

**Public Hearing on ACAOM Doctoral Task Force  
Keystone Resort, Keystone, CO  
Thursday, May 4, 2006 @ 6:30-8:00PM**

**Mr. Jennes**, Secretary/Treasurer of ACAOM, Chair of ACAOM's Doctoral Task Force and its Doctoral Committee: welcomes participants to the second hearing on the Report of the ACAOM Doctoral Task Force, which was charged with developing proposed competencies for the graduates of first professional doctoral programs in AOM. Mr. Jennes introduces ACAOM staff and members of the Commission attending the hearing (i.e., Dort Bigg, ACAOM Executive Director; Tim Chapman, institutional member; and Angela Tu, a practitioner member). Mr. Jennes recognizes members of the audience who served as Task Force members (Megan Haungs and Carol Taub)

**Mr. Jennes** describes the history of the work of the Task Force, which was initiated based on a survey conducted by the Commission that demonstrated support for the development of a First Professional Doctorate. Mr. Jennes distinguishes the First Professional Doctorate from the current DAOM post-graduate doctoral program that ACAOM developed. The Task Force was developed and convened by ACAOM to develop a proposal for the professional competencies expected of the students in a First Professional Doctoral program. The Task Force included representatives from all the profession's key stakeholders, including licensing boards, educators, practitioner associations, and others.

**Mr. Jennes** notes that there were three meetings of the Task Force -- the first meeting took place in Las Vegas in March 2004, where the Task Force established the ground rules for its work including, among other things, that the Task Force would do no harm, it would be all-inclusive and hear all voices, and not develop a product or proposal that would injure any organizations, educators, or member of the AOM profession. The second meeting, held in November 2004 in Dallas, generated the key learning domains that should be reflected in the competencies expected of students in a Doctoral program. The third meeting was in Baltimore in June 2005, where the Task Force developed proposed professional competencies to be listed under the learning domains identified by the Task Force.

**Mr. Jennes** notes that a copy of the Task Force Report is posted on the Commission's web site, and is available as a hand-out at the back of the hearing room. The purpose of this hearing is to hear from all

of ACAOM's constituents about the First Professional Doctorate and about the work of the Task Force.

**Mr. Jennes** identifies the following ground rules for providing hearing testimony to ensure that the Commission receives a full record, that the testimony provided is professional and collegial, and that all voices are heard:

1. Neither Commissioners nor Task Force members will answer questions or make comments about any testimony provided during the hearing.
2. Those who wish to provide testimony must complete the sign up-sheet on the table in the back of the hearing room, and to be sure to include your name and the organization you represent.
3. After signing the sheet, those listed on that sheet will be called in turn to the microphone and will be requested to give their name and the organization they represent, or whether they are representing themselves as individuals. This is for the record, so that all the given testimony can be transcribed and eventually posted to ACAOM's website for public view as part of the official record.
4. To ensure that we hear from as many people as possible those who testify will have five minutes to express their views and will be given a warning after four minutes. After five minutes have expired, the person providing testimony will be asked to relinquish the microphone.
5. Those who have more extensive comments to make are urged to submit written testimony to ACAOM at any time during or following the hearing. Any submitted written testimony will be included in the official record. The entire record will be transcribed and considered by the Commission, so there is no need to feel deprived if you can't get your full say this evening.
6. We ask those who provide testimony to limit their comments to the subject at hand—the First Professional Doctorate, and the learning domains of competencies listed in the Task Force Report. All comments must be in good taste. We will not tolerate attacks upon any organization or individuals, and if those who testify wander off the topic, or make inappropriate

statements, you will be first warned, followed by a request that you relinquish the microphone to the next person.

**Mr. Jennes** states that the public hearing will be transcribed, and after review by the ACAOM First Professional Doctoral Committee, posted on the Commission's website. ACAOM will be scheduling another public hearing that will take place in the fall at the AAOM's meeting to gather further testimony.

**Mr. Jennes** asks whether there are any questions on the ground rules for the hearing, and then invites speakers to provide their testimony.

*[First speaker comes to the microphone]*

**Cory Hughes:** My name is Cory Hughes. I serve as Vice President and Chief Administrative Officer of the Eastern School of Acupuncture and Traditional Medicine in Montclair New Jersey. Many of you who know me from listening to me at past meetings might be aware that New Jersey is a state where it is very difficult for schools to become degree-granting institutions. Over the course of the last seventy years, some degree-granting schools started out as trade and technical schools and they number in the thousands. Of those that have existed, only three of them have able to go from trade and technical to a degree-granting institution. The first one able to do it took over fifty years. So one of the first concerns that I have with the entry-level Doctorate is that right now we are a school that gives a Master's-level Diploma in Acupuncture; we are the only school in New Jersey and have six or seven AOM schools with whom we compete in New York. The number one concern we have regarding the entry-level Doctorate, is that we are not able to give a Master's degree and are already at a disadvantage relative to our New York competitors.

Now with our inability to grant a degree, I see that there are a couple of long-term problems. The entry-level Doctorate is market-driven at the current time, rather than something that is good for the profession. Please don't misunderstand me. While I am the School Director, I am also a business man behind the school. I started out as an Academic Dean so I fully believe that what is good for the public, is good for the medicine, and that should be the primary concern. But I do have my doubts that the entry-level Doctorate is the answer. I think what's going to end up happening here, if the entry-level Doctorate does become the standard for licensure, will disproportionately impact the smaller

schools. All schools will incur a greater cost in offering a Doctorate, but it will be felt more sharply by the smaller schools. You will have increased costs as we need to develop the programs. So we will have programmatic and developmental costs, roll-out costs, library costs will go up, and faculty costs will increase significantly because you will have to pay higher salaries, and also bear the costs for faculty development. Also, you will need additional space to accommodate the needs of a Doctoral program, and with the new standards will come the need for research.

So I think that from the perspective of costs alone, the smaller schools are going to be in a great deal of trouble, and you're going to have a large number of the small schools going out of business. So I think what's going to happen is if you have fifty-one or so institutions currently accredited by ACAOM, either fully accredited or in candidacy status, you will begin to see that the number of schools will decrease dramatically over the course of time, and with this decrease in number you will have a decrease in the diversity of the medicine that is practiced. And what you will begin to have is the larger institutions developing cookie cutter-type programs and curricula, and ultimately some of the smaller schools that offer a unique perspective to acupuncture and Oriental medicine will be lost. It almost goes to what happened in China in the 1970's—you will lose an entire section of the medicine.

Now given that the Eastern School is in New Jersey, we do not have degree-granting status and this has restricted our ability to get graduate-level bank loans for our students. We are restricted to undergrad bank loans. So you know a student in his or her first year of study is only able to come up with roughly \$6500 in financial aid, and in their second and third year that number will have increased to \$7500 a year. So ultimately as the cost of the program goes up, our students would have a greater cost out-of-pocket. I believe with this new model of the entry-level Doctorate, as students take out greater amounts of loans, default rates will increase and this will be a black eye for the industry. I think this is something that ACAOM should really take a look at because it increases the student cost. I still don't believe graduate practitioners will be able to charge greater rates to the patient just because he or she has a Doctorate instead of a Master's degree.

Finally, some might suggest that the Eastern school partner up with a sister school and go with the sister school model. Recently, an offer has been made and it is a generous offer, but it's not good enough from a business perspective for the Eastern School, simply because we would not be able to meet our Title IV obligations because of matriculation rate and graduation rates. Thank you for your time.

**Mr. Jennes:** Next speaker please.

**Mark Seem:** Thank you for letting me speak. I just wanted to share the concern that the Commission explore transitional Doctorates or completion Doctorates and give some consideration to those. To the Council there is a question of whether or not the Commission sees this as something within its purview, or if this would be something between accredited schools and the states. Thank you very much.

**Mr. Jennes:** Thank you. Next speaker.

**Paul Karsten:** I'm President of the Seattle Institute of Oriental Medicine. This is the first time I have come to these meetings on the Doctorate, and actually I have not participated in it. So I may cover work that has already been addressed before, but maybe fresh eyes can provide some perspective that may be helpful. I was especially happy to hear that you are posting the hearing transcripts. I think that is really cool. So I guess I have three topics. I want to talk about language, design, and what I think is the biggest issue that isn't being faced.

To start with, I think it's very important whenever we develop policy, that we keep it simple because as we have site visits, the ability to read and understand things is very important, and to use words and language that is very easy for everyone to understand. My comment, and in showing this to some other people in our faculty, was that sometimes the language presented here was not so simple. And I think it could be made simpler—so that would be one suggestion to make. The other thing is in terms of words, and again I don't know the history, but you are using the word "domains." This is in an interesting approach because at least in the medical profession, and as well as in much of academia, the domains could be the knowledge and skills expected. Some people believe that in addressing these, you shifted to use domains in a different way. I am sure you must have a reason for doing that. I think we've normally gone with educational objectives, and I am not sure if in shifting this it doesn't matter to USDE. Maybe it's a fresh start idea, but it's also maybe confusing. I am aware of domains usually being used to describe the domain of knowledge, the domain of skills, and so forth. But this is plainly language stuff.

The particular language terms that concern me though are terms like “critical thinking.” It looks to me the way this is written that you’re thinking capital letter “Critical Thinking” because you’re thinking about critical thinking models and defending critical thinking, etc. I am not a particular fan of the Critical Thinking movement. I don’t think it’s particularly appropriate for our profession, or let’s say, for my school. I am perfectly happy for schools to use it if they want to use problem-based critical thinking models or what have you. But to mandate a particular approach, if that is what is happening here, I think would be a disservice. In order to make sure that it’s not happening, there should be assessment of options language that is much more neutral and does not bring up that word in the first place. So I would eradicate the critical thinking terminology because I think in some minds it may mean particular schools of thoughts. I think we all need to have and develop our own ways of reasoning and judgment, and from my point of view, I think that the models that we have in Chinese medicine are quite as effective as the models that have been developed by Bloom’s Taxonomy, or what have you. But again, I just want to be clear that I know we have some fans of critical thinking and are happy to have them. I just don’t want this to be prescriptive for my school.

The next area is curriculum design. I have done a lot of curriculum design around the country, and the first thing that I look for is a clear, loud statement which describes the program and the mission of the program. So when I look at developing a program, I look for the definition. (*inaudible*) I don’t see the very obvious definition that we want to train practitioners to be successful in practice and patient care and utilizing Oriental medicine. I think we need to craft elegant words to establish the mission. So the reason why I think that this is important is because you need to always go back to the basic mission that describes what your program is about, and examine what is important in the program. And sometimes, when I looked at these, I didn’t think they really measured up as being critical. I didn’t want to go into details at this place, but maybe at the next hearing I will go there.

The second point is that I don’t know why you have the allegiance to competencies from the Master’s degree. To me you appear to be starting with the suggestion of LCME. They have done a good job at this, and looked at completely revising their system. They came up with up a mission statement for doctors and they established the four or five major educational objectives that they expected from this program. I think that people normally do it in their Master’s programs. I am not sure why the Task Force didn’t follow that concept. It’s a fresh start I would like to see. I can’t tell the weight of these [Task Force Domains] in relation to the others, so it’s very important. If you just establish the first top four, five, and six that would be easier for me to work with, and move down from there. Using the

KSA model is an interesting one to move to. Some of these you have to work hard to get. The idea of non-prescriptive behaviors (inaudible) I don't think that is true, at least in the medical profession. The only accrediting body that is non-prescriptive is psychology, but all they do is talk and listen. We insert needles and we do things that would make me nervous if we were non-prescriptive. The biggest, most difficult issue I have with this is that I don't think we know if we are being successful at this point in terms of our graduates. I hear a lot of people saying over fifty percent of our graduates don't succeed in practice. It seems to me there is an ethical issue of asking people to pay \$50,000 to enter a new program when we don't even know why or how people are succeeding. Until we find out, I don't see how we can proceed with this practice. I believe we want effective and successful practitioners. Thanks for your time.

**Mr. Jennes:** Next speaker.

**Will Morris:** Tonight I am representing AAOM and just wish to speak briefly regarding entry-level standards versus degree status, and accrediting Master's-degree versus Doctoral-level training. Our perspective on it is that the standards for entry-level should be the same for all folks entering the profession regardless of degree status of any given state. To that end, there should be no distinction on library requirements. They should be the same across the board. In other words, full access to databases, appropriate content relative to medical anthropological studies, and so forth – but a very expanded library that is appropriate for both Master's and Doctoral-level programs. There should be no distinction, in other words, for those standards to basically transfer down into the Master's level expectations. We would like to thank the Commission for taking this on. This is something that the profession been asking for and I understand that there remains some confusion and ambiguity in the field in terms of its importance for us. The profession needs to move forward in a way to protect those individuals' needs at large. Thank you.

**Mr. Jennes:** Thank you, sir.

**Craig Mitchell:** I am the academic dean at Seattle Institute of Oriental Medicine and I wanted to just speak about one particular aspect in one of the domains. It has to do with access to resources and the ability to access current literature and current research and those types of things. One thing I do at Seattle Institute is to teach students how to read medical Chinese, and in the three years in the program our students do two credit courses every trimester there in the program. And when they graduate, they

are able to read medical journals, and are able to pick up books on Chinese medicine and read them with some degree of fluency. They get a great deal of clinical information out of this. Some of the databases that are currently available in China include access to virtually any journal article that has been published from 1984 to the present time—all complete, on-line, and digitized. So I guess my question is to the Commission is just to imagine what it would be like if, as part of our Doctoral-level training, we had some expectations that our students would engage in Chinese materials. Try to imagine what that would be like if we had large numbers of people graduating from our schools that can engage in reading volumes of materials that will never be translated into English in any of our lifetimes, unless something very strange happens in a technological way. I heard many years ago that what we are [currently] doing at the Seattle Institute is impossible. I've had students outside of our institution say that's not possible, you can't do that in three years. Well, we actually do, and have been doing this for some time now. I want to put this on the record that people know that students do it every year. Thank you.

**Mr. Jennes:** Thank you. Next speaker, please.

**Mark Mckenzie:** I am the Dean of Minnesota College. Actually it's a question, and I know you can't respond to a question. Given the nature of the direction that ACAOM is taking, if you could be more communicative regarding the overall process. The steps said in Fred's introduction indicated that you may, or may not, have a public hearing at the Fall '06 meeting. So I think there's a lot of anxiety on behalf on some of the schools. What's the big process, and what are the next steps beyond this public hearing? If some of these are in place, can you give any kind of timeline? I think that will be helpful. That's all.

**Mr. Jennes:** Thank you.

**Mark Seem:** Yes. I would ask the Commission to look at what would happen to a school that currently offers a first-professional Masters [degrees], which then began to covert those to First Professional Doctorates. What are the possible models?

*[No other speakers come forward, and Dort Bigg, Executive Director, ACAOM, is recognized for the purpose of clarifying the mission of the First Professional Doctorate Task Force and the prospect of subsequent hearings]*

**Dort Bigg:** To put some of the comments at this hearing in context, the charge of this Task Force was not to establish standards, but rather to articulate the competencies expected of students in a First Professional Doctoral program. The intent was to seek public comment on the proposed competencies before seeking to develop accreditation standards. So we had the first hearing on the Task Force Report at our Spring 2005 meeting, and this is the second public hearing.

The ACAOM Doctoral Committee [which consists of sitting Commissioners] is considering the comments generated from these hearings as a key source of information for developing accreditation standards. Correct me if I'm wrong, Fred, but the next step in the process is to take all these sources of information to develop a working proposal that we would share widely with our of our communities of interest in the form of draft standards for First Professional Doctoral programs. The draft standards would be open to written comment and go through their own series of public hearings.

The reason why we are posting the reports and hearing testimony on our web site is that we want this to be a transparent process. The only way that we will develop standards that are acceptable to our various constituencies, including educators, members of the profession and regulatory boards is to provide a full opportunity for input as proposed standards are developed. Once we have a draft proposal in the form of accreditation standards, we will post those on our web site, and conduct hearings on them.

We can't give you a specific timeline at this hearing because the Commission does not want to rush into anything and come up with a product that might not be acceptable. Sometimes when an accrediting agency tries to move too quickly, critical issues are overlooked. So we are trying to do this right. If it gets to a point where our various constituencies feel comfortable with proposed standards, then the Commission will consider establishing a pilot process for reviewing institutions relative to those standards.

The reason the Task Force Report purposely focuses on student outcomes, as opposed to specific curriculum content, is because this is where professional accreditation is going. The notion is that the standards that result from this process should clearly articulate the professional competencies expected of program graduates, and that schools can adopt their own unique approaches to training, as long as their students are achieving the expected competencies.

**Paul Karsten:** Is this is the last public hearing?

**Mr. Jennes:** A lot of new ground was covered tonight. We may very well have another public hearing on the Doctoral Task Force Report. The testimony provided today will also be published and posted to ACAOM's web site.

If there are no more speakers, I wish to thank everyone for your participation. The Commission will make every effort to communicate our progress with all the Commission's communities of interest, and will ensure that the in the process of developing proposed standards, that colleges, practitioners, regulators, and the public will have a full opportunity to provide input.

Again, thank you for your participation.

**Adjournment.**