

Integrative Health & Medicine Leadership

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AOMA GRADUATE SCHOOL *of*
INTEGRATIVE MEDICINE

**ACADEMIC
COLLABORATIVE
FOR
INTEGRATIVE HEALTH**
The Collaborative



Overview

The purpose of this workshop is to develop interprofessional leadership skills in integrative health and medicine.

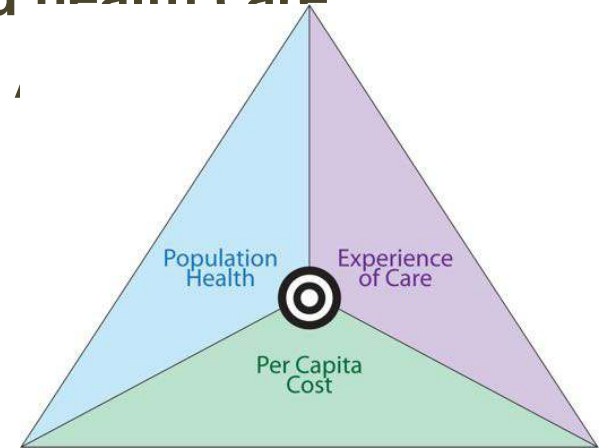
Learning Objectives:

- **Demonstrate the attributes of IHM interprofessional leadership**
- **Engage in dialogue and learning from others to advance goals**
- **Demonstrate team building, negotiation and conflict management skills**
- **Utilize collaborative methods to achieve organizational and community health**

Why is this important?

Health Care Trends:

- Growth of Medical Pluralism
- Demand for Integrative Health and Medicine (IHM) services
- Value of Patient-Centered Team-Based health care
- Move from Triple Aim → Quadruple Aim
 1. Enhancing patient experience
 2. Improving population health
 3. Reducing cost of care AND
 4. Elevating workplace equity and joy



About Our Panel

- Your name
- Your role in health care
- One thing you expect to get out of this workshop
- What brings you joy



Illustration by Martin O'Neill



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Beth Rosenthal, PhD, MBA, MPH

Beth Rosenthal holds MBA and PhD degrees from the University of Chicago's Graduate School of Business, and a Masters degree in Public Health from the University of California, Berkeley.

As Director of Working Groups at the Academic Collaborative for Integrative Health, Beth coordinates efforts of educators in the Integrative Health and Medicine fields to advance team-based integrative care.

Author of Replenish: A life enhancing activity book and It's That Easy: The High Vibe Guide to Attracting what You Really Want.

She lives in Chicago, San Diego, and Charlevoix (Michigan) throughout the year, and enjoys dancing wherever she is!



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Medical Pluralism

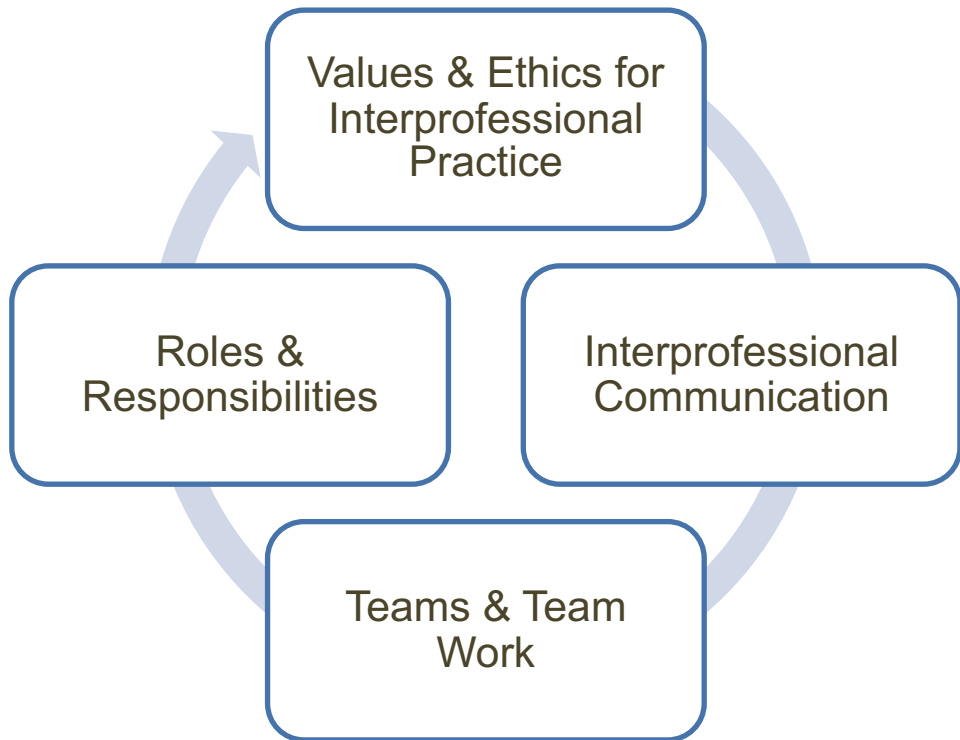
- **Medical pluralism can be defined as the employment of more than one medical system or the use of both conventional and complementary and alternative medicine for health and illness.**
- **Medical pluralism is a growing issue, with over 38% of adults and over 50% of women using traditional and complementary forms of healthcare in addition to conventional biomedical care (Wade, 2008; Rakel, 2018).**

Interprofessional Education and Practice

Learning Objectives

- **Discuss the four competencies of interprofessional education and practice (IEP).**
- **Articulate the six principles of Integrative Health and Medicine (IHM).**
- **Describe the legal and ethical aspects and challenges to implementing IEP in IHM.**

Interprofessional Education and Practice Core Competencies



- Work with individuals of other professions to maintain a climate of mutual respect and shared values.
- Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.
- Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.
- Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

Interprofessional Education Collaborative. (2016).

Core competencies for interprofessional collaborative practice. Washington, DC.

Six principles of Integrative Health and Medicine (IHM)

1. Relationship-centered care;
2. The integration of biomedical and traditional or complementary forms of care;
3. Removing obstacles to healing;
4. The preference to use less invasive and less costly interventions when appropriate;
5. The promotion of healing of mind, body, spirit and community;
6. Accepting that healing is an optimal outcome, though it may not provide a cure.



Rakel, D. (2018). *Integrative medicine* (Fourth edition. ed.). Philadelphia: Elsevier.

Collaboration

➤ **Transdisciplinary:**

Sarah: “I’m an integrative practitioner because I integrate allopathy with everything else, so I know what works.”

➤ **Transprofessional:**

Physicians dually trained in acupuncture

➤ **Interprofessional:**

Megan: “I was able to kind of talk back and forth with [Gabriella] about like things that she had done ...what I was thinking about doing...So like it was helpful to be able to talk to someone from our IM team...It was really nice to partner in that context.” Concern over physician-directed approach to integration

Professional Identity

- **Complementary therapists, adapting to hospital context**
 - **Using biomedical language**
 - **Building respect with other professionals**
 - **Needing to advocate for themselves**
- **Integrative physicians, ‘feet in two worlds’**
 - **Physician being the primary identity**
 - **Michelle: “My first and foremost position is as a rheumatologist. So that’s where my duties lie.”**

Legal Aspects

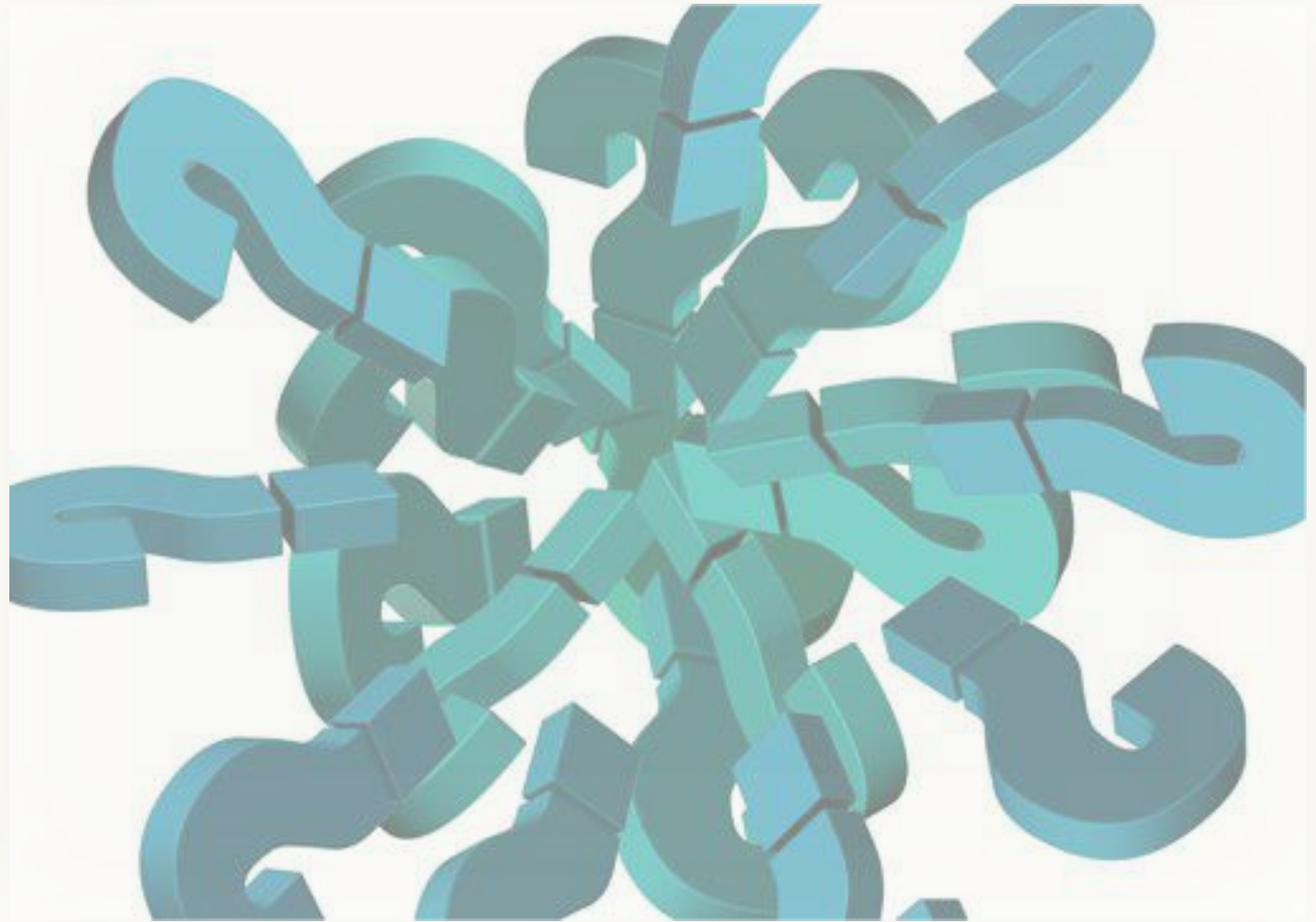


- **Differences in clinical paradigms**
- **Standard of care**
- **Disparagement**
- **Liability and safety**
- **Harm reduction**
- **Ethical delivery of care**
- **Medical malpractice**

Questions for the Panel

- Why is it important to work interprofessionally?
- What are the challenges of interprofessional collaboration?
- What are some suggestions for improving interprofessional collaboration among different health providers?
- What are some examples of interprofessional clinical settings?
- How does leadership affect IPC?

Questions and Answers



THANK YOU!

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