

A Perspective of Acupuncture Education in the United States



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Abstract

Acupuncture education in the United States has a history of almost 50 years. The entry-level professional training dates back to the 1980's as a milestone establishment of Council of Colleges of Acupuncture & Oriental Medicine (CCAOM), Accreditation Commission for Acupuncture & Oriental Medicine (ACAOM) and National Certification Commission for Acupuncture & Oriental Medicine (NCCAOM). Besides mainland China, America has the largest organized and influential acupuncture and Chinese Medicine education system in the world. Now 54 accredited acupuncture colleges have offered Master's Programs, Professional Doctoral Programs, and Advanced Practical Doctorial (DAOM) Programs in comprehensive standards and competencies. Although there are some challenging issues, acupuncture education trends move forward into entry-level doctoral level training, regional and national accreditation, and system-based education, which will lead this profession to play a great role in the American integrative medical system.

Keywords: Acupuncture; Education; Competencies; America

Introduction

Originated and practiced in China for over three-thousand years, acupuncture has developed and become recognized in the United States as a healthcare profession [1] and now has great opportunities to become integrated into conventional healthcare system. Practice acts for acupuncture has been passed by legislature in 47 states plus the District of Columbia. It is estimated that there are over 37,000 license acupuncturists [2] in the States. In the recent fifty years, acupuncture education has been a key factor to promote the standard and development of this profession.

Earlier Development

Acupuncture education in the U.S. began in the early 1970s. California saw the creation of the first acupuncture education program. In Los Angeles, SAMRA University of Oriental Medicine, named after its sponsoring organization, the Sino-American Medical Rehabilitation Association, set up an acupuncture course as early as 1969. It was later approved by the State of California as a formal acupuncture school in 1979 [3].

At the same time in 1969 and also in Los Angeles, Gim Shek Ju founded the Institute of Taoist Tradition and created a course for acupuncture training. A group of Tai Chi students, most of whom were medical students at UCLA, encouraged Dr. Ju to teach them acupuncture after receiving successful treatments from him. Dr. Ju was moved by this sentiment and broke tradition by

set up two courses. These students later became pioneers of acupuncture legislation and education in the United States [4].

Due to his busy clinic schedule and limited capacity, Dr. Ju needed help in further developing acupuncture education and sought the help of Dr. James Tin Yau So. In addition to being Dr. Ju's colleague and the founder of Hong Kong Acupuncture College, Dr. So was one of the second-generation of disciples of Cheng Dan-An, a famous acupuncture educator in modern China. Together with one of his American students, Dr. Ju flew to Hong Kong to invite Dr. So. In 1973, Dr. So agreed to leave for the United States and began lecturing on acupuncture at UCLA medical school. In 1974, he left for Boston and began teaching Chinese acupuncture to some American students at a downtown library. Dr. So felt that a formal acupuncture school was necessary to provide proper education. With the help of his students, the New England School of Acupuncture (NESA) was officially established and later approved by the Massachusetts State Department of Education [5]. Thus, NESA became the first officially approved acupuncture school in the history of the United States. Dr. James Tin Yau So is referred to as "the Father of American Acupuncture Education". The school originally only offered a one-and-a-half-year vocational training curriculum, which was later increased to two years. Presently NESA offers three-year Master's in Acupuncture and four-year Master's in Oriental Medicine programs, similar to other acupuncture school in the USA.

As more states passed the acupuncture practice act, the number of acupuncture schools rose significantly. However, due to significant background differences, these acupuncture schools show great diversity with respect to the style of acupuncture being taught. Among them, some are based on Chinese teachings, some teach French style acupuncture, and others use “classical acupuncture” to describe their unique interpretations of classical texts. Most of these curricula were influenced by their founder’s preferences. Influenced by J. R. Worsley, a British acupuncturist, some schools were opened which specialized in “Five Element Acupuncture”. As more Chinese acupuncturists immigrated from mainland China and other parts of the world, they also began to set up schools. Because of their strong background in Traditional Chinese Medicine, these schools started Chinese Medicine courses besides acupuncture courses and became authentic Chinese Medicine colleges. Concurrently, Korean immigrants also opened many schools, but they insisted on rebranding Chinese Medicine as “Oriental medicine” in the United States.

In 1982 [6], several acupuncture colleges formed the Council of Colleges of Acupuncture and Oriental Medicine (CCAOM) to coordinate national educational standards, curriculum, administration and other matters. To ensure the acupuncture colleges’ educational quality, CCAOM established the National Accreditation Commission for Schools & Colleges of Acupuncture and Oriental Medicine (NACSCAOM), now known as the Accreditation Commission for Acupuncture & Oriental Medicine (ACAOM). ACAOM is the only accreditation agency nationwide for acupuncture and Oriental Medicine recognized by the U.S. Department of Education. At the same time, the National Commission for the Certification of Acupuncture (NCCA) was also established as a certifying agent. With the gradual expansion NCCA’s impact, more and more states have accepted NCCA certification as credentialing for acupuncture licensure approval. Years later, NCCA created more certificate examination programs for Chinese Herbology and Asian Bodywork. After its expansion, NCCA changed its name to the National Certification Commission for Acupuncture & Oriental Medicine (NCCAOM) and all of NCCAOM’s certification programs are accredited by the National Commission for Certifying Agencies (NCCA) of the Institution for Credentialing Excellence (ICE). CCAOM coordinates curricula, ACAOM accredits and evaluates the educational quality of colleges, and NCCAOM tests and certifies graduates from these colleges. These national professional organizations work together to ensure a standard of quality of acupuncture in the United States. In 1985, the Traditional Acupuncture Institute (TAI), now renamed Maryland University of Integrative Health (MUIH), became the first accredited program to grant a Master’s Degree in Acupuncture. Subsequently, the New England School of Acupuncture became the first accredited program to grant a Master’s Degree in Oriental Medicine in 1988.

Current Status

Throughout the past several decades, it is estimated that thirty to forty thousand people received formal education from

U.S. acupuncture colleges. This has infused new blood into the profession and also made possible the localization of the acupuncture profession in the U.S. As of today, 54 acupuncture colleges or programs have been granted accreditation from ACAOM, thus being recognized by the U.S. Department of Education as well. These colleges are located in 22 states [7]. In the last decade, the total number of enrolled students has stayed about 6,000 to 8,000 per year, and has gradually shifted from Master’s to Doctoral level education. Standards have been established in areas such as legislation, accreditation, examination, certification, and licensure. Besides mainland China, America has the largest organized and influential acupuncture and Chinese Medicine education system in the world.

The majority of students enroll in acupuncture programs since most states only have legislation to regulate acupuncture. A smaller percentage of students enroll in Oriental Medicine programs, which is acupuncture plus Chinese herbology. In some states, acupuncture licensure requires Chinese herbology as well; thus, there are only Oriental Medicine programs and no standalone acupuncture programs in those states. Currently, acupuncture and Oriental Medicine education in the U.S. is divided into the following three levels:

a) Master’s Degree Program: Master’s degree in acupuncture or Oriental Medicine is the current entry level education of the profession. A minimum of 60 semester credits, including 9 biomedical credits, is required for admission. The 3-year master’s degree in acupuncture program covers basic theory of Chinese Medicine, acupuncture theory and treatment, biomedical clinical sciences, professional development (e.g., clinical counseling, patient communication, ethics and practice management), as well as clinical training. ACAOM’s minimum requirement for an entry-level professional acupuncture curriculum is at least 105 semester credits (1905 hours). This must be composed of at least: 47 semester credits (705 hours) in Oriental Medical theory, diagnosis and treatment techniques in acupuncture and related studies, 22 semester credits (660 hours) in clinical training, 30 semester credits (450 hours) in biomedical clinical sciences, and 6 semester credits (90 hours) in counseling, communication, ethics, and practice management. The minimum length for the professional Oriental Medicine curriculum is at least four academic years with a minimum of 146 semester credits (2625 hours). The Oriental Medicine curriculum needs 30 semester credits (450 hours) in didactic Oriental herbal studies in addition to the above mentioned minimum hours for an acupuncture program. Clinical training must integrate acupuncture and herbs with a minimum of 29 semester credits (870 hours), and biomedical clinical sciences requires 34 semester credits (510 hours) of study that must include pharmacology and herbal toxicity.

b) Professional Doctorate (PD) Program: This 4-year entry level doctoral training program requires at least 90

semester credits of college study for admission. Since 2014, six programs have been accredited and now the pioneer graduates have completed this PD programs. Now more colleges are also approved to initiate the PD programs. The PD program sets a trend for the future advancement of acupuncture and Chinese Medicine education in the U.S. It may take another 10 years for this professional doctoral program to be fully established nationwide and to have doctoral training similar to that of chiropractors, physical therapists, and pharmacists.

c) Doctor of Acupuncture & Oriental Medicine (DAOM) Program: This is an advanced practical doctoral program which focuses on a specialty such as pain management, gynecology or oncology. The length of this program is 2 years. The first program was accredited in 2007 and now 13 DAOM programs have been granted full accreditation or pre-accreditation status.

In reality, all programs' curricula exceed these minimum requirements. The standards and guidelines for the Master's and Doctoral programs are not limited to credit hours but also competencies, especially clinical training, that need to be met upon graduation. According to competency requirements, instructors design the syllabi and the knowledge, skills, and abilities (KSAs) for each course. The design of these competencies and the establishment of a corresponding assessment system is an important aspect of programmatic accreditation. ACAOM set a standard of professional competencies [8] required for the program of study which includes patient care, system-based medicine and professional development.

For the Master's level program, there are seven domains related to patient care competencies such as foundation knowledge, critical thinking/professional judgment, history taking and physical examination, AOM diagnosis, case management, AOM treatment, emergency management, and advanced diagnostic studies. Also includes education and communication domain in both system-based medicine and professional development competencies.

For the Professional Doctorate degrees program, the learning outcomes must address and lead to development of all professional competencies designated as master's level. Also, five domains and related professional competencies should be identified as professional doctoral level, such as advanced diagnostic studies domain in patient care competencies, and patient care systems and collaborative care in system-based medicine competencies. In the Professional Development competencies, PD program needs formulating and implementing plans for individual professional development, and incorporating scholarship, research and evidence-based medicine/evidence-informed practice into patient care.

For the DAOM program, post-professional doctoral level professional competencies are foundation knowledge AOM

diagnosis and treatment (applied with qualitatively advanced competencies beyond master's-level) and advanced diagnostic studies (patient care competencies), collaborative care (system-based medicine competencies), and incorporating scholarship, research and evidence-based medicine/evidence-informed practice into patient care (professional development competencies).

Except for a few colleges in California and Virginia that offer Chinese and Korean language programs, all other acupuncture and Oriental Medicine courses in the U.S. are taught in English. This English educational system will set a model for other Western countries to develop their own acupuncture and Chinese Medicine education systems. In addition, the English language educational system shows that this traditional medicine has importance in modern society, especially in the Western world, and plays a considerable role in promoting and spreading acupuncture and Chinese Medicine to the whole world.

Challenging Issues

In America, all acupuncture colleges are independent institutions governed by a group or individual, regardless of their profit or non-for-profit status. Each college employs their own faculty and administrators but relatively in a small size. As a result, they have limited resources. Students must have at least completed basic education at the undergraduate level prior to starting an acupuncture or Oriental Medicine program. Thus, most acupuncture students are older than typical college students. America is a melting pot of immigrants. To ensure an educational quality for students at large who have different cultures, professional backgrounds, and social experiences, the curricula is intensive, detailed, and with relatively lengthy classes. Among all Master's degree programs in different professions, acupuncture and Oriental Medicine curricula are the longest.

The curricula focus on clinical practice and encourage students to understand, master and consolidate their knowledge in their acupuncture practice. However, comprehensive biomedical clinical training is not sufficient. The majority of acupuncture colleges have no access to hospitals or facilities in the contemporary medical system. Students primarily have internships in out-patient clinics and do not have patient contact in an in-patient setting. Thus, acupuncture and Oriental Medicine students lack the training and understanding of overall disease development which is found in rigorous residency training programs in Western Medicine. Although the contents of some textbooks are detailed, well-framed, and illustrated with a lot of tables and graphics, there are much fewer textbooks compared to Western Medicine. Textbooks easily become outdated when the curriculum changes. Acupuncture and Oriental Medicine education still considerable lacks in comparison with mainstream education in size, administration, faculty training and evaluation, and competency-based assessment systems.

Future Trends

Doctoral level training

Higher level of professional education in entry level standards is appropriate to suite the current healthcare system. It is not only the title, but it meets the needs of fast-growing integrative medicine demand, and also professional enhancement. In future years, the Professional Doctoral program is expected to gain approval from USDE then a national standard sets so more colleges could offer new level degrees. So, it is not a far-off dream for the acupuncture education program to go to the doctoral level.

Institutional accreditation

Most of U.S. acupuncture colleges are freestanding institutions that offer a single AOM degree program so ACAOM not only provides programmatic accreditation, but also institutional accreditation. Now more and more colleges are acquiring institutional accreditation through regional or national accreditation agencies or merging into a large regionally accredited university in a new attempt to enter into the mainstream American educational system. Plus, some programs which are already in the regional or national accredited university, the number of regional or national accredited colleges and programs has risen to 19. It is an important step to enhance acupuncture colleges into a higher standard in administration, curriculum development, assessment and evaluation, as well as faculty development.

System based education

Clinic training in a healthcare system is growing. There are 125 off-site teaching clinics established by 34 acupuncture colleges in the U.S., all of which are located inside hospitals, community clinics, comprehensive group practice clinics, or integrative medical centers [9]. For example, New York College of Traditional Chinese Medicine (NYCTCM), established in 1996,

provides bed-side acupuncture service to aid in the rehabilitation of stroke and post-orthopedic operation patients at Governor Healthcare Services in lower Manhattan. In addition, NYCTCM also has an acupuncture clinic in the Health and Wellness Center at the State University of New York at Farmingdale that services students, faculty and administrators. Other hospital privileges for acupuncture are in process.

Conclusion

Because of the hard work of many generations, acupuncture and Chinese Medicine education in the U.S. has developed and continues to see great progress in both quantity and quality. In the past 40 years, around thirty to forty thousand students have graduated and received formal training. As the implementation of doctoral level education becomes certain and demanding of non-pharmacological pain management, it is foreseeable that acupuncture will play a great role in the American integrative medical system.

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