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Changing of the Guard at AOMA

Editorial Staff

From the spring of 2002, when he succeeded Stuart Watts as president, until he stepped down at the end of 2005, Col. Jim Coombes helped the Academy of Oriental Medicine at Austin reach new levels of excellence. Under his leadership, the school won numerous awards for the quality of its faculty and clinical training and completed a rigorous accreditation cycle with the Accreditation Commission for Acupuncture and Oriental Medicine, all the while serving the needs of a student population that tripled from 1999 to 2004.

In January 2006, Will Morris became AOMA's latest president, bringing with him several years of administrative experience in the university setting, first as academic dean of Emperors College of Traditional Oriental Medicine, then as an assistant to the president of Samra University of Oriental Medicine. Since October 2004, he also has served as president of the American Association of Oriental Medicine.

Recently, Col. Coombes and Dr. Morris took time from their busy schedules to discuss what it's like to run one of the largest Oriental medicine schools in the country and the responsibilities that go with such a position, along with their vision of the future for Oriental medicine.

Acupuncture Today (*AT*): Col. Coombes, how did you first become involved with AOMA?

Jim Coombes (JC): I did my undergraduate work at Texas A&M. I graduated in 1962. In those days, Texas A&M was a military school. I was a member of the Corps of Cadets, and enthusiastic about military service, so I switched from college to the Air Force, and fell in love with that work. I spent 30 years in the Air Force, principally as an air crew member/pilot. For the last five years, I was on the staff and faculty of two high defense studies colleges. I was the chief of curriculum development at the Air War College in Montgomery, Alabama, and the senior U.S. national representative and conventional force planner for the NATO Defense College in Rome.

I retired from the Air Force, and it seemed like a natural thing to parlay my experience in those defense studies colleges into the civilian world, so I went into the PhD program in higher education administration at the University of Texas-Austin. I plugged away at it for two and a half years, and decided that if I completed the program, it would require another year of working on a dissertation, which would cost me more money than I could afford. I found a job I wanted in the Oriental medicine world without having the PhD completed, so after completing the coursework but not the dissertation, I dropped out of UT. I went to work full-time at the Texas College of Traditional Chinese Medicine, where I worked until the spring of 1998. In the spring of 1998, I moved from the Texas College to AOMA. I worked at AOMA as the staff director until the spring of 2002, when I succeeded Stuart Watts as president. I served as president of AOMA until the end of 2005.

AT: What were your greatest accomplishments as president of AOMA?

JC: One of the toughest things to do when running one of these schools through its early years of growth is keeping capacity slightly ahead of requirements. If you let your capacity get behind your requirements, your students get upset because things aren't being done. If you get your capacity too far ahead of your requirements, you're spending money that you don't have student enrollments to cover. From 1999 to 2004, we were able to keep AOMA just enough ahead of the resource requirements that we never were unable to do things that needed to be done. We never were in an exposed position where we were paying for something that was not in fact producing revenue to cover it. The student body tripled in those five years. We always had enough faculty, classrooms, administrative staff and office space to accommodate the number of students that were enrolled. In that same period of time - during which, by the way, we won the *Austin Business Journal*'s "50 Fastest Growing Businesses in Central Texas Award" three times, we managed to go through another accreditation cycle with ACAOM, and received a five-year accreditation period from them. We were able to undergo a complete turnover of the way schools are regulated in Texas, and get ourselves certified in what I consider a minimum amount of time with the Texas Higher Education Coordinating Board. I would say that my proudest accomplishment was helping the school weather that transitional period and come out of it stronger than when we went in.

AT: What were your reasons for leaving AOMA?

JC: I had always planned to retire on my 65th birthday, which will be this July. We would have stuck to that timetable, if it had not been for the state-mandated requirement that we become accredited by the Southern Association of Colleges and Schools. It became apparent that retiring on my original timetable would have occurred at a critical time in the accreditation process. I moved up my retirement date by nine months to give Dr. Morris those months on the job before that critical time rolled around. That way, there would be no questions with SACS about continuity or sustainability in the leadership. It wasn't a sudden thing. The date was changed quite late, but it was changed for what I think are good and prudent reasons.

AT: What advice have you given Dr. Morris since he became president?

JC: As far as advice, I believe that an essential thing for a leader of any kind, and especially for a school president, is to assemble a good and honest staff, make sure they know what you want them to do, and then trust them to do it. Get out of the way; monitor them, but let them do their work. I have assured Dr. Morris that we have a good staff, with trustworthy people, and he doesn't really need to act with haste in any area. There's a good group of folks there, and if he makes sure they understand what he wants them to do and trusts them to do it, then things will take care of themselves.

AT: As long as he gets out of the way.

JC: Right! He keeps his eye on things, but he doesn't stand in the way of progress.

AT: Dr. Morris, how has the transition been for you, coming from Emperors to Samra, and then AOMA?

(WM): It's been a remarkably easy transition, due in part to the welcoming nature of this community, and, I believe, the basic common values that we share. My experiences at Emperors allowed me to develop skills in academic medicine, and lifelong skills developed there. That era came to an end, and I took time to assist Samra in the development of their doctoral program. The movement to AOMA had to do with a common ethos I share with the AOMA community. It feels like home, and Austin is a great town in which to live, raise a child and develop academics in the Oriental medicine field.

In the process of moving here, an entry plan was adopted where time is taken to discuss hear out the concerns of each of the constituents in the community. This allows for the critical piece of relationship-building and trust. Individual meetings took place to develop an understanding about their concerns and activities. This was conducted over a 90- to 100-day period where no significant actions are taken in order to ensure the continuity of leadership, organization processes and operational concerns.

AT: How have you been received by the staff and alumni?

WM: It's probably better to ask them, but my experience has been that it's very open. There's a lot of encouragement and support from the board of directors, to the students, the alumni and the faculty. I feel that there's an increasingly warm and cordial relationship that is occurring within the community, as we work together to achieve our common goals and create the next level of our mission.

AT: Tell us about your goals.

WM: Our short-term goals have to do with infrastructure and processes. How do we create a program? Who are we as an institution? Why do we exist? We're exploring these questions. As those questions are solved, we're able to create a strategic plan for the future that involves implementation of technology that serves those ends. We are also intent upon furthering collaborative relationships with organizations in the Austin community that share common goals with AOMA, such as medical institutions and educational facilities. AOMA expects to continue its support of the profession and to focus upon the success of our graduates. Therefore, we currently support our leadership in participation at the national level in terms of accreditation, school development and the development of professional concerns.

Some goals have already been achieved. Our learners, faculty and alumni now have access to the Cochrane database, AltHealthMed and some 800 other journals related to biomedicine, business and other concerns of medicine in their own homes through the Internet. There is the continuing success of the Southwest Symposium, which was recently at capacity at The Crossings on Lake Austin.

In the long term, we seek regional accreditation, and to provide the best quality Oriental medical care and education we can possibly achieve. To that end, our mission is to transform lives and communities through graduate education in Oriental medicine.

AT: In addition to your role as president of AOMA, you're also the president of the AAOM. What differences are there in serving both organizations, and what challenges does that present?

WM: We can define leadership as the ability to connect with the purpose of an organization and communicate it back to the community in a way that is inspiring. It is doing the right thing. Leadership is a real key to the process, which is present in both organizations. Surprisingly, for both organizations, in each and every instance, the goals are the same: the well-being of the patient first, along with the success of the practitioner.

There are a few distinct challenges based upon the structure, identity and composition of the organizations. The AAOM is a professional association, whereas AOMA is an educational institution. The AAOM is a volunteer organization; AOMA is employee-based. Communications are a challenge in any circumstance and are the most commonly cited challenge for any organization. The AAOM is spread throughout the country, and most work is conducted by phone and the Internet, with two opportunities for face time during the year. This probably poses the greatest

challenge because it can be so difficult to catch the nuances of communication in the digital domain. One must be mindful that meaning is not assigned to the words on the screen that does not exist. At AOMA, there is face-to-face interaction on a daily basis, which makes it easier. Yet for both organizations, we can never underestimate the impact of a multicultural environment on the assumptions.

AT: These next few questions will be for both of you, so you are welcome to answer in whichever order you'd like. What does it mean to be the president of an Oriental medicine school? What kind of responsibility do you feel in that role?

JC: I'll take that one first. I think there are two elements to being the leader of any organization, and especially to being the leader of a school - a practical element and a cerebral element. The practical element actually is bifurcated in the Oriental medicine world because there are certain practical things that a president needs to be aware of with a non-profit school that are different from the practical things a president has to be concerned with in a for-profit school. Certainly both of them are concerned with records and financial documents, but the sources of revenues and the exploitation of the revenue sources requires a different skill set, depending on whether the school is for-profit or not-for-profit.

Basically, I think the most essential requirement is a little more cerebral than practical, but on a daily basis, you have to be on a practical level. That's the juxtaposition of the responsibility areas. The way I viewed the job, the most important consideration is the patients who come to the clinic. The next most important consideration is the needs of the students. Next are the desires of the faculty. The fourth most important aspect is the needs and desires of the staff, and finally, the least important are my own personal needs and desires. It would be nice if all five of those just kept themselves separated, and all I had to do was deal with one or the other at any given time. On a daily basis, you'd find situations where your responsibilities to the students are more important than your responsibilities to the staff, but I'd have to side with the staff sometimes in an issue that involves the students. The successful president is the person who does that with the least amount of turbulence. The unsuccessful president is the person who consistently misses the mark on that, and makes both sides upset. Basically, it's about leadership, and leadership is about remembering where the responsibilities fall.

WM: First, I have to concur with Col. Coombes' perspective on hierarchy of community needs in terms of patients, learners, faculty and staff, and expand it to include those responsibilities that have to do with participation in local, state and federal regulatory environments, and maintaining a cognizance of the changes and emerging concerns in those environments.

Next would be the overall quality of life that occurs within the institution. Leadership is responsible for a sustained and inspired approach to solving the problems that occur within the organization. It's been suggested that it can be measured by the degree of consonance or dissonance that occurs as one solves the problem that occurs between any of those constituencies.

The other piece of that is that the tasks of the organization and the intent of the organization are kept on track, so that step by step, the purpose and mission of the organization - which, in an institution such as this, is to educate people to be both qualified and effective practitioners serving the public, and with a high degree of professionalism - are achieved. The leader also has a responsibility to role-model behaviors to the community.

AT: A common thread in this conversation has been goals. What goals does this profession need to set for itself to be successful in the future?

WM: There are a few basic steps that have to occur. One has to do with licensure in every state, with full scope of practice that includes the ability to practice as an independent provider of acupuncture and Oriental medicine. That scope would include manual therapies, modern and ancient acupuncture, diet, exercise, herbal medicine - the whole range of Oriental medicine practices that are available to the Oriental medicine practitioner.

Step number two is insurance. We need to place parity laws in each state, so that any licensed provider of AOM services is able to gain reimbursement commensurate with any other provider who gives those services. Tied in with that is the very real need for AOM services to be covered by Medicare. Once Medicare coverage is in place, one of the major stumbling blocks for AOM providers in hospitals is removed. Many hospitals have fairness policies that prevent acupuncturists from providing services to only those folks who can pay for it. So, Medicare becomes a very large piece of that particular change in our culture. It's reasonable to think that increased evidence would assist that, and that's true. However, a well-developed argument coming from a number of constituencies to the legislatures also would make a large difference.

The third step is that our profession needs to move toward an adverse events reporting system, so that we're able to establish unequivocally the safety of both acupuncture and herbs. There are conversations going on for that right now. Tied into that would be a regulatory band for herbal medicine. At the educational level, with ACAOM's developments regarding first-professional doctorates, it's reasonable to think that as time goes on, since we're already averaging close to 3,000 hours for master's degree programs, a small increase in hours that would fulfill the competencies commensurate with other first-professional degrees would not be too difficult to achieve. There are challenges with the varied legal environments for degree-granting programs from state to state, but that just takes time.

JC: I'll keep my comments more related to the educational side of the profession, since that's really where my background is. I think in the next five years, and certainly in the next 10 years, the issues are largely issues of improving credibility. We have established a certain level of acceptance for acupuncture and Oriental medicine within the American system. We now need to solidify that by making it more mainstream in the minds of (a) the patient public and (b) our fellow medical professionals. We begin that in the schools and with the educational processes.

We've got to broadcast the message to the public that what we do is medicine, that it is efficacious medicine, and that the people who are doing it are doctors. We do that by convincing the public and by having good results, and we do it with our fellow medical professionals by demonstrating through research and results that the medicine is not to be equated with the quackery of some forms of alternative medicine that have a very real chance of corrupting this whole thing if we're not careful. We need to keep ourselves separated from the quack movements and try to align ourselves more closely with the existing professional medical movement, to convince more members of the public that this is an alternative for those people who want to use it. I certainly use it myself; I'm looking forward to Dr. Jamie Wu getting back to the school from his trip to China, because I need a treatment badly.

WM: We need to continue to reframe how the public perceives this profession. At this stage, we're classified under complementary and alternative medicine. However, that language tends to marginalize what's going on in this body of practices, which is a fully developed model of care. Complementary suggests that it's somehow part of a larger schema. Then you move into the concept of integration, which means we're being absorbed into the body of care.

People are beginning to use the term "integral medicine," where practitioners collaborate with each other and maintain their unique identity. This results in a high level of integrity and an

environment for best patient care. The collaboration that occurs in the integral model allows for an investigation of how and why these various paradigms of care occur, and we move away from tribalism and turf wars. For example, in American hospital settings, acupuncturists might find themselves having to use strictly a biomedical diagnosis and record the points. While this is certainly a form of integrated care, it's not what we would call "integral," where the full identity of the OM practitioner and their capacity to use their diagnostic language, develop treatment plans and create treatments for patient care are utilized in their entirety, right alongside the standard methods of care one finds in a hospital. There are different sets of roles that occur when that happens. For example, in an integral model the patient charts are held together on one page rather than being kept in separate areas of the facility, or in separate areas of the charting system. Eventually, we'll see this occur.

In summary, with integral medicine, each paradigm retains its distinct identity while operating as a whole. The OM practitioner is able to use the full complement of their skills in a collaborative care environment. It's a rather subtle distinction. With integration, there would be a complete absorption into a behemoth of care where the distinct identities of the individuals are subsumed. The ability of an institution to bring an OM practitioner in, and allow them to use the full complement of their skill set, is what I'm referring to as an integral model.

AT: Any final comments you'd like to add?

JC: We had a staff meeting before Dr. Morris came on board. One of the staff members at the table said, "You want to be the Harvard of Oriental medicine schools." I hear that a lot, because almost every school I visit as a site visitor says the same thing. I told the staffer, "No, that's not what we want. We want Harvard to aspire to be the AOMA of great universities." That's very grandiose, but that's always the way I've tried to view what we as a school are trying to do in the overall environment. If you're good at the business of Oriental medicine education, you cannot advance just your own school. You have to advance all of the schools, because success depends on convincing the American public. If the schools in Oregon and Maryland and Florida are not doing their part, then my efforts will eventually come to naught. So, you're the president of a school, but you're also a member of a larger community. I think everybody that works in this area needs to remember that.

WM: Well put.

AT: Thank you.

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