for Interprofessional Collaborative Practice” ([link here](#)).

ACIH’s work was a collaboration of academics and practitioners from five disciplines (chiropractic, naturopathic medicine, massage therapy, acupuncture and Oriental medicine, direct-entry midwifery). The IPEC collaboration includes six disciplines (medicine (MD), nursing, osteopathy, pharmacy, dentistry, public health).

ACIH reviewed the IPEC competencies and adopted them; and added in two more specific to the disciplines that we represent.

IPEC now consists of 20 health professional disciplines, including the Association of Chiropractic Colleges (ACC), updated its four competencies in 2017 ([available here](#)); and ACIH updated the two competencies it specifically developed for the disciplines that ACIH represent in 2018. The ACIH Board of Directors endorsed these revisions in January 2018.

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

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

## COMPETENCY 1 – Value and Ethics for Interprofessional Practice

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

- VE1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span.
  - VE2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care.
  - VE3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team.
  - VE4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes.
  - VE5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of prevention and health services and programs.
  - VE6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010).
  - VE7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care.
  - VE8. Manage ethical dilemmas specific to interprofessional patient/ population centered care situations.
  - VE9. Act with honesty and integrity in relationships with patients, families, communities, and other team members.
  - VE10. Maintain competence in one's own profession appropriate to scope of practice.
  - VE11. Demonstrate personal behaviors and self-care practices that reflect optimal health and wellness. ^
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## COMPETENCY 2 – Roles and Responsibilities

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

- RR1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals.
- RR2. Recognize one's limitations in skills, knowledge, and abilities.
- RR3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations.
- RR4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease.
- RR5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable.
- RR6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention.
- RR7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning.
- RR8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration.
- RR9. Use unique and complementary abilities of all members of the team to optimize health and patient care.
- RR10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health.

## COMPETENCY 3 – Interprofessional Communication

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

- CC1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function.
  - CC2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible.
  - CC3. Express one's knowledge and opinions to team members involved in patient care 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.
  - CC4. Listen actively, and encourage ideas and opinions of other team members.
  - CC5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others.
  - CC6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict.
  - CC7. Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008).
  - CC8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.
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## COMPETENCY 4 – Teams and Teamwork

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

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

## **COMPETENCY 5 – Evidence Informed Practice**

*General Competency Statement: Explain, evaluate, and apply scientific evidence in the context of practitioner experience and patient preferences and apply evidence informed decision-making in integrated healthcare delivery.*

- EP1. Explain the role of evidence informed practice (EIP) in integrative healthcare.
- EP2. Describe and apply critical evaluation of common research methodologies within the context of both clinical and mechanistic research.
- EP3. Discuss issues in integrative practice research including but not limited to, those relative to evaluating whole practices, whole systems, patient-centered approaches and health outcomes.
- EP4. Analyze the research base within one's own discipline and demonstrate how the evidence informs clinical decision making including benefits vs risks in integrative health care practice.

(Revised June 2017, Approved January 2018)

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## **COMPETENCY 6 – Institutional Healthcare Culture and Practice**

*General Competency Statement: Prepare practitioners who were not principally educated in mainstream/conventional academic, hospital and out-patient delivery environments to work in such settings and systems.*

- IH1. Explain mainstream/conventional health system accreditation standards and the overall organizational and administration structures.
- IH2. Explain credentialing and privileging mechanisms and describe specific examples for your disciplines.
- IH3. Describe the various clinical roles and responsibilities, and the delivery of services for each healthcare discipline in a mainstream/conventional facility.
- IH4. Describe typical quality and safety issues as they apply to institutional healthcare settings.
- IH5. Identify models of integrative, collaborative patient/person-centered care, including current established best practices.

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