

# The Seattle Institute of Oriental Medicine: An Experiment in Acupuncture Education, 10 Years Later

By the staff of the Seattle Institute of Oriental Medicine

What if acupuncture education emphasized students being in clinic, assisting experienced practitioners within the first month of starting school? What if students studied Chinese medical language through their whole program and were expected to translate case studies and articles? What if several quite different styles of acupuncture and herbal medicine were consciously taught and practiced simultaneously to provide students exposure to the diversity of Oriental medicine? Add to this some basic qualifications: All faculty must have at least 10 years of clinical experience, all students must go to school full-time, and no more than 16 students are accepted each year. What sort of educational experience would this create?

It was from these initial questions that the Seattle Institute of Oriental Medicine (SIOM) was born. The institute was initially designed to test the hypotheses that studying Chinese and spending considerable time in the first year in clinical training would improve students' clinical reasoning and depth of understanding about the medicine and improve patient care. This fall will mark 10 years since the school opened its doors. It is a natural time both to celebrate the 10-year anniversary, and also to assess the outcomes of the program and evaluate whether the initial premises have held up as being vital components of the training.

"Our outcomes haven't been too bad," states Paul Karsten, MEd, LAc, president and one of the founders of SIOM. In fact, no SIOM student has failed the National Certification Commission for Acupuncture and Oriental Medicine's written exam since the inception of the school. "The number of our graduates in practice is over 90 percent," continues Karsten. "I think our alumni are successful partially because of the amount of time they spent in close contact with our faculty. Qi rubs off, and it is hard to get rid of the sheer weight of it when it comes to carrying on the intention transmitted from your teachers."

All SIOM core faculty provide both clinical and academic instruction. The school's first-year preceptorship program provides students with an apprenticeship-style clinical experience with at least four different faculty members, all of whom have a minimum of 10 years clinical experience. These faculty members are chosen because they represent different styles of Oriental medicine and have different specialties.

Karsten explains, "The mixture provides both real-life clinical experiences and some confusion. Students see how Stephen Brown, our Japanese acupuncturist, practices concurrently with observing Yun Wang, one of our Chinese faculty. Talk about different approaches and apparent contradictions! But we think the planned chaotic aspect of this diversity provides students with the opportunity to explore their assumptions of what healing is, as well as to learn very different skills that will serve them well in future practice."

Students spend at least 300 hours of their clinical training in these preceptorship situations. Thus,

they get extensive first-hand experience with how knowledgeable practitioners diagnose, treat and communicate with patients. And they also see clearly that sometimes things do not turn out as described in books. As Karsten points out, "Health care is messy. Patients don't fit textbook definitions and don't always respond the way you expect. Some get better and some don't. Some require extensive revisiting of the diagnosis and treatment plans, others respond miraculously to the first treatment. Uncertainty often prevails. Any student just learning Chinese medicine from books and classes in the first year will get an artificial experience and will be very shocked when they meet the realities of clinic. And if their first exposure to clinic is primarily observing other students - well, we think that demonstrates more of a school commitment to high finance than to quality education."

In canvassing the alumni of the school, one of the overwhelming responses was that the preceptorship training played a significant role in developing the skills to be a successful practitioner. It also made learning herbs, points and diagnosis much easier because of weekly exposure working in the herb pharmacy and assisting faculty in acupuncture treatments. The clinical discussions regarding diagnosis and treatment plans give students an awareness of clinical reality that goes well beyond anything that can be communicated in the classroom. President Karsten concludes, "After ten years of following students and alumni I can confidently say that this kind of training is critical to forming the foundational mindset of a future practitioner."

The efficacy of the Chinese medical language component of the program has not always been so obvious to students. Though many alumni and students praise the pioneering program, some have questioned its utility, at least in the short run. The school has learned this is partially an admissions issue.

"We now make sure our admissions interview is an informed consent. We want all prospective students to understand the difficulties they will face and make an informed choice. This is especially true with the Chinese language component, since it is not a legal or ACAOM requirement," explains Craig Mitchell, MS, LAc, dean of students and medical Chinese instructor. Mitchell has collaborated on a translation of the *Discussion of Cold Damage (Shang Han Lun)* and books by Jiao Shu-De, a famous modern practitioner of Chinese herbal medicine. He is well aware of the difficulties of learning Chinese, but as a practitioner, thinks the rewards are well worth it. "Many of our first year students get tired because they are studying beginning medical Chinese along with acupuncture, herbs, diagnosis, biomedical basics and being in clinic. But the work pays off in the second and third years when they are treating patients and translating articles relevant to their patient's care. You should check our website to see samples of the translation work of our students. It is really quite amazing."

Some SIOM students have continued their Chinese language studies after graduation, and several are working on translations of texts they found clinically interesting but unavailable in English. "There is just no comparison," remarks Dan Bensky, board chair and SIOM co-founder. "The amount of knowledge available in Chinese on this medicine at present - and the growing gap between what is available in English and what is produced in Chinese - is phenomenal. Anyone who really wants to understand and practice Chinese medicine is well-served by being able to access these resources. When we looked around the country at the practitioners we respect, almost all of them had a working grasp of the Chinese language. It really makes a difference." Dr. Bensky should know. He is the co-translator of several prominent texts in the field, including two volumes on Chinese herbal medicine and a text on acupuncture.

Being a pioneer in developing a program in medical Chinese has not been easy. Early on, there were few texts and no teachers with experience in teaching this specialty topic. The school administration, faculty, and students struggled with finding the right balance and approach. In the

early years it was anything but perfect, but the school stuck to its commitment to have graduates who could access Chinese-language resources and now seems to be doing an effective job, as evidenced by student translations on the school's Web site. Useful textbooks, including those by Craig Mitchell's translating colleague Nigel Wiseman, have started to appear. Computer technology has also recently improved, providing significant assistance in speeding up the process of gaining relevant clinical information from Chinese sources. Students commented that the courses significantly deepen their understanding of Chinese medical theory and diagnosis as well as give them additional treatment options for patients. As Dr. Bensky is fond of saying, "You can practice acupuncture successfully with one arm tied behind your back, but it is better if you use both of them."

These are not the only unique features of the institute. Every year, master clinicians from around the globe visit SIOM for a few weeks at a time, not only to give lectures but also to work with the students in clinic. In the past, Steven Clavey from Australia and Volker Scheid from Europe have interacted with the students and added a special depth to their education. The visiting clinician tradition has continued this year. SIOM students have had the opportunity to study with such luminaries as Mazin al-Khafaji, who has treated thousands of patients with skin diseases in England; Boping Wu, one of the few English-speaking graduates of the pre-Cultural Revolution colleges of Chinese medicine, who has treated patients and taught all over China, Africa, Europe, and North America; and Huimin Nie, one of the most well-known authorities on the *Discussion of Cold Damage* in China. Dr. Nie has commented that she likes coming to SIOM and working with the students because they are committed to learning from the classics and utilizing that information in their practices.

To celebrate the school's first 10 years, the SIOM Board of Directors decided to provide a year-long series of continuing education seminars highlighting the school faculty. The seminars will be reasonably priced and will allow SIOM teachers the chance to share their personal clinical specialties and interest. Topics will include advanced techniques in acupuncture, moxibustion and palpation, as well as specialty seminars in oncology, gynecology, dermatology, and psychoemotional disorders. Check the SIOM Web site ([www.siom.edu](http://www.siom.edu)) for the schedule of these events.

Where does SIOM go from here? "More *qi*," responds President Karsten. "We need to develop more opportunities for students to become aware of their own *qi* as well as sense it in their patients. This includes more time with *qi* exercises and palpation skills. We also need to develop better skills in collaborative health care so our graduates feel comfortable working with other health care professionals. And finally, there is always the need for more specialty instruction and clinical practice. Our first 10 years established the foundation - now we will build upon it."

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