

Collaboration in AOM

Guest Author

As dean of the [Minnesota College of Acupuncture and Oriental Medicine](#) at Northwestern Health Sciences University, my experiences have continually demonstrated the importance of collaboration in achieving success. When I was asked to write this article I decided that it might be helpful to share this realization and describe some of the successful collaborations that we have established.

When I first became dean, the college had one community-based clinical collaboration. All other students were trained within our on-campus reduced-fee clinic which was often frequented by other students and university employees. The on-campus clinic is limited in terms of patient diversity, with the primary complaint being musculoskeletal pain. Consequently, many of our previous students became very proficient in dealing with musculoskeletal complaints.

However, having been to China three times over the last six years, I have witnessed first-hand the impact our medicine can have on patients with serious acute and chronic diseases. My last visit to Tianjin was as co-lead for 17 of our students and recent graduates, who studied at [Tianjin University of TCM](#). The time spent in the clinics and hospitals clearly demonstrated the impact of our medicine. The following is a quote from one of the students: "I never fully realized the positive impact acupuncture can have on patients suffering from such severe diseases. Even though we read about it and heard about it from our teachers, it wasn't until I saw it up close and personal that it became real."

Having international clinical and educational collaborations are an important component for our profession. I believe these collaborations will help students develop skills and confidence as well as expand their perspective on how all of our modalities can be effective for serious disorders, each of which will be necessary as our profession expands to other work environments in the U.S.

Besides looking across the seas, it is important to look locally for ways to reach out. We have a tremendous opportunity to establish collaborative relationships (i.e. hospitals, specialty clinics, chiropractic offices, massage therapy studios, other schools). Each opportunity opens the door for us to demonstrate the positive impact of our medicine and ultimately benefit the profession and our patients.

Our school, as well as a number of others, have already initiated collaborations with a variety of hospitals and allopathic clinics throughout the country. Over the years, I have heard about the barriers that exist in facilitating this type of collaboration. Although it is challenging, the key is to find the right treatment strategy to alleviate an obstruction. We have taken a novel approach to this challenge, which I believe is worth sharing.

The number one issue that inevitably arises is money. Hospital administrators don't know how to pay for the service and have the added challenge of credentialing a profession about which they don't know much. Below are a few suggestions, strategies and procedures that we found extremely helpful in working with hospitals. First it's important to discuss the clinical possibilities with a

senior hospital administrator, possibly the medical director, who often becomes the credentialing sponsor.

We suggest you offer to create a student internship at no cost to the hospital and run it as a pilot project for one term. Use the same ratio of students to faculty that you use in your student clinic. Your cost is the same and is basically covered by tuition. You will not generate any income as you might in a campus clinic, but the potential benefits far outweigh any lost revenue. Find a good faculty member, who has worked in a hospital setting before.

In our case, Professor Liu Wei, a graduate of Tianjin University of TCM, was the perfect supervisor. At his suggestion, we focused our treatments on quickly reducing pain post-surgery, as well as nausea and vomiting post-anesthesia. Our focus was to treat a lot of patients (and staff members) quickly and show positive results. Ask the hospital to assign one internal champion to work out the scheduling logistics, then use mobile carts and go to the patients' rooms for the treatments. Have the interns complete visual analog pain, nausea and vomiting scales for each treatment and summarize the data along the way to document change. Once you demonstrate success with reduction of pain, nausea and vomiting, you can then begin to expand your treatments to urinary retention and bowel obstructions. Once resolved, patients who got the treatment can be discharged sooner than those who did not receive acupuncture treatment. You will be surprised at how quickly good results lead to other opportunities. Employing this strategy has been successful for us and has led to other amazing opportunities.

One such opportunity, of which I am very proud, is the creation of what I believe is the first full-time, paid, postgraduate acupuncture fellowship in the U.S. Initiated in fall 2006, this program was an extension of the pilot project discussed above. We are currently in our third year of the fellowship and fully expect that it will both continue and expand to other locations in the near future. The model we designed is also reproducible in other settings. As mentioned above, the initial challenge is money. Through our student internship, we demonstrated the ability of the acupuncture treatments to decrease pain, nausea and vomiting. We also demonstrated that we could assist patients who were experiencing urinary retention and bowel obstruction. The subjective hospital data indicated that these patients were being released earlier than patients who had not received acupuncture and, correspondingly, were possibly taking fewer pharmaceuticals. All of these factors combined would indicate that providing acupuncture services through this fellowship actually saves the hospital significantly more than the cost of the service. So it is important to change the discussion from "who is going to pay for it" to "how can we help you help your patients while saving you money." Internal research by the hospital system is now being conducted to verify this subjective data, but I believe that it will show that acupuncture is not only effective but can reduce costs in the right circumstances.

A second hospital with which we collaborate uses a totally different model. Both full-time and part-time acupuncturists work as part of an interdisciplinary CAM team delivering care in all areas of the hospital. The majority of the acupuncturists happen to be our alumni, and we have collaborated with the management group to create both a recurring student internship and curriculum for hospital-based acupuncture training. This hospital is also doing internal research on the cost-effectiveness of the various CAM services provided. Again preliminary results appear to be very positive.

We also have multiple collaborations with various community service clinics, including the [Salvation Army](#), the [Aliveness Project](#), the [Pillsbury House](#) and the [Courage Center](#), each of which delivers free or significantly reduced services to a wide diversity of patients. We also have a collaboration with the [University of Minnesota Medical School](#) and [Center for Spirituality & Healing](#), which introduces future medical doctors to the world of acupuncture. We co-created a

research collaboration with the [Oregon College of Oriental Medicine](#), the [New England School of Acupuncture](#), and MCAOM and Northwestern's research department, the [Wolfe Harris Center for Clinical Studies](#). We are looking at opportunities to share information and possibly create a practice-based research network (PBRN).

We are also working with the [Volunteers of America](#) to explore acupuncture, chiropractic and massage therapies in assisted living environments and we continue to look for innovative ways to collaborate. Our present focus is considering ways to enhance practice management for our current students and alumni.

Each of these collaborations has led to strong partnerships for our college, our university and our students, but most importantly, each of these collaborations will improve our profession and the care that we ultimately deliver to our patients. Collaborations begin with an individual connection, and I thank all the people that have supported these efforts.

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