

American
Chiropractic
Association

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American Chiropractic Association

DEDICATED TO IMPROVING THE HEALTH AND WELLNESS OF AMERICA, NATURALLY.

February 5, 2002

Stephen C. Groft, Pharm.D.
Executive Director
White House Commission on
Complementary and Alternative Medicine Policy
6707 Democracy Boulevard
Rockville, MD 20892

Dear Mr. Groft:

On behalf of the American Chiropractic Association, I respectfully request the following comments to be distributed to the members of the White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) and addressed at your meeting this month. Our comments focus on a doctor of chiropractic's ability to serve as a primary care provider and also to provide nutritional advice to their patients.

The ACA is extremely concerned with the commission's discussions on the ability of a doctor of chiropractic to serve as a primary care provider under the National Health Service Corps. The ACA knows that doctors of chiropractic can and do play an integral role in the delivery of quality health care to rural and underserved areas. It is a well-known fact that one of the greatest challenges facing health care is the serious lack of primary health care providers living in rural areas. In many rural areas, doctors of chiropractic for years have served their communities as primary health care providers, providing a host of other services to their rural patients. In fact, a study of doctors of chiropractic in South Dakota found that, in addition to spinal manipulation, a majority of rural chiropractors offer a variety of other services, including physiotherapy, nutritional counseling, diagnostic x-ray, soft tissue therapy, acupuncture, massage, urinalysis and blood analysis.¹

Primary Care Providers

The ACA believes that the role of doctors of chiropractic in primary health care is characterized by direct access, integrated conservative ambulatory care of patients' health care needs, emphasizing neuromusculoskeletal conditions, health promotion, and patient-centered diagnosis and management. This coincides with the educational requirements designated in the *Standards for Chiropractic Institutions* of the Council on Chiropractic

¹ Barnett K, McLachlan C, Hulbert J & Kassack K. Working Together in Rural South Dakota: Integrating Medical and Chiropractic Primary Care. *Journal of Manipulative and Physiological Therapeutics*, November/December 1997; 20:9:577-582



Education, the federally recognized accrediting agency for chiropractic colleges. These standards specifically state that the purpose of chiropractic education is to train the doctor of chiropractic to be a primary care provider. A doctor of chiropractic in the primary health care system is a first-contact gatekeeper for neuromusculoskeletal conditions.

As primary care providers, doctors of chiropractic emphasize collaboration with patients in the development of a life-long path to health promotion and disease prevention. Incorporating knowledge, skills and attitudes acquired through professional training, doctors of chiropractic work with patients in a number of domains including: evaluation/assessment of patients (risk factors, health needs), information/education of patients (awareness), intervention/monitoring (including counseling) and integration with other community medical and health-related resources.

Doctors of chiropractic serve as a resource to the community for health care, health promotion, and wellness. As a direct-access provider, he/she serves as a conduit to other health care practitioners, services, and information resources. Patients are encouraged to engage in preventative care within the chiropractic model. The various levels of injury prevention include:

- Primary Prevention – prevents a disease or condition from occurring;
- Secondary Prevention – detects early signs of a condition or injury and intervenes;
- Tertiary Prevention – reduces sequellae and is supportive or rehabilitative in nature.

As a conduit in preventative care and wellness, doctors of chiropractic play a primary care role in ensuring the health and wellness of the patients they treat.

Nutritional Advice

The ACA is also concerned with the commission's discussions regarding a doctor of chiropractic's qualifications to provide nutritional advice to his/her patients. As part of their education, doctors of chiropractic are provided training in nutrition and utilize this knowledge in providing nutritional advice to achieve the overall wellness of their patients. Most state practice acts recognizes the ability of doctors of chiropractic to provide nutritional advice to their patients. For example, Commissioner Dr. Veronica Gutierrez' home state of Washington's chiropractic state scope of practice specifically recognizes chiropractic treatment to include "...dietary advice and recommendation of nutritional supplementation except for medicines of herbal, animal or botanical origin."

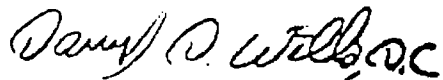
Conclusion

Doctors of chiropractic, through their training and education, stand ready to serve rural and underserved communities as primary care providers. The ACA urges the White House Commission on Complementary and Alternative Medicine Policy to encourage the use of doctors of chiropractic as primary care providers under the National Health Service Corps. In addition, doctors of chiropractic are trained and educated to provide nutritional advice to their patients. The ACA opposes any attempt by the commission to

limit in any way the scope of practice of a doctor of chiropractic in rendering nutritional advice to their patients.

We appreciate the opportunity to express our views. If you have any questions regarding our comments, or require additional information, please contact Ingrida Lusi, ACA Director of Government Relations, at 703/276-8800.

Sincerely,

A handwritten signature in black ink, reading "Daryl D. Wills, DC". The signature is written in a cursive, flowing style.

Daryl D. Wills, DC
President
American Chiropractic Association

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February 14, 2001

White House Commission on the Integration of
Complementary and Alternative Medicine
Dr. Joseph Kaczmarczyk
6701 Rockledge Drive, Suite 1010, MSC 7707
Bethesda, MD 20817

Dear Dr. Kaczmarczyk:

The AANP has received a request for information from the White House Commission on Conventional and Alternative Medicine (CAM) Policy, to help the Commissioners prepare for their upcoming meeting in Washington D.C. on February 22-23. I have been asked by Dr. Traub to respond to some of these questions. Appendices are being sent tomorrow by Federal Express. Please copy and distribute what the Commissioners would find useful.

1. Are there national educational standards for naturopathic medical undergraduate, postgraduate, and continuing education?

Please refer to answers from my colleagues, Dr. Michael Traub (American Association of Naturopathic Medicine, Vice-President), Dr. Catherine Downey (National College of Naturopathic Medicine) and Bob Loft (Council on Naturopathic Medical Education-CNME). I understand that Mr. Loft is sending the CNME guidelines and Dr. Downey has sent NCNM's Residency Program Manual. I would like to add the following to their input.

- Naturopathic medical undergraduate training refers to bachelor's level pre-medical training required for entry into naturopathic physician training programs.
Naturopathic medical undergraduate training: a minimum of three years pre-medical bachelors level courses are required for entry into all colleges accredited by the CNME and whose graduates are eligible to become licensed naturopathic physicians in all licensed states. Mr. Loft has forwarded the CNME guidelines to you. All United States and Canadian colleges training naturopathic physicians for licensure require this minimum of three years pre-medical training for entry into their four-year ND programs. Most qualified applicants

for entry into these programs have exceeded these requirements. The majority of qualified applicants accepted into the programs have obtained their bachelor degrees while completing pre-medical course requirements.

- *Graduate training refers the four year 4100-4500 hour professional training program delivering the Naturopathic Doctorate degree.*

Graduate training: The standard naturopathic medicine program requires 4100 hours of basic sciences, clinical sciences, modality, case management, theory and supervised clinical training. Naturopathic programs range from 4100-4500 hours. This standard is nationally recognized and is clearly stipulated in the CNME guidelines. All states licensing naturopathic physicians require this standard of training for graduates to be eligible to take the Naturopathic Physician Licensing Exam (NPLEX). Satisfactory scores on NPLEX in both basic and clinical sciences are required in licensed states to become a licensed naturopathic physician.

Our four-year training programs for NDs are similar in terms of credit load to a five-year program of conventional medical training. For example, conventional medical programs require 18-23 credits per quarter over a four-year period to attain the MD degree. ND programs require 26-28 credits per quarter during a four-year period. Many ND students maintain this credit load by either enrolling for some of these credits continuously every summer or by extending their program to five-year tracks.

Challenges faced by naturopathic colleges are student loan caps which force students into a more intensive four-year track for financial reasons – naturopathic colleges are 90% funded by student tuition and do not currently receive the same level of access to student loans and federal funding enjoyed by conventional medical and nursing schools.

- *Postgraduate training refers to both residency and specialty training.*

Postgraduate training: Postgraduate training includes residencies as well as specialty training recognized by the naturopathic profession. Postgraduate residencies are available at all of the naturopathic colleges in their residency programs. All CNME recognized naturopathic colleges have established departments for Graduate Medical Education during the last five years. However, while the number of available residencies has expanded, there are not yet enough residencies for all graduates. There is general consensus that requiring a minimal level of postgraduate training for naturopathic physicians is a desired goal. The CNME has established national accreditation guidelines for postgraduate residency programs.

One state currently requires NDs to have one year of residency training (Utah). There is also general consensus in the profession that we favor the establishment of a residency requirement in licensed states.

- *Continuing education will refer to annual training required to maintain ND state licensure.*

Continuing Education: 15-20 hours of continuing education is required by most licensed states to maintain licensure yearly. Professional consensus is that this standard should become uniform. Increases are being considered in several states.

Postgraduate training is an interesting “beta site” for taking a look at an emerging standard in an emerging profession. While there is consensus that postgraduate residency training of 1-3 years (including specialty training opportunities) is desired and should be required, the profession must receive federal and state funding to establish an adequate number of residency sites. Until funding for graduate medical education is available through the appropriate federal agencies and legislation (HCFA, BPHC, HRSA, GME), it is not appropriate to require this level of training for all naturopathic physicians.

Current required standards today are producing well-trained, competent and safe naturopathic physicians. *(ND and dermatologists malpractice insurance rating scales are 0.7, MD family practice is 1.0-1.5, OBs are 8.0 and neurologists are 12.0. Washington Casualty Company 14100 SE 36th Street, Suite 100, Bellevue WA 98006.*

In terms of malpractice judgements, Jury Verdicts NW conducted 2 reviews for the Washington Association of Naturopathic Physicians. No malpractice judgements have been found against a licensed naturopathic physician since 1983 as of 1999.)

a) *Should those national educational standards include exposure to conventional or western medicine?*

Yes, these national education standards should and do include exposure to conventional and western medicine.

Basic Sciences

Naturopathic medical education requires two years of basic medical sciences training. These basic sciences are equivalent to basic sciences training in conventional medical schools require the same textbooks and are taught by PhD faculty who are often also teaching in medical schools

(Appendix 1: Letter from the Office of Educational Policy and Planning; Salem, Oregon; April 18, 1989, by David A. Young, Administrator, Academic Degrees and Program Review to the National Council Against Health Fraud.)

(Appendix 2: Excerpted curricula summaries from naturopathic college catalogs.)

Naturopathic colleges and basic sciences faculty are also involved in “The Integration Project.” The project goal is “the systematic, intensified integration of naturopathic theory, principles of practice, and paradigm throughout naturopathic medical college curricula.”

This integration is being built on the physician level science based educational structure and mission already in existence in naturopathic medical colleges. PhD faculty in naturopathic colleges are being trained with regard to underlying naturopathic philosophy and principles.

A process of ongoing systematic dialogue and inquiry is fostered between our academicians, clinicians, and researchers concerning the underlying theory of naturopathic medicine. Faculty and researchers are bringing the fruits of this endeavor into the classroom, both in terms of scientific research and empirical observation.

(Appendix 3: "The Integration Project: Principles, Theory and Paradigm of Naturopathic Medicine in Curriculum Development;" Association of Naturopathic Medical Colleges, 1996-2000)

Clinical Sciences

Naturopathic training includes two years of clinical sciences training. Supervised clinical training (approximately 1200 hours) is provided in outpatient primary care clinics (see Appendix 2). Didactic conventional clinical sciences are part of this two years; for example, gynecology, cardiology, pediatrics, oncology, geriatrics, rheumatology, gastroenterology. Training is similar to that of a conventional family medicine provider in terms of pathophysiology, conventional diagnosis of pathology, lab diagnosis, physical exam skills, basic pharmacology, public health and minor office procedures. Distinctly naturopathic diagnosis, treatment, and prevention strategies and modalities skills are a significant part of clinical training. Further evidence of exposure to conventional clinical sciences is available by reviewing the syllabi and textbooks required in these courses, many of which will be very familiar to a family physician. A list of these textbooks can be provided upon request.

b) *What is the status of postgraduate training in naturopathic medicine?*

Residency training was addressed in part (a).

Naturopathic physicians receive specialty training through several pathways. NDs may specialize in modalities (nutrition, botanical medicine, etc.), populations (geriatrics, pediatrics, women's health) or clinical specialties (cardiology, dermatology, etc.). Postgraduate specialty training is another example of the "front line" of emerging standards for our profession. There is overall consensus that the general care/primary care model is our foundation, and specialties can be developed subsequent to primary care training. Ethically, there is consensus that in order to describe oneself as a specialist in any area of naturopathic medicine, one must obtain additional training. Training pathways now include:

- Postgraduate specialty boards within the naturopathic profession (Homeopathic Academy of Naturopathic Physicians-HANP, Botanical Medicine Academy-BMA, American College of Naturopathic Obstetricians-ACNO) which have developed or are developing standards for postgraduate specialty training, testing and certification (documentation available upon request)
- Dual degree, licensure or certification (ND/LAc; ND/DC; MD/ND; ND/Masters of Science in Nutrition; ND/PhD; ND/MPH; Spirituality, Health and Medicine, etc.)
- Continuing education training conferences for state approved continuing education credits in other areas of clinical practice

Policy Recommendations

Postgraduate specialty training is continuing to develop throughout naturopathic colleges. This area of professional development is ripe for federal funding and for exchange programs in collaboration with conventional medical schools.

Exchange programs should be developed between conventional and naturopathic medical schools. These programs could be funded by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), and developed and facilitated by the AAMC and the Association of Naturopathic Medical Colleges.

(Appendix 4: The Future of Naturopathic Medical Education, 1996: Southwest College of Naturopathic Medicine Anthology, Vol.1 by Pamela Snider, ND)

- c) ***Should there be a required minimum level of postgraduate training for naturopathic physicians? If so, why or why not? How should this postgraduate training be created, structured, and funded?***

Some of this has been addressed in part (a).

Standards for residency training have already been developed by the CNME and are in use by our college GME departments. Standards and requirements for naturopathic postgraduate training must continue to be developed and approved by the CNME. However, new postgraduate training opportunities could be created by a consortium including all conventional and CAM accredited colleges and universities consulting and working together to develop pathways and opportunities for exchange programs between existing regionally or nationally accredited conventional and CAM educational institutions.

Policy Recommendations

It is my experience and recommendation that postgraduate naturopathic training should include at least one year of purely naturopathic residency training. The development of in-patient natural medical “healing retreat” centers as training sites is a critical priority (*see Appendix 4*). Additional naturopathic specialty training (homeopathic medicine, nutrition, botanical medicine, spirituality, health and medicine, physical medicine, natural hygiene, etc.) and/or exchange programs with conventional medical schools could then be pursued by ND graduates (for example in rural health care, community and public health, geriatrics, pediatrics, and other areas of general or primary care practice).

Federal Graduate Medical Education (GME) financing systems must pass legislation and or rules authorizing GME funding for licensed naturopathic physician residency training and coverage of ND resident services. The Bureau of Primary Health Care, the Bureau of Health Professions and the Health Resources Services Administration should provide grants to each of the accredited naturopathic medical schools to rapidly expand purely naturopathic residency, specialty and postgraduate training programs and sites as well as exchange opportunities with conventional and other accredited CAM schools.

The Health Care Financing Administration (HCFA) must incorporate legislative language and promulgate rules to cover services from ND licensed providers in all licensed states. The Medicare Act must be amended to provide for these changes. The distinctly licensed CAM professions must be appointed to the HCFA Joint CPT Committee to address coding, evaluation, and management documentation. Two examples before Congress are the Medicare Medical Wellness Act and the Medicare Medical Nutrition Act providing the sole right to have nutrition services reimbursed to registered dietitians. While we support registered dietitians receiving this coverage for services, we recommend expanding the legislation to include all CAM regulated professions whose training scope of practice provides regulated nutrition services.

The Council on Graduate Medical Education draft report, "Financing Graduate Medical Education in a Changing Health Care Environment," recommended "reform of the entire GME financing structure" (Washington Highlights, Vol. I, No. 35, September 22, 2000). I recommend an addendum to the report concerning licensed CAM professions and GME financing. GME reforms relevant to both CM and licensed CAM provider services should both be addressed before attempting any major reform to GME systems.

The Balanced Budget Refinement Act of 2000 (HR 3077) would improve services for Medicare recipients. This bill allows GME payments for psychologists. We recommend incorporating GME payments for licensed naturopathic physicians in this legislation or similar legislation. Authorizing language for ND residency funding in all GME funding streams should be written into this legislation (and rules) including authorizing Medicare direct and indirect GME, Children's Hospital GME, and Title VII grants from HRSA for licensed naturopathic physicians.

2. *Should there be national standards or certification to provide CAM practices and products? If so, how and by whom should national standards or certification be established, to whom should they apply, and how should they be implemented?*

Re: Practices

This very important question should be answered from a consumer and payor system perspective. Accountability is the complex issue driving this question. No single activity or process guarantees accountability. National standards, processes and guidelines tend to provide the accountability consumers need for safe and effective health care while we all wait for the research data to emerge.

"We know when accountability is present in health care practices when the consumer or patient has confidence in

- the safety, efficacy and cost effectiveness of the treatment
- the competence and accessibility of the provider
- recourse/opportunity for redress if something goes wrong

The most common pieces of a comprehensive model for professional accountability include many professional standards, processes and guidelines, data and research as well as government and regulatory oversight and peer review.”

(Appendix 5: Quinn, Sheila. “Accountability A Complex Issue.” Moderator. “Beyond Data: Standards as Integration Models.” International Conference on Integrative Medicine. April 1999. Seattle, Washington.)

National standards have already been developed for the distinctly licensed CAM professions and by traditional and indigenous systems throughout the world. It is important that we not “recreate the wheel”. Conventional medical education should integrate CAM on a strong and tested foundation. The standards already developed by these systems and modalities of health care are rich national resources for mainstream health care delivery systems and conventional medicine in the search for answers about the safe and effective integration of CAM into medical school training and retraining the conventional medical workforce. There are standards in these professions which are still emerging such as practice guidelines and postgraduate training, Federal funding for completion projects is recommended.

Key questions are: how can we collect and centralize the existing data on these standards? How can we use that data to inform federal and state policy, and the integration of these standards into mainstream healthcare education and service areas? Existing national standards or certification for providing CAM practices and products which have already been developed and are reflected in federal legislation, state legislation, licensing acts, regulations, or through national, regional and profession accreditation bodies must be understood. These standards should then be uniformly recognized by the federal government in regulations, legislation and benefits programs. The highest existing standards in the distinctly licensed CAM professions and modalities.

Policy Recommendations

Funded completion of these standards by the distinctly regulated CAM systems (Appendix 6: OIC Table) should be supported. A funded initiative with CM and CAM leadership on usability of these standards should be developed at HRSA. To answer this question completely, the Commission might consider recommending that the following steps be funded by an appropriate federal agency such as HRSA, BPHC or DHHS.

1. **Research**: What are the national standards, processes, and guidelines that are currently recognized by states licensing CAM providers? What education is required? What scope of practice does this education lead to? What are the adverse events and safety records for each of those professions and modalities? What other processes, standards, and guidelines have been developed by each of the CAM curriculum systems or modalities within those systems, which have been vetted by states and incorporated as safe guidelines and standards for CAM practice?
2. **Compare**: How much of this training already exists in conventional medical education? What are the gaps?
3. **Identify**: What kind of training are conventional providers seeking in CAM or Integrative Medicine (IM)? What kind of conventional training are CAM providers seeking?

4. **Develop Consensus**: Establish a national “Blue Ribbon Credentialing and Standards Round Table” to produce a white paper with consensus recommendations on integration of the highest existing CAM standards for CAM practice of therapies, modalities, disciplines and systems into mainstream education, regulation, clinical services and the market place. Mandate equal and expert representation by all CAM and conventional disciplines, modalities and systems in developing these recommendations. Include public health, emerging professions, communities of practice and traditional and indigenous healers in this process. Recommendations should also include opportunities to link accredited CAM, CM, IM training sites and systems.

Products

Policy Recommendations

In answer to the question about the provision of CAM products, I strongly recommend that the U.S. federal government study and replicate both the process and the model used by the Health Protection Branch (HPB), Ottawa, Ontario for natural products regulation. The federal government in Canada has established an Office of Natural Health Products (ONHP) at the HPB with an excellent interdisciplinary advisory board. The ONHP has authority at the same level as the HPB: Drugs Directorate – Canada’s FDA.

The charge of the ONHP is to regulate natural health products (botanical, nutritional, homeopathic and others). The advisory board is working to promulgate guidelines for the appropriate and safe regulation of natural health products. The Ministry of Health in Ottawa led the process which established this ground breaking model for safe and effective natural health products regulation. Paul Saunders, ND, PhD, is a member of the ONHP Advisory Board and is Associate Dean at the Canadian College of Naturopathic Medicine. His testimony was provided to the Commission during the Seattle Town Hall Meeting, October 30-31, 2000.

3. Should the various naturopathic medicine organizations come together to form “a community”? If so, how and by whom should that “community” be formed?

There is a strong naturopathic community in the United States. The term naturopathy was applied historically since 1905 to physician level (i.e. 3-4 year training) which was comparable to the era appropriate conventional medical training at that time. There are two different groups of providers using the term ‘naturopathic doctor’ to describe themselves. One group is the licensed or licensable naturopathic physician trained by nationally recognized standards which are required and recognized by state law in order to be licensed. The other group does not have physician level training, clinical training or any particular standard of training. Rather, training appears to range from none to a variety of continuing education and correspondence classes. This division in the naturopathic community has developed much the same way as the division in the established conventional health care professions developed prior to the Flexner Report. As conventional medicine developed high standards for education and public accountability and these standards became mandatory for state licensure and practice, conventional medical diploma

mills and substandard conventional medical training was eliminated after the Report in favor of higher, uniform standards of training. (See Ludmerer, Kenneth M. 1999. *Time To Heal*. Oxford University Press: New York, NY).

In a regulatory vacuum, a lower standard will develop and its proponents may try to eliminate the emergence of the higher standard into state law. The lower standard may develop because there are those people who wish to be titled as the higher standard, but do not wish to undertake the training. This is an obvious public protection issue. Alternatively, for very positive and useful reasons, a less fully trained provider standard can be developed with uniform national training and certification standards and oversight, and clearly title and market their subgroup so as to be distinct from the fully trained, physician level (higher) standard. A good example of this is homeopathic medicine, where there are 3 primary groups:

- Physicians trained in homeopathic medicine: ND's, DC's, MD's, DO's
- Professional homeopathic physicians: a non-physician 2 and 3 year educational standard. Professional homeopaths function as consultants or specialists and refer to primary care as needed. Standards for training and certification and scope of practice are internationally recognized.
- Lay homeopaths: This is a community of practice with no specific training standards.

The critical issue for the public in this discussion is the recognizable, uniform training of providers to specific skills and competence, directly relevant to their scope of practice: "training to competency to scope." It is my experience as a member of an emerging profession and many interdisciplinary government, reimbursement, public health, education, and research groups, that a key need for all stakeholders in dealing with new health care groups and professions is specificity. Specifically, what are the professions qualifications to practice their purported scope of practice safely? How will the public recognize that? What is the status of national consensus on standards, safety, efficacy and the processes and guidelines established by that profession? Specific recognition of each training model or standard by regulatory bodies is critical for their decision making.

We face two problems as professions emerge:

1. Typically, professions assemble this kind of information and self-report without any uniform template indicating specific continua for these standards, benchmarks and criteria to evaluate themselves against. It would help all stakeholders to forge a model template with specificity (re: each standard) in consensus with emerging and established CAM and conventional professions.
2. Communities of practice in emerging professions are rich seedbeds for innovation but suffer during their emergence into professions from a lack of unifying standards of accountability entitling them to the public recognition and access.

Policy Recommendations

It would be an excellent contribution to health care reform to establish an Office For Emerging Professions. This Office would provide guidance, funding opportunities, support, and

accreditation guidelines to assist professions and communities of practice in improving their practice and accountability to the public without losing important and necessary innovations for health care. This process could be a means to actually accredit a profession and track its status clearly as it emerges and develops. This Office could be established through DHHS or the Bureau of Health Professions.

Emerging professions waste a tremendous amount of resources on political turf battles. These resources would be better spent for the public good if emerging professions could engage in a fostered process of developing and refining and accrediting their professions and practices with the goal of safe and effective public access, and innovations to improve community and individual health.

(Appendix 7: Snider, Pamela. Three Continua for Evaluating Emerging Professions: Benchmarks and Criteria For Emergence. See also Clyde Jensen's model sent to Dr. Kaczmarczyk recently as an example. Both models have been submitted to the Center for Health Professions for their study on emerging professions).

(Appendix 8: Snider, Pamela. Draft 12/12/00. Draft Definitions and taxonomies: A Model to Evaluate Emerging Health Professions (p3, 4, 5, 6, 7). Submitted to the Center for Health Professions).

9. *What policy recommendations would you like to make to assure the quality of CAM practices and products whether they are provided by a practitioner or used as self-care?*

The following guidelines for CAM policy integration were developed by King County Integrated Health Care 2010 (now Northwest Integrated Health Care 2010, NIHC 2010) working group in September 2000, and presented at the Seattle WHC Town Hall meeting.

(Appendix 9: Pizzorno, Joe. "Collaboration in the Northwest". October 30-31, 2000.)

Principles for CAM Integration and Policy Development

1. ***CAM is about systems of healing, not isolated therapies.*** Natural (CAM) medicine is defined by philosophical systems, not modalities, or the substitution of "green drugs" for synthetic drugs. These "systems" change the way we think about and provide health care, they change the measures of success, effectiveness and cost effectiveness.
2. ***This "integration movement" is not only about integrating CAM.*** It is about mutual collaboration to create a true health care system, not the limited disease-treatment system that today dominates thinking and resource allocation. Mainstream medicine must shift its mission/focus to health creation.
3. ***Facilitate collaboration: mandate the "deeply round" table for government advisory, staffing and decision making positions, agencies and processes.***
4. ***Research outcomes first, not isolated therapies:*** Reorient the focus of CAM research from 90% bench and clinical trials to 90% outcomes, field research, and training of CAM

clinicians to perform in-office research.

5. ***Level the playing field.*** Disparities between CAM & CM (accredited & emerging) education, maturity and research is due to disparities in federal funding. The federal government needs to create and fund CAM-accredited Academic Health Centers of Excellence.
6. ***Strengthen accountability*** and standards critical for public protection by supporting activities that communicate and respect existing standards in emerging professions. Fund initiatives to improve and further develop CAM standards.
7. ***There is a critical need for appropriate nation-wide regulatory environment and standards,*** uniform licensure, regulation for public safety, and national board exams. Collect and disseminate information about state regulatory models that are working well to provide access and protect the public. Adapt federal guidelines to accommodate the natural life cycle of emerging professions. Develop national certification and/or credentialing standards based on the best available in each profession. Constitutionally, health care regulation and licensing is a state prerogative, but the federal government can help with suggested standards, and financial incentives.
8. ***Help the CAM professions mature*** (see #6 and others).
9. ***Deeply engage CAM professionals at all levels of evaluation and decision making.*** Health related committees and advisory bodies should require CAM educators and practitioners as expert advisers, consultants and/or researchers.
10. ***True integration & collaboration requires joint training programs and clinical experiences. Practitioners who train together, practice together.*** Include not just CAM and CM but public health as well. Support strategies for expanding integrated care settings in which conventional, CAM and public health providers practice side-by-side, learning from each other and being jointly committed to improved quality of care.
11. ***Include underserved and special-needs populations..*** Develop policies in support of Healthy People 2010.
12. ***Reimbursement system needs careful reconsideration.*** Replicate the Office of Insurance Commissioner, Washington State Clinician Workgroup on the Integration of CAM at a national level, to continue progress.
13. ***There is a critical need for accurate information for public and professionals.***
14. ***There is a critical need for natural product quality assurance, either private or public.***

Policy Recommendations

OVERALL PRIORITIES

- Establish an Office on CAM and Integrated Health Care at the assistant secretary level at the U.S. Department of Health and Human Services with the authority to: oversee, coordinate and direct all federal CAM activities through this office; and direct and oversee incorporation of CAM in all federal benefits program. Develop, open, structured and ongoing communication pathways among legislators, regulators, public health, the research community CM, CAM and IM providers, researchers, educators and organizational representatives; increase and coordinate federally-funded research in all research agencies.
- Establish "Blue Ribbon" Panels to direct the now Office and Congress (see above) on CAM and IHC policy and legislative requirements and to increase communication and education and collaboration among legislators, regulators, federal agency personnel, third party payers; CAM educators, licensed CAM providers, researchers and practitioners; and conventionally trained Integrated Health Care proponents. It is essential that the make-up of all such panels be cross disciplinary. Fund joint conferencing in key areas of mutual interest.
- Ensure that licensed CAM providers from all CAM fields, and credentialed IHC proponents, are represented on Advisory Boards and Scientific Review Panels at CDCP, AHCQR, NIH-NCCAM and other agencies as appropriate, including the new Office on CAM and IHC at HHS.
- Research legislation and rules which control CDCP, AHCQR, IOM, NIGMS, HRSA, BPHC, DHHS, DOD and other agencies. Follow the example of NIHCCAM. Propose amendments and rule changes as necessary to mandate inclusion of CAM regulated professions and IM..

Examples of agencies with exclusionary language or no mandates:

Services - Indian Health Service policy-restrictive

Services – National Health Service Corps – exclusionary

Field and Public Health Research – Centers for Disease Control – No mandate or appropriation for funding.

Outcomes Assessment and Cost Effectiveness – Health Care Financing

Authority/Medicare-exclusionary

NIH Institutes for Cancer, Heart, Lung, Blood research need mandates for CAM “offices” for research.

Graduate Medical Education exclusionary – CM professions only

- Establish legislation and federal policy that mandates inclusion and funding (appropriation) of IM and CAM regulated professions in all appropriate federal programs. Patients must have

equal access to all licensed or accredited provider types, and licensed providers must have equal opportunity to participate in all federal programs. To accomplish this, hold joint interagency meetings with NIH, FDA, HHS. HRSA Bureau of Health Professions and Bureau of Primary Care: Approve accredited CAM colleges and licensed CAM professionals and professions for grant eligibility, eligibility federal funding in all federal programs. Example: incorporate authorizing language to include all licensed CAM providers in the National Health Service Corps.

- Fund “National Credentialing and Standards Roundtable”. Include national conferences, with a Blue Ribbon task force representing accredited colleges of conventional healthcare and licensed alternative health professions, national associations for licensed CAM and CM professions, and emerging professions. Include organizations and task forces involved with standard setting in CAM and CM education from within conventional medical education.
- Establish an Office on CAM and Integrated Health Care in each DHHS, USPHS Region. Begin with offices in Region X and other regions with most extensive CAM and IM activity. Authorize an interdisciplinary work group for decisions, assessment and implementation of CAM integration. Work in co-ordination under the National Office to achieve goals of Healthy People 2010. These “deeply round tables” foster trust and respect for quality, credibility, competence and shared mission – and build a solid foundation for innovation and reform focused on improving community health
- CAM policy integration in general should focus on the goals of Healthy People 2010, and include an emphasis on public and community health and service to the underserved. Health disparities and partnerships for health improvement are also key areas where CAM can help us a lot.

Research

- Fund Basic sciences clinical trials outcomes health services and academic research centers at CAM institutions to help support the necessary development of a research and academic infrastructure.
- AHCRQ: Establish a competitive bid process to support and research one dozen clinics in US in various sectors, selection to be made with IHC and CAM accredited institutions. Produce data and reports, including longitudinal data. Needs 5 years funding minimum.
- Fund National CAM and IM research methodologies consensus conference. Recommend AHCRQ sponsor this Summit. Invite IOM.
- Develop CAM Offices at the National Institutes of Health with interdisciplinary advisory boards composed similarly to NIHCCAM's board.

Education/Accountability

- Fund demonstration project via HRSA on CAM and CM education and cross-disciplinary training. Mandate and fund true partnership between accredited conventional and CAM schools as demonstration sites.
- Fund collaborative CAM/conventional residency exchange programs and residential programs in CAM institutions
- Involve CAM colleges and conventional medical schools in projects to increase CAM access for minority and under served populations. Publish outcomes of these education pilot programs.
- Identify CAM standards gaps, and fund consensus projects to foster improvements (practice guidelines, residencies, research) through AHCQR, GME, Medicare, HCFA, CDC.
- Fund National Congress for CAM and IM leadership to define consensus recommendations for credentialing standards in White Paper for federal and state guidance. Research and report on emerging and established accountability standards in health care professions; summarize and compare standards in CAM and non-CAM fields. Identify pathways and provide funding for the inclusion of existing CAM standards into established health care systems.
- Establish CAM accredited College Academic Health Centers of Excellence to collaborate with IM/CM Colleges. Approve professionally accredited CAM colleges and providers as eligible for federal grants and programs.

Underserved/Special Needs Populations

1. Include licensed CAM professions in Medicare/Medicaid regulations. Revise authorization language and propose appropriations to provide access to National Health Service Corps Program for licensed CAM providers. Allow access to licensed CAM professions in other federal health care programs.
 2. Include licensed CAM professionals and IHC experts in Public Health jobs, boards and facilities, State and County Health Boards and clinics.
- Health Resources and Services Administration:
 - Bureau of Primary Health Care Services: fund a demonstration project for under served and minority populations receiving CAM services; assess access and outcomes-publish results.
 - Bureau of Health Professions Fund CAM Residency Training Programs in underserved/special needs populations

- Fund pilot projects to facilitate the development of integrated services in regional and local Community Health Centers. Facilitate the integration of co-management teams into state and county health department clinics (with training) using successful models such as the King County Natural Medicine Clinic, Kent, Washington. Fund these workforce re-training programs to provide opportunities for increasing levels of competence from introductory, to modality, to full system training in CAM disciplines for health care providers in these clinics and systems.
- Fund National Conference on methods for utilizing CAM health care in under served or special needs population. Allow HMOs and provider networks which accept risk on capitated Medicare or Medicaid clients to utilize CAM providers and therapies and to implement integrated health services. Fund research to assess cost effectiveness.
- Create dialog and fund pilot project bringing CAM providers and traditional healers (Native American, Hawaiian, etc.) and schools to a common strategy for their populations.
- Northwest Indian College (NWIC) is now an academic health center for USPHS Region X.. Two hundred and fifty out of 500 US Native American tribes reside in Region X.. NWIC and Bastyr University are currently collaborating on building public health career ladders between institutions. Fund implementation of results of DHHS Appreciative Inquiry between NWIC and BU as a pilot site.

Regulation/Access to Services

- Improve reimbursement for behavioral change (affects greater than 50% of major diseases and cost) by both CAM and conventional providers.
- Adopt the Office of Natural Health Products Model: HPB-Ottawa, Ontario, by using this model to develop appropriate procedures, regulations and guidelines for safe access to national health products.
- Support, as a matter of national policy, the standards of practice inherent in state licensing laws, as credentialing guidelines for State Departments of Health, NCQA and JAHCO.
- Support funding by AHCRQ for CAM practice guideline projects involving the CAM professions; establish both baseline CAM system specific guidelines as a foundation. Then develop integration/integrative practice guidelines.
- Promote insurance equality for CAM providers and therapies. We believe that the next steps should include strong commitment to research. Not just research of clinical efficacy but research of true utilization of CMA services in conjunction with, or replacement of, normally covered conventional care. Case management considerations should be addressed and

education of all entities is the most important by-product of such an effort. Finally, a national forum of this caliber, or multiple forums in several locations, can break down barriers in people or groups that are operating in a non-educated environment.

Programs – CAM Inclusion

- See Priorities
- Pass legislation to mandate inclusion of all licensed CAM providers, services and accredited CAM colleges in all relevant federal health programs.
- Request a GAO report and mandate research on the cost savings possible through the incorporation of CAM systems, products and services. Educate policy makers about the safety, efficacy and cost savings possible through CAM products and therapies.

Clinical Practice, Quality, Delivery

- The National Commission for Quality Assurance (NCQA), must be encouraged to work appropriately with licensed CAM and emerging CAM professions to establish credentialing procedures, educational requirements, and supportable standards of practice. It will need to work closely with experienced professionals in each field to identify or develop quality measures for CAM. NCQA should be brought into the loop as soon as possible.
- A nationwide study should be funded to examine the impact of licensure on costs, health care practices, consumer protection, standards and credentials.
- The licensing boards, HMO boards, hospital boards -- all of the enforcement bodies now in place to regulate the practice of medicine -- will need to be restructured to allow for the incorporation of CAM.
- Licensed CAM or emerging CAM professions will have to report on or set standards of education, scope of practice guidelines, and continuing education requirements, as well as monitor compliance. Resources are needed to help these processes develop and mature, such as a National Adverse Events reporting System for CAM services and products.
- Identify and describe practice integration models now in use; disseminate this information. Three such models are integration within single provider (i.e., naturopathic physicians); co-management team; cross-referral and cooperation between institutions and networks.
- Establish an Interdisciplinary Immunization/CAM Taskforce in Region X.
- Fund and conduct Regional Consensus Conferences on Integrated CAM and Conventional Best Practices to reduce preventable disease, such as adult onset Diabetes Type II Implement recommendations.

- Provide federal funding through NIHCCAM, HRSA, BPHC, and CDC for local community demonstration projects and strategic planning to integrate CAM and CM health services. The King County 2010 and Northwest Indian College regional Memorandum of Understanding with DHHS are excellent pilot sites. Establish priorities, assess outcomes.

Thank you for the opportunity to provide this information to you and to the Commissioners, and for your dedication to the White House Commission's work. We wish you well at the next White House Commission meeting. Please feel free to contact me if you have any further questions.

Sincerely,

A handwritten signature in cursive script that reads "Pamela Snider N.D." followed by a period.

Pamela Snider, ND
Associate Dean, Naturopathic Medicine Program

Enclosures Appendices 1 - 12

Appendices

Appendix 1: Young, David A. Letter from the Office of Educational Policy and Planning in Salem, Oregon sent to the National Council Against Health Fraud. April 18, 1989.

Appendix 2: Excerpted curricula summaries from accredited naturopathic college catalogs: National College of Naturopathic Medicine, Bastyr University, Southwest College of Naturopathic Medicine.

Appendix 3: "The Integration Project: Principles, Theory and Paradigm of Naturopathic Medicine in Curriculum Development;" Association of Naturopathic Medical Colleges, 1996-2000.

Appendix 4: Snider, Pamela. The Future of Naturopathic Medical Education, 1996: Southwest College of Naturopathic Medicine Anthology, Vol.1.

Appendix 5: Quinn, Sheila. "Accountability A Complex Issue." Moderator. "Beyond Data: Standards as Integration Models." International Conference on Integrative Medicine. April 1999. Seattle, Washington.

Appendix 6: Office of Insurance Commissioner, WA State. "Issues in Coverage for Complementary and Alternative Medicine Services: Report of the Clinician Workgroup on the Integration of Complementary and Alternative Medicine," January 2000. 1998 Table-Status of Standard Setting in CAM Professions.

Appendix 7: Snider, Pamela. "Draft: Three Continua for Evaluating Emerging Professions: Benchmarks and Criteria For Emergence." (See also Clyde Jensen's model sent to Dr. Kaczmarczyk recently). Both models have been submitted to the Center for Health Professions for their study on emerging professions.

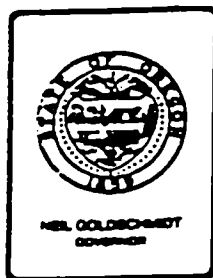
Appendix 8: Snider, Pamela. Draft 12/12/00. A Model to Evaluate Emerging Health Professions (p3, 4, 5, 6, 7). "Draft Taxonomies and Definitions For Emerging Professions", Submitted to the Center for Health Professions for their study on emerging professions.

Appendix 9: Pizzorno, Joe. "Collaboration in the Northwest" presented to the White House Commission on the Integration of CAM. Seattle Town Hall meeting. October 30-31, 2000.

Appendix 10: Twenty-one Competencies for the Twenty-First Century (Chapter IV). In Recreating Health Professional Practice for a New Century. December 1998. Center for the Health Professions, UCSF.

Appendix 11: Naturopathic Medicine: Integration Models. Overview: Educational handout 1999.

Appendix 12: Naturopathic Medicine Professional Standard, Guidelines and Processes. Affiliated Organizations: educational handout 1999.



Office of Educational Policy and Planning

225 WINTER STREET NE, SALEM, OREGON 97310-0301 PHONE (503) 378-3921

April 18, 1989

William Jarvis
President
National Council Against Health Fraud
P.O. Box 1276
Loma Linda, California 92345

Dear Dr. Jarvis:

At the request of the National College of Naturopathic Medicine, I have studied a videotape of the recent CNN report on naturopathy.

The report shows Ben Wilson, identified as a representative of your council, commenting very critically on naturopathic medical education. Coming from an organization labeled "against health fraud," Wilson's description of that education as "unbelievably poor" obviously lends itself to the interpretation that naturopathy is one of the frauds you are against.

Under some of the strongest academic degree standards in the nation, this office authorizes NCNM to offer the degree Doctor of Naturopathic Medicine. Graduates of the college may practice as physicians only after passing a series of examinations administered by a state licensing board.

In order to determine whether postgraduate test performance is a good criterion of educational quality at NCNM, we had 17 sections of the state exams subjected to blind review by 17 specialists: senior clinical and basic science faculty members at a conventional school of medicine. Their evaluations showed conclusively that it would not be possible for an individual to pass all of the test areas--which is necessary for licensure--without having a comprehensive foundation in the biological and biomedical sciences.

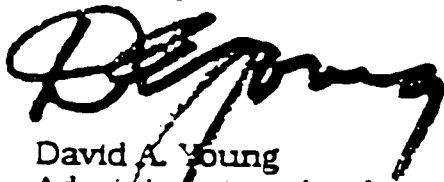
In other words, NCNM has no choice but to prepare NDs with a biological and biomedical education of the same breadth and depth that prepares an MD to be a primary care physician. Wilson and NCAHF may not like what the ND chooses to do with that education. But naturopathic medicine.

Dr. William Jarvis
Page 2
April 18, 1989

under state regulation in Oregon, diverges from other forms of primary medical care at that point where professionals in common possession of scientific facts conscientiously disagree on how best to use their shared knowledge in treating patients.

Meanwhile, the facts about state evaluation of naturopathic education have been available for anyone who wanted to make an informed assessment. Wilson's sweeping derogation goes beyond personal opinion, and it may go beyond prejudice posing as objective commentary. It seems to me that the best tool in a campaign against deceptive health care is not likely to be deceptive criticism.

Sincerely,



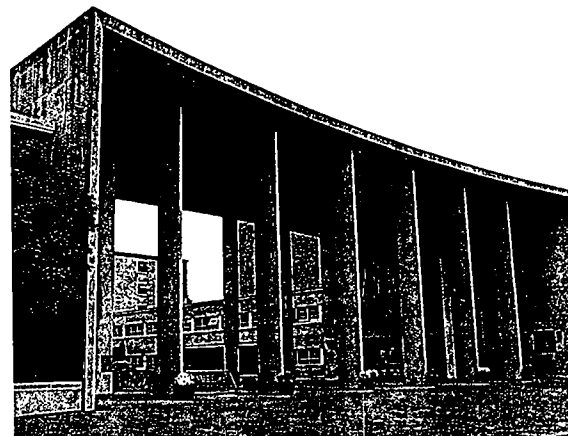
David A. Young
Administrator, Academic
Degrees and Program Review

DAY/elu

C: CNN Medical News
The National College of Naturopathic Medicine

BASTYR UNIVERSITY

2000/2001



DOCTOR OF NATUROPATHIC MEDICINE PROGRAM

FOUR-YEAR TRACK 2000-2001

YEAR I

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Fall	BC5104	Biochemistry 1	4	4	0
	BC5107	Human Physiology 1 Lec/Lab	5.5	4	3
	BC5110	Histology	5	4	2
	BC5125	Gross Human Anatomy 1 Lec/Lab	5.5	4	3
	BC5141	Research Methods & Design	2	2	0
	NM5131	Naturopathic Clinical Theory 1	2	1	2
	NM5804	Clinic Entry 1	1	0	2
		Quarterly Totals	25	19	12
Wtr.	BC5105	Biochemistry 2	4	4	0
	BC5108	Human Physiology 2 Lec/Lab	5.5	4	3
	BC5112	Embryology	3	3	0
	BC5126	Gross Human Anatomy 2 Lec/Lab	5.5	4	3
	NM5135	The Determinants of Health	1.5	1.5	0
	OM5120	Fundamental Principles of TCM	3	3	0
	PM5300	Massage	1.5	0	3
	PM5304	Hydrotherapy/ Physiotherapy Lecture	1.5	1.5	0
		Quarterly Totals	25.5	21	9
Sprg.	AV5100	Fundamentals of Ayurvedic Medicine	2	2	0
	BC5106	Biochemistry 3	4	4	0
	BC5109	Human Physiology 3	3	3	0
	BC5114	Neuroscience	6.5	5	3
	BC5127	Gross Human Anatomy 3 Lec/Lab	5.5	4	3
	BO5301	Botanical Medicine 1	2	2	0
	NM5136	The Vis Medicatrix Naturae	1.5	1.5	0
	PM5305	Hydrotherapy/Physiotherapy Lab	1	0	2
	PS5103	Physician Heal Thyself	2	2	0
		Quarterly Totals	27.5	23.5	8

FOUR-YEAR TRACK

YEAR II

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Fall	BC6200	Human Pathology 1	4	4	0
	BC6204	Immunology	4	4	0
	BO6301	Botanical Medicine 2	2	2	0
	HO6300	Homeopathy 1	2	2	0
	NM6201	Physical/Clinical Diagnosis 1	4	3	2
	NM6210	Clinical Lab Diagnosis 1	3.5	2	3
	PS6305	Naturopathic Counseling 1	3	3	0
	TR6310	Foods, Dietary Systems and Assessment	3	2	2
		Quarterly Totals	25.5	22	7
Wtr.	BC6201	Human Pathology 2	4	4	0
	BC6210	Infectious Diseases*	6.5	5	3
	HO6301	Homeopathy 2	3	3	0
	NM6202	Physical/Clinical Diagnosis 2	4	3	2
	NM6211	Clinical Lab Diagnosis 2	3.5	2	3
	PS6306	Naturopathic Counseling 2	3	3	0
	TR6311	Macro and Micronutrients	3	3	0
		Quarterly Totals	27	23	8
Sprg.	BC6202	Human Pathology 3	4	4	0
	BC6300	Pharmacology **	4	4	0
	BO6302	Botanical Medicine 3	2	2	0
	HO6302	Homeopathy 3	3	3	0
	NM6203	Physical/Clinical Diagnosis 3	4	3	2
	NM6212	Clinical Lab Diagnosis 3	3.5	2	3
	NM6804	Clinic Entry 2	1	0	2
	NM8801	Preceptorship 1	1	0	4
	PM6300	Naturopathic Manipulation 1	2	2	0
		Quarterly Totals	24.5	20	11

*BC6210 Infectious Diseases - offered in winter and spring quarter.

**BC6300 Pharmacology - offered in winter and spring quarter.

See clinic admission, page 33.

FOUR-YEAR TRACK

YEAR III

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Sum	NM7325	Naturopathic Case Analysis & Mgmt 1	1.5	0	3
	NM7400	Minor Surgery	3	3	0
	NM7417	Medical Procedures	3	3	0
	NM7340	Cardio-Pulmonary System 1	3	3	0
		Quarterly Subtotal	10.5	9	3
		1-2 Clinic Shifts	2-4		4-8
Fall	BO7300	Botanical Medicine 4	2	2	0
	MW7320	Normal Maternity	3	3	0
	NM7101	Environmental Medicine	1.5	1.5	0
	NM7102	Public Health	1.5	1.5	0
	NM7313	Gynecology	3	3	0
	NM8302	Orthopedics	2	2	0
	NM8306	Gastroenterology	2	2	0
	PM7301	Naturopathic Manipulation 2	3	3	0
	PS7200	Psychological Assessment	2	2	0
	TR7411	Diet and Nutrient Therapy 1	3	3	0
		Quarterly Subtotal	23	23	0
		1-2 Clinic Shifts	2-4		4-8
Wtr.	BO7301	Botanical Medicine 5	2	2	0
	NM7115	Naturopathic Clinical Theory 2	1	1	0
	NM7314	Pediatrics 1	2	2	0
	NM8304	Dermatology	2	2	0
	NM8307	EENT	2	2	0
	PM7302	Naturopathic Manipulation 3	3	3	0
	PM8341	Sports Medicine/Therapeutic Exercise	2	2	0
	PS7203	Addictions & Disorders	2	2	0
	TR7412	Diet and Nutrient Therapy 2	3	3	0
		Quarterly Subtotal	19	19	0
		1-2 Clinic Shifts	2-4		4-8
Sprg.	BO7303	Botanical Medicine Dispensary Lab	1	0	2
	NM7109	Practice Management 1	2	2	0
	NM7315	Pediatrics 2	2	2	0
	NM7320	Family Medicine	2	2	0
	NM7330	The Healing Systems	1	1	0
	NM8305	Clinical Ecology	2	2	0
	NM8311	Neurology	2	2	0
	NM8313	Oncology	2	2	0
	PM7303	Naturopathic Manipulation 4	3	3	0
	PS7315	Naturopathic Counseling 3	2	2	0
		Quarterly Subtotal	19	18	2
		1-2 Clinic Shifts	2-4		4-8

FOUR-YEAR TRACK

YEAR IV

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Sum	NM8211	Radiographic Interpretation 1	4	4	0
	NM8308	Endocrinology	3	3	0
		Quarterly Subtotal	7	7	0
		3-4 Clinic Shifts	6-8		12-16
Fall	NM8212	Radiographic Interpretation 2	3	3	0
	NM8325	Nat. Case Analysis & Mgmt 2: Grand Rounds*	1	0	2
	NM8340	Cardio-Pulmonary System 2	1.5	1.5	0
	NM8413	Advanced Naturopathic Therapeutics 1	2	2	0
		Quarterly Subtotal	7.5	6.5	2
		3-4 Clinic Shifts	6-8		12-16
Wtr.	NM8213	Diagnostic Imaging	2	2	0
	NM8303	Geriatrics	2	2	0
	NM8309	Rheumatology	1.5	1.5	0
	NM8414	Advanced Naturopathic Therapeutics 2	2	2	0
	NM8802	Preceptorship 2	1	0	4
		Quarterly Subtotal	8.5	7.5	4
		3-4 Clinic Shifts	6-8		12-16
Sprg.	NM8109	Practice Management 2	2	2	0
	NM8110	Jurisprudence and Ethics	2	2	0
	NM8312	Urology	1.5	1.5	0
	NM8803	Preceptorship 3	1	0	4
		Quarterly Subtotal	6.5	5.5	4
		3-4 Clinic Shifts	6-8		12-16

*NM8325 Nat. Case Analysis & Mgmt 2: Grand Rounds is offered in fall, winter and spring.

Summary of Clinic Requirements:

Naturopathic Medicine Program

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
		variable NM7815 Clinic Asst/Disp	2	0	4
		variable NM7820-29 Patient Care 1-10	20	0	40
		variable NM8801-3 Preceptorship 1-3	3	0	12
		variable NM8830-35 Patient Care 11-16	12	0	24
		Variable NM8836 Patient Care 17*	2	0	7.5
		variable PM7801-2 Physical Medicine 1-2	4	0	8
		variable PM8801-2 Physical Medicine 3-4	4	0	8
		Clinic Totals	47	0	103.5

*Students are required to complete a total of 80 interim clinic hours. (Usually students staff the shifts they were assigned to in the quarter just ended.) Students register for and pay for this shift in their last quarter of attendance.

Elective Requirements: Naturopathic Medicine Program

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
		variable variable Elective and Special Topics	15	15	0
		Elective Totals	15	15	0

Curriculum and course changes in the 2000-2001 Bastyr University Catalog are applicable to students entering during the 2000-2001 academic year. Please refer to the appropriate catalog if interested in curriculum and courses required for any other entering year.

FIVE-YEAR TRACK-OPTION A 2000-2001

YEAR I

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Fall	BC5104	Biochemistry 1	4	4	0
	BC5107	Human Physiology 1 Lec/Lab	5.5	4	3
	BC5125	Gross Human Anatomy 1 Lec/Lab	5.5	4	3
	NM5131	Naturopathic Clinical Theory I	2	1	2
	NM5804	Clinic Entry 1	1	0	2
		Quarterly Totals	18	13	10
Wtr.	BC5105	Biochemistry 2	4	4	0
	BC5108	Human Physiology 2 Lec/Lab	5.5	4	3
	BC5126	Gross Human Anatomy 2 Lec/Lab	5.5	4	3
	NM5135	The Determinants of Health	1.5	1.5	0
	OM5120	Fundamental Principles of TCM	3	3	0
	PM5300	Massage	1.5	0	3
		Quarterly Totals	21	16.5	9
Sprg	BC5106	Biochemistry 3	4	4	0
	BC5109	Human Physiology 3	3	3	0
	BC5110	Histology	5	4	2
	BC5127	Gross Human Anatomy 3 Lec/Lab	5.5	4	3
	BO5301	Botanical Medicine 1	2	2	0
	NM5136	The Vis Medicatrix Naturae	1.5	1.5	0
	PS5103	Physician Heal Thyself	2	2	0
		Quarterly Totals	23	20.5	5

FIVE-YEAR TRACK-OPTION A

YEAR II

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Fall	BC5112	Embryology	3	3	0
	BC6200	Human Pathology 1	4	4	0
	BC6204	Immunology	4	4	0
	NM6210	Clinical Lab Diagnosis 1	3.5	2	3
		Quarterly Totals	14.5	13	3
Wtr.	BC5141	Research Methods & Design	2	2	0
	BC6201	Human Pathology 2	4	4	0
	BC6210	Infectious Diseases*	6.5	5	3
	NM6211	Clinical Lab Diagnosis 2	3.5	2	3
	PM5304	Hydrotherapy/Physiotherapy Lecture	1.5	1.5	0
		Quarterly Totals	17.5	14.5	6
Sprg	AV5100	Fundamentals of Ayurvedic Medicine	2	2	0
	BC5114	Neuroscience	6.5	5	3
	BC6202	Human Pathology 3	4	4	0
	NM6212	Clinical Lab Diagnosis 3	3.5	2	3
	PM5305	Hydrotherapy/Physiotherapy Lab	1	0	2
		Quarterly Totals	17	13	8

*BC6210 Infectious Diseases offered in winter and spring quarter.

FIVE-YEAR TRACK-OPTION A

YEAR III

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Fall	BO6301	Botanical Medicine 2	2	2	0
	HO6300	Homeopathy 1	2	2	0
	NM6201	Physical/Clinical Diagnosis 1	4	3	2
	PS6305	Naturopathic Counseling 1	3	3	0
	TR6310	Foods, Dietary Systems and Analysis	3	2	2
		Quarterly Totals	14	12	4
Wtr.	HO6301	Homeopathy 2	3	3	0
	NM6202	Physical/Clinical Diagnosis 2	4	3	2
	PS6306	Naturopathic Counseling 2	3	3	0
	TR6311	Macro and Micronutrients	3	3	0
		Quarterly Totals	13	12	2
Sprg	BC6300	Pharmacology*	4	4	0
	BO6302	Botanical Medicine 3	2	2	0
	HO6302	Homeopathy 3	3	3	0
	NM6203	Physical/Clinical Diagnosis 3	4	3	2
	NM6804	Clinic Entry 2	1	0	2
	NM8801	Preceptorship 1	1	0	4
	PM6300	Naturopathic Manipulation 1	2	2	0
		Quarterly Totals	17	14	8

See clinic admission, page 33.

*BC6300 Pharmacology offered in winter and spring quarter.

FIVE-YEAR TRACK-OPTION A

YEAR IV

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Sum	NM7325	Naturopathic Case Analysis & Mgmt 1	1.5	0	3
	NM7340	Cardio-Pulmonary System 1	3	3	0
	NM7400	Minor Surgery	3	3	0
	NM7417	Medical Procedures	3	3	0
		Quarterly subtotal	10.5	9	3
		1-2 Clinic Shifts	2-4		4-8
Fall	BO7300	Botanical Medicine 4	2	2	0
	MW7320	Normal Maternity	3	3	0
	NM7101	Environmental Medicine	1.5	1.5	0
	NM7102	Public Health	1.5	1.5	0
	NM7313	Gynecology	3	3	0
	NM8302	Orthopedics	2	2	0
	NM8306	Gastroenterology	2	2	0
	PM7301	Naturopathic Manipulation 2	3	3	0
	PS7200	Psychological Assessment	2	2	0
	TR7411	Diet and Nutrient Therapy 1	3	3	0
		Quarterly Subtotal	23	23	0
		1-2 Clinic Shifts	2-4		4-8
Wtr.	BO7301	Botanical Medicine 5	2	2	0
	NM7115	Naturopathic Clinical Theory 2	1	1	0
	NM7314	Pediatrics 1	2	2	0
	NM8304	Dermatology	2	2	0
	NM8307	EENT	2	2	0
	PM7302	Naturopathic Manipulation 3	3	3	0
	PM8341	Sports Medicine/Therapeutic Exercise	2	2	0
	PS7203	Addictions and Disorders	2	2	0
	TR7412	Diet and Nutrient Therapy 2	3	3	0
		Quarterly Subtotal	19	19	0
		1-2 Clinic Shifts	2-4		4-8
Sprg	BO7303	Botanical Medicine Dispensary Lab	1	0	2
	NM7109	Practice Management 1	2	2	0
	NM7315	Pediatrics 2	2	2	0
	NM7320	Family Medicine	2	2	0
	NM7330	The Healing Systems	1	1	0
	NM8305	Clinical Ecology	2	2	0
	NM8311	Neurology	2	2	0
	NM8313	Oncology	2	2	0
	PM7303	Naturopathic Manipulation 4	3	3	0
	PS7315	Naturopathic Counseling 3	2	2	0
		Quarterly Subtotal	19	18	2
		1-2 Clinic Shifts	2-4		4-8

FIVE-YEAR TRACK-OPTION A

YEAR V

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Sum	NM8211	Radiographic Interpretation 1	4	4	0
	NM8308	Endocrinology	3	3	0
		Quarterly Subtotal	7	7	0
		3-4 Clinic Shifts	6-8		12-16
Fall	NM8212	Radiographic Interpretation 2	3	3	0
	NM8325	Nat. Case Analysis & Mgmt 2: Grand Rounds*	1	0	2
	NM8340	Cardio-Pulmonary System 2	1.5	1.5	0
	NM8413	Advanced Naturopathic Therapeutics 1	2	2	0
		Quarterly Subtotal	7.5	6.5	2
		3-4 Clinic Shifts	6-8		12-16
Wtr.	NM8213	Diagnostic Imaging	2	2	0
	NM8303	Geriatrics	2	2	0
	NM8309	Rheumatology	1.5	1.5	0
	NM8414	Advanced Naturopathic Therapeutics 2	2	2	0
	NM8802	Preceptorship 2	1	0	4
		Quarterly Totals	8.5	7.5	4
		3-4 Clinic Shifts	6-8		12-16
Sprg.	NM8109	Practice Management 2	2	2	0
	NM8110	Jurisprudence and Ethics	2	2	0
	NM8312	Urology	1.5	1.5	0
	NM8803	Preceptorship 3	1	0	4
		Quarterly Subtotal	6.5	5.5	4
		3-4 Clinic Shifts	6-8		12-16

* NM8325 Nat. Case Analysis & Mgmt 2: Grand Rounds is offered in fall, winter and spring quarters.

Summary of Clinic Requirements: Naturopathic Medicine

Program

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
variable	NM7815	Clinic Asst/Disp	2	0	4
variable	NM7820-29	Patient Care 1-10	20	0	40
variable	NM8801-3	Preceptorship 1-3	3	0	12
variable	NM8830-35	Patient Care 11-16	12	0	24
variable	NM8836	Patient Care 17*	2	0	7.5
variable	PM7801-2	Physical Medicine 1-2	4	0	8
variable	PM8801-2	Physical Medicine 3-4	4	0	8
		Clinic Totals	47	0	103.5

*Students are required to complete a total of 80 interim clinic hours. (Usually students staff the shifts they were assigned to in the quarter just ended.) Students register for and pay for this shift in their last quarter of attendance.

Elective Requirements: Naturopathic Medicine Program

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
variable	variable	Elective and Special Topics	15	15	0
		Elective Totals	15	15	0

Curriculum and course changes in the 2000-2001 Bastyr University Catalog are applicable to students entering during the 2000-2001 academic year. Please refer to the appropriate catalog if interested in curriculum and courses required for any other entering year.

FIVE-YEAR TRACK-OPTION B 2000-2001

YEAR I

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Fall	BC5104	Biochemistry 1	4	4	0
	BC5107	Human Physiology 1 Lec/Lab	5.5	4	3
	BC5110	Histology	5	4	2
	BC5125	Gross Human Anatomy 1 Lec/Lab	5.5	4	3
	BC5141	Research Methods & Design	2	2	0
	NM5131	Naturopathic Clinical Theory 1	2	1	2
	NM5804	Clinic Entry 1	1	0	2
		Quarterly Totals	25	19	12
Wtr.	BC5105	Biochemistry 2	4	4	0
	BC5108	Human Physiology 2 Lec/Lab	5.5	4	3
	BC5112	Embryology	3	3	0
	BC5126	Gross Human Anatomy 2 Lec/Lab	5.5	4	3
	NM5135	The Determinants of Health	1.5	1.5	0
	OM5120	Fundamental Principles of TCM	3	3	0
	PM5300	Massage	1.5	0	3
	PM5304	Hydrotherapy/Physiotherapy Lecture	1.5	1.5	0
		Quarterly Totals	25.5	21	9

Sprg.	AV5100	Fundamentals of Ayurvedic Medicine	2	2	0
	BC5106	Biochemistry 3	4	4	0
	BC5109	Human Physiology 3	3	3	0
	BC5114	Neuroscience	6.5	5	3
	BC5127	Gross Human Anatomy 3 Lec/Lab	5.5	4	3
	BO5301	Botanical Medicine 1	2	2	0
	NM5136	The Vis Medicatrix Naturae	1.5	1.5	0
	PM5305	Hydrotherapy/Physiotherapy Lab	1	0	2
	PS5103	Physician Heal Thyself	2	2	0
		Quarterly Totals	27.5	23.5	8

FIVE-YEAR TRACK - OPTION B

YEAR II

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Fall	BC6200	Human Pathology 1	4	4	0
	BC6204	Immunology	4	4	0
	BO6301	Botanical Medicine 2	2	2	0
	HO6300	Homeopathy 1	2	2	0
	NM6201	Physical/Clinical Diagnosis 1	4	3	2
	NM6210	Clinical Lab Diagnosis 1	3.5	2	3
	PS6305	Naturopathic Counseling 1	3	3	0
	TR6310	Foods, Dietary Systems and Assessment	3	2	2
		Quarterly Totals	25.5	22	7
Wtr.	BC6201	Human Pathology 2	4	4	0
	BC6210	Infectious Diseases*	6.5	5	3
	HO6301	Homeopathy 2	3	3	0
	NM6202	Physical/Clinical Diagnosis 2	4	3	2
	NM6211	Clinical Lab Diagnosis 2	3.5	2	3
	PS6306	Naturopathic Counseling 2	3	3	0
	TR6311	Macro and Micronutrients	3	3	0
		Quarterly Totals	27	23	8
Sprg.	BC6202	Human Pathology 3	4	4	0
	BC6300	Pharmacology**	4	4	0
	BO6302	Botanical Medicine 3	2	2	0
	HO6302	Homeopathy 3	3	3	0
	NM6203	Physical/Clinical Diagnosis 3	4	3	2
	NM6212	Clinical Lab Diagnosis 3	3.5	2	3
	NM6804	Clinic Entry 2	1	0	2
	NM8801	Preceptorship 1	1	0	4
	PM6300	Naturopathic Manipulation 1	2	2	0
		Quarterly Totals	24.5	20	11

*BC6210 Infectious Diseases - offered in winter and spring quarters.

**BC6300 Pharmacology - offered in winter and spring quarters.

See clinic admission, page 33.

FIVE-YEAR TRACK-OPTION B

YEAR III

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Fall	MW7320	Normal Maternity	3	3	0
	NM7313	Gynecology	3	3	0
	PM7301	Naturopathic Manipulation 2	3	3	0
	PS7200	Psychology Assessment	2	2	0
	TR7411	Diet and Nutrient Therapy 1	3	3	0
		Quarterly Subtotal	14	14	0
		1-2 Clinic Shifts	2-4		4-8
Wtr.	NM7115	Naturopathic Clinical Theory 2	1	1	0
	NM7314	Pediatrics 1	2	2	0
	PM7302	Naturopathic Manipulation 3	3	3	0
	PS7203	Addictions & Disorders	2	2	0
	TR7412	Diet and Nutrient Therapy 2	3	3	0
		Quarterly Subtotal	11	11	0
		1-2 Clinic Shifts	2-4		4-8
Sprg.	BO7303	Botanical Medicine Dispensary Lab	1	0	2
	NM7315	Pediatrics 2	2	2	0
	NM7320	Family Medicine	2	2	0
	NM7330	The Healing Systems	1	1	0
	PM7303	Naturopathic Manipulation 4	3	3	0
	PS7315	Naturopathic Counseling 3	2	2	0
		Quarterly Subtotal	11	10	2
		1-2 Clinic Shifts	2-4		4-8

FIVE-YEAR TRACK-OPTION B

YEAR IV

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Sum	NM7325	Naturopathic Case Analysis & Mgmt 1	1.5	0	3
	NM7400	Minor Surgery	3	3	0
	NM7417	Medical Procedures	3	3	0
	NM7340	Cardio-Pulmonary System 1	3	3	0
		Quarterly Subtotal	10.5	9	3
		1-2 Clinic Shifts	2-4		4-8
Fall	BO7300	Botanical Medicine 4	2	2	0
	NM7101	Environmental Medicine	1.5	1.5	0
	NM7102	Public Health	1.5	1.5	0
	NM8302	Orthopedics	2	2	0
	NM8306	Gastroenterology	2	2	0
		Quarterly Subtotal	9	9	0
		1-2 Clinic Shifts	2-4		4-8
Wtr.	BO7301	Botanical Medicine 5	2	2	0
	NM8304	Dermatology	2	2	0
	NM8307	EENT	2	2	0
	PM8341	Sports Medicine/Therapeutic Exercise	2	2	0
		Quarterly Subtotal	8	8	0
		1-2 Clinic Shifts	2-4		4-8
Sprg.	NM7109	Practice Management 1	2	2	0
	NM8305	Clinical Ecology	2	2	0
	NM8311	Neurology	2	2	0
	NM8313	Oncology	2	2	0
		Quarterly Subtotal	8	8	0
		1-2 Clinic Shifts	2-4		4-8

FIVE-YEAR TRACK-OPTION B

YEAR V

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
Sum	NM8211	Radiographic Interpretation 1	4	4	0
	NM8308	Endocrinology	3	3	0
		Quarterly Subtotal	7	7	0
		3-4 Clinic Shifts	6-8		12-16
Fall	NM8212	Radiographic Interpretation 2	3	3	0
	NM8325	Nat. Case Analysis & Mgmt 2: Grand Rounds*	1	0	2
	NM8340	Cardio-Pulmonary System 2	1.5	1.5	0
	NM8413	Advanced Naturopathic Therapeutics 1	2	2	0
		Quarterly Subtotal	7.5	6.5	2
		2-3 Clinic Shifts	4-6		6-8
Wtr.	NM8213	Diagnostic Imaging	2	2	0
	NM8303	Geriatrics	2	2	0
	NM8309	Rheumatology	1.5	1.5	0
	NM8414	Advanced Naturopathic Therapeutics 2	2	2	0
	NM8802	Preceptorship 2	1	0	4
		Quarterly Subtotal	8.5	7.5	4
		2-3 Clinic Shifts	4-6		6-8
Sprg.	NM8109	Practice Management 2	2	2	0
	NM8110	Jurisprudence and Ethics	2	2	0
	NM8312	Urology	1.5	1.5	0
	NM8803	Preceptorship 3	1	0	4
		Quarterly Subtotal	6.5	5.5	4
		2-3 Clinic Shifts	4-6		6-8

*NM8325 Nat. Case Analysis & Mgmt 2: Grand Rounds is offered in fall, winter and spring.

Summary of Clinic Requirements:

Naturopathic Medicine Program

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
variable	NM7815	Clinic Asst/Disp	2	0	4
variable	NM7820-29	Patient Care 1-10	20	0	40
variable	NM8801-3	Preceptorship 1-3	3	0	12
variable	NM8830-35	Patient Care 11-16	12	0	24
variable	NM8836	Patient Care 17*	2	0	7.5
variable	PM7801-2	Physical Medicine 1-2	4	0	8
variable	PM8801-2	Physical Medicine 3-4	4	0	8
		Clinic Totals	47	0	103.5

*Students are required to complete a total of 80 interim clinic hours. (Usually students staff the shifts they were assigned to in the quarter just ended.) Students register for and pay for this shift in their last quarter of attendance.

Elective Requirements: Naturopathic Medicine Program

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	Lab/Clin.
variable	variable	Elective and Special Topics	15	15	0
		Elective Totals	15	15	0

Curriculum and course changes in the 2000-2001 Bastyr University Catalog are applicable to students entering during the 2000-2001 academic year. Please refer to the appropriate catalog for information regarding curriculum and courses required for any other entering year.

The following requirements apply to all naturopathic medicine program tracks.

Total Requirements: Naturopathic Medicine Program

	Crdt.	Lec.	Lab/Clin.
Total Core Course Credits and Hours	253	224	58
Total Elective Credits and Hours	15	15	0
Total Clinic Credits and Hours	47	0	103.5
Total Requirements	315	239	161.5

DEPARTMENTS WITHIN THE NATUROPATHIC MEDICINE PROGRAM

BOTANICAL MEDICINE DEPARTMENT

Botanical medicine is a core modality for naturopathic physicians to use in optimizing the health and well-being of their patients. Medicinal plants have been used as food and medicine by all peoples on all continents. Plant importance to humans has been recorded in cave paintings 60,000 years old, and a contemporary renaissance in herbal medicine weaves traditional use and wisdom with modern analytical methodologies for optimal medicinal applications for today. Empirical knowledge of plant therapeutics is based on Western and holistic (rather than reductionistic) paradigms and is linked with

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(60 semester credits). The prerequisites for entrance into this program are identical to the prerequisites for entrance into the BS in natural health sciences major in nutrition. (See page 41). The new program is a two-year academic degree program, designed to provide a thorough, scientific, rigorous and inspiring exploration of herbalism and its applications. The curriculum of the BS degree in herbal sciences does not include the diagnosis and treatment of disease, but rather introduces the student to concepts of disease prevention and health maintenance using medicinal herbs. The curriculum addresses economic, historical and sociopolitical perspectives regarding the herbal sciences. Additionally, issues related to herbal production, manufacturing and quality assurance are introduced. This program offers



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License laws vary from state to state and province to province. Some states or provinces have no naturopathic licensure, while others have laws providing a broad scope of practice. It is the responsibility of the student/graduate to determine the licensure laws or scope of practice in the state in which they intend to practice. The North American Board of Naturopathic Medical Examiners (NABNE) provides basic science and clinical science examinations that most jurisdictions use to license naturopathic graduates.

Educational Program

Academic coursework

The Doctor of Naturopathic Medicine Program has been developed to ensure that students have the opportunity to build a strong foundation and to demonstrate competency in each major modality.

Laboratory classes include dissection of cadavers, physical exams, palpation, manipulation, acupuncture, hydrotherapy, microbiology, histology and preparation of herbal medicines.

Didactic classes include traditional and adult learning classroom teaching methods, group projects and experiential coursework.

Clinical Education Experience

The clinical training program is designed to be completed in six quarters.

During clinical rotations, students will take on increasing responsibility in assessment and treatment, beginning with observations. Students gain increasing responsibility for the diagnosis and implementation of treatment under the supervision of a licensed physician. A minimum of 500 patient contacts and 1200 clinic hours must be completed with a broad spectrum of patients at the clinical teaching facility (Southwest Naturopathic Medical Center), and at Off-Site locations. Students may work with naturopathic physicians, residents, M.D.s and D.O.s.

The clinical training program is designed to provide the essential skills necessary to become a naturopathic primary-care physician. Students are:

- Provided with opportunities to observe physician role models
- Involved in observing and training in a variety of clinical environments
- Focused on effective communication and diagnostic/ therapeutic tools.

Eligibility for Clinical Training

Students

eligible to enter the clinical training program at Southwest College, must have:

- Full admission status
- Satisfactorily completed all courses in quarters 1 - 10 as listed in the Program of Study (see page 21)
- Recommendation from the Chief Academic Officer
- Passed the Clinical Entry Assessment Course, CTNG 740; and
- Have receipt of registration to participate in clinical training from the State of Arizona Naturopathic Physicians Board of Medical Examiners.

These requirements must be met by all students including transfer students and students with advanced standing. Students on academic probation/warning will be reviewed on a case-by-case basis as to eligibility for clinic entrance by the Chief Academic Officer. Previous enrollment in a clinical training program at another naturopathic college or other medical college does not allow the student to enter Southwest College's clinical training program without meeting all of the above requirements.

Off-Site Requirements/Restrictions

- Required: A minimum of 120 hours completed off-site with two different N.D.s.
- Restricted: A maximum of 450 total is allowed for off-site rotation.
- Restricted: A maximum of 160 hours may be completed with out of state off-site physicians.
- Restricted: A maximum of 330 hours allowed for training with an M.D. or a D.O.

Clinic Registration/Attendance Policy

Clinical registration is done through assigning shifts to students. A shift is the time scheduled with a physician or post supervisor during clinical training rotation. A shift is defined as 40 clock hours (4hrs/week for 10 weeks).

Students need at least 30 shifts to achieve 1200 hours of clinical training. It is the student's responsibility to complete 40 hours in a single shift. Excused absences can only be made up during the quarter, the following recess, or the intensives week immediately following the quarter in which the absence occurred. For unusual situations, students must contact the Clinical Education Coordinator.

Students wishing to add or drop clinic shifts (on-site, off-site, posts, etc.) must do so before the end of intensives week of each quarter. All changes must be approved by the Clinical Education Coordinator. Schedules cannot be changed after the first week of the quarter. *Shifts may only be dropped in extenuating circumstances, no other shift can be substituted for the dropped shift.*

Clinical Training Program

Students who successfully complete the requirements for eligibility for clinical training may enter the clinical training program at the Medical Center. Refer to Clinical Training Handbook.

Program of Study

Quarter 1 Fall/Spring

First Academic Year

(Course Prefix; Course Title; Contact Hours)

NTMD 601	History of Medicine (8)
NTMD 605	Philosophy & Practice of Naturopathic Medicine (20)
PSYC 603	Healthy Communication (20)
ANAT 603	Regional Anatomy I/Lab (85)
ANAT 606	Embryology (30)
ANAT 609	Histology I/Lab (20)
PHYS 600	Cell Function & Organ Systems I/Lab (80)
	Total 263

Quarter 2 Winter/Summer

First Academic Year

OMND 640	Theory & Fundamentals of Oriental Medicine (20)
ANAT 604	Regional Anatomy II/Lab (105)
ANAT 618	Histology II/Lab (20)
PHYS 619	Cell Function & Organ Systems II/Lab (50)
PHYS 620	Immunology/Lab (30)
	Total 225

Quarter 3 Spring/Fall

First Academic Year

BOTM 640	Historical Use of Plants as Medicines (20)
ANAT 627	Neuroanatomy/Lab (85)
BIOC 602	Medical Biochemistry (40)
PHYS 628	Endocrinology/Lab (30)
PHYS 630	Cell Function & Organ Systems III/Lab (50)
PHMD 605	Touch as Treatment (20)
	Total 245

Quarter 4 Summer/Winter

Second Academic Year

HMEO 620	Introduction to Homeopathic Medicine (20)
BIOC 603	Medical Biochemistry II (40)
NTMD 610	Physician Heal Thyself (20)
PHAR 640	Drug Classifications (20)
MICR 640	Microbiology & Infectious Diseases/Lab (50)
PSYC 660	Fundamentals of Mind-Body Medicine (20)
PUBH 620	Epidemiology (30)
OMND 765	Traditional Chinese Medicine Diagnosis (30)
	Total 230

Quarter 5 Fall/Spring

Second Academic Year

ETHC 760	Medical Ethics (20)
BIOC 604	Medical Biochemistry III (40)
OMND 682	Meridians & Points I (30)
HMEO 720	Homeopathic Materia Medica, Repertory, & Case-taking I (20)
PATH 625	Pathophysiology & Disease Process (40)
PHAR 710	Drug Classifications & Toxicology (40)
PHMD 710	Introduction to Physical Medicine & Orthopedics (20)
	Total 210

Quarter 6 Winter/Summer

Second Academic Year

PHMD 735	Physiotherapy Modalities (20)
PHMD 740	NMT: Assessment & Application I (40)
NUTR 640	Food Analysis (20)
PATH 635	Organ Systems & Disease I (40)
MGEM 605	Medical Genetics (20)
BOTM 680	Pharmacy of Botanical Medicine (20)
PUBH 670	Concepts & Practices in Public Health (20)
OMND 722	Meridians & Points II (30)
	Total 210

Quarter 7 Spring/Fall

Third Academic Year

BOTM 720	Southwest Botanicals (20)
NUTR 680	Nutritional Diagnostics & Treatment Protocols I (30)
PATH 710	Organ Systems & Disease II (40)
JURI 720	Jurisprudence (20)
PHMD 770	NMT: Assessment & Application II (40)
OMND 750	Safe Needling Technique (10)
PSYC 740	Counseling Theories & Practice (20)
HMEO 742	Homeopathic Materia Medica, Repertory, & Case-taking II (30)
	Total 210

Quarter 8 Summer/Winter

Third Academic Year

OMND 800	Traditional Chinese Medicine Pathology (20)
NUTR 752	Nutrition Throughout the Life Cycle (20)
HYDR 615	Principles of Hydrotherapy (20)
RDDX 650	Diagnostic Techniques & Assessment I (20)
CLDX 650	Clinical Assessment I (40)
PHDX 650	Physical Assessment I (40)
LBDX 650	Assessment of Laboratory Techniques I (20)
CLLP 651	Clinical/Laboratory Procedures I (20)
CTNG 650	Clinical Case Review I (20)
	Total 220

Quarter 9 Fall/Spring

Third Academic Year

RDDX 710	Diagnostic Techniques & Assessment II (20)
CLDX 710	Clinical Assessment II (40)
PHDX 710	Physical Assessment II (40)
LBDX 710	Assessment of Laboratory Techniques II (20)
CLLP 711	Clinical/Laboratory Procedures II (20)
CTNG 710	Clinical Case Review II (20)
BOTM 743	Naturopathic Materia Medica, Pharmacognosy, & Therapeutics I (20)
ERMD 740	Emergency Medicine I (20)
	Total 200

Quarter 10 Winter/Summer

Fourth Academic Year

RDDX 730	Diagnostic Techniques & Assessment III (20)
CLDX 730	Clinical Assessment III (40)
PHDX 730	Physical Assessment III (40)
LBDX 730	Assessment of Laboratory Techniques III (20)
CTNG 740	Clinical Entry Assessment (30)
BOTM 744	Naturopathic Materia Medica, Pharmacognosy, & Therapeutics II (20)
RSCH 810	Basic Concepts in Research (10)
OMND 812	Acupuncture Techniques (20)
CTNG 730	Clinical Case Review III (20)
CLLP 731	Clinical/Laboratory Procedures III (20)
	Total 240

Quarter 11 Spring/Fall Fourth Academic Year

PUBH 760	Environmental Medicine: Assessment & Detoxification (20)
ERMD 760	Emergency Medicine II (30)
NUTR 730	Nutritional Diagnostics & Treatment Protocols II (20)
RSCH 830	Conducting Clinical Research (10)
CLSC 761	Pediatrics (20)
CLSC 762	Eyes, Ears, Nose, Throat (EENT) (20)
CLSC 763	Neurology (20)
CMGT 764	Case Management (20)
CLTR 760	Clinical Training (var. *)
	Total 160+

Quarter 12 Summer/Winter Fourth Academic Year

HYDR 770	Advanced Hydrotherapy Techniques (20)
HMEO 782	Homeopathic Materia Medica, Repertory, & Case-taking III (30)
PHAR 780	Drug Comparisons & Detoxification (30)
PHMD 820	Sports Medicine (40)
CLSC 781	Obstetrics I (20)
CLSC 782	Gynecology (20)
CLSC 783	Urology (20)
CMGT 784	Case Management (20)
CLTR 780	Clinical Training (var. *)
	Total 200+

Quarter 13 Fall/Spring Fifth Academic Year

NUTR 810	Eating Disorders & Prescriptions in Addictive Behaviors (20)
BOTM 817	Naturopathic Materia Medica, Pharmacognosy, & Therapeutics III (20)
HMEO 810	Patient Management and Case-taking (20)
MSRG 810	Minor Surgery (30)
OMND 815	Oriental Medicine - Case Analysis & Management I (20)
CLSC 811	Obstetrics II (20)
CLSC 812	Dermatology (20)
CLSC 813	Endocrinology (20)
CMGT 814	Case Management (20)
CLTR 815	Clinical Training (var. *)
	Total 190+

Quarter 14 Winter/Summer Fifth Academic Year

BOTM 831	Botanical Medicine Therapeutics - Developing Clinical Proficiency (20)
NUTR 830	Nutritional Therapeutics in Mental Health & Special Topics (20)
PSYC 835	Practicum in Mind-Body Healing (20)
MNGT 860	Practice Management I (40)
CLSC 831	Cardiology (20)
CLSC 832	Pulmonology (20)
CLSC 833	Gastroenterology (20)
CMGT 834	Case Management (20)
CLTR 830	Clinical Training (var. *)
	Total 180+

Quarter 15 Spring/Fall Fifth Academic Year

NUTR 860	Advanced Naturopathic Therapeutics (20)
HMEO 862	Advanced Case Management (20)
MNGT 882	Practice Management II (30)
OMND 865	Oriental Medicine - Case Analysis & Management II (20)

PSYC 860

MSRG 890
RSCH 860
CLSC 861
CLSC 862
CLSC 863
CMGT 864
CLTR 850

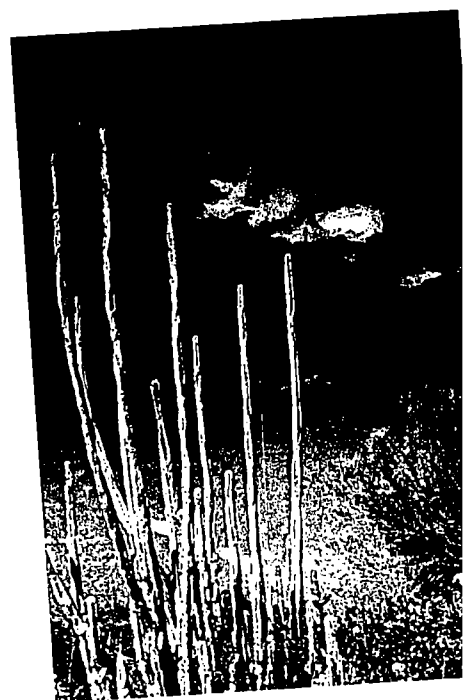
Intervention with Transitional & Traumatic States of Mental Health (20)
Advanced Techniques in Minor Surgery (20)
Evaluation of Medical Research (10)
Rheumatology (20)
Geriatrics (20)
Viral Disorders/HIV (20)
Case Management (20)
Clinical Training (var. *)
Total 220+

Quarter 16 Summer/Winter Sixth Academic Year

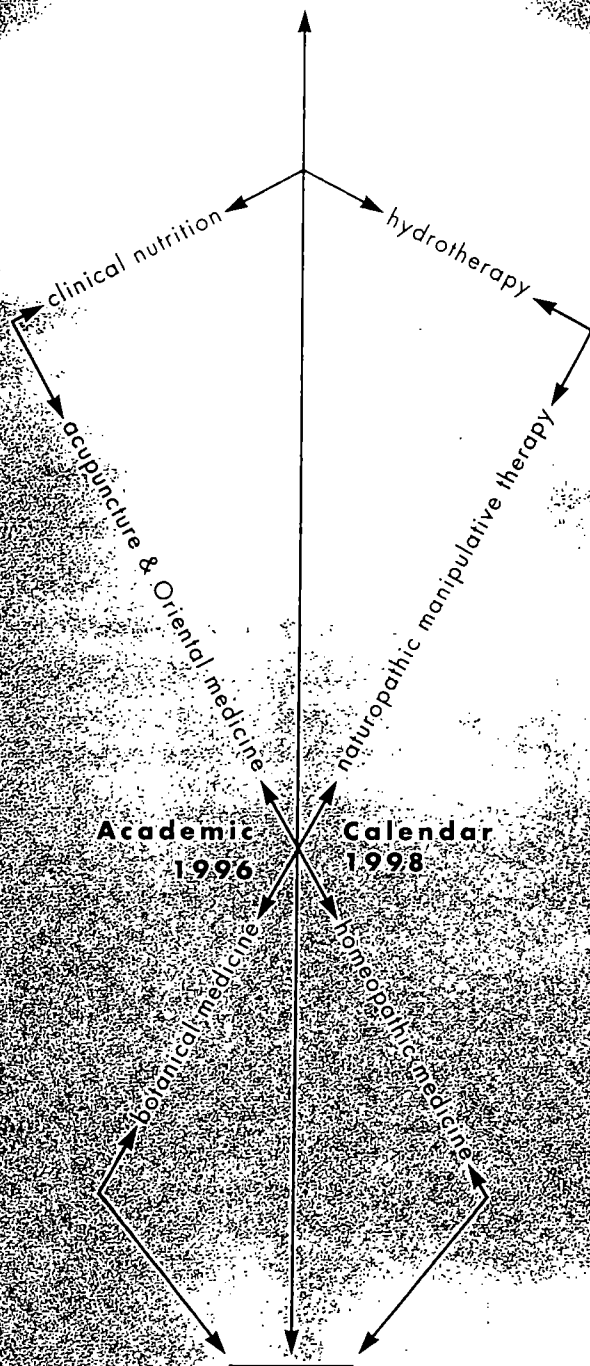
NTMD 880	Analysis and Integration of Naturopathic Philosophy & Practice (20)
RSCH 880	Research Project (10)
CLSC 881	Oncology (20)
CMGT 884	Case Management (20)
CLTR 870	Clinical Training (var. *)
CTNG 890	Clinical Integration (var. *)
	Total 70+

Totals for 16-Quarter Degree Program

Classroom/Lab Instruction	3273
Clinical Training	1200
	Total 4473



THE CANADIAN COLLEGE OF NATUROPATHIC MEDICINE



Complete listing of courses & descriptions

First Year

- Introduction to Oriental Medicine/Acupuncture
- Anatomy
- Immunology
- Physiology
- Biochemistry
- Public Health
- Homeopathy
- History & Philosophy of Naturopathic Medicine
- Nutritional Biochemistry
- Soft Tissue Manipulation
- Hydrotherapy
- Counselling I
- Botanical Medicine
- Art & Practice of Naturopathic Medicine

Second Year

- Oriental Medicine/Acupuncture
- Microbiology
- Botanical Medicine
- Pathology
- Physical/Clinical Diagnosis Lab
- Differential Diagnosis
- Laboratory Diagnosis
- Pharmacology
- Homeopathy
- Clinical Nutrition
- Naturopathic Manipulation
- Radiology I
- Radiology (Bone Path/Soft Tissue)
- Clinic

Third Year

- Oriental Medicine/Acupuncture
- Botanical Medicine
- Obstetrics
- Pediatrics
- Naturopathic Approaches to Women's Health Issues
- Emergency Care
- Homeopathy
- Naturopathic Assessment
- Clinical Nutrition
- Naturopathic Manipulation
- Orthopedics/Therapy by Physical Agents
- Counselling II
- Counselling III
- Diagnostic Imaging
- Clinic

Fourth Year

- Integrated Clinical Studies
- Ethics/Jurisprudence
- Practice Management
- Skills of Communication
- Minor Surgery
- Case Studies in Naturopathic Medicine
- Oriental Medicine: Clinic Practicum
- Clinic

How to read course codes

The following legend will help you understand the course names and numbers.

Code breakdown

First three letters indicate department

(BAS = Basic Sciences)

First number indicates academic level

(1 = First year)

F = First semester

S = Second semester

Y = Full year

F/S = Offered in either semester

subject to availability

Departments

BAS: Basic Sciences

BOT: Botanical Medicine

CLE: Clinical Education

CLS: Clinical Science

CPH: Community and Public Health

HOM: Homeopathy

NMS: Naturopathic Practice

Management Skills

NPH: Naturopathic History and

Philosophy

NPS: Naturopathic Practice

Clinical Skills

NUT: Nutrition

ORM: Oriental Medicine

PHM: Physical Medicine

PSY: Psychology

RAD: Radiology

Curriculum

Over 4,000 hours of classroom and clinical training is provided in the ND program. The following outline the courses and their descriptions. Please note, the ND program is now offered in September and January.



YEAR 1**ORM100S****Introduction to Oriental Medicine (30hrs, 1 semester)**

An introduction to the theoretical basis of traditional Oriental medicine. This course will develop a working knowledge of the basic principles of Oriental medicine, and the collective functions and clinical indications of the major point systems. The student will also learn the anatomical location of the major acupuncture points.

BAS100Y**Anatomy (192hrs, 2 semesters)**

The emphasis is on regional, functional and clinically-oriented anatomy. Course involves a survey of gross regional anatomy of all organ systems and neuroanatomy. Teaching methods include lectures, case studies and the study of prosected human cadavers.

BAS101Y**Histology (64 hrs, 2 semesters)**

Introduction of the structure of the major tissues of the body and the arrangement of tissues to form organs. Emphasis is placed on cell dynamics and differentiation, and the ultimate relationship between form and function. This course provides a foundation for the study of human pathology later in the program.

BAS104S**Immunology****(45 hrs, 1 semester)**

Surveys the biochemistry and physiology of the immune and hematologic systems. Students learn the immunological basis of autoimmune, hypersensitivity and immuno-deficiency disorders. Laboratory investigations of the immune status are taught and their application is reviewed. (Prerequisite: Concurrent enrollment in BAS100Y)

BAS102Y**Physiology****(160 hrs, 2 semesters)**

A survey course on all physiological systems and their importance in maintaining homeostasis. The instructional format is a modular approach to physiology which includes lectures, seminar presentations and group problem-solving sessions.

BAS103F**Biochemistry (45 hrs, 1 semester)**

An introduction to general biochemistry, which includes a survey of protein, lipid and carbohydrate metabolism with emphasis on preparation of the student for study of clinical chemistry and nutrition. (Prerequisite: Organic Chemistry. As of September 1998, this course will be a prerequisite for admission into the ND program.)

BOT100F**Botanical Medicine and Pharmacognosy****(30hrs, 1 semester)**

First course in botanical medicine covering history, taxonomy, plant physiology, manufacturing and regulation. Most of the course is devoted to pharmacognosy as preparation for clinical applications of botanical medicine.

CPH100F**Public Health (26 hrs, 1 semester)**

A course covering the study of the role of the community and the environment on human health and illness. Topics include: concepts of health promotion, public health and preventive medicine, ecological health, basic principles of toxicology, clinical ecology and the determinants of health. The role of the naturopathic doctor in the delivery of both health care and social services is reviewed. The role of multicultural factors in health and illness is also covered.

HOM100F**Homeopathy (30 hrs, 1 semester)**

An introductory course in homeopathic medicine. Reviews basic concepts of homeopathy, including introduction to repertory, principles of homeopathic treatment, first aid prescribing, acute prescribing and basic case-taking. "

NPH100F**Naturopathic History, Philosophy and Principles (27 hrs, 1 semester)**

The history of medicine and of naturopathic medicine as it relates to the development of current naturopathic medical theory and practice. Discussion includes *vis medicatrix naturae* (the healing power of nature), which is central to understanding the philosophy, principles and practices of naturopathic medicine. The course also includes concepts of health and disease, the meaning of illness, the treatment of the whole person, treating the cause, disease prevention, health promotion and naturopathic medical research. An introduction to the various therapies used in naturopathic medicine is also discussed.

NPH100S**The Art and Practice of Naturopathic Medicine (30 hrs, 1 semester)**

This course, built on the principles given in NPH100F, introduces several models of health and disease and explores the naturopathic model of healing. It also introduces the concept of professionalism and the importance of communication within a professional context.

NUT100S
Nutritional Biochemistry
(42.5 hrs, 1 semester)

A review of all macro and micro nutrients in terms of physiological function, requirements, and preferred food and supplement courses.

PHM100F
Soft Tissue Manipulation
(45 hrs, 1 semester)

A course that teaches both massage theory and a full-body massage treatment. The emphasis is on consciously developing self-awareness, centredness, and a respectful and healing intention with which to approach the doctor-patient relationship. The course addresses the following issues: touching and being touched, boundaries, modesty, compassionate caring, trust and an appreciation of differences.

PHM101S
Hydrotherapy (22 hrs, 1 semester)

The therapeutic use of hot and cold water in its many forms and methods of application. The student will learn the philosophy, theories and principles of hydrotherapy and be able to perform the constitutional hydrotherapy treatment and its variations.

PSY101S
Counselling I (34 hrs, 1 semester)

Specific counselling techniques are developed from a range of holistic counselling theories. The student will learn how to conduct a basic patient interview in a clinical setting and develop skills involved in contact with a patient. The emphasis is on developing practical skills using mock interviews.

Year 2
ORM201Y
Oriental Medicine/Acupuncture
(96 hrs, 2 semesters)

A discussion of traditional Oriental diagnosis and treatment of patterns of disharmony. Students will learn to interpret symptoms and signs as a result of a particular organ dysfunction, and select points according to a traditional Oriental differential diagnosis. (Prerequisite: ORM100S)

BAS205Y
Microbiology (64 hrs, 2 semesters)

The focus is on understanding the role of microorganisms in pathology. The student will be able to describe the disease process arising from infection, understand the mode of transmission and, where applicable, know the

laboratory techniques involved in the diagnosis of the microorganisms studied. (Prerequisite: BAS100Y; concurrent enrollment in BAS206Y)

BOT200Y
Botanical Medicine
(96 hrs, 2 semesters)

Provides training in phytochemistry and the clinical use of whole plants and extracts. Topics include: basic prescribing, a survey of the different therapeutic categories of herbs, principles of botanical formulation and data on the correct harvesting and/or storage of dried plants or fresh extracts. Empirical data on traditional uses for plant drugs is integrated with modern scientific research on the mode of their pharmacological actions. Classified according to systemic affinity, plants are discussed as components of a therapeutically vital materia medica. (Prerequisite: BAS103F, BOT100F)

CLE200Y
Clinic (70 hrs, 2 semesters)

Students enter the Naturopathic College Clinic and provide, under registered naturopathic supervision, hydrotherapy and bodywork treatments to clinic patients. (Prerequisite: Entry into 2nd year)

BAS206Y
Pathology (96 hrs, 2 semesters)

This course is designed to provide a rationale for the diagnosis and treatment of human pathologies. Upon completion, students will be able to demonstrate a clinically practical knowledge of the incidence, etiology, histopathology and clinical course of selected disease entities. (Prerequisites: BAS101Y)

CLS200Y
Physical/Clinical Diagnosis
Laboratory (80 hrs, 2 semesters)

This course provides training in physical and clinical diagnosis for naturopathic medicine with the goals of producing a differential diagnosis and assessment of treatment. History taking, physical examination, derivation of a differential diagnosis, identification of the working diagnosis and assessment of treatment plan are covered. (Prerequisite: BAS100Y, 102Y; concurrent enrollment in BAS206Y)

CLS201Y
Differential Diagnosis
(128 hrs, 2 semesters)

Teaches the techniques and skills necessary to produce a differential diagnosis and assessment of treatment from the various signs and symptoms presented to the primary contact prac-



tioner in clinical practice. The course enables students to develop clear clinical judgement and problem-solving abilities. (Prerequisite: BAS100Y, 102Y; concurrent enrollment in BAS206Y, CLS200Y)

CLS202Y
Laboratory Diagnosis
(96 hrs, 2 semesters)

A survey of commonly-used laboratory tests including chemistries, hematology, urinalysis and endocrine panels. The student will critically evaluate laboratory results, deduct a diagnosis or suggest further tests necessary for differential diagnosis, and counsel the patient in lifestyle and possible treatment to ameliorate their condition. (Prerequisite: BAS100Y, 102Y; concurrent enrollment in CLS200Y, BAS206Y)

BAS207S
Pharmacology
(34 hrs, 1 semester)

This course will allow the student to possess a basic and practical understanding of pharmaceutical medicines used commonly by physicians/dentists in general practice. The student will study the interaction between naturopathic medical protocols and pharmaceuticals, in order to act as a significant resource within the primary health care team. (Prerequisite: BAS102Y)

HOM201Y
Homeopathy (96 hrs, 2 semesters)

Introduces the student to the history of homeopathy, its philosophy and principles. The homeopathic repertory, case-taking, posology and case analysis are covered in detail. The principles of single remedy prescribing are taught according to the fundamental principles contained in the Organon. The course includes lectures on Homeopathic Materia Medica focusing on the polycryst remedies and case studies. (Prerequisite: HOM100F)

NUT201Y
Clinical Nutrition
(96 hrs, 2 semesters)

Nutrition is an integral part of naturopathic medicine with respect to both dietary planning, and the use of food extracts and supplements in disease management (nutritional pharmacology). Students learn to assess nutritional status using laboratory and in-office methods, survey forms, history-taking and published food guides. The development of sound nutritional protocols for the management of chronic stages of the human life cycle are examined. Specific dietary and supplementation programs relative to particular disease processes are investigated. (Prerequisite: NUT100S)

PHM201S
Naturopathic Manipulation
(51 hrs, 1 semester)

Introduces the student to the assessment and examination of the vertebral column, costo-sternal and costo-vertebral joints. Also included is a guide to the examination of the extremities and an introduction to motion palpation and static assessment of the vertebral column and the pelvis. Students will also learn to assess and diagnose various peripheral joint irregularities. (Prerequisite: BAS100Y)

RAD200F
Radiology I (34 hrs, 1 semester)

Emphasis is placed upon normal radiographic anatomy and the biomechanical evaluation of position and joint mobility. The various radiological views are covered and patient positioning is practiced. An overview of radiographic physics, hazards of radiation exposure, and preventive measures to protect the patient and radiographer are presented. (Prerequisite: BAS100Y)

RAD201S
Radiology - Bone Path/Soft Tissue
(38 hrs, 1 semester)

Training is provided in the interpretation of soft tissue radiographic studies. The chest, gastrointestinal and genitourinary systems are emphasized.

Year 3
ORM301Y
Oriental Medicine/Acupuncture
(96 hrs, 2 semester)

Students continue to build upon skills developed over the first year of the program in Oriental medicine. Advanced training in point location, needling and Oriental diagnosis is presented. (Prerequisite: ORM201Y)

BOT301Y
Botanical Medicine
(103.5 hrs, 2 semesters)

A further examination of the use of botanical agents in the treatment of selected disease processes. Dosage schedules, contraindications, adverse reactions and associated pharmacological data on each herbal agent are presented. The remedial potential of herbs is elucidated with reference to their effect on specific physiological mechanisms as well as their non-specific enhancement of adaptogenic effects. (Prerequisite: BOT200Y)

CLE300Y
Clinic (256 hrs, 2 semesters)

Students work in the Naturopathic College Clinic in an observational and assisting role to fourth-year students. They develop skills of physical examination, medical history, differential diagnosis, case analysis and treatment planning under supervision of licensed naturopathic doctors. (Prerequisite: Completed 2nd year program, passing grade on Clinic entrance examination and NPLEX Basic Sciences)

Clinic Externship

Students also pursue their clinical education outside of the Naturopathic College Clinic with licensed/registered naturo-

pathic doctors and other primary health care providers in their private practices. In addition, students attend seminars and provide public education and community service relating to naturopathic medicine. A total of 200 hours must be completed by the end of the fourth year.

CLS303S
Naturopathic Approaches to Women's Health Issues
(45 hrs, 1 semester)

A naturopathic approach to the diagnosis and treatment of problems with the female reproductive system. Fertility and family planning are discussed. (Prerequisites: CLS200Y, 201Y)

CLS304S
Emergency Care
(30 hrs, 1 semester)

This course will enable students to assess any emergency situation and respond immediately in order to provide basic life support. The focus will be on practical skills in first aid and CPR.

CLS301F
Obstetrics (45 hrs, 1 semester)

Natural childbirth in the home or clinic. Diagnosis, prevention and treatment of problems of labour and delivery are addressed. Recognition of high risk birthing situations and appropriate management are stressed.

CLS302S
Pediatrics (34 hrs, 1 semester)

A general overview of pediatric conditions seen in naturopathic practice. This includes early diagnosis, naturopathic treatment and referral as deemed appropriate. (Prerequisite: CLS200Y, 201Y)

HOM301Y
Homeopathy (79 hrs, 2 semesters)

The principles of the management of chronic disorders are presented by advanced training in repertorization and prescribing. The homeopathic differential diagnosis of complex disease processes is also presented. (Prerequisite: HOM201Y)

NPH301S
Naturopathic Assessment
(25 hrs, 1 semester)

In this course, students will develop an understanding of the difference between a naturopathic assessment and a standard medical diagnosis. Students will also develop critical and analytical skills required for making a naturopathic assessment and for developing a treatment plan. Prerequisites: CLS200Y, 201Y)

NUT301F
Clinical Nutrition
(45 hrs, 1 semester)

A continuation of NUT201, the use of nutrition in disease management is surveyed. Nutritional protocols based upon current research are presented for a wide range of pathophysiological conditions. (Prerequisite: NUT201Y)

PHM301Y
Naturopathic Manipulation
(96 hrs, 2 semesters)

Advanced training is provided in the analysis and adjustment of spinal lesions involving motion palpation and orthopedic testing. Also covered is the treatment of orthopedic disorders, and common joint and soft tissue ailments. (Prerequisite: PHM201S)

PSY301F
Counselling II (45 hrs, 1 semester)

An overview is provided of the major counselling issues likely to arise in a naturopathic practice including: addictions, eating disorders, sexual abuse, issues of sexuality (including AIDS), death and dying, suicidal depression, etc., as well as practical skills for counselling patients with these concerns. Also covered are when and where to

refer, dealing with the practitioner's own issues and crisis intervention skills. (Prerequisite: PSY101S)

PSY301S

Counselling III (34 hrs, 1 semester)

Upon completion of this course, the student will have a working knowledge of counselling skills for use in a naturopathic practice. The student will also have a deeper understanding of their own issues, skills and assets as a clinician.

RAD301F/S

Diagnostic Imaging (34 hrs, 1 semester)

A survey of available diagnostic imaging techniques is presented, including magnetic resonance imaging, ultrasonography, computed tomography and nuclear medicine. (Prerequisite: RAD200F, 201S)

Year 4

CLE401Y

Clinic (1,010 hrs, 3 semesters)

Students take on an active primary role in treating patients in the Naturopathic College Clinic under the supervision of registered naturopathic doctors. (Prerequisites: Completion of third year program, passing grade on primary clinician entrance examination)

Clinic Externship

Students also pursue their clinical education outside of the Naturopathic College Clinic with licensed/registered naturopathic doctors and other primary health care providers in their private practices. In addition, students attend seminars and provide public education and community service relating to naturopathic medicine. A total of 200 hours must be completed by the end of the fourth year.

NMS400S

Practice Management (30 hrs, 1 semester)

Students learn to evaluate and implement successful practice management strategies. Topics covered include: marketing, record maintenance, establishing a practice, accounting, tax structure, financial planning and adequate insurance requirements. (Prerequisite: Fourth year standing)

NMS400F

Ethics/Jurisprudence (22 hrs, 1 semester)

The medico-legal aspects of naturopathic practice in Ontario and other Canadian provinces. Included is a discussion of scope of practice, confidentiality, informed consent, notification of public health officers according to the schedule of reportable diseases, and legal aspects of

medical-naturopathic interaction. Ethics within the doctor-patient relationship are also discussed. (Prerequisite: Fourth year standing)

NPH401Y

Integrated Clinical Studies (300 hrs, 3 semesters)

This is an intensive, clinically-focused, comprehensive program covering all of the major sub-specialties of naturopathic medicine. Areas of particular focus include (but are not restricted to) the following modules: psychiatry; neurology; cardiology; gastroenterology; infectious disease, public health and clinical ecology; pain management; endocrinology; proctology; gynecology; dermatology; nephrology; eyes, ears, nose and throat; rheumatology; geriatrics; oncology; respirology; neonatology; addiction management.

NMS401F/S

Skills of Communication (18 hrs, 1 semester)

Students learn the essentials of effective communication, especially for public speaking engagements. This prepares the student for lecture presentations offered by the Naturopathic College Clinic and other service organizations. (Prerequisite: Entrance in fourth year Clinic)

NCS400Y

Case Studies in Naturopathic Medicine (30 hrs, 2 semesters)

This is an intensive, clinically-focused, comprehensive seminar covering all of the major sub-specialties of naturopathic medicine. It is an innovative, community-based program, conducted at the College. Areas of particular focus include (but are not restricted to) the following modules: psychiatry; neurology; cardiology; gastroenterology; infectious disease, public health and clinical ecology; pain management; endocrinology; proctology; gynecology; dermatology; nephrology; eyes, ears, nose and throat; rheumatology; geriatrics; oncology; respirology; neonatology; addiction management.

ORM401Y

Oriental Medicine: Clinic Practicum (100 hours, 3 terms)

Student clinicians diagnose, treat and assess treatment of clinic patients using traditional Oriental medicine theories. Treatments include acupuncture, dietary modification, botanicals and patent formula. Clinicians treat a minimum of 70 patients. (Corequisite: CLE401Y)

NATIONAL COLLEGE

OF
NATUROPATHIC MEDICINE

1997-1998 CATALOG

PROGRAM OF STUDY

NATUROPATHIC DOCTOR DEGREE

The N.D. degree course of study at the National College of Naturopathic Medicine is an intensive four-year post-graduate program that prepares candidates for state board licensing examinations and the general practice of naturopathic medicine. Upon graduation, alumni are eligible to sit for board examination in states and provinces that license naturopathic doctors. The core, or required, curriculum provides the foundation and skills necessary for naturopathic family practice.

First year is comprised of the study of the normal structure and function of the body with a solid introduction to naturopathic theory, philosophy and therapeutics, and includes an introduction to clinical work.

Second year focuses on the study of disease and diagnosis with the beginning of the botanical, therapeutic manipulation, clinical nutrition and homeopathic medicine sequences. The early clinical experience continues with specific clinical duties and observation. In order to enter into the clinical training of the third year, students must pass all basic sciences courses and a clinic entrance examination.

Third year continues with the focus on the botanical, manipulation, clinical nutrition, and homeopathic medicine sequences, begins the organ systems courses, and gives major emphasis to clinical practice.

Fourth year completes the elective sequences and organ systems courses. The major focus of the fourth year is practical clinical training, working side by side with licensed physicians caring for patients.

The elective sequences, made up principally of three-hour specialty courses, are designed to provide the opportunity for deeper study and the foundation for expertise in one of the therapeutic specialties: homeopathic medicine, naturopathic manipulative therapy, classical Chinese medicine (CCM), psychological medicine, clinical nutrition, botanical medicine or obstetrics. Electives provide the opportunity to study areas of special interest and also allow students to meet special licensing requirements that exist in some states.

Because the program is rigorous and the course load heavy, students may choose to complete the N.D. in five rather than four years. In some cases, students may be required to be in the five year track. The student may take no more than seven years to complete the program.

CURRICULUM

FIRST YEAR

FALL	Clinic	Lab	Lecture	Credits
Anatomy I			48	4.00
Gross Lab I		24		0.67
Physiology I			48	4.00
Biochemistry I w/ Lab		18	36	3.50
Medical Histology			36	3.00
Medical Histology Lab		24		0.67
Basic Science Clinical Correlate I		36		1.00
Naturopathic Med Phil and Theory I			36	3.00
Hydrotherapy			24	2.00
Palpation I Lab		24		0.67
Psychology and Counseling		6		0.17
		132	228	22.68

WINTER

	Clinic	Lab	Lecture	Credits
Anatomy II			48	4.00
Gross Lab II		24		0.67
Physiology II			48	4.00
Biochemistry II w/Lab		18	36	3.50
Basic Science Clinical Correlate II		36		1.00
Naturopathic Med Phil and Theory II			36	3.00
Hydrotherapy Lab		24		0.67
Palpation II Lab		24		0.67
Skills of Communications			12	1.00
Skills of Communications Lab		18		0.50
		144	180	19.01

SPRING

	Clinic	Lab	Lecture	Credits
Embryology			12	1.00
Neuroanatomy		12	24	2.33
Physiology III			48	4.00
Microbiology			48	4.00
Research and Statistics			12	1.00
Basic Science Clinical Correlate III		36		1.00
Immunology			36	3.00
Pathology I			60	5.00
Psychological Assessment			24	2.00
Introduction to Clinic	24			0.50
	24	48	264	23.83

SECOND YEAR

FALL	Clinic	Lab	Lecture	Credits
Chinese Medicine I			36	3.00
Clinical/Physical Diagnosis I			60	5.00
Physical Diagnosis Lab I		24		0.67
Pathology II			60	5.00
Lab Diagnosis I			24	2.00
Lab Diagnosis I Lab		12		0.33
Pharmacology I			36	3.00
Public Health			24	2.00
Clinical Case Presentations I		24		0.67
Physiotherapy I			24	2.00
Physiotherapy I Lab		24		0.67
Clinical Rotation Hydro/Massage	24			0.50
	24	84.0	264.0	24.84

WINTER

	Clinic	Lab	Lecture	Credits
Botanical Materia Medica I			36	3.00
Chinese Medicine II			36	3.00
Clinical/Physical Diagnosis II			60	5.00
Physical Diagnosis Lab II		24		0.67
Pathology III			48	4.00
Lab Diagnosis II			24	2.00
Lab Diagnosis II Lab		12		0.33
Pharmacology II			36	3.00
Homeopathy I			36	3.00
Clinical Case Presentation II		24		0.67
Naturopathic Manipulative Ther. I			12	1.00
Naturopathic Man. Therapy Lab I		24		0.67
Clinical Rotation Hydro/Massage	24			0.50
Clinic Education	6			0.125
	30	84	288	26.97

SPRING

	Clinic	Lab	Lecture	Credits
Botanical Materia Medica II			24	2.00
Clinical Physical Diagnosis III			54	5.00
Physical Diagnosis Lab III		24		0.67
Lab Diagnosis III			24	2.00
Lab Diagnosis III Lab		12		0.33
Homeopathy II			36	3.00
Nutrition I			36	3.00
Clinical Case Presentation III		24		0.67
Naturopathic Manipulative Ther II			12	1.00
Naturopathic Man. Ther Lab II		24		0.67
Clinical Rotation Hydro/Massage	24			0.50
Clinic Education	6			0.125
	30	84	186	18.96

THIRD YEAR

	Clinic	Lab	Lecture	Credits
FALL				
Botanical Materia Medica III			36	3.00
Diagnostic Imaging I			36	3.00
Homeopathy III			36	3.00
Naturopathic Man. Ther. III			12	1.00
Naturopathic Man. Ther III Lab		24		0.67
Gynecology			36	3.00
Nutrition II			36	3.00
Obstetrics I			36	3.00
Clinic Secondary Fall 1	48			1.00
Clinic Secondary Fall 2	48			1.00
Clinic Grand Rounds	12			0.25
Clinic Education	6			0.125
Clinic Medicinary Practicum**	24			0.50
Clinic Lab Practicum***	24			0.50
	162	24	228	23.05

WINTER

	Clinic	Lab	Lecture	Credits
Diagnostic Imaging II			24	2.00
Doctor Patient Relations			12	1.00
Doctor Patient Relations Lab		12		0.33
Homeopathy IV			36	3.00
Office Orthopedics		48		1.33
Nutrition III			36	3.00
Minor Surgery I with Lab		12	24	2.33
Nat. Manipulative Ther IV			12	1.00
Nat. Manipulative Ther IV Lab		24		0.67
Gastroenterology			24	2.00
Clinic Secondary Winter 1	48			1.00
Clinic Secondary Winter 2	48			1.00
Clinic Grand Rounds	12			0.25
Clinic Education	6			0.125
	114	96	168	19.04

SPRING

	Clinic	Lab	Lecture	Credits
Environmental Medicine			24	2.00
Diagnostic Imaging III			24	2.00
Cardiology			36	3.00
Pediatrics			36	3.00
Nutrition IV			36	3.00
Minor Surgery II with Lab		12	24	2.33
First Aid & Emergency Medicine			24	2.00
Gynecology Lab***		24		0.67
Nat. Manipulative Ther V Lab		24		0.67
Clinic Secondary Winter 1	48			1.00
Clinic Secondary Winter 2	48			1.00
Clinic Grand Rounds	12			0.25
Clinic Education	6			0.125
	114	60	204	21.05

Offered all three terms *Hours divided over all three terms

FOURTH YEAR

	Clinic	Lab	Lecture	Credits
SUMMER				
Eye, Ears, Nose, Throat*			24	2.00
Clinic X-Ray Practicum	24			0.50
Clinic Senior Lab Post	12			0.25
Clinic Summer Primary 1	48			1.00
Clinic Summer Primary 1	48			1.00
Clinic Field Observation 1*	48			1.00
Clinic Field Observation 2*	48			1.00
	228	24		6.75

*May be taken summer or fall

FALL

	Clinic	Lab	Lecture	Credits
Dermatology			24	2.00
Endocrinology			24	2.00
Geriatrics			24	2.00
Stress Management			24	2.00
Exercise Therapeutics		24		0.67
Clinic Primary Fall 1	48			1.00
Clinic Primary Fall 2	48			1.00
Clinic Primary Fall 3	48			1.00
Clinic Grand Rounds	12			0.25
Clinic Education	6			0.125
Clinic Field Observation 3*	48			1.00
	210	24	96	13.05

WINTER

	Clinic	Lab	Lecture	Credits
Neurology			24	2.00
Urology			12	1.00
Proctology			12	1.00
Business Practice Seminar I			24	2.00
Counseling Technique with lab		18	18	2.00
Clinic Primary Winter 1	48			1.00
Clinic Primary Winter 2	48			1.00
Clinic Primary Winter 3	48			1.00
Clinic Grand Rounds	12			0.25
Clinic Education	6			0.125
Clinic Field Observation 4*	48			1.00
	210	18	90	12.38

SPRING

	Clinic	Lab	Lecture	Credits
Medical Genetics			24	2.00
Jurisprudence and Medical Ethics			24	2.00
Business Practice Seminar II			24	2.00
Oncology			24	2.00
Clinic Primary Spring 1	48			1.00
Clinic Primary Spring 2	48			1.00
Clinic Primary Spring 3	48			1.00
Clinic Primary Spring 4	48			1.00

Clinic Grand Rounds	12		0.25
Clinic Education	6		0.125
Clinic Field Observation 5*	48		1.00
Clinic Field Observation 6*	24		0.50
Clinic Community Service*	24		0.50
Clinic Primary Holiday 1*	24		0.50
Clinic Primary Holiday 2*	24		0.50
	354	96	15.38

*May actually occur in a different term than shown

	Clinic	Lab	Lecture	Elective
Total Hours	1500	798	2220	708
Total Credits	31.25	22.16	185	31.25

ELECTIVE COURSES

The College offers several elective courses each term. The Homeopathic Medicine Certificate program includes four sequential electives that supplement the required courses in homeopathic medicine. Similarly, the Naturopathic Obstetrical Certificate Program includes six sequential elective courses. Additional electives are offered in physical medicine, psychology and counseling, and botanical medicine. The College occasionally offers electives in new and experimental diagnostic or therapeutic disciplines. These classes allow the College to develop new course work and create a research base in new or developing areas of naturopathic medicine.

Electives	Lab	Lecture	Credits
Advanced Minor Surgery		24	2.00
Chronic Viral Disease		24	2.00
Colonics		12	1.00
Homeopathy V		36	3.00
Homeopathy VI		36	3.00
Homeopathy VII		36	3.00
Homeopathy VIII		36	3.00
Northwest Herbs I		24	2.00
Northwest Herbs II		24	2.00
Northwest Herbs III		24	2.00
Obstetrics II		36	3.00
Obstetrics III		36	3.00
Obstetrics IIII		36	3.00
Obstetrics V		36	3.00
Obstetrics VI		24	2.00
Obstetrics VII		12	1.00
Natural Pharmacology		24	2.00
Bodywork Massage	24		0.67
Somatic Re-Education I	24		0.67
Somatic Re-Education II	24		0.67
Somatic Re-Education III	24		0.67
Somatic Re-Education IV	24		0.67
Somatic Re-Education V	24		0.67
Clinical Case Presentation IV	24		0.67
Clinical Case Presentation V	24		0.67

University of Bridgeport



1998-1999 CATALOG

COLLEGE OF NATUROPATHIC MEDICINE

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College of Naturopathic Medicine

Dean: Ron Hobbs, N.D.

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Faculty: Battilocchi, Brady, Brett, Burlew, DiPasquale, Erickson, Fine, Garber, Greco, Galiger, Galton, Guptha, Kendler, Lipovac, Paul, Perle, Phillips, Pressman, Rho, Ross, Rubman, Sawitzke, Sensenig, Tabor, Terray, Zampieron

Naturopathic medicine is a distinct system of primary health care — an art, science and practice of preventing, diagnosing and treating conditions of the human mind and body.

Naturopathic physicians work with their patients to prevent and treat acute and chronic illness and disease, restore health and establish optimal fitness by supporting the person's inherent self-healing process, the *vis medicatrix naturae*. This is accomplished through:

• Prevention

Prevention of disease is emphasized through public health measures and hygiene as well as the encouragement and guidance of persons to adopt lifestyles which are conducive to optimal health.

• Diagnosis

Diagnosis and evaluation of the individual's state of health are accomplished by integrated modern and traditional, clinical and laboratory diagnostic methods.

• Treatment and Care

Therapeutic methods and substances are used which work in harmony with the person's inherent self-healing process, the *vis medicatrix naturae*, including: dietetics and nutritional substances, botanical medicine, psychotherapy, naturopathic physical medicine including naturopathic manipulative therapy, minor surgery, naturopathic obstetrics (natural childbirth), homeopathy, and acupuncture.

The University of Bridgeport College of Naturopathic Medicine is a non-profit, co-educational professional institution

which grants the Doctor of Naturopathic Medicine (N.D.) degree to graduates who successfully complete four academic years of study including clinical training. The program is offered on a full-time basis with no students admitted to a part-time course of study. There are no correspondence nor distance-learning courses offered.

Degree

Doctor of Naturopathic Medicine (N.D.)

New Program

The Doctor of Naturopathic Medicine (N.D.) degree program at the University of Bridgeport was licensed by the State of Connecticut Department of Higher Education in December 1996. The program will hold itself to the national professional educational standards required by the Council on Naturopathic Medical Education.

Mission Statement

The College of Naturopathic Medicine is an integrated unit of the University of Bridgeport, a private, non-sectarian, comprehensive university. The College's mission is to provide appropriate educational experiences to prepare candidates to become doctors of naturopathic medicine. The College seeks: to teach and search for new knowledge; to educate men and women of personal integrity and social conscience; and to maintain close relationships among faculty, students and community professionals. In keeping with the international focus of the University-wide mission, the College of Naturopathic Medicine emphasizes the importance of understanding the traditional medical systems of the world.

The College has identified the following goals in support of its mission:

1. to provide a comprehensive, full-time education that prepares qualified candidates to become doctors of naturopathic medicine.

2. to produce graduates who will be competent to practice as a portal of entry, primary-care, doctors of naturopathic medicine with the necessary qualities and competencies for the benefit of their patients.
3. to advance naturopathic medicine and its knowledge base through scholarship and research.
4. to maintain exemplary out-patient facilities.
5. to be an educational resource for doctors of naturopathic medicine.
6. to offer educational opportunities for the public and other healthcare providers.

Naturopathic Medicine

The American Association of Naturopathic Physicians has adopted the following official definition of Naturopathic Medicine, its principles and practice:

Naturopathic medicine is a distinct system of primary healthcare — an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles upon which its practice is based. The principles are continually reexamined in the light of scientific advances. The techniques of naturopathic medicine include modern and traditional, scientific and empirical methods. The following principles are the foundation of naturopathic medical practice:

PRINCIPLES

The Healing Power of Nature (*Vis Medicatrix Naturae*): Naturopathic medicine recognizes an inherent self-healing process in the person which is ordered and intelligent. Naturopathic physicians act to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.

Identify and Treat the Causes (*Tolle Causam*): The naturopathic physician seeks to identify and remove the underlying causes of illness, rather than to merely eliminate or suppress symptoms.

College of Naturopathic Medicine

First Do No Harm (*Primum Non Nocere*): Naturopathic physicians follow three guidelines to avoid harming a patient:

- Utilize methods and medicinal substances which minimize the risk of harmful side effects, using the least force necessary to diagnose and treat;
- Avoid when possible the harmful suppression of symptoms;
- Acknowledge, respect and work with the individual's self-healing process.

Doctor As Teacher (*Docere*): Naturopathic physicians educate their patients and encourage self-responsibility for health. They also recognize and employ the therapeutic potential of the doctor-patient relationship.

Treat the Whole Person: Naturopathic physicians treat each patient by taking into account individual physical, mental, emotional, genetic, environmental, social and other factors. Since total health also includes spiritual health, naturopathic physicians encourage individuals to pursue their personal spiritual development.

Prevention: Naturopathic physicians emphasize the prevention of disease — assessing risk factors, heredity and susceptibility to disease and making appropriate interventions in partnership with their patients to prevent illness. Naturopathic medicine is committed to the creation of a healthy world in which humanity may thrive.

PRACTICE

Naturopathic Methods: Naturopathic medicine is defined by its principles. Methods and modalities are selected and applied based upon these principles in relationship to the individual needs of each patient. Diagnostic and therapeutic methods are selected from various sources and systems, and will continue to evolve with the progress of knowledge.

Naturopathic Practice: Naturopathic practice includes the following diagnostic and therapeutic modalities: nutritional medicine; botanical medicine; naturopathic physical medicine including naturopathic manipulative therapy; public health

measures and hygiene; counseling; minor surgery; homeopathy; acupuncture; naturopathic obstetrics (natural childbirth); and appropriate methods of laboratory and clinical diagnosis.

Curriculum

The curriculum is designed to prepare graduates of the program to be competent, caring, well-trained physicians offering comprehensive care using the traditional methods and modalities of Naturopathic Medicine.

There are essentially three broad areas of professional education. These are the basic sciences, clinical science, and clinical education or services.

Much of the first two (academic) years of training is devoted to the basic sciences such as anatomy, physiology, pathology and clinical and physical diagnosis.

The philosophy, history, and principles of Naturopathic Medicine are also introduced during these years. One course each semester serves as a focal point in the curriculum to bring practical application and clinical relevance to the subject matter being covered in other courses.

The second two (academic) years consist largely of the clinical sciences. This includes instruction on the modalities of Naturopathic Medicine such as nutrition, botanical medicine, physical medicine, homeopathy, and Oriental medicine, and the application of these therapies to pediatrics, gastroenterology, urology, gynecology, orthopedics, neurology, otolaryngology, cardiology, and other bodily systems.

The third area of emphasis is clinical education which provides the practical hands-on integration of didactic learning with patient treatment. Students will care for patients under the supervision and direction of Naturopathic Physicians as well as medical, osteopathic and chiropractic physicians as appropriate. Clinical training will begin in Semester V and continue through Semester VIII, and includes required time in Summer recess clinical programs before

or during the fourth academic year. To be eligible for clinical education training and credit, students must be in good academic standing, successfully complete all courses in Semesters I through VI, and successfully complete the clinic entrance exam.

The course of study consists of four academic years and the required summer recess clinical program. There are two 18 week semesters per academic year.

Semester Based Curriculum

YEAR 1

SEMESTER I

NUMBER	COURSE	LECT.	LAB	HRS SEM	CR.
BS511	Anatomy I	3	3	108	4.5
BS513	Embryology I	1	0	18	1
BS512	Histology	3	2	90	4
BS514	Biochemistry	3	2	90	4
BS515	Physiology I	2	2	72	3
PM511	Liv. Anatomy I: Palpation	1	2	54	2
RS511	Research Meth./Stat.	2	0	36	2
PP511	Naturopathic Hist. & Phil.	2	0	36	2
PS511	Physician Heal Thyself	1	0	18	1
		18	11	522	23.5

SEMESTER II

NUMBER	COURSE	LECT.	LAB	HRS SEM	CR.
BS521	Anatomy II	3	3	108	4.5
BS523	Embryology II	1	0	18	1
BS525	Physiology II	4	2	108	5
BS522	Microbiology	4	2	108	5
CS521	Pathology I	2	2	72	3
PS521	Communication Skills	2	0	36	2
PP521	Naturo. Phil. & Therap.	2	0	36	2
PM521	Living Anatomy: Massage	1	1	36	1.5
		19	10	522	24.0

YEAR 2

SEMESTER III

NUMBER	COURSE	LECT.	LAB	HRS SEM	CR.
CS612	Clinical/Physical Diag. I	5	2	126	6
CS613	Laboratory Diagnosis I	3	0	54	3
CS614	Pub. Health/Epidemiology	3	0	54	3
CS615	Clinical Forum I	0	2	36	1
CS611	Pathology II	4	2	108	5
BM611	Botanical Medicine I	3	0	54	3
PM611	Hydrotherapy	1	2	54	2
OM611	Chinese Medicine I	4	0	72	4
		23	8	588	27.0

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SEMESTER IV

NUMBER	COURSE	LECT	LAB	HRS SEM	CR
CS622	Clinical/Physical Diag. II	5	2	126	6
CS623	Laboratory Diagnosis II	2	2	72	3
CS621	Diagnostic Imaging I	2	0	36	2
HM621	Homeopathy I	2	0	36	2
NT621	Nutrition I	4	0	72	4
CS624	Immunology	2	0	36	2
PM621	Physiological Therapeutics	2	2	72	3
BM621	Botanical Medicine II	3	0	54	3
CS626	Emergency Procedures	2	0	36	2
CS625	Clinical Forum II	0	2	36	1
		24	8	576	28.0

YEAR 3

SEMESTER V

NUMBER	COURSE	LECT	LAB	HRS SEM	CR
PM711	Naturo. Manip. Ther. I	2	4	108	4
CS711	Diagnostic Imaging II	2	0	36	2
HM711	Homeopathy II	3	0	54	3
NT711	Nutrition II	4	0	72	4
CS712	Medical Genetics	1	0	18	1
NP711	Gynecology	3	0	54	3
PS711	Counseling Skills & Tech.	1	1	36	1.5
OB711	Obstetrics I	2	0	36	2
PS712	Doctor/Patient Relationship	0	5	1	27
1 CE711	Clinical Education I	0	8	144	4
		18.5	14	585	25.5

SEMESTER VI

NUMBER	COURSE	LECT	LAB	HRS SEM	CR
NP723	Gastroenterology	2	0	36	2
PM721	Naturo. Manip. Ther. II	2	4	108	4
NP724	Minor Surgery	1	1	36	1.5
HM721	Homeopathy III	3	0	54	3
NP722	Cardiology	2	0	36	2
NP721	Pediatrics	2	0	36	2
CS721	Pharmacology I	3	0	54	3
PP721	Practice Management I	2	0	36	2
PS721	Psychological Assessment	1.5	0	27	1.5
CE721	Clinical Education II	0	8	144	4
		18.5	13	567	25.0

SUMMER RECESS

CE731	Clinical Education III	0	8	144	4
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YEAR 4

SEMESTER VII

NUMBER	COURSE	LECT	LAB	HRS SEM	CR
PS811	Addictions and Disorders	1	0	18	1
CS811	Pharmacology II	1	0	18	1
NP811	EENT	1.5	0	27	1.5
NP812	Endocrinology	1.5	0	27	1.5
NP813	Neurology	1.5	0	27	1.5
CS812	Environmental Medicine	1.5	0	27	1.5
PP811	Practice Management II	1.5	0	27	1.5
RS811	Thesis I	1	0	18	1
CE811	Clinical Education IV	0	24	432	12
		10.5	24	621	22.5

SEMESTER VIII

NUMBER	COURSE	LECT	LAB	HRS SEM	CR
PM821	Prev./Ther. Exercise	1	0	18	1
NP821	Geriatrics	1	0	18	1
NP822	Urology/Proctology	1.5	0	27	1.5
NP823	Oncology	1.5	0	27	1.5
NP824	Dermatology	1.5	0	27	1.5
PM822	Orthopedics/Sports Med.	1.5	0	27	1.5
PP821	Med. Jurisprudence/Ethics	1.5	0	27	1.5
RS821	Thesis II	1	0	18	1
CE821	Clinical Education V	0	24	432	12
		10.5	24	621	22.5

TOTALS	LECT.	LAB	HRS SEM	CR
Academic (Basic & Clinical)	142	48	3420	166.0
Clinical Service	0	72	1296	36.0
	142	120	4716	202.0

Elective Courses

To address the scope of the clinical skills required of a naturopathic physician, the desire of many students to pursue areas of special clinical interest, and the academic requirements for specialty practice in many states, electives will be offered during a summer intensive program. Students will be eligible to take advanced elective courses in Chinese medicine, botanical medicine, naturopathic obstetrics, homeopathic medicine and minor surgery after completing the prerequisite courses for these electives in the professional curriculum.

Students will be eligible for elective courses in Chinese medicine after semester III, botanical medicine after semester IV, naturopathic obstetrics after semester V, and homeopathic medicine and minor surgery after semester VI.

These electives will prepare the student for area specialization to practice in states which require these additional hours of education. The following number of hours of instruction will be offered in each area:

Chinese Medicine	144 hours
Botanical Medicine	108 hours
Naturopathic Obstetrics	144 hours
Homeopathic Medicine	144 hours
Minor Surgery	18 hours

Elective courses are offered to allow specialization and/or certification in various areas of naturopathic practice. Some, but

not all, licensing jurisdictions require a specific minimum number of didactic hours for the practice of these specialties. Elective courses will be developed and added as necessary to meet these legal requirements.

Contact Hours By Area

BASIC SCIENCES 720

Anatomy I	108
Anatomy II	108
Histology	90
Embryology I	18
Embryology II	18
Biochemistry	90
Physiology I	72
Physiology II	108
Microbiology	108

BOTANICAL MEDICINE 108

Botanical Medicine I	54
Botanical Medicine II	54

CLINICAL NUTRITION 144

Nutrition I	72
Nutrition II	72

CLINICAL SCIENCES 945

Pathology I	72
Pathology II	108
Clinical/Physical Diagnosis I	126
Clinical/Physical Diagnosis II	126
Laboratory Diagnosis I	54
Laboratory Diagnosis II	72
Public Health/Epidemiology	54
Clinical Forum I	36
Clinical Forum II	36
Diagnostic Imaging I	36
Diagnostic Imaging II	36
Immunology	36
Emergency Procedure	36
Medical Genetics	18
Pharmacology	54
Pharmacology II	18
Environmental Medicine	27

HOMEOPATHIC MEDICINE 144

Homeopathy I	36
Homeopathy II	54
Homeopathy III	54

College of Naturopathic Medicine

NATUROPATHIC OBSTETRICS _____ 36

Obstetrics I 36

NATUROPATHIC PRACTICE/ORGAN SYSTEMS _____ 378

Gynecology 54
 Pediatrics 36
 Cardiology 36
 Gastroenterology 36
 Minor Surgery 36
 Eye, Ear, Nose and Throat 27
 Endocrinology 27
 Neurology 27
 Geriatrics 18
 Urology/Proctology 27
 Oncology 27
 Dermatology 27

NATUROPATHIC PRINCIPLES AND PRACTICE _____ 162

Naturopathic History & Philosophy 36
 Naturopathic Philosophy
 & Therapeutics 36
 Practice Management I 36
 Practice Management II 27
 Medical Jurisprudence and Ethics 27

ORIENTAL MEDICINE _____ 72

Chinese Medicine; Fundamentals 72

PHYSICAL MEDICINE _____ 477

Living Anatomy I 54
 Living Anatomy II 36
 Hydrotherapy 54
 Physiological Therapeutics 72
 Naturopathic Manipulative
 Therapeutics I 108
 Naturopathic Manipulative
 Therapeutics II 108
 Preventive/Therapeutic Exercise 18
 Orthopedics/Sports Medicine 27

PSYCHOLOGY _____ 162

Physician Heal Thyself 18
 Communication Skills 36
 Counseling Skills and Technique 36
 The Doctor/Patient Relationship 27
 Psychological Assessment 27
 Addictions and Disorders 18

RESEARCH _____ 72

Research Methodology/Statistics 36
 Thesis I 18
 Thesis II 18

CLINICAL EDUCATION _____ 1,296

Clinical Education I 144
 Clinical Education II 144
 Clinical Education III 144
 Clinical Education IV 432
 Clinical Education V 432

COURSE IDENTIFICATION

Course identification is as follows:

BS Basic Sciences
 BM Botanical Medicine
 NT Clinical Nutrition
 CS Clinical Services
 HM Homeopathic Medicine
 OB Naturopathic Obstetrics
 NP Naturopathic Practice/Organ System
 PP Naturopathic Principles and Practice
 OM Oriental Medicine
 PM Physical Medicine
 PS Psychology
 RS Research
 CE Clinical Education

The course numbering system is as follows:

500 level - courses offered in year one
 600 level - courses offered in year two
 700 level - courses offered in year three
 800 level - courses offered in year four

The second digit identifies the semester the course is given in that academic year. The third digit indicates the area.

e.g. BS 525

BS - Basic Science

5 - year one

2 - semester two

5 - fifth course in area sequence

Beginning August 1, 1997 all courses in the College of Naturopathic Medicine will be identified with the letter "N" as the first letter in the course description i.e., NBS511 Anatomy I.

GRADES

Grades earned by students are submitted to the Registrar utilizing the following designations. Grades earned are on a four (4) point scale with an "A" or 4 quality points being the highest grade attained. Grades with quality points are:

GRADE QUALITY POINTS

A 4.0
 B+ 3.5
 B 3.0
 C+ 2.5
 C 2.0
 D 1.0
 F 0.0

The cumulative quality point ratio (QPR) is determined by dividing the number of semester hours into the number of points earned. Transfer credits are not included in this computation.

Administrative Grades

In addition to the Academic Grades submitted by faculty, the following Administrative Grades are also utilized.

I The grade of Incomplete "I", is used by the faculty to indicate that a student has not completed all course requirements. A student will have one week from the last day of the term to meet with the faculty and complete all course requirements. Upon completion of the course requirements the faculty will submit the earned grade. Failure by the student to meet with the faculty and complete the requirements in one week from the last day of the term will result in the grade of "I" being converted to a grade of "F".

Any student with a grade of "F" or "W" will be required to register for and retake that course in its entirety when the course is regularly scheduled. Any student with a grade of "F" or "W" will not be eligible to register for courses for which that course is a prerequisite.

R Students may repeat a course at any grade level below "A". The first repeat will replace the first-time grade for the computation of the QPR.

TCR This indicates transfer credit granted for equivalent work completed at another accredited institution.

W Withdrawal grades are assigned on the following policy statements:

THE INTEGRATION PROJECT

Principles, Theory and Paradigm of Naturopathic Medicine in Curriculum Development

Mission Statement

"(to be written during the CNMC session, AANP Convention, 1996, Bellevue, Washington)."

Goal

The systematic, intensified integration of naturopathic theory, principles of practice, and paradigm throughout naturopathic medical college curricula. Integration will be defined through recommended changes in courses, course competencies, outcomes assessment, clinical training, research, and learning environment (the methods used in education and the environment in which learning occurs). This integration will be built on the science-based educational structure already in existence in naturopathic medical colleges. The principles of naturopathic medicine outlined in the AANP Definition of Naturopathic Medicine document represent professional consensus on the defining framework for naturopathic clinical theory. These accepted principles of practice will also provide the reference point and defining structure for the Integration Project.

Overview of Methods

- Steering Committee: Constitution of a steering committee under the auspices of the Consortium of Naturopathic Medical Colleges Curriculum Committee.
- Research: Academic, scholarly research and classification of historical writings of nature medicine scholars throughout time.
- Research: Professional survey of alumnae, physicians, faculty, and students, requesting input concerning proposed changes to curriculum, clinical training, research, and learning environment *vis-a-vis* principles and theory.
- Expert teams process: Expert teams in defined areas of competency such as basic sciences, clinical sciences, philosophy, history, modalities, clinical training, and research will be assembled in support of reviewing input, reports and final recommendations concerning their areas of expertise.

• Written reports: Draft reports on each stage of the project as well as research reports will be provided to the steering committee members. Written input will be requested from steering committee members on these drafts, and subsequent drafts will incorporate input and include recommendations. Expert teams will be informed and consulted on their areas of expertise, and their input provided to the Steering Committee.

• Comprehensive final report: There will be a comprehensive final report inclusive of recommendations approved by the Steering Committee provided to the Consortium of Naturopathic Medical Colleges Curriculum Committee which will then be presented to the Consortium for approval.

• Implementation: "Train the trainer" sessions, commencing during the 1996-1997 academic year, to include all college faculty. Initially, these sessions will focus on a two to three day immersion in naturopathic principles and theory followed by facilitated discussion. The purpose of these sessions is to:

1. train faculty in naturopathic colleges with regard to underlying naturopathic philosophy and principles;
2. stimulate inquiry and discussion concerning this philosophy and theory as pertinent to the training of naturopathic physicians and specifically with regard to each faculty member's given area of expertise;
3. to develop specific recommendations via facilitated discussion for curriculum development, particularly new or altered course competencies;
4. to foster a process of ongoing systematic inquiry between our academicians, clinicians and researchers concerning the underlying theory of naturopathic medicine;
5. finally, to bring into the classroom the fruits of this endeavor, both in terms of scientific research as well as empirical observation.

From year to year the Steering Committee will determine the focus of these sessions. When final recommendations are approved by the Consortium of Naturopathic Medical Colleges, they will be implemented through ongoing "train the trainer" sessions and curriculum development processes at each of the naturopathic medical colleges.

Tasks and Timeline

• September, 1996: Integration Project Proposal presented to CNMC Curriculum Committee for approval. AANP Convention, Bellevue, WA

THE FUTURE OF NATUROPATHIC MEDICAL EDUCATION

PRIMARY CARE INTEGRATIVE NATURAL MEDICINE: THE HEALING POWER OF NATURE

Introduction

"The trend of modern medical research and practice in our great colleges and endowed research institutes is almost entirely along combative lines, while the individual, progressive physician learns to work more and more along preventive lines."

Henry Lindlahr (*Nature Cure*, 1913)

Today, eighty three years later, naturopathic physician Henry Lindlahr's prophetic insight is proving valid as natural medicine finds itself on the verge of an unprecedented explosion into mainstream health care. Naturopathic medicine, in particular, is undergoing a powerful resurgence, in large part due to modern naturopathic medical training. With its unique integration of vitalistic, scientific, academic and clinical training, the naturopathic medical paradigm is a potent factor in this renaissance.

Today's naturopathic physicians are licensed primary care providers of integrated natural medicine, trained in fully accredited colleges and universities. Naturopathic physicians (NDs) are also recognized leaders in preventive medicine. ND's today practice as family physicians and specialists. Naturopathic colleges offer post-doctoral training with emphasis in areas such as botanical, homeopathic, nutritional and physical medicine; acupuncture, ayurvedic medicine; oriental and Chinese herbal medicine; as well as applied behavioral sciences and midwifery. Some ND's choose to focus their practice on population groups such as children, the elderly or women's health care, or in clinical areas such as cardiology, gastroenterology, immunology or environmental medicine.

All ND's are first trained as family physicians, regardless of elective postdoctoral training or clinical emphasis. This is intentional, consistent with, and integral to naturopathic principles of practice.¹ NDs are trained to assess causes and develop treatment plans from a systems perspective and with systems skills based on naturopathic principles of practice and, specifically, on the principle: "treat the whole person."²

With accreditation, licensing, reimbursement, research and widespread public acceptance, the naturopathic education model is reaching professional maturity today. Naturopathic medicine is enabling patients to regain their health, and NDs are effectively co-managing and integrating care with all pertinent providers – to their patients' benefit. Our place in the twenty-first century, however, will be determined by our ability to successfully meet the challenges of creating the medical leaders of tomorrow, maintaining and developing the integrity and truth of naturopathic medicine in our colleges and universities, and integrating its values and methods into mainstream medical education and health care delivery systems.

At the Crossroads

"People are beginning to realize that it is cheaper and more advantageous to prevent disease rather than to cure it."

Henry Lindlahr (*Nature Cure*, 1913)

Our country is engaged in a challenging debate surrounding the future of health care. The primary concerns of preventing disease and improving overall health, while lowering health care costs and risks, dominate this debate. Consumers, providers, reimbursement systems and conventional medical colleges are looking with increasing interest at naturopathic medicine for insight into how to achieve these goals. Medical schools and hospitals are faced with student and consumer dissatisfaction and empty beds. The naturopathic medical education model—which has developed accreditation, licensing and practice standards—provides an excellent training model for all physicians for the delivery of low cost, effective, preventive health care solutions. The existing model of modern naturopathic medical education has resolved the problems of accreditation, credentialing, licensure and scope in defining standards for primary care natural medicine. This model can be easily and efficiently articulated with existing medical education models, complementary and alternative education models, and into mainstream health care delivery.

Accountability in Natural Medicine

Consumers are choosing NDs because naturopathic medicine has responded not only to the need to integrate the best that conventional and natural medicine have to offer, but to issues of public safety, efficacy and affordability through the following mechanisms:

- Fully accredited naturopathic medical training
- Standardized, science-based naturopathic medical education
- Broad scope licensing laws
- Nationally standardized licensing exams
- Professional standards of practice and peer review
- Credentialing and quality improvement plans
- Scientific research, efficacy documentation

These are well accepted mechanisms for public accountability in all forms of licensed health care. Naturopathic medicine's growing popularity and professional credibility is due in part to these important achievements by a unified profession. Other natural health care professions have similarly begun achieving credibility through similar routes. Finally, patients are choosing naturopathic physicians today because of their unique, vitalistic medical training.

Historical Naturopathic Medical Education: Lessons from the Past

Medicine has long grappled with the problem of the healing power of nature, the *vis medicatrix naturae* (VMN). As Neuberger stated in 1932, "the problem of the healing power of nature is a great, perhaps the greatest of all problems which has occupied the physician for thousands of years. Indeed, the aims and limits of therapeutics are determined by its solution."³ The VMN was a basic tenet of the Hippocratic school of medicine, and "every important medical author since has had to take a position for or against it."⁴ As standard medicine soundly rejected the principle of the VMN at the turn of the century, nature doctors and, ultimately, naturopathic physicians in the United States from 1896 to the present, diverged from conventional medical doctors in curriculum development, education standards, clinical training, clinical practice, licensing, accreditation and professional development. Naturopathic physicians recognized the value of the VMN, embraced it as their core academic and clinical principle, and developed an entire system of medical training and practice based upon it and related principles of clinical medicine. While naturopathic education in the early part of this century was unique and powerfully vitalistic, it did suffer because it had not reached maturity in the context of professional unification or uniform accreditation standards. These goals have finally been achieved during the last three decades.

Although naturopathic colleges in the early 1900s did include basic sciences training, it was not until Dr. John Bastyr (1912 - 1995) and his firm, efficient and professional leadership that science and research-based training in natural medicine was inspired to reach its fullest potential. Dr. Bastyr, whose vision was one of "naturopathy's empirical successes documented and proven by scientific methods," was himself "the prototype of the modern naturopathic doctor, who culls the latest findings from the scientific literature, applies them in ways consistent with naturopathic principles and verifies the results with appropriate studies." Bastyr also saw "a tremendous expansion in both allopathic and naturopathic medical knowledge, and he played a major role in making sure the best of both were integrated into naturopathic medical education."⁵ Today, naturopathic medical education is the first modern, Western system of primary care medical training based on the healing power of nature, utilizing a rich mixture of scientific and empirical natural methods.

One of the chief advantages of training in the early 1900s was the marvelous inpatient facilities which flourished during this time. These facilities provided in-depth training in clinical nature cure and natural hygiene in inpatient settings. Nature cure and natural hygiene are still at the very heart of naturopathic medicine's fundamental principles and approach to health care and disease prevention. Scientific research is beginning to catch up with naturopathic medicine's empirical knowledge and clinical successes. The challenge for future naturopathic medical education will be to intensify curriculum development, outpatient and inpatient clinical training and research with regard to its underlying principles, nature cure and natural hygiene.

Conventional Medicine Today: Lessons for the Future

Conventional medicine's successes in surgical care, trauma care and high force pharmaceutical medicine are well documented. However, consumers today keenly experience the failings in the health care system, particularly gaps in integrative care, as well as skyrocketing costs. They struggle to get the care they need from a variety of providers, then struggle to pay the bill for this harrowing experience. Faced with a plethora of confusing choices in the health care marketplace, many patients choose natural as well as conventional providers, but only 28% inform their conventional primary care physicians.⁶

The result? A fragmented health care experience in which clinical costs are increased while clinical effectiveness is decreased. No conventional medical education model or infrastructure exists in mainstream medicine for the delivery of care which integrates natural and conventional medicine.

This integrative model, however, is fundamental to and well developed in naturopathic training and outpatient care.

Examining key areas in today's conventional health care environment, both current status and developing trends, provides educators with important predictors concerning the future of health care. Future excellence and leadership in naturopathic medical education will, in part, be dependent on a thorough assessment of these trends and their potential impact on our future physicians.

Conventional Medical Paradigm

- Mechanistic and reductionist, lacking broad application of unifying clinical principles concerning health and disease
- Emerging interest in body/mind and energetic medicine
- Emerging interest in pharmacological application of botanical and nutrient medicine
- Nature-based medicine nonexistent
- High technology, high force, high cost medicine well developed
- Preventative medicine largely limited to childhood immunization and cancer screening programs as prototypes
- Trauma and surgical care well developed
- Public health system showing interest in community based preventative medicine

Conventional Medical Education

- Highly resourced
- Basic sciences well developed in reductionist context
- Conventional case analysis well developed
- Current focus on inpatient residencies; shifting to outpatient residencies
- Focus shifting from specialties to primary care/family practice
- Increasing dissatisfaction with limitations of paradigm and learning environment by medical students⁷
- One third of medical schools developing electives, modality and continuing education courses in alternative medicine

Conventional Medical Learning Environment

- Primarily didactic, linear, information-based
- Not wellness oriented, students experience as oppressive, abusive, not training healers⁸
- Limited innovation in learning systems
- Conventional physicians not trained to be role models of healthy living

Conventional Medical Practice

- Excess of specialists in urban areas
- Shortage of general primary care providers and family physicians, especially in rural areas
- Minimal integration and co-management skills training with regard to natural/ complementary /alternative providers
- Minimal outcomes assessment
- Rapidly growing information environment
- Limited development of clinical skills in body/mind/heart/spirit medicine
- Almost no basis for clinical skills in natural, vitalistic medicine
- Hospital closures predicted
- Hospitals beginning to explore including natural/naturopathic/integrative medicine
- Average time spent with patient per office call: 6 to 15 minutes

Conventional Medical Research

- Pharmaceutically oriented
- Interest growing in outcomes based research
- Primarily reductionist model

Conventional Medical Economics

- Rising health care costs, hospital closures
- Health care reform, managed care and capitation shifting profit centers in health care from physicians, hospitals and colleges to business centers

Conventional Medical Political Environment

- Natural medicine not defined in conventional scope of practice
- Competition increasing for primary care natural/integrative medicine scope of practice
- Legislative models exist for articulation of education and licensing of different health care professionals

Naturopathic Medical Education Today: The State of the Art

Naturopathic education in 1996 is also at the crossroads. Naturopathic training today is a blend of contemporary science, empirical naturopathic medicine and naturopathic philosophy. The core curriculum includes basic sciences, pre-clinical sciences, clinical sciences and clinical training.

We have gained recognition, credibility and accountability. We have integrated scientific research and conventional medical knowledge systematically throughout our curriculums. We are graduating well trained physicians who are making an important contribution to the quality of health care in this country. Our doctors are recognized leaders in preventive and natural medicine and are also trained as healers. No other Western model of primary care medicine comes close to the achievements of naturopathic medical training in integrating vitalistic and mechanistic methods.

Looking at current status and developing trends in key areas provides important direction when planning education for future NDs. The Consortium of Naturopathic Medical Colleges is actively engaged in profession wide curriculum development taking these trends, e.g. effects of paradigm shifts, into account.

Naturopathic Medical Paradigm: Medicine That Respects Nature

"Naturopathy, in fact, is typically *meta-systematic*...the organism [is] always seen in the context of its physical and social environment...Beyond this, naturopathy, ultimately, might even be considered *cross-paradigmatic* (Commons et al, 1984), touching inevitably on the economics, politics, history, and sociology of the various healing alternatives (Walters, 1993), ultimately penetrating to the contrasting philosophies underlying naturopathy and allopathy. Naturopathy results from a guiding philosophy at odds with the dominant mechanistic philosophy undergirding Western industrialized society. Allopathy, in contrast, is clearly derived from these same premises. Or in Eisler's (1987) terms, naturopathy embraces a *partnership* model of relationship, while allopathy falls within the *dominator* model. As indicated below, this partnership/dominator model extends not only to the treatment process but to the healer/patient relationship itself."¹⁰

Websters defines vitalism as "the doctrine that ascribes the functions of living organisms to a vital principle distinct from chemical and physical forces...and [which is] in some measure self-determining". Mechanism is defined as "the theory that everything in the universe is produced by matter in motion: materialism". Both principles are applicable to modern naturopathic training. The context and life force of our medicine is its vitalistic core. Yet, matter, mind, energy, and spirit are each part of nature, and therefore, must be part of naturopathic training. Mechanistic and reductionist knowledge also provide useful techniques and tools to NDs *when applied in a vitalistic context*.

Additional key features of the naturopathic paradigm are listed below and are derived from naturopathic principles of practice.

- Approach is to empower self-healing.
- Expertise in individual and community-based preventive medicine
- Expertise in wholistic and pharmacological application of botanical and nutrient medicines
- Integrative/co-management model well developed
- Expertise in lower force, lower cost interventions
- Expertise in least force application provides for case appropriate intervention ranging from nutritional, homeopathic and botanical to pharmaceutical and surgical
- Vitalistic case analysis and management blended with conventional critical case analysis skills

Naturopathic Medical Education

Modern naturopathic physicians are trained to:

- Clinically respect and work with the individual's, inherent self-healing ability and the healing power of nature
- Teach prevention and optimal wellness
- Provide comprehensive, integrated, natural and conventional diagnosis and treatment as primary care providers. Methods are integrated and based on systematic, unifying principles of naturopathic practice (refer to principles listed in Footnote 1)
- Co-manage care with all primary care physicians, specialists and health care providers in conventional and other systems of medicine
- Use the lowest force and lowest risk preventive, diagnostic, therapeutic and co-management strategies.
- Incorporate the broad range of factors contributing to health and disease including physical, mental, emotional, spiritual, natural, inherited, socioeconomic and environmental aspects
- Continually upgrade their knowledge through continuing education and postdoctoral programs
- Provide patient-centered care, inclusive of family, community and cultural concerns
- Treat the whole person
- Critically analyze peer-reviewed literature, including natural medical literature
- Engage the patient as an ally, and a member of her/his own health care team, inspiring and promoting self-care and healing
- Respect the therapeutic potential of the doctor-patient relationship
- Prescribe pharmaceutical drugs when lower force options are exhausted or inappropriate
- Spend adequate time with patients in order to thoroughly diagnose and treat underlying causes of illness

Other important trends to note are: a strong interest in learning environment change, rapid growth in inquiries from faculty seeking positions at naturopathic colleges and universities, and the need to upgrade information technology and business management skills. Our colleges are actively pursuing increased inpatient and outpatient residency opportunities for our students. Academic excellence continues to be of the highest priority.

Learning Environment

- Basic Sciences: didactic and case-based
- Continual integration of naturopathic principles throughout curriculum
- Experiential learning model important and continually augmented
- Students are respected community members whose input is sought by college leadership
- Students participating in wellness lifestyles¹¹

Naturopathic Practice and Clinical Training

- Primary care/family practice and **specialization**
- Integration and co-management advanced¹²
- Leading in developing co-management and integration models/
- Upgrading of information systems and databases ongoing
- Seeking additional residencies, hospital and inpatient access
- Average time spent per patient visit - 45 to 60 minutes
- Patients participate in their own health care as a part of the team

Naturopathic Research

- Tremendous opportunities and growth
- National visibility and leadership
- NIH-OAM AIDS Research Center at Bastyr University
- Student and faculty involvement high
- Postdoctoral research tracks needed
- All colleges involved in funded original research

Naturopathic Economics

- Entry into reimbursement system of all licensed natural health care providers
- Need for increased business skills training for students and mentor programs for graduates

Naturopathic Political Environment

- Tremendous growth in publicity about natural medicine
- Powerful funded alliance for state licensing for naturopathic physicians underway
- King County Natural Health Clinic in Washington state integrating public health care and natural medicine for low income and immigrant populations; includes MD/ND co-management team
- Washington state leading as model for integration of natural medicine in health care reform
- Licensing of naturopathic physicians answers credentialing issues for insurance companies in primary care natural/alternative medicine
- NDs and naturopathic students eligible in WA State for rural scholarship and loan forgiveness programs

THE FUTURE OF MEDICINE: HEALTH CARE VS. DISEASE CARE
HOW IS THE MEDICAL WORLD GOING TO BE?
COMPLEMENTARY PROVIDERS WILL BECOME PART OF THE MAINSTREAM BECAUSE
THAT'S WHAT THE COUNTRY WANTS

"Unquestionably, the health care system is undergoing profound change...Many...current aspects of health care have resulted from a period of rapid change in the early part of this century. We are returning to a period of rapid change...What is less certain is exactly where that change will lead. The task....is to identify and understand the forces of change and describe these forces so that [we] can make [our] decisions more wisely."¹³

The major health problems of today are decreased quality of life and decreased life span due to chronic diseases. "In...most cases, these can be prevented or delayed by health promotion and prevention behaviors."¹⁴ Health promotion is a key trend in public health awareness along with changing societal values regarding consumption, ecology, and our relationship with the natural and spiritual world. These concerns will play a significant role in the future of health care.

"It is clear that hospital care will decline."¹⁵ Health care will become the dominant model, replacing today's conventional disease care model. Communities and health care providers will emphasize wellness, prevention and self care. The physician's first treatment choices will be based on respecting and engaging the self-healing capacity. The use of high force, high cost, surgical and pharmaceutical interventions will continue, but will be greatly decreased. When prescribed, they will be prescribed based on the clinical application of the *least force first*¹⁶ principle.

Emergency and trauma care will still hold their obvious place, becoming more effective and less costly as natural therapeutic adjuncts are incorporated into trauma care protocols. Pre-and post-surgical care will be markedly improved by using natural methods, especially whole food and therapeutic nutrition prescriptions. Hospital food services will gain their rightful place as an important therapeutic instrument. In the hospital, integrative teams of naturopathic, medical, chiropractic and osteopathic doctors will work closely with nurses, physician assistants, nurse practitioners, counselors, dietitians, nutritionists, midwives, acupuncturists, homeopathic physicians, massage therapists, spiritual healers and other allied health care professionals. Integrative grand rounds will provide the forum and co-management training will provide the skills for integrative patient care decisions.

A new type of inpatient facility will emerge to fill the gaps which are so treacherous in today's health care system. Intermediate care, inpatient facilities which incorporate the nature cure model will emerge to take the place of failing hospitals. These facilities will fill the gap between outpatient care and expensive, intensive hospital care. Integrative teams will staff these facilities providing around the clock care and high level expertise in facilitating recovery from serious diseases using natural methods. These facilities will prevent the overuse of high tech, high cost inpatient care while providing an environment in which patients can heal under supervision.

These intermediate facilities will develop, in some cases, within existing hospitals or will be stand-alone facilities with inpatient and outpatient co-management and referral affiliations in their community. Patients who today are either in hospitals or at home inappropriately can be cared for and monitored in these health promoting, inpatient facilities lowering the cost of health care.

Importantly, physicians will be trained as healers as well as health care providers, and will be increasingly selected for their positive leadership skills and their ability to support and empathize with their patients, treating them as part of the health care team.

Future Health Care Paradigm

- | | |
|--|--|
| <ul style="list-style-type: none">• Natural/naturopathic integrative medicine with a vitalistic root | <ul style="list-style-type: none">• Conventional integrative medicine with a reductionist mechanistic root |
|--|--|

Future Health Care Education

- | | |
|--|--|
| <ul style="list-style-type: none">• Increase in postgraduate professional (naturopathic, oriental, chiropractic, etc.) and modality training programs in conventional medical schools: articulation of existing education models in conventional and nonconventional medicine• Preventive medicine training increased in conventional medical schools | <ul style="list-style-type: none">• Undergraduate medical programs offering more courses in alternative medicine• MDs and DCs seeking postgraduate modality and naturopathic medical training in large numbers• Vitalistic paradigm still at core continually advancing in naturopathic medical training• Mechanistic paradigm still at core of conventional medical training |
|--|--|

Future Health Care Learning Environment

- | | |
|---|--|
| <ul style="list-style-type: none">• Innovation in learning environments and learning options• New information technology | <ul style="list-style-type: none">• Wellness campus environments at naturopathic medical colleges• Naturopathic colleges training advanced regarding physicians as role models and physician self-healing process |
|---|--|

Future Health Care Practice

- | | |
|---|--|
| <ul style="list-style-type: none">• Co-management• Integrative medicine• Utilization review and outcomes assessment• Highly accessible information environment• Hospitals providing natural, naturopathic, integrative medicine• Increase in natural "life force" medicine | <ul style="list-style-type: none">• Increased body/mind and spiritual medicine• Primary care naturopathic and integrative medicine prevalent• Natural medicine specialties• Inpatient natural medicine facilities utilizing hygiene/nature cure model |
|---|--|

Future Health Care Research

- Natural/Naturopathic medical research
- Outcomes based research
- Inquiry into efficacy of vitalistic medicine
- Tremendous growth in "mechanistic" natural medicines research

Future Health Care Economics

- Dominant focus on wellness and prevention in order to lower costs and increase health
- Increased business skills needed by physicians
- Increase in home health care
- Co-management triage will lower costs in the new health system
- Gatekeepers: primary care providers of natural medicine will lower costs
- Managed care's central concern will be continuing to leave medical decisions with trained health care providers. Costs will be lowered by requiring outcomes research focused continuing education for providers in their networks

Future Health Care Political Environment

- "Scope" challenges in primary care natural medicine
- Naturopathic physicians licensed in all states
- Allied natural health care providers licensed uniformly in all states
- Increase in professional dual licensure
- Legislative articulation of existing education models

Naturopathic Medical Training: Training Leaders and Physicians for the Future

For naturopathic medical education to successfully meet the challenges of the future, the profession needs to answer the following questions:

How will we continue to retain the core principles of naturopathic medicine while developing a paradigm for the twenty-first century?

Intensive curriculum development focused on the vitalistic principles of naturopathic medicine will ensure both faithful adherence to our history while integrating the best that science has to offer. This systematic approach will be the framework within which all courses continue to be taught, from basic sciences through clinical sciences and residency training. Inpatient facilities of the future will begin to reflect this paradigm in health care delivery.

What expanded skills will our graduates need in order to be highly successful in the emerging health care environment? Continual growth in the following areas will be important:

- Prevention and wellness focus on top ten killers
- Primary care
- Family medicine
- Body/mind/spirit in medicine
- Counseling and health psychology
- Physician as healer
- Environmental medicine
- Nature cure and natural hygiene model
- Rural health care
- Inpatient care
- Research
- Clinical training integrated throughout four year program
- Clinical clerkships and rotations off campus
- Public speaking
- Writing for publication
- Training as educators for health care professionals
- Residencies
- Wellness campus environment
- New information technology
- Business and practice management skills
- Integration and co-management
- Cross Cultural Perspectives
- Postgraduate education tracks
 - Research
 - Clinical Sciences (Gynecology, Cardiology, Pediatrics, etc.)
 - Botanical Medicine
 - Nutrition
 - Natural Hygiene
 - Hydrotherapy
 - Psychology
 - Environmental Medicine
 - Spirit and Healing
 - Rural Health Care
 - Ayurvedic Medicine

Training Other Providers: Articulation of Education Models

As medicine for the twenty-first century will be integrative, the training of health care providers will increase between professions. Existing conventional and non-conventional education, accreditation, licensing and credentialing models can be linked effectively between professions, saving time and energy, and getting physicians and other providers back to the business of health care.

Today, approximately forty medical colleges across the country have required courses, electives or continuing education programs in complementary and alternative medicine. Nursing colleges are also developing programs in these areas. Conventional institutions are seeking answers concerning the best way to integrate training for their professions in non-conventional health care. The following model curriculum will provide competencies and skills in four key areas needed by physicians:

Introduction to Complementary Professions and Modalities

(required as prerequisite for all other courses-undergraduate)

This course will be a survey course of complementary professions and modalities. The following areas are included: paradigms, efficacy base, co-management skills. The skills attained in this course will be familiarity and comfort with the precepts and practice of other non-conventional approaches to health care, ability to access and analyze the scientific literature supporting their efficacy base, and referral and beginning co-management skills, facilitating effective interaction with a wide range of providers. This course will also include an experiential component.

Co-management and Basic Therapeutic Techniques in Complementary Medical Models

(elective-undergraduate or graduate)

This course will be skills-based in two major areas: advanced co-management and integrative care, and basic therapeutic techniques which can be easily integrated in to conventional medical practice. Research on these techniques will be reviewed. Providers completing this course will be able to co-manage at a more sophisticated level with other providers while beginning to integrate basic techniques within their own practice.

Modality Training

(postgraduate or continuing education)

The duration of these tracks will be one year. Providers will be trained to integrate skills in one modality into a conventional practice, e.g. botanical medicine, therapeutic nutrition, homeopathic medicine. Graduates will be able to specialize in their practices in one or more of these areas, however, further training will be necessary to practice as a primary care provider of natural medicine.

Advanced Standing and Fellowship Programs

(postgraduate)

The duration of these programs will be approximately two years. Physicians will be trained as fully integrated primary care providers of natural medicine. Applicants will be given advanced standing status for previous basic sciences training and attend special intensive training sessions to prepare them to effectively assimilate the natural medicine paradigm. Graduates will be fully trained primary care physicians of integrative natural medicine, and be eligible for dual licensure.

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With the above in mind, naturopathic medical colleges need to decide how they will continue to train other health care providers, including conventional medical doctors. The following lists illustrate some possibilities, several of which are currently available at naturopathic colleges and universities.

Medical School Partnerships with Naturopathic Colleges: Demonstration Sites

Advantages

- Demonstrates visibility of model
- Increases numbers of Nds and other providers trained in primary care natural medicine
- Strengthens quality and integrity of natural medicine

Fellowships for Medical Students on Campus

Advantages

- On site integration: training superiority
- Integrity of training
- Foundation for exchange programs
- Increased number of providers
- Can function as demonstration project

Distance Learning

Advantages

- Education made accessible to wider populations
- Significant on-campus component necessary

Expansion of Advanced Standing Programs

Advantages

- On-site training
- Superior integration
- Superior quality

Post Graduate Fellowships - On-Campus

Advantages

- Primary care medical training
- Modality, population and clinical specialty training
- Leadership and visibility in areas in which we now excel
- Integration into healing community for providers in full programs

Post-Graduate Fellowships - Satellite Locations

Advantages

- Same as on campus
- Increased accessibility for applicants

Conclusion

Inquiry-based, vitalistic medicine will be the leading evolutionary force in the medicine of tomorrow.

We have rebuilt and renewed the vitalistic health care model almost from ashes and, clearly, have achieved many of our goals. Naturopathic medicine has proven its effectiveness in enabling patients to regain their health, and NDs are successfully co-managing and integrating care with all pertinent providers – to their patients' benefit. The full flowering of vitalistic medicine, however, will be determined by the profession's ability to successfully meet the challenges of creating the medical leaders of tomorrow, while maintaining and developing the integrity and truth of naturopathic medicine in our colleges and universities, and integrating its values and methods into mainstream medical education and health care delivery systems.

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ACCOUNTABILITY - A COMPLEX ISSUE

NO SINGLE ACTIVITY OR PROCESS
GUARANTEES ACCOUNTABILITY.

HOW DO WE KNOW WHEN ACCOUNTABILITY IS PRESENT?

THE CONSUMER/PATIENT HAS...

- CONFIDENCE IN THE SAFETY,
EFFICACY, and COST EFFECTIVENESS
of the treatment,
- AND THE COMPETENCE and ACCESSIBILITY
of the provider;
- and
- RECOURSE/OPPORTUNITY FOR REDRESS
if something goes wrong.

Sheila Quinn, Executive Director
American Association of Naturopathic Physicians
Moderator, "Beyond Data"
International Conference on Integrative Medicine

THE MOST COMMON PIECES OF A
**COMPREHENSIVE MODEL OF
PROFESSIONAL ACCOUNTABILITY**

- DATA/RESEARCH
- CREDENTIALS
Professional Education, Accreditation, Testing, Specialty Training, Continuing Education
- GOVERNMENTAL REGULATION
Certification, Registration, Licensure, Peer Review, Scope of Practice, Public Health Laws, OSHA Laws
- PROFESSIONAL SELF-REGULATION
Association Eligibility Criteria, Peer Review For Ethical Behavior and Clinical Outcomes, Position Papers, Expert Consensus, Continuing Education, Specialty Training, Practice Guidelines, Clinical Standards, Quality Improvement Plans
- CLINICAL OUTCOMES
Practitioner Observation (Pragmatic Learning), Case Studies, Large-Scale Outcomes Assessment, Patient Satisfaction (Self-Report)
- TRUST AND ETHICS
Patient-Provider Relationship And Communication; Ethical Practices and Ethics Review Processes
- PRINCIPLES AND PHILOSOPHY
Significantly Better Patient Outcomes with Providers Trained in Whole Systems than with Providers Trained in Modalities Only
- FREQUENCY OF PROVIDER'S USE OF DIAGNOSTIC AND TREATMENT TECHNIQUES
Higher Frequency Generally Improves Provider Performance and Patient Outcomes
- PROFESSIONAL LIABILITY RECORDS

**ISSUES IN COVERAGE FOR
COMPLEMENTARY
AND ALTERNATIVE MEDICINE
SERVICES:**

**Report of the Clinician Workgroup on the
Integration of Complementary
and Alternative Medicine**

January 2000



OFFICE OF
INSURANCE COMMISSIONER

Foreword

The Clinician Workgroup on the Integration of Complementary and Alternative Medicine-CWIC was created to develop positive working relationships between health insurance companies and the complementary and alternative health care provider communities within the new regulatory framework presented by RCW 48.43.045, the first law in the United States to require insurers to include access to "every category" of provider in Managed Care.

This report documents the events that led up to the formation of the CWIC, its organization and activities, lessons learned and recommendations for further action.

Also included is essential supporting information, including the legal framework governing the health care professions in Washington, a chronology of events, and list of resources.

The Workgroup has completed the first phase of its task. Its program, agenda was developed by the participants, outside facilitators and the technical staff of the Office of the Insurance Commissioner-OIC. This included discussion of issues related to standard development for Complementary and Alternative Medical professions (CAM), standards for insurance coverage of CAM services, add-on versus replacement costs in health care, the role of the primary care provider and application of the term "medical necessity" when applied to CAM.

A dominant subject throughout the three years of CWIC's existence has been clinical guidelines and algorithms. CAM professions currently do not have such guidelines developed, making the determination of "medical necessity" difficult from the insurance carrier perspective.

To address this issue, CWIC conducted two specific training sessions. From this, each of the CAM professions developed an algorithm for at least one condition frequently treated by their profession. CWIC believes this methodology can provide significant assistance to insurers' abilities to make decisions about medical necessity for coverage of CAM services.

The CWIC is grateful for the participation of so many talented health care professionals and insurance industry representatives over the past three years. It is hoped this report will provide assistance to health care professionals, policy makers, and insurers throughout Washington and the United States.

Current Status of Standard Setting in CAM Professions (DRAFT)

Developed by CAM Profession Representatives to the Clinician Workgroup on Integration of CAM, Inter-Association CAM Standards Sharing Forum
Date: January 23, 1998

	Acupuncturists		Chiropractors		Massage Practitioners		Midwives		Naturopaths		Dietitians	
Project	State Assn.	National	State	National	State	National	State	National	State	National	State	National
Code of Ethics	No	No	In process Board returned draft for additional due diligence	Yes	Yes	Yes	Yes Statement of ethic in revision process	Yes	Yes Document: WAMP Code of Ethics	Unsure	No State follows national	Yes Enforcement took effect 1989; prior standards in 1982
Peer Review Process	In Process J. Blair, chair	No	No In progress	Unsure	In process	In process	No MAWS once had formal process, but it was voluntary, cumbersome and not protected with immunity	No	Yes In state law (RCW 18.36A); Informal WAMP internal process	Unsure	Yes Credentialing. Have a review process if something is questionable	Unsure 'Procedure for review' document
Managed Care Committee	Yes Carl Dahlgren, Chair	No Some involvement via membership and public affairs committees	Yes 6 members Abl. 6 mty/yr No staff Budget unknown	Yes	In process Ins. Com. 1/1mo No staff No budget	Unsure	Yes Special project of MAWS and Seattle Midwifery School; 4-6 members mtg 4-6/yr part-time paid staff news letter, info line for members	No Ad hoc group working on this but no official committee	Yes Monthly, B. Millman, Chair	Yes As needed, J. Booker, Chair	Yes 6 members Meets as needed	Yes 6 members Meets 5/yr Reimbursement team covers MC issues
QA/QI Program	No	No	No Probably not much here, at least at state level	Unsure	No	No	Yes LMs have liability ins. through a Joint Underwriting Agreement (JUA), requires mandatory prof. liability review	No	Yes Document: WAMP Co-QIP, 1996	No	No Follows QA/QI developed by ADA	Yes
Standards of Practice	No	No	No Yes, limits on scope	Yes	Yes	Yes	Yes MAWS has statement of conditions requiring phys. consult; law requires consults for some; have avoided written exclusions for particular conditions, leaving room for clinical judgment	Yes, very general	Yes Document: NAC/DOH State Law ("approved standards of practice" guideline) All conditions treated	Yes May not have secured final approval from House of Delegates	No Follows ADA	Yes Passed by House of Delegates in 1984
Medical Records Standards	Yes Dictated by W.A.C.	No	Yes Dictated via W.A.C.	Unsure	Unsure	Unsure	See above MAWS publishes set of charts; widely used, not mandatory	No	Yes Document: Co-QIP, Article VII	Unsure Possibly in Standards of Practice document	No	Yes New form available with the protocols
Offer Standards-Related Seminars	No	Unsure Limited discussion of managed care issues	Yes Most seminars are standards-related	Yes	No	No	Yes CE has included standards, managed care, record keeping	Less so Less standardization at nat'l. or cont. ed	Yes 1/31-2/1 1998, Document: see WAMP brochure and news release		Yes Annual mtg in May	Yes Mtgs in March or October
Practice Guidelines/ Best Practices	No Too many traditions, be a blood bath	No	See Standards of Practice, above	See Standards of Practice, above	In process	unsure	No Document in 85 sets "when to consult" parameter	No	In Process See National	In Process Funding sought for nat'l effort from Institute of Nat. Medicine	No Follows national	Yes 22 protocols available

3. Three Continua For Evaluating Emerging Professions: Benchmarks and Criteria for Emergence

1. Education and Training Continuum (Pathway)

Benchmark/Criteria	Established/ Date	Agency, Approval, and Oversight	Stages of Development: (Select Applicable Stage) 1. Not applicable 2. Not developed 3. Organization 4. Department 5. Committee a) National b) State c) Public/private project d) Research project
Prerequisites for Admission to Program			
Bachelors level degree			
Masters level degree			
• Supervised clinical training			
Doctoral level degree			
• Clinical training supervised			
Post doctoral training			
• Residencies			
• Fellowships			
• Specialties			
Board Exams			
• National Standard			
• State approved			
Continuing Education required			
Accreditation			
• Professional accrediting Agency established			
• Nationally uniform professional education requirements			
• Professional accreditation received for Program			
• Regional accreditation received for educational facility			
• Department of Education recognition of professional accrediting body			
• State DOH recognition of professional accrediting standards and body			

Education and Training Continuum (Pathway) (continued)

Benchmark/Criteria	Established/ Date	Agency, Approval, and Oversight	Stages of Development: (Select Applicable Stage) 1. not applicable 2. not developed 3. Organization formed 4. Dept. formed 5. Committee formed a) National b) State c) Public/private project d) Research project
• Professional Education standard leads to licensure			
Curriculum Review Process: by credentialed faculty			
College/University Curriculum Review Committees			
Curriculum			
• Competency based syllabi and assessment			
• Core program competencies established, by faculty consensus (Core program competencies integrated in all courses)			
• Competence Assessment for graduation			
– Didactic			
– Clinical			
• Apprenticeship training model			
Uniform standards			
Non-uniform standards			
Portfolio assessment			
Didactic assessment			
Supervised clinical training			
Non supervised clinical training			
Leads to licensure			

2. Professional Standards, Processes and Guidelines Continuum (pp 11 - 15)

Benchmark/Criteria	Established/ Date	Agency, Approval, Recognition and Oversight	Stages of Development: (Select Applicable Stage) 1. not applicable 2. not developed 3. Organization formed 4. Dept. formed 5. Committee formed a) National b) State c) Public/private project d) Research project
1. Definitions/Description of Profession			
- Professional definition - National consensus & approval - Process - Defines principles & philosophy of practice - Review process established			
- Professional Position Papers: National Consensus - Papers - Standards of Practice Guidelines			
Size of profession			
Diversity data			
Total school enrollment data			
History			
Scope of practice			
Referral and co-management			
2. Safety & Efficacy			
- Research and Data: Scientific Activities - Professional Practice Research - Outcomes Studies - Therapies Data in Peer reviewed literature - Research Infrastructure, Depts., Committees			

Professional Standards, Processes and Guidelines Continuum (pp 11 – 15) (continued)

Benchmark/Criteria	Established/ Date	Agency, Approval, Recognition and Oversight	Stages of Development: (Select Applicable Stage) 1. not applicable 2. not developed 3. Organization formed 4. Dept. formed 5. Committee formed a) National b) State c) Public/private project d) Research project
2. Safety & Efficacy (continued)			
– National			
– State			
– Local			
– Institutional			
• State and National Research Appointments.			
– Profession Eligibility for federal fellowships			
– Other			
• Disciplinary Processes			
– State regulated Disciplinary Board			
– Professional Peer or Ethics Review			
• Medical necessity peer review			
• Malpractice data			
• Malpractice risk ratings			
• Practice guidelines			
• Peer review			
• Safety studies			

Professional Standards, Processes and Guidelines Continuum (pp 11 - 15) (continued)

Benchmark/Criteria	Established/ Date	Agency, Approval, Recognition and Oversight	Stages of Development: (Select Applicable Stage) 1. not applicable 2. not developed 3. Organization formed 4. Dept. formed 5. Committee formed a) National b) State c) Public/private project d) Research project
3. Govt. or Private Sector Recognition			
State or Provincial Legal Recognition			
• Licensure			
• Registration			
• Certification			
• Illegal			
• No Status			
State or Provincial Regulatory Structures			
• Board under State Health Dept.			
• Board under Local Health Dept.			
• Board within Board of Another Profession			
• Self regulatory Board			
• Legal Scope of Practice			
Includes			
Excludes			
Nationally recognized credential			
• # States/Provinces recognizing credential (list, #)			
National Board Examinations for State/Provincial legal recognition			
• # States/Provinces recognizing (list, #)			
National Certification Exams for State/Provincial recognition			
• States/Provinces recognizing (list, #)			

Professional Standards, Processes and Guidelines Continuum (pp 11 - 15) (continued)

Benchmark/Criteria	Established/ Date	Agency, Approval, Recognition and Oversight	Stages of Development: (Select Applicable Stage) 1. not applicable 2. not developed 3. Organization formed 4. Dept. formed 5. Committee formed a) National b) State c) Public/private project d) Research project
3. Government & Private Sector Recognition			
- Public Policy, Legislation and Benefits Program inclusion Examples: - NIHCCAM Legislation - Medicare - Medicaid - Reimbursement law - Loan Reimbursement Programs - Profession Eligibility for federal fellowships - Workers Compensation inclusion - Other			
- Reimbursement by insurers - Public: Federal, State, & Local Government employees insurance plans by jurisdiction - Private Systems - List types of coverage for services - Credentiailling requirements - Continuous Quality Improvement/QA Plan - State recognition - Provide Insurers credentiailling requirements			
- Legal Public Health Responsibilities - Immunization - Reportable diseases			
Adverse Events & Safety/Monitoring & Reporting			

Professional Standards, Processes and Guidelines Continuum (pp 11 – 15)

Benchmark/Criteria	Established/ Date	Agency, Approval, Recognition and Oversight	Stages of Development: (Select Applicable Stage) 1. not applicable 2. not developed 3. Organization formed 4. Dept. formed 5. Committee formed a) National b) State c) Public/private project d) Research project
5. Pro Active Practice Modal & Viability of Professions			
• National Trade Associations			
– Membership/Criteria for eligibility			
– Number of members			
– Membership list published			
• State Trade Associations			
– Membership/Criteria for eligibility			
– Number of members			
– Membership publicly available			
• Practice Guidelines			
– Recognition by States, policymakers			
– National or other Practice Guideline Departments, Projects, Initiatives or Committees			
• Malpractice Insurance			
– Available to members of profession			
– Requirements for			
• Patient satisfaction data			
• Policy agenda			
• National association committees			

3. Twenty One Competencies For the Twenty First Century Continuum*

1

Benchmark/Criteria	Established/ Date	Stages of Development: (Select Applicable Stage) 1. not applicable 2. not developed 3. Organization formed 4. Dept. formed 5. Committee formed a) National b) State c) Public/_____ project d) Research project	Validation
1. Embrace a personal ethic of social responsibility and service.			
2. Exhibit ethical behavior in all professional activities.			
3. Provide evidence[based, clinically competent care.			
4. Incorporate the multiple determinants of health in clinical care.			
5. Apply knowledge of the new sciences.			
6. Demonstrate critical thinking, reflection, and problem-solving skills.			
7. Understand the role of primary care.			
8. Rigorously practice preventive health care.			
9. Integrate population-based care and services into practice.			
10. Improve access to health care for those with unmet health needs.			
11. Practice relationship-centered care with individuals and families.			
12. Provide culturally sensitive care to a diverse society.			
13. Partner with communities in health care decisions.			
14. Use communication and information technology effectively and appropriately.			
15. Work in interdisciplinary teams.			
16. Ensure care that balances individual, professional, system and societal needs.			

¹ O'Neil EH, and the Pew Health Professions Commission. *Recreating Health Professional Practice for a New Century: The Fourt Report of the Pew Health Professions Commission*. San Francisco, CA: Pew Health Professions Commission. December 1998.

Continuation of: 3. Twenty One Competencies For the Twenty First Century Continuum

Benchmark/Criteria	Established/ Date	Stages of Development: (Select Applicable Stage) 1. not applicable 2. not developed 3. Organization formed 4. Dept. formed 5. Committee formed a) National b) State c) Public/_____ project d) Research project	Validation
17. Practice leadership.			
18. Take responsibility for quality of care and health outcomes at all levels.			
19. Contribute to continuous improvement of the health care system.			
20. Advocate for public policy that promotes and protects the health of the public.			
21. Continue to learn and help others learn.			

Pamela Snider, ND
Response to 12/12/00 Draft Report
12/30/2000

**“A Model to Evaluate
Emerging Health Professions”**
Draft 12/12/00

I. Introduction

Purpose of the Model.

The purpose of the model is to provide a standard set of benchmarks to inform legislators, policymakers, consumers, educators, insurers and health care professionals about the status of a profession's development. Benchmarks achieved along several pathways of professional growth reflect a profession's status and ongoing process of maturing accountability and its access, viability, and usefulness to the public.

Providing stakeholders with validation of the status of each benchmark, achieved along well recognized continua gives an efficient and nonpartisan overview of professions status. This model, provides efficient access to the information that organizations need in a concise system to assist in decision making.

II. Values and Orientation

A. Context of the Current Health Care Environment.

New section

B. Themes: Taxonomies and Key Definitions.

1) “Professions, Emerging Professions, and Communities of Practice”

• **Profession.**

“A calling requiring specialized knowledge and often long and intensive preparation, including instruction in skills and methods as well as in the scientific, historical or scholarly principles underlying such skills and methods, maintaining in force of organization or concerted opinion high standards of achievement or conduct, and committing its members to continued study and to a kind of work which has for its prime purpose the rendering of a public service.” (*Webster, Third New International Dictionary*). All or most benchmarks on the continua/pathways in the model presented have been established or can be validated.

• **Emerging Profession.**

A developing profession which has undertaken and successfully achieved a number of the benchmarks along the continuum, and has evidence that others are being

developed. The profession begins to “emerge” as a significant number of the key benchmarks are established. An emerging profession contains the basic characteristics of a profession; these characteristics or benchmarks are in various stages of actual development. (It would be interesting to explore which ones with the Task Force or Panel’ and to determine exactly when a community of practice can be defined as an “emerging” profession.)

- **Communities of practice.**

A practitioner group engaged in health care practices using a common approach, but without uniform organizational, educational or standardized benchmarks or requirements for competence, practice, or delivery of that service. A community of practice (such as lay homeopaths) may draw from a broad range of non-standardized, non-consensual information for their bodies of knowledge. A community of practice may be recognized by communities by their traditional practices, passed down through individual apprenticeship. Native American healers, curenderas, and traditional shamans represent communities of practice. A community of practice may also be a profession integrating new practices from another profession, without educational requirements, credentialling for those practices, or concerted application of standards and guidelines for these practices.

2) Systems and Disciplines, Modalities and Therapies.

- **Disciplines and Systems of Health Care.**

A discipline or system of health care is “the structure or whole formed by the essential principles or facts of a science or branch of knowledge or thought: an organized or methodically arranged set of ideas, theories or speculations. . . . [This } may imply that the component units of an aggregate exist and operate in unison or concord according to a coherent plan for smooth functioning.”
(*Webster’s Third International Dictionary*)

A system of health care is typically titled by its system name, and is usually comprised of modalities. Therapeutic interventions exist within these modalities.

It is interesting to note that a system or discipline of health care may incorporate a discrete and limited amount of knowledge or a group of strategies from another system, functioning in practice at the level of a modality, rather than incorporating the entire system itself.

Examples of disciplines or systems: Biomedicine, Ayurvedic medicine, Traditional Chinese Medicine, Naturopathic medicine, Chiropractic health care, Tibetan Medicine, Yunani Medicine, Homeopathic Medicine.

The NIHCCAM enabling legislation used this taxonomy to compose its Advisory Board, and to mandate research on CAM systems as well as modalities and therapies.

The following is an except from NCCAM’s website on Major Domains of Complementary and Alternative Medicine.

“Complementary and alternative healthcare and medical practices (CAM) are those healthcare and medical practices that are not currently an integral part of conventional medicine.¹ The list of practices that are considered CAM changes continually as CAM practices and therapies that are proven safe and effective become accepted as “mainstream” healthcare practices. Today, CAM practices may be grouped within five major domains²: (1) alternative medical systems, (2) mind-body interventions, (3) biologically-based treatments, (4) manipulative and body-based methods, and (5) energy therapies. The individual systems and treatments comprising these categories are too numerous to list in this document. Thus, only limited examples are provided within each medicine.

“I. ALTERNATIVE MEDICAL SYSTEMS

“Alternative medical systems involve complete systems of theory and practice that have evolved independent of and often prior to the conventional biomedical approach. Many are traditional systems of medicine that are practiced by individual cultures throughout the world, including a number of venerable Asian approaches.

Traditional oriental medicine emphasizes the proper balance or disturbances of qi (pronounced chi), or vital energy, in health and disease, respectively. Traditional oriental medicine consists of a group of techniques and methods, including acupuncture, herbal medicine, oriental massage, and qi gong (a form of energy therapy described more fully below). Acupuncture involves stimulating specific anatomic points in the body for therapeutic purposes, usually by puncturing the skin with a needle.

Ayurveda is India's traditional system of medicine. Ayurvedic medicine (meaning “science of life”) is a comprehensive system of medicine that places equal emphasis on body, mind, and spirit, and strives to restore the innate harmony of the individual. Some of the primary Ayurvedic treatments include diet, exercise, meditation, herbs, massage, exposure to sunlight, and controlled breathing.

Other traditional medical systems have been developed by Native American, Aboriginal, African, Middle-Eastern, Tibetan, Central and South American cultures.

Homeopathy and naturopathy are also examples of complete alternative medical systems. Homeopathy is an unconventional Western system that is based on the principle that “like cures like,” i.e., that the same substance that in large doses produces the symptoms of an illness, in very minute doses cures it. Homeopathic physicians believe that the more dilute the remedy, the greater its potency. Therefore, homeopaths use small doses of specially prepared plant extracts and minerals to stimulate the body's defense mechanisms and healing processes in order to treat illness.

Naturopathy views disease as a manifestation of alterations in the

processes by which the body naturally heals itself and emphasizes health restoration rather than disease treatment. Naturopathic physicians employ an array of healing practices, including diet and clinical nutrition; homeopathy; acupuncture; herbal medicine; hydrotherapy (the use of water in a range of temperatures and methods of applications); spinal and soft-tissue manipulation; physical therapies involving electric currents, ultrasound, and light therapy; therapeutic counseling; and pharmacology.

¹ The term conventional medicine refers to medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees, some of whom may also practice complementary and alternative medicine. Other terms for conventional medicine are allopathy, Western, regular, and mainstream medicine, and biomedicine..

² These are the categories within which NCCAM has chosen to group the numerous CAM practices; others employ different, broad groupings.

(Website: NIH, National Center for Complementary & Alternative Medicine, Major Domains of Complementary and Alternative Medicine)

- **Modality.**

A subset of a system of health care, which comprises a body of skills, methods, data or knowledge; but which is applied or used within a broader system containing other modalities. A modality may be part of general training, curricula or scope of practice (limited) or be available to a postgraduate training in more depth with broader competence, skills and scope. Modality level training in another system requires that the provider be trained to recognize and practice within the limits of their training and competence, to refer and co-manage care with system trained providers, and to utilize professional titling accurately to reflect training and competence. Some health care systems incorporate limited modality level training in other systems as part of their modality repertoire, curricula, and scope of practice.

“A method of application of, or the employment of any therapeutic agent limited usually to physical agents.” (*Declands Illustr. Medical Dictionary, 26th Edition*) Examples of modalities found in many health care systems are botanical medicine, diet and nutrient therapy, physical medicine, pharmacology and others. Training and standards vary between systems.

- **Intervention or Therapy.**

A specific treatment for a specific condition or symptom, within a modality. Examples are a vitamin for arthritis or an herb for the flu, etc.

This taxonomy may be of assistance in helping to set standards for good integration (both directions) between CAM & conventional systems and modalities. The integration of therapies will naturally become more evidence

based and diffuse, whereas modalities and systems integration between systems of health care require assessment of education and other standards which need to be integrated for safe and effective practice.

An excellent reference on this is the TCM (Traditional Chinese Medicine) Workforce Study, "Towards A Safer Choice," by Bensonssan & Myer, published by the Victoria Public Health System. Conventional providers with less than 1 year training in TCM reported double the adverse events when practicing this health care system as a modality.

(References available on request):

- Letter to Senator Thomas Harkin - technical assistance on terms modality, discipline, system.
- NIH Center for Complementary and Alternative Medicine Enabling Legislation utilizing this taxonomy to establish Center.

3) Continua (Pathways, Key Areas) of Professional Development in Emerging Professions

Established health care professions can be described and defined using two well accepted continua or areas of professional organization and activity: education and training: and standards. A third area defining professional status is its status or activities in preparing for the future needs of the health care system.

These three areas of professional organization, activity, consensus development and regulatory oversight for established professions constitute pathways along which communities of practice and emerging professions achieve benchmarks as they mature, unify and become established, accountable and assessable.

"Two of these three are well established continua. Their presence or absence of benchmarks provides a commonly understood point of accountability and comparison for the consumer, government agencies and other affected stakeholders." The third - a look at how the emerging profession is prepared or preparing for the future, provides a handy reference for both the professions and participant stakeholders for both self development and evaluation by third parties.

THREE CONTINUA PATHWAY AREAS

- **Education and training** (includes all of the material in Section 4 of 12/12/00 Draft Model)
- **Professional Standards, Processes and Guidelines** (includes all of the material in Sections 1, 2, 3 and 5 of 12/12/00 Draft Model)
- **Twenty One Competencies for the Twenty First Century: Pew Health Professions Commission 1998** (See 12/12/00 Appendix)

Benchmarks (criteria) on these three continua are identified in Section III

Systems & Disciplines

System	Ayurvedil Medicine
Clinical Theory	Tri Dosha (Three Doshas)
Modalities	NTR,PM,H/L/D,BM,PS,S/E,H
Practice in US	Modality:ND,MD Dual Credential: US-MD,ND India-AYU Degree Full Scope in India-Non standardized in US

System	Tibetan Medicine
Clinical Theory	Tibetan Steporder
Modalities	NTR,PM,H/L/D,BM,PS,S/E,Other
Practice in US	Tibetan Physicians; may be largely unregulated here, functioning as community of practice using Tibetan Standard or credential in Tibetan community. Full Scope in Tibet-Non standardized in US

System	Traditional Chinese Medicine
Clinical Theory	Five Element Theory
Modalities	NTR,PM,H/L/D,BM,PS,S/E,Acupuncture
Practice in US	Licensed Acupuncturists: Range from full training (3 years) in TCM (Master's Degree Level) to 200 Hour Modality level courses. PhD program standards have been developed. Practice as primary contact providers.

System	Homeopathic medicine
Clinical Theory	The law of Similars Hering's Law
Modalities	Hygiene, Diet, Acute Homeopathy, Constitutional Homeopathy
Practice in US	Physician Level-MD's,ND's,DC's, Postgraduate training (2 year) certification-ND's: modality level within scope of 1 cure, training law, practice, add on if specializing (2 year) DHANP Professional Homeopath's: 3 year non physician consultant level training. Nationally standardized. European homeopaths practice in hospitals in England.

Key

- Nutrition & Diet=NTR
- Physical Medicine=PM
- Natural Hygiene/Lifestyle/Detox=H/L/D
 - Botanical Medicine=BM
 - Psych Counseling=PS
 - Sprituality/Energy=S/E
 - Hydrotherapy=H
 - Public Health=PH
 - Pharm=PD
 - Office Surgery=OS

Systems & Disciplines (Cont.)

System	Naturopathic Medicine
Clinical Theory	Therapeutic Order and Six Principles (derived from Lindlahr, Lust, Hippocrates)
Modalities	NTR,BM,DM,H,PS,S/E,H/L/D,PH,PD,OS
Practice in US	US 1 ^o care Physicians, licensed in 11 States. Nationally Standardized education. German-European-Herbpraktikers; South African, Great Britain. Naturopaths: Practice and scope vary.

System	Yunai Medicine
Theory	

System	Chiropractic Healthcare
Theory	

- Modalities may be of the same type; materia, medica, actual therapies, research, data, empirical body of knowledge varies. Education, diagnosis and treatment of patient based on individual needs, and modalities and therapies integrated and prescribed based on clinical. Each system's theory drives clinical decisions, and affects safety and efficacy, not simply, modalities. For example-Botanical medicine, it's materia, medica and clinical application and data systems. Botanical therapies vary, as does their application. Each system has a modality level standard for Botanical medicine.

Key

- Nutrition & Diet=NTR
- Physical Medicine=PM
- Natural Hygiene/Lifestyle Detox=H/L/D
 - Botanical Medicine=BM
 - Psych Counseling=PS
 - Spirituality/Energy=S/E
 - Hydrotherapy=H
 - Public Health=PH
 - Pharm=PD
 - Office Surgery=OS