

Supplementary

Supplemental Table 2 – Data Extraction

Author, (Year)	Profession, Specialty, Discipline	Study Methods	Development Target	Domain, Definition	Competencies by Domain
Bainbridge (2010) ¹	Physical therapy	Literature review and workgroup	Pan Canadian competency framework for interprofessional education- Physical Therapy Educators	1. Role Clarification	1. Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient/client/family and community goals.
				2. Patient/Client/Family/ Community-Centered	2. Learners/practitioners seek out, integrate, and value, as a partner, the input, and the engagement of patient/client/family/community in designing and implementing care/services.
				3. Team Functioning	3. Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.
				4. Collaborative Leadership	4. Learners/practitioners understand and can apply leadership principles that support a collaborative practice model.
				5. Interprofessional Communication	5. Learners/practitioners from varying professions communicate with each other in a collaborative, responsive, and responsible manner.
				6. Dealing with Interprofessional Conflict	6. Learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing interprofessional conflict as it arises.
Behrends (2021) ²	Medicine, Medical Informatics	Curriculum mapping utilizing MERLIN-database followed by workgroups	Undergraduate medical students	1. Introduction weeks: Medical Apps	None stated
				2. Physiology: Biosignals	
				3. Hygiene: Technology Acceptance Models	
				4. Medical Informatics: All Topics	
				5. Neurology: Teleconsultation	
				6. Radiology: Digital image processing	
				7. Rehabilitation Medicine: Assistive Health Technologies	
				8. General Medicine: Information systems in medical practices	
Fishman et al., (2013) ³	Pain, Multi-specialty	Consensus	Prelicensure pain management education in all major health care professions	1. <i>Multidimensional nature of pain: What is pain?</i> This domain focuses on the fundamental concepts of pain including the science, nomenclature, and experience of pain, and pain's impact on the individual and society	1. Explain the complex, multidimensional, and individual-specific nature of pain. 2. Present theories and science for understanding pain. 3. Define terminology for describing pain and associated conditions. 4. Describe the impact of pain on society. 5. Explain how cultural, institutional, societal, and regulatory influences affect assessment and management of pain.

				<p>2. <i>Pain assessment and measurement: How is pain recognized?</i> This domain relates to how pain is assessed, quantified, and communicated, in addition to how the individual, the health system, and society affect these activities.</p>	<ol style="list-style-type: none"> 1. Use valid and reliable tools for measuring pain and associated symptoms to assess and reassess related outcomes as appropriate for the clinical context and population. 2. Describe patient, provider, and system factors that can facilitate or interfere with effective pain assessment and management. 3. Assess patient preferences and values to determine pain-related goals and priorities. 4. Demonstrate empathic and compassionate communication during pain assessment
				<p>3. <i>Management of pain: How is pain relieved?</i> This domain focuses on collaborative approaches to decision-making, diversity of treatment options, the importance of patient agency, risk management, flexibility in care, and treatment based on appropriate understanding of the clinical condition.</p>	<ol style="list-style-type: none"> 1. Demonstrate the inclusion of patient and others, as appropriate, in the education and shared decision-making process for pain care. 2. Identify pain treatment options that can be accessed in a comprehensive pain management plan. 3. Explain how health promotion and self-management strategies are important to the management of pain. 4. Develop a pain treatment plan based on benefits and risks of available treatments. 5. Monitor effects of pain management approaches to adjust the plan of care as needed. 6. Differentiate physical dependence, substance use disorder, misuse, tolerance, addiction, and nonadherence. 7. Develop a treatment plan that takes into account the differences between acute pain, acute-on-chronic pain, chronic/persistent pain, and pain at the end of life.
				<p>4. <i>Clinical conditions: How does context influence pain management?</i> This domain focuses on the role of the clinician in the application of the competencies developed in domains 1–3 and in the context of varied patient populations, settings, and care teams.</p>	<ol style="list-style-type: none"> 1. Describe the unique pain assessment and management needs of special populations. 2. Explain how to assess and manage pain across settings and transitions of care. 3. Describe the role, scope of practice, and contribution of the different professions within a pain management care team. 4. Implement an individualized pain management plan that integrates the perspectives of patients, their social support systems, and health care providers in the context of available resources. 5. Describe the role of the clinician as an advocate in assisting patients to meet treatment goals.
Goldblatt (2013) ⁴	Complementary and alternative health care	Cross analysis of established competency documents followed by workgroup consensus for inclusion of additional competencies to Interprofessional	Integrative healthcare and interprofessional education within complementary and alternative medicine professions	<ol style="list-style-type: none"> 1. Values/Ethics for interprofessional practice 2. Evidence-based healthcare and evidence-informed practice <i>Explain, evaluate, and apply scientific evidence in the context of practitioner experience and patient preferences and apply evidence-informed decision making in integrated healthcare delivery.</i> 	<ol style="list-style-type: none"> 1. Demonstrate personal behaviors and self-care practices that reflect optimal health and wellness 1. Explain the role of scientific evidence in healthcare in the context of practitioner experience and patient preferences 2. Describe common methodologies within the context of both clinical and mechanistic research, focusing on an assessment of your own field 3. Discuss contemporary issues in integrative practice research, including those relative to evaluating whole practices, whole systems, disciplines, patient-centered

		education collaborative competency document			<p>approaches and health outcomes.</p> <ol style="list-style-type: none"> 4. Analyze the research base within one's own discipline, including the positive and negative interactions, indications, and contraindications for one's own modalities and agents. 5. Apply fundamental skills in research evaluation 6. Demonstrate evidence-informed decision making in clinical care 7. Discuss the value of evidence-informed risk management planning and risk management behavior
				<ol style="list-style-type: none"> 3. Institutional Healthcare Culture and Practice <i>Prepare practitioners who were not principally educated in conventional academic and delivery environments to better understand such settings and systems.</i> 	<ol style="list-style-type: none"> 1. Explain health system accreditation standards and protocols as they apply to your discipline. 2. Describe organizational and administrative structures and the decision-making processes that accompany them. 3. Explain credentialing and privileging mechanisms and describe existing examples for you discipline. 4. Describe the clinical services and processes of care for each discipline in a facility. 5. Appraise and produce a medical record, demonstrating comprehension and interpretation of relevant shorthand and abbreviation; common medical terminology; and standard charting and documentation in both paper and electronic medical record formats. 6. Describe policy issues, management structures, and emerging clinical and economic models, including how compensation strategies, incentives, and other factors are used to leverage clinical decisions. 7. Explain the concept of informed consent, and be able to communicate the benefits and risks of care options. 8. Identify models of integrative care, including any established best practices, describing challenges and opportunities for growth.
Henry (2013) ⁵	Medicine	Literature review	Patient-provider communication in medical resident training programs	Communication	<ol style="list-style-type: none"> 1. Ability to take accurate and complete patient histories 2. Ability to communicate with other doctors 3. Ability to communicate with other members of the health-care team 4. Ability to set agendas with patients 5. Ability to assess and improve patient adherence 6. Ability to deliver diagnostic and prognostic news 7. Ability to elicit patients' beliefs, perspectives, and concerns about illness 8. Ability to communicate treatment plans 9. Ability to establish patient rapport and demonstrate empathy 10. Ability to manage conflict and negotiate with patients 11. Basic patient counseling skills 12. Counseling families and caregivers

Homberg (2022) ⁶	Medicine	3-round Delphi study	Complementary and integrative health training for medical students	1. Communicator <i>Establishing a positive patient relationship, if necessary, with the involvement of family members and professions involved</i>	<ol style="list-style-type: none"> 1. ...create a trusting, stable doctor/-patient relationship and master a professional and patient-centered approach to conversation, considering the specific types of conversations, phases of conversations and tasks involved 2. ...recognise the central importance of communication skills for their profession and healthcare and know that communication can be learned. 3. ...reflect on typical sensitive topics in everyday professional life and shape their communication appropriately, even in emotionally challenging situations 4. ...successfully shape their communicative actions through the targeted use of communication strategies, even in challenging clinical contexts and constellations
				2. Medical Expert <i>Integration of all CanMEDS roles, knowledge, skills and attitudes support patient-centered care</i>	<ol style="list-style-type: none"> 1. ...carry out an appropriate diagnosis of their patient 2. ...apply their knowledge, skills and professional behaviour (attitudes) and keep them up to date. 3. ...use preventive, therapeutic and rehabilitative measures effectively 4. ...carry out an ethically founded and patient- centred medical care appropriate to their educational level, integrating all professional roles
				3. Professional <i>Selfless attitude, ethical decision-making, assumption of responsibility</i>	<ol style="list-style-type: none"> 1. Have basic ethical skills and abilities 2. Know and consider the legal framework and obligations as well as the ethical principles of professional conduct. 3. Know the prerequisites and measures to establish trust. 4. Know and consider the requirements of good clinical and scientific practice 5. Are capable of self-knowledge, self-reflection, self-criticism and self-development. 6. Orient their actions towards values that are central to their professional activity. 7. Deal with various forms of uncertainty 8. Know and consider the needs of people with disabilities 9. Consider their own health and well-being as a prerequisite for a professional care
IPEC (2016) ⁷	Interprofessional	Workgroup	Prelicensure health professionals	1. Values/Ethics for Interprofessional Practice <i>Work with individuals of other professions to maintain a climate of mutual respect and shared values</i>	<ol style="list-style-type: none"> 1. Place interests of patients and populations at center of interprofessional health care delivery and population health programs and policies, with the goal of promoting health and health equity across the life span. 2. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. 3. Embrace the cultural diversity and individual differences that characterize patients, populations, and the health team. 4. Respect the unique cultures, values, roles/responsibilities, and expertise of other health professions and the impact these factors can have on health outcomes. 5. Work in cooperation with those who receive care, those who provide care, and others who contribute to or

					<p>support the delivery of prevention and health services and programs.</p> <ol style="list-style-type: none"> 6. Develop a trusting relationship with patients, families, and other team members (CIHC, 2010). 7. Demonstrate high standards of ethical conduct and quality of care in contributions to team-based care. 8. Manage ethical dilemmas specific to interprofessional patient/ population centered care situations. 9. Act with honesty and integrity in relationships with patients, families, communities, and other team members 10. Maintain competence in one's own profession appropriate to scope of practice.
				<p>2. Roles/Responsibilities <i>Use the knowledge of one's own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations</i></p>	<ol style="list-style-type: none"> 1. Communicate one's roles and responsibilities clearly to patients, families, community members, and other professionals. 2. Recognize one's limitations in skills, knowledge, and abilities. 3. Engage diverse professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific health and healthcare needs of patients and populations. 4. Explain the roles and responsibilities of other providers and how the team works together to provide care, promote health, and prevent disease. 5. Use the full scope of knowledge, skills, and abilities of professionals from health and other fields to provide care that is safe, timely, efficient, effective, and equitable. 6. Communicate with team members to clarify each member's responsibility in executing components of a treatment plan or public health intervention. 7. Forge interdependent relationships with other professions within and outside of the health system to improve care and advance learning. 8. Engage in continuous professional and interprofessional development to enhance team performance and collaboration. 9. Use unique and complementary abilities of all members of the team to optimize health and patient care. 10. Describe how professionals in health and other fields can collaborate and integrate clinical care and public health interventions to optimize population health
				<p>3. Interprofessional Communication <i>Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease</i></p>	<ol style="list-style-type: none"> 1. Choose effective communication tools and techniques, including information systems and communication technologies, to facilitate discussions and interactions that enhance team function. 2. Communicate information with patients, families, community members, and health team members in a form that is understandable, avoiding discipline-specific terminology when possible. 3. Express one's knowledge and opinions to team

					<p>members involved in patient care and population health improvement with confidence, clarity, and respect, working to ensure common understanding of information, treatment, care decisions, and population health programs and policies.</p> <ol style="list-style-type: none"> 4. Listen actively, and encourage ideas and opinions of other team members. 5. Give timely, sensitive, instructive feedback to others about their performance on the team, responding respectfully as a team member to feedback from others. 6. Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict. 7. Recognize how one's uniqueness (experience level, expertise, culture, power, and hierarchy within the health team) contributes to effective communication, conflict resolution, and positive interprofessional working relationships (University of Toronto, 2008). 8. Communicate the importance of teamwork in patient-centered care and population health programs and policies.
				<p>4. Teams and Teamwork <i>Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population-centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable</i></p>	<ol style="list-style-type: none"> 1. Describe the process of team development and the roles and practices of effective teams. 2. Develop consensus on the ethical principles to guide all aspects of team work. 3. Engage health and other professionals in shared patient-centered and population-focused problem-solving. 4. Integrate the knowledge and experience of health and other professions to inform health and care decisions, while respecting patient and community values and priorities/preferences for care. 5. Apply leadership practices that support collaborative practice and team effectiveness. 6. Engage self and others to constructively manage disagreements about values, roles, goals, and actions that arise among health and other professionals and with patients, families, and community members. 7. Share accountability with other professions, patients, and communities for outcomes relevant to prevention and health care. 8. Reflect on individual and team performance for individual, as well as team, performance improvement. 9. Use process improvement to increase effectiveness of interprofessional teamwork and team-based services, programs, and policies. 10. Use available evidence to inform effective teamwork and team-based practices. 11. Perform effectively on teams and in different team roles in a variety of settings.
Jani (2015) ⁸	Medicine	Committee	Integrative medicine education for preventative	<p>1. Patient care</p>	<ol style="list-style-type: none"> 1. Demonstrate critical component understanding of an integrative medicine patient assessment, including the following: (a) a prevention-oriented, patient-centered, and lifestyle-focused history; and (b) behavioral,

			medicine residency programs		<p>psychoemotional, social, and cultural determinants and environmental factors.</p> <p>2. Articulate the demonstrated and potential roles of integrative medicine in primary, secondary, and tertiary prevention to promote individual and population health.</p>
				2. Medical Knowledge	<p>3. Demonstrate basic understanding of the following: (a) integrative medicine theories and approaches; (b) integrative medicine epidemiology and cost; (c) safety and efficacy of integrative medicine therapies; (d) training and certification of integrative medicine providers; and (e) related integrative medicine resources.</p> <p>4. Demonstrate basic understanding of how relevant integrative medicine principles and management strategies can be applied to individual and population-based care</p>
				3. Practice-Based Learning and Improvement	<p>5. Demonstrate a basic capacity to incorporate self-care and self-management principles^{21,22} into individual and population-based practice settings as part of effective patient and community education about health promotion and disease prevention.</p> <p>6. Demonstrate basic understanding of the diverse range of biocultural perspectives²³ held by patients, providers, families, and communities as they relate to integrative medicine.</p>
				4. Interpersonal and Communication Skills	7. Demonstrate how to use the integrative medicine lexicon in patient and provider communication while also performing the following activities: (a) engaging in active listening; (b) facilitating culturally sensitive patient communication; (c) conducting motivational interviewing; and (d) implementing patient-centered shared decision making.
				5. Professionalism	8. Optimize interprofessional collaboration, such as by demonstrating a basic understanding of the standards, training, credentialing, expertise, knowledge, and skills of a multidisciplinary team that uses integrative medicine approaches.
				6. Systems-based practice	9. Provide leadership through effective communication with lay, scientific, and professional communities about how evidence-based cost-effective integrative medicine approaches can positively influence patient care, population and environmental health, and healthcare delivery.
Kligler (2015) ⁹	Medicine	Committee Workgroup consensus	Integrative medicine education for preventative medicine residency programs Integrative healthcare for primary care	1. Practice patient-centered and relationship-based care.	<p>1. Recognize the value of relationship-centered care as a tool to facilitate healing.</p> <p>2. Demonstrate respect and understanding for patients' interpretations of health, disease, and illness that are based upon their cultural beliefs and practices.</p> <p>3. Demonstrates the ability to reflect on elements of patient encounters, including personal bias and belief, to facilitate understanding of relationship-centered care</p> <p>4. Provide care that is person-centered and relationship-</p>

			disciplines		based. 5. Employ effective educational strategies that encourage patient engagement in symptom self-management and strategies that improve whole-person wellbeing.
				2. Obtain a comprehensive health history that includes mind-body-spirit, nutrition, and the use of conventional, complementary, and integrative therapies and disciplines.	No examples provided
				3. Collaborate with individuals and families to <i>develop a personalized plan of care to promote health and wellbeing</i> that incorporates integrative approaches including lifestyle counseling and the use of mind-body strategies.	No examples provided
				4. Demonstrate skills in utilizing the evidence as it pertains to IH.	No examples provided
				5. Demonstrate knowledge about the major conventional, complementary, and integrative health professions.	No examples provided
				6. Facilitate behavior change in individuals, families, and communities.	No examples provided
				7. Work effectively as a member of an interprofessional team.	1. Demonstrate respect for peers, staff, consultants, and CAM practitioners who share in the care of patients. Knowledge and acceptance need to begin within medical culture. Consider the importance of school coaches/instructors if appropriate for the child's wellbeing: most commonly needed for mental health/behavioral issues. 2. Engage diverse health professionals who complement pharmacists' expertise to develop strategies to meet specific patient, care partner, and community health needs. 3. Demonstrate respect for diverse conventional, complementary, and integrative professionals who share in the care of patients. 4. Identify differences among diverse health systems and models used by conventional, complementary, and integrative professionals. 5. Participate in professional and interprofessional development that improves team performance and quality of care while ensuring that care is delivered safely, effectively, and efficiently.
				8. Engage in personal behaviors and self-care practices that promote optimal health and wellbeing.	No examples provided
				9. Incorporate IH into community settings and into the healthcare system at large.	1. Evaluate outcomes of integrative healthcare in community settings. 2. Establish performance management systems for delivering integrative healthcare services. 3. Include the use of cost-effectiveness, cost-benefit, and cost-utility analysis in programmatic prioritization and decision making. 4. Demonstrate a working understanding of available

					<p>healthcare resources, both conventional and complementary, in order to address patient and community needs.</p> <p>5. Influence community or population health through education, community initiative, and other efforts to shape public and professional healthcare policy.</p> <p>6. Practice cost-effective healthcare through evidence-informed management, preventive strategies and lifestyle management with an aim of alleviating the overall healthcare burden.</p>
				10. Incorporate ethical standards of practice into all interactions with individuals, organizations, and communities.	No examples provided
Lee (2018) ¹⁰	Pharmacy	Workgroup	Pre- and post-licensure integrative health care for pharmacy	1. Practice patient-centered and relationship-based care.	<p>1. Provide care that is person-centered and relationship-based</p> <p>2. Demonstrate respect and understanding for patients' interpretations of health, disease, and illness that are based upon their cultural beliefs and practices</p> <p>3. Employ motivational interviewing and effective educational strategies that encourage patient engagement in symptom and disease self-management and strategies that improve whole person wellbeing</p>
				2. Obtain a comprehensive health history which includes mind-body-spirit, nutrition, and the use of conventional, complementary and integrative therapies and disciplines	<p>4. Demonstrate patient-centered history taking that includes physical, nutritional, social, economic, emotional, mental, environmental, and spiritual aspects of health and wellbeing that includes inquiry of conventional and complementary approaches</p> <p>5. Perform integrative health-related patient assessment that includes preventive, pharmaceutical, nutritional, behavioral, social, economic, cultural, environmental and spiritually-relevant determinants</p>
				3. Collaborate with individuals and families to develop a personalized plan of care to promote health and well-being which incorporates integrative approaches including lifestyle counseling and the use of mind-body strategies.	<p>6. Collaborate with patients and care partners in conducting a health screening and management plan for disease prevention and treatment using conventional, complementary and integrative therapies when indicated⁷.</p> <p>7. Demonstrate the required knowledge and skills to incorporate integrative health-based self-care and self-management principles into practice settings⁸.</p> <p>8. Educate patients and communities in health promotion and disease prevention</p>
				4. Demonstrate skills in utilizing the evidence as it pertains to integrative healthcare.	<p>9. Evaluate the strengths and limitations of evidence-based conventional, complementary and integrative healthcare approaches and translation into patient care</p> <p>10. Use evidence-based conventional, complementary and integrative healthcare resources at the point of care for prevention and treatment</p>
				5. Demonstrate knowledge about the major conventional, complementary and integrative health professions.	11. Demonstrate a basic knowledge of the standards, training, credentialing, expertise, knowledge and skills of conventional, complementary and integrative health professionals to promote optimal interprofessional collaboration

					12. Describe common integrative therapies, including their history, proposed mechanisms, dose/potency and duration, safety and efficacy profiles, contraindications, and patterns of use
				6. Facilitate behavior change in individuals, families and communities.	13. Facilitate health behavior changes in patients, care partners and communities using an integrative health approach 14. Implement person-centered shared decision making that potentially includes integrative healthcare
				7. Work effectively as a member of an interprofessional team.	15. Engage diverse health professionals who complement pharmacists' expertise to develop strategies to meet specific patient, care partners and community health needs 16. Demonstrate respect for diverse conventional, complementary and integrative professionals who share in the care of patients 17. Identify differences among diverse health systems and models used by conventional, complementary and integrative professionals 18. Participate in professional and interprofessional development that improves team performance and quality of care while ensuring that care is delivered safely, effectively, and efficiently
				8. Engage in personal behaviors and self-care practices that promote optimal health and wellbeing.	19. Demonstrate personal behaviors and self-care practices that reflect optimal health and wellbeing
				9. Incorporate integrative healthcare into community settings and into the healthcare system at large.	20. Effectively coordinate care across the healthcare continuum to manage transitions that minimize costs and risks of patients, care partners and communities 21. Describe different reimbursement models and their impact on patient access to prevention and treatment
				10. Incorporate ethical standards of practice into all interactions with individuals, organizations and communities.	22. Use ethical standards of practice in all interactions with patients, care partners, interprofessional team members, health systems and communities
Locke (2013) ¹¹	Family medicine residents	Consensus	Integrative medicine for family medicine residents	1. Patient Care <i>Appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to do the following:</i>	1. Demonstrate patient-centered history taking, using a bio-psychosocial approach that includes an accurate nutritional history, spiritual history, and inquiry of conventional and complementary treatments. 2. Facilitate health behavior changes in patients, using techniques such as motivational interviewing or appreciative inquiry. 3. Collaborate with patients in developing and carrying out a health screening and management plan for disease prevention, and treatment using conventional and complementary therapies when indicated.
				2. Medical Knowledge <i>Established and evolving biomedical, clinical, epidemiological, social-behavioral science, application to patient care. Residents are expected to do the following:</i>	4. Understand the evidence base for the relationships between health and disease and the following factors: emotion, stress, nutrition, physical activity, social support, spirituality, sleep, and environment. 5. Evaluate the strengths and limitations of evidence-based medicine (EBM) as it applies to conventional and complementary approaches and its translation into

					<p>patient care.</p> <p>6. Demonstrate understanding of common complementary medicine therapies, including their history, theory, proposed mechanisms, safety/efficacy profile, contraindications, prevalence, and patterns of use.</p>
				<p>3. Interprofessional and Communication Skills <i>Effective exchange of information and collaboration with patients, families, and health professionals. Residents are expected to do the following:</i></p>	<p>7. Recognize the value of relationship-centered care as a tool to facilitate healing.</p> <p>8. Demonstrate respect and understanding for patients' interpretations of health, disease, and illness that are based upon their cultural beliefs and practices.</p> <p>9. Demonstrate respect for peers, staff, consultants, and CAM practitioners who share in the care of patients.</p>
				<p>4. Practice-based learning and improvement <i>To investigate/evaluate care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to do the following:</i></p>	<p>10. Identify personal learning needs related to conventional and complementary medicine.</p> <p>11. Use EBM resources, including those related to CAM, at the point of care.</p> <p>12. Identify reputable print and/or online resources on conventional and complementary medicine to support professional learning.</p>
				<p>5. Professionalism <i>A commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to do the following:</i></p>	<p>13. Demonstrate the ability to reflect on elements of patient encounters, including personal bias and belief, to facilitate understanding of relationship-centered care.</p> <p>14. Understand importance of self-care practices to improve personal health, maintain work-life equilibrium, and serve as a role model for patients, staff, and colleagues.</p>
				<p>6. Systems-Based Practice <i>Awareness of, and responsiveness to, larger context and system and ability to call effectively on resources to provide optimal healthcare. Residents are expected to do the following:</i></p>	<p>15. Understand different reimbursement systems and their impact on patient access to both conventional and complementary interventions.</p> <p>16. Understand national and state standards related to training, licensing, credentialing, and reimbursement of community CAM practitioners.</p> <p>17. Collaborate with community CAM practitioners and other healthcare specialists in the care of patients, while understanding legal implications and appropriate documentation issues.</p> <p>18. Identify strategies for facilitating access to Integrative Medicine services for their patients, including low-income populations.</p> <p>19. Understand the principles of designing a healthcare setting that reflects a healing environment.</p>
Macdonald		Grounded	Nursing students	1. Communication	N/A

(2010) ¹²		theory approach to identify competencies of interprofessional collaborative practice, Interviews		2. Strength in one's professional role	N/A
				3. Knowledge of professional role of others	1. Describes where the scope of one's own profession ends and another begins 2. Open to/seeks out the contributions of other team members 3. Addresses misconceptions/stereotypes among team members 4. Respects the roles, expertise, and unique contributions of other team members 5. Identifies common/overlapping professional skills amongst team members 6. Values of enhanced benefits of the collaborative efforts of the team 7. Describes the different perspectives and knowledge of other professions
				4. Leadership	8. N/A
				5. Team function	9. N/A
				6. Negotiation for conflict resolution	10. N/A
O'Keefe (2017) ¹³	All health professions	Review of national and international interprofessional competency frameworks followed by expert consensus	Interprofessional learning	1. Explain interprofessional practice to patients, clients, families and other professionals 2. Describe the areas of practice of other health professions 3. Express professional opinions competently, confidently, and respect-fully avoiding discipline specific language 4. Plan patient/client care goals and priorities with involvement of other health professionals 5. Identify opportunities to enhance the care of patients/clients through the involvement of other health professionals 6. Recognize and resolve disagreements in relation to patient care that arise from different disciplinary perspectives 7. Critically evaluate protocols and practices in relation to interprofessional practice 8. Give timely, sensitive, instructive feedback to colleagues from other professions, and respond respectfully to feedback from these colleagues	None stated
Portney (2017) ¹⁴	Multiple disciplines; Communication Sciences and Disorders, Physical Therapy, Occupational Therapy	Focus groups, literature review, faculty task force	Health professional graduates Communication sciences and disorders, and physical and occupational therapy students	1. Professionalism	Commitment to ethical principles, respect, accountability and altruism
				2. Patient centered care	Collaboration with health care team, patients, and families to meet health-related needs
				3. Communication	Exchange of information with patients, families, and the health care team
				4. Critical Decision Making	Decision making based on open-minded analysis and deliberate thinking
				5. Systems-Based Practice	Awareness of larger context of health care and ability to promote changes that enhance care delivery
				6. Leadership	Courage to influence change for the benefit of patients/clients, the health system, and the professions

Ring (2014) ¹⁵	Integrative medicine	Review of existing integrative medicine fellowship competencies followed by task force consensus	Integrative medicine fellows	<p>1. PATIENT CARE</p> <p><i>The integrative medicine fellow should demonstrate compassionate, appropriate, and effective patient care based on the existing evidence base in integrative medicine for disease prevention, treatment of illness and health promotion.</i></p>	<p>1.1. Perform an in-depth integrative medicine assessment.</p> <p>1.1.1. Demonstrate advanced skill in collecting essential components of an integrative medicine assessment, including but not limited to: Identifying patients' health concerns, goals, and expectations. A thorough conventional medical history and physical exam. Current and past complementary and alternative medicine (CAM) therapy use, including patient experience and response. Current and past dietary supplement intake. Nutrition, physical activity, sleep pattern. Stressors and stress management skills Personal relationships, social network, support systems Religious and spiritual history.</p> <p>1.1.2. Develop an appropriate differential diagnosis and perform a diagnostic evaluation based on available guidelines and evidence for conventional and integrative testing.</p> <p>1.2. Demonstrate advanced skills in developing integrative medicine treatment plans based on patient values and preferences, up-to-date scientific evidence, and clinical judgment. Treatment plans should: 1.2.1. Integrate conventional medicine, evidence-based complementary therapies, and lifestyle modification, as appropriate. 1.2.2. Address patient concerns in one or more domains (e.g., physical, psychological, social, spiritual).</p> <p>1.3. Counsel patients on the risks, benefits, and alternatives to an integrative medicine treatment plan, including a discussion of existing evidence to facilitate informed decision making on integrative approaches to care.</p> <p>1.4. Demonstrate advanced skills in assessment and treatment of patients with complex conditions, including symptoms or diseases with unexplained or poorly understood etiologies.</p> <p>1.5. Perform competently all medical procedures or complementary medicine therapies appropriate for the fellow's area of practice.</p> <p>1.6. Provide health care services aimed at preventing illness and promoting health and wellness. 1.6.1. Collaborate with patients to plan and perform evidence-based health screenings for disease prevention using relevant conventional and integrative approaches. 1.6.2. Counsel patients on the evidence for integrative therapies for optimizing health and wellness. 1.6.3. Educate patients on the role of lifestyle factors for</p>
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				<p>optimizing health and wellness. Give adequate consideration to sleep, diet, exercise, stress, habits, relationships, community, and spirituality as potential factors influencing health.</p> <p>1.6.4. Demonstrate expertise in facilitating behavioral changes in patients using evidence-based strategies.</p>
			<p>2. Medical Knowledge <i>The integrative medicine fellow should demonstrate advanced knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences relevant to integrative medicine.</i></p>	<p>2.1. Describe the scope and practice of integrative medicine including: Domains of complementary and alternative medicine (CAM) as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Evolving role of CAM in comanagement of patients. History of integrative medicine. Settings in which integrative medicine care is provided. Demographic and epidemiologic patterns of integrative medicine use. Status of commercial and government insurance coverage for integrative services. Legal and ethical issues relevant to the practice of integrative medicine. Barriers to access of integrative medicine services.</p> <p>2.2. Demonstrate expert knowledge of the established and evolving evidence base for how lifestyle factors influence health and illness, including: 2.2.1. The impact of emotional and physical stress on biologic markers and disease processes. 2.2.2. Advanced nutrition theory and practice, such as the role of intensive diet change in the treatment of chronic disease, the impact of medications on micronutrient levels, the role of specific diets for varied diseases, and the safety and evidence for “fad” diets. 2.2.3. Science of physical activity recommendations and required components of individualized exercise prescriptions. 2.2.4. Knowledge of sleep disorders and impairment from sleep deprivation, including their impact on comorbidities and well-being. 2.2.5. Role of social connections and spiritual beliefs to health and illness.</p> <p>2.3. Describe the established and evolving evidence base for common CAM and traditional medical systems, including current information on effectiveness, safety, indications, contraindications, mechanisms, and interactions.</p> <p>2.4. Describe the established and evolving evidence base for dietary supplements in the management of common medical conditions. 2.4.1. List common uses, potential adverse effects, drug–supplement interactions, clinical pharmacology, and dosing</p>

				<p>for frequently encountered dietary supplements.</p> <p>2.4.2. Demonstrate advanced knowledge of the evidence for efficacy and safety of commonly used dietary supplements.</p> <p>2.4.3. Identify credible evidence-based resources for information on dietary supplements.</p> <p>2.4.4. Explain historic and current regulations governing dietary supplements in the United States.</p> <p>2.4.5. Understand the influence of dietary supplement regulations on dietary supplement clinical efficacy, safety, and quality.</p> <p>2.5. Describe the history, philosophy, and theory for common CAM therapies and traditional medical systems.</p> <p>2.6. Demonstrate advanced knowledge of the evidence-based integrative medicine model as applied to a range of common clinical conditions.</p> <p>2.7. Demonstrate advanced knowledge of principles central to integrative medicine practice, including but not limited to: Evidence-based medicine. Medical pluralism. Preventive medicine. Patient-centered care. Therapeutic alliance. Biopsychosocial model and holism. Placebo effect. Cultural competence. Physician self-care. Behavioral change. Biochemical individuality. Patient self-care to enhance resiliency.</p>
			<p>3. Practice based learning and improvement <i>The integrative medicine fellow should be able to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.</i></p>	<p>3.1. Maintain a safe and competent practice, including self-evaluation and continuous learning.</p> <p>3.1.1. Demonstrate the ability to self-reflect on deficiencies and limits in integrative medicine knowledge and skills.</p> <p>3.1.2. Develop an independent learning plan for improvement.</p> <p>3.1.3. Demonstrate knowledge of and commitment to continuing professional development and life-long learning in integrative medicine.</p> <p>3.1.4. Demonstrate the ability to reflect on his/her personal learning style and use different opportunities for learning.</p> <p>3.1.5. Demonstrate the ability to actively seek and utilize feedback from faculty and other professionals to improve integrative medicine patient care skills.</p> <p>3.2. Demonstrate common approaches to quality and safety assurance.</p> <p>3.2.1. Assess the quality of integrative patientcare provided to his/her patients by using standardized measurements such as clinical and patient-reported outcomes.</p>

				<p>3.2.2. Design and conduct appropriate practice-based improvement activities to improve integrative care quality and safety.</p> <p>3.2.3. Design and implement health information technology strategies to enhance the quality of integrative health care for patients.</p> <p>3.3. Access, analyze, and apply the evidence base to clinical practice in integrative medicine.</p> <p>3.3.1. Demonstrate knowledge of evidence-based medicine and other emerging scientific methodologies in integrative care.</p> <p>3.3.2. Actively seek to apply the best available evidence on safety, efficacy, and cost-effectiveness to facilitate safe, up-to-date integrative care.</p> <p>3.4. Develop competencies as an educator.</p> <p>3.4.1. Demonstrate knowledge of the roles and responsibilities of a trainee and mentor.</p> <p>3.4.2. Recognize the importance of assessing learning needs and learner attitudes and beliefs in initiating a teaching encounter.</p> <p>3.4.3. Participate in integrative medicine education for clinical trainees and other health professionals at local, regional, and/or national levels.</p> <p>3.4.4. Demonstrate skill in educating patients and lay public on integrative medicine theory and practice.</p> <p>3.5. Develop expertise in an evidence-based integrative modality that meets a significant need in his/her patient panel.</p> <p>3.5.1. Meet requirements for licensure (if extant).</p> <p>3.5.2. Provide the modality as part of his/her overall scope of practice.</p> <p>3.6. Demonstrate knowledge of the process and opportunities for research in integrative medicine.</p> <p>3.6.1. Recognize the challenges unique to integrative medicine research.</p> <p>3.6.2. Recognize the importance of data to demonstrate clinical, utilization and financial outcomes of integrative approaches.</p>
			<p>4. Interpersonal and communication skills <i>The integrative medicine fellow should be able to demonstrate interpersonal and communication skills that result in effective relationship building, information exchange, emotional support, shared decision-making and teaming with patients, families, and colleagues.</i></p>	<p>4.1. Effectively communicate about integrative medicine with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.</p> <p>4.1.1. Use appropriate concepts and language when communicating with patients and families, taking into consideration factors such as age, socioeconomic status, spiritual and cultural beliefs, and health literacy.</p> <p>4.1.2. Demonstrate respect and understanding for patients' cultural beliefs and practices related to health and illness.</p> <p>4.2. Demonstrate empathy to form therapeutic alliances with patients and families.</p> <p>4.2.1. Use empathic and facilitating verbal behaviors such as naming, affirmation, normalization, reflection, silence,</p>

					<p>listening, self-disclosure and humor in an appropriate and effective manner.</p> <p>4.2.2. Employ empathic and facilitating non-verbal behaviors such as eye contact, open posture, eye-level approach and touch in an appropriate and effective manner.</p> <p>4.3. Elicit patient goals, concerns and values related to their health care using a patient-centered approach to inquiry and listening.</p> <p>4.4. Effectively use interpersonal and communication skills in the following clinical situations:</p> <ul style="list-style-type: none"> • Communicating the range of integrative treatment options to manage complex problems. • Explaining the philosophical underpinnings, benefits, risks, and options of various CAM modalities. • Counseling patients on the state of evidence for controversial topics in integrative medicine. • Counseling patients who refuse recommended conventional medical interventions. <p>4.5. Create informative and effective patient education and self-care instruction materials, appropriate for the patient's level of health literacy.</p> <p>4.6. Employ effective strategies to help patients make lifestyle changes.</p> <p>4.6.1. Use effective communication strategies for facilitating behavior change.</p> <p>4.6.2. Model healthy behavior and lifestyle choices.</p> <p>4.7. Demonstrate self-awareness of one's own role in patient-provider interactions.</p> <p>4.7.1. Recognize the influence of one's own personal beliefs, values, and culture on patient-provider communication.</p> <p>4.7.2. Reflect on one's own emotional, mental and physical state in clinical settings to better focus on meeting the needs of the patient.</p> <p>4.8. Communicate effectively with physicians, other health professionals, and health related agencies.</p> <p>4.8.1. Communicate and interact respectfully with colleagues, staff, consultants and CAM practitioners who share in the care of patients.</p> <p>4.8.2. Effectively communicate integrative medicine skills and expertise to others.</p> <p>4.9. Work effectively with others as a member or leader of a multidisciplinary health care team.</p> <p>4.9.1. Effectively manage and negotiate differences of opinion between conventional and CAM providers.</p> <p>4.9.2. Demonstrate effective leadership as an expert in incorporating the range of therapeutic options in patient care.</p> <p>4.10. Develop effective relationships with referring, consulting, and collaborating physicians and other health</p>
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				<p>professionals.</p> <p>4.10.1. Communicate integrative care assessment and plan recommendations to other physicians and health professionals.</p> <p>4.10.2. Communicate with health care providers when there is a disagreement about treatment plans and works towards building a consensus.</p> <p>4.11. Maintain comprehensive, timely, and legible medical records.</p> <p>4.11.1. Effectively and efficiently communicate an integrative medicine approach through the medical record.</p> <p>4.11.2. Adapt documentation to medical record formats required in different settings.</p>
			<p>5. Professionalism</p> <p><i>The integrative medicine fellow should be able to demonstrate professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, sensitivity to a diverse patient population, and appropriate self-reflection.</i></p>	<p>5.1. Demonstrate commitment to carrying out professional responsibilities.</p> <p>5.1.1. Respond in a timely manner to patient requests for medical information or guidance.</p> <p>5.1.2. Respond to requests for assistance from colleagues.</p> <p>5.1.3. Fulfill professional responsibilities and work effectively as a team member.</p> <p>5.1.4. Recognize own role and role in the system to disclose and prevent medical errors.</p> <p>5.1.5. Demonstrate compassion, integrity, and respect for patients, families, co-workers and other clinicians.</p> <p>5.2. Demonstrate the highest ethical standards including maintaining strict patient confidentiality, ensuring adequate informed consent, and informing patients of all practical therapeutic options.</p> <p>5.3. Demonstrate sensitivity to diverse patient populations.</p> <p>5.3.1. Demonstrate compassion, integrity, and respect to a diverse patient population, including but not limited to diversity in gender, age, culture, race, ethnicity, religion, disabilities, and sexual orientation.</p> <p>5.3.2. Demonstrate an awareness of his/her role in reducing suffering and enhancing quality of life of patients from diverse populations.</p> <p>5.4. Demonstrate commitment to self-care and optimizing wellness of others.</p> <p>5.4.1. Demonstrate appropriate capacity for self-care in order to better care for one's patients.</p> <p>5.4.2. Recognize and treat the signs and symptoms of fatigue, burnout, and personal distress among colleagues and oneself.</p> <p>5.4.3. Strive for balance between the needs of patients, colleagues, family, friends, and self.</p> <p>5.4.4. Contribute to team wellness.</p> <p>1. 5.4.5. Model to patients and colleagues self-awareness, self-care, and a healthy lifestyle.</p>
			<p>6. Systems Based Practice</p> <p><i>The integrative medicine fellow should be able to demonstrate an awareness of and responsiveness to the larger context and system of health care. The fellow</i></p>	<p>6.1. Demonstrate understanding of how integrative patient care affects other health care professionals, the health care organization, and the larger society.</p> <p>6.1.1. Describe national and state standards related to</p>

				<p><i>should have the ability to effectively call on system resources to provide care that is of optimal value.</i></p>	<p>training, licensing, credentialing, and reimbursement of CAM practitioners.</p> <p>6.1.2. Identify ethical and legal issues impacting the practice for integrative medicine physicians including documentation, patient consent, and relationship to standard of care.</p> <p>6.1.3. Define special regulations related to the practice of any specific CAM modality learned during the fellowship.</p> <p>6.1.4. Explain the impact of current policies and trends on integrative care.</p> <p>6.2. Describe and compare different integrative practice models and delivery systems in terms of patient access, resource allocation, reimbursement, health care costs, and financial sustainability.</p> <p>6.2. Practice cost-effective integrative health care and resource allocation that does not compromise quality of care.</p> <p>6.2.1. Integrate conventional, evidence-based CAM, preventive strategies and lifestyle medicine to provide cost-effective care.</p> <p>6.2.2. Develop strategies to optimize wellness and quality of life for the individual patient in a cost-effective manner.</p> <p>6.3. Advocate for access to quality patient care and assist patients in dealing with system complexities.</p> <p>6.3.1. Identify local, regional, and national resources available to patients seeking integrative medicine care.</p> <p>6.3.2. Call effectively on system resources to contribute to high-quality integrative patient care.</p> <p>6.3.3. Identify strategies for facilitating access to integrative medicine services to all patients regardless of ability to pay.</p> <p>6.3.4. Describe patterns of healing modalities used in the local patient population.</p> <p>6.4. Partner with health care managers and providers to assess, coordinate, and improve patient safety, outcomes, and system performance.</p> <p>6.4.1. Demonstrate the ability to participate effectively on an interdisciplinary integrative care team with an emphasis on collaboration, relationship building, co-management, consultation, and referral skills.</p> <p>6.4.2. Develop a network of professional colleagues in integrative medicine research, clinical care, and teaching.</p> <p>6.4.3. Collaborate with community CAM practitioners and other health care specialists in the care of patients, while understanding legal implications and appropriate documentation issues.</p> <p>6.5. Design, implement, and evaluate an integrative medicine continuous quality improvement programs.</p>
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Salsbury (2018) ¹⁶	Chiropractors in neurorehabilitation settings	Qualitative analysis (ethnography) of multi-phase organizational case study	Qualities of chiropractors integrating into neurorehabilitation setting preferred by key stakeholders	1. Professional Qualities	<p>1. Clinical Acumen: Ability to make good judgements and decisions about chiropractic care</p> <p>2. Efficacious treatment: Delivering treatment modalities that would provide a discernable, therapeutic impact on patient outcomes, including pain and disability</p> <p>3. Safe Practitioner: Demonstrating a focus on patient safety through keeping patients from harm, preventing errors and recognizing adverse events</p>
				2. Interpersonal Qualities	<p>4. Comforting patience: Fundamental to the creation of a healing environment for the neurorehabilitation patient.</p> <p>5. Familiar connections: Establishing rapport with the patients and families was an important interpersonal skill preferred in the chiropractor.</p> <p>6. Emotional intelligence: Described as the capacity to understand the emotions of others, be aware of one's own emotions, and to manage emotions in interpersonal relationships.</p>
				3. Interprofessional Qualities	<p>7. Teamwork: Cooperative efforts of the clinical team toward their shared purpose and agreed upon goals in patient care, was a defining quality among CMSH providers.</p> <p>8. Resourcefulness: The ability to develop creative solutions to patient care challenges or technical problems</p> <p>9. Openness to feedback: The acceptance and incorporation of new ideas or information into one's practice</p>

				4. Organizational Qualities	10. Personality fit: Personal traits that would allow an individual to adapt successfully to this specific organization. 11. Institutional Compliance: the ability to understand the rules of an organization, to work within this system, and to adhere to the administrative requirements of the position 12. Mission alignment: Sought individuals who meet their personal goals through their work with the organization
Sackalingam (2020) ¹⁷	Integrative medicine psychiatrist	Literature search, expert consensus, qualitative interviews	Establish integrated care competencies crossing multiple competency domains for supporting adaptive expertise in supporting patient with both physical and mental illness targeting graduate medical education	1. Extensive knowledge across the domains of medical psychiatry including basic sciences, clinical sciences, systems of care, and social determinants of care	1. Applies knowledge of the social determinants of health and resources in system of care to patients with complex clinical presentations 2. Demonstrates an integrated care approach to caring for patients with coexisting physical and mental health conditions 3. Identifies ambiguity and seeks help in managing complex patient health needs within interprofessional teams 4. Performs an integrated medical and psychosocial assessment, proposes investigations and constructs management plans with the aid of preceptor to address patients' complex health needs 5. Advocates for the complex health needs patients
				2. Skills to establish and maintain a longitudinal alliance with the patient and functional relationships interprofessional colleagues;	
				3. The ability to be adaptive in developing a comprehensive understanding of each patient's complex needs and how these fit within health systems and social systems	

				4. The ability to effectively meet the patient's needs using IC models.	<ol style="list-style-type: none"> 1. The rationale and evidence for integrated / collaborative care models of health service delivery 2. The general context of community-based care, e.g. community needs and resources 3. Principles of public health/population health 4. The role of the longitudinal relationship that patients have with their family physicians, including for long term support, coordination and continuity of care 5. Interpreting/metabolizing information and requests from other providers 6. Communicating a comprehensive understanding of patient problems from a biological, psychological and social perspective 7. Creating clear and detailed treatment plans that include a contingency plan 8. Conveying information in writing (e.g. embedding teaching within consultation notes) 9. Identifying the value of the FP's longitudinal knowledge of the patient in refining one's assessment and implementing a treatment plan 10. Providing indirect consultation (i.e. an opinion without having assessed the patient directly) <p>Communicating orally (e.g. for informal case discussions)</p>
Sunderji (2016) ¹⁸	Psychiatrists	Exploratory sequential mixed methods	Integrative psychiatry training Core competencies of integrated care for psychiatrists targeting postgraduate learners	1. Provide access to care beyond hospitals and the health sector	<ol style="list-style-type: none"> 1. The continuum of mental health services, i.e. from primary to tertiary levels of care 2. Being sensitive to the challenges that other providers face in accessing specialty psychiatric care and navigating the mental health system 3. Assisting with navigating the mental health care system, e.g. facilitating targeted referrals and flow of information 4. The resources specifically available in a particular community
				2. Assist patients and their providers in system navigation and care coordination	<ol style="list-style-type: none"> 1. The continuum of mental health services, i.e. from primary to tertiary levels of care 2. Being sensitive to the challenges that other providers face in accessing specialty psychiatric care and navigating the mental health system 3. Assisting with navigating the mental health care system, e.g. facilitating targeted referrals and flow of information 4. The resources specifically available in a particular community
				3. Assess the organization one is consulting to, e.g. population served, providers' abilities, beliefs and needs	<ol style="list-style-type: none"> 1. The spectrum and frequency of problems seen in primary care 2. The resources and limitations of primary care 3. The training and scopes of practice of other health care providers, including their varied experience and expertise
				4. Demonstrate flexibility regarding one's role and the ability to accommodate to another milieu	<ol style="list-style-type: none"> 1. Being flexible and adaptable regarding one's role 2. Negotiating roles when sharing the care of patients with

					<p>other providers (e.g. addressing overlap-ping and distinct scopes of practice, availability)</p> <p>3. Being attentive to the etiquette of being an external consultant to another setting or organization(e.g. metaphorically being a guest in someone else's home)</p>
				5. Build trusting relationships with nonpsychiatrists to support shared patient care and education	<p>1. The day to day work experience of family physicians, e.g. pace, workload, tasks</p> <p>2. Forming working relationships with providers from other professions</p> <p>3. Building collaborative, trusting, mutually respectful relationships with other providers</p> <p>4. Exercising empathy for other health care and social service providers</p> <p>5. Building mutual understanding through one's communications and over time</p> <p>6. Creating and maintaining a psychologically safe and supportive environment for collaborative practice</p> <p>7. Having an approach to soliciting feedback</p> <p>8. Having a desire to be helpful toward colleagues</p> <p>9. Respecting the skills and expertise of other providers</p> <p>10. Valuing open lines of communication with colleagues</p>
				6. Navigate one's dual roles as a leader/expert and an equal team member	<p>1. Being self-aware, including of one's limitations</p> <p>2. Reflecting upon feedback and implementing necessary practice change</p> <p>3. Navigating one's dual roles as expert/leader and equal team member</p> <p>4. Joining an existing care team</p> <p>5. Knowledge of team dynamics</p> <p>6. Being attentive to power dynamics in working relationships</p>
				7. Manage complex patients through team based care	<p>1. Participating in an interprofessional case conference</p> <p>2. Coordinating patient care within a team</p> <p>3. Valuing a team as greater than the sum of its parts (e.g. having collective knowledge)</p> <p>4. Having a sense of shared accountability for patient outcomes when sharing patient care with other providers</p> <p>5. Relinquishing the expectation of having sole control over the care of shared patients</p> <p>6. Tolerating ambiguity, uncertainty, complexity</p>
				8. Manage risk when sharing responsibility for patient care	<p>1. Knowledge of professional standards of medical practice</p> <p>2. Being willing to accept shared risk for negative outcomes when sharing patient care</p> <p>3. Managing risk in team based care</p> <p>4. Managing risk in remote care</p>
				9. Mentor nonpsychiatrists in order to influence the quality of mental health care in nonpsychiatric settings	<p>1. Forming a teaching/learning alliance</p> <p>2. Viewing oneself as having something to learn from, as well as something to teach to, other providers</p> <p>3. Tailoring education to the audience's existing knowledge and experience</p> <p>4. Role modeling specific clinical skills</p> <p>5. Role modeling in general</p>

Tick (2015) ¹⁹	Primary care physicians	Task force followed by consensus process	Integrative care for graduating primary care physicians	<p>1. General Patient Pain Care <i>Uses integrative care paradigms and an interprofessional team approach to practice competent, com-passionate, and ethical patient care.</i></p>	<p>1. Engages in patient-centered therapeutic relationships that are characterized by trust, openness, and careful attention to patients’ personal narratives of pain experiences.</p> <p>2. Makes informed and ethical decisions about diagnostic and therapeutic interventions for pain care, based on scientific evidence, clinical judgment, and patient information and preference.</p> <p>3. Grounds the assessment and treatment of patients’ pain problems in the appropriate scientific bases, including the neurobiological science of pain (e.g., neuroplasticity, central sensitization and hypersensitivity, and psychoneuroimmunology) and the science of fascia and soft tissue pain syndromes.</p> <p>4. Uses knowledge of comprehensive, IPC, and delivery systems (e.g., clinics) to optimize primary care to patients with pain.</p> <p>5. Responds to patients’ biopsychosocial consequences of pain through appropriate and reasonable accommodations that optimize abilities and quality of life.</p> <p>6. Manages and adjusts patients’ treatment plans based on standards of practice and appropriate integration of other relevant care providers to achieve optimal pain care and outcomes.</p> <p>7. Uses and monitors appropriate measures to evaluate and achieve desired patient outcomes in pain care.</p>
				<p>2. Interpersonal and Communication Skills <i>Communicates and interacts effectively with patients, their family/caregivers, healthcare providers, and other professionals in the context of providing quality care and facilitating both realistic expectations and optimal outcomes.</i></p>	<p>1. Uses effective communication to elicit and use patients’ stories of pain to assess, diagnose, and treat patients’ pain care needs</p> <p>2. Motivates and sustains patients’ commitment to use of appropriate self-care practices (e.g., diet, exercise, mind-body) that are important to pain care.</p> <p>3. Specific to pain care, communicates and interacts effectively with patients, their families/caregivers, health care providers, and other professionals to maintain realistic expectations and optimal outcomes.</p> <p>4. Uses system features appropriately to facilitate communication, coordination, and information exchange among care providers for patients with pain (e.g., referrals, coordinated care, and follow-up contacts).</p>
				<p>3. Medical Knowledge for Assessment <i>Collaborates with other professionals to assess and evaluate the physical, psychological, social, behavioral, and functional aspects of patients with pain when developing a differential diagnosis and appropriate treatment plan.</i></p>	<p>1. Collaborates with other professionals to incorporate appropriate assessment systems for examining of physical, psychological, social/behavioral, and functional aspects of patients with pain that are necessary for accurate diagnosis and appropriate treatment of problems.</p> <p>2. Monitors specific factors associated with signs and symptoms of pain to make informed decisions about adjustments and coordination of specific treatment options.</p>

					<p>3. Uses a systematic, data-based approach to monitoring and evaluating expected and actual patient outcomes relative to treatment interventions, prospectively and retrospectively.</p>
				<p>4. Medical Knowledge for Management <i>Develops a comprehensive, effective, goal-oriented and progressive care/management plan based on a well-conceived differential diagnosis that incorporates appropriate pharmacologic, nonpharmacologic, and integrative pain management strategies.</i></p>	<p>1. Develops a comprehensive differential diagnosis which includes interpretation of laboratory findings, diagnostic imaging, physical examination, and to obtain a comprehensive pain history.</p> <p>2. Uses knowledge of healthcare systems, diverse providers, government-based aid and community resources to effectively meet patients' pain-related needs, as a whole (e.g., access, diagnosis, treatment, support services, financial).</p> <p>3. Uses knowledge of healthcare systems and business operations (e.g., costs, reimbursement for pain management services) to provide and coordinate quality, cost effective pain care.</p> <p>4. Develops effective goal-oriented and progressive treatment plans that incorporate appropriate pharmacologic and nonpharmacologic pain management strategies, a stepwise approach to facilitate patient progress through the natural history and cycle of a pain syndrome and prevent unnecessary dependence on care.</p> <p>5. Communicates effectively to others (e.g., patients) the risks, benefits, and implications of appropriate pain treatment options, including traditional procedural and surgical interventions and various CAM techniques, when making decisions about pain management.</p> <p>6. Makes pain medication decisions based on sound principles of pharmacokinetics and pharmacodynamics and prescribing guidelines for use, adverse effects, and drug interactions for all major drug groups used in pain management (e.g., opioids, antidepressants, antiepileptics, antirheumatics, psychotropics, anti-inflammatory agents, and other adjuvant pain medication, including natural health products).</p> <p>7. Draws on a broad base of alternative therapies, as appropriate, to minimize reliance on traditional opioid and pharmaceutical interventions for pain (e.g., nutrition, movement, application of physical medicine modalities, mind-body/cognitive therapies and natural health products).</p> <p>8. Evaluates and documents patients' pain-related behavior (e.g., disability, fear avoidance, symptom magnification) and uses appropriate strategies to manage such behavior.</p>

				<p>5. Practice-based Learning and Improvement <i>Appraises and assimilates relevant scientific evidence and investigates and evaluates one's own patient care to drive ongoing improvements in the diagnosis, treatment, and outcomes for patients with pain.</i></p>	<p>1. Stays abreast and draws upon the full range of CAM and mind-body approaches, as appropriate, to address patients' pain care needs.</p> <p>2. Appraises and assimilates relevant scientific evidence to enhance diagnosis, treatment, and outcomes for patients with pain.</p> <p>3. Uses systematic methods of CQI as an integral part of self-directed learning and improvements to enhance clinical practice and patient-centered outcomes.</p>
				<p>6. Professionalism <i>Uses inter-professional and integrative care paradigms as a primary driver for providing competent, compassionate, and ethical care of patients with pain.</i></p>	<p>1. Demonstrates knowledge of and an appreciation for integrative care paradigms and uses interprofessional team approach to diagnosing, treating, and managing patients' problems with pain.</p> <p>2. Demonstrates competent, compassionate, ethical patient care that is characterized by a commitment to excellence through reflective practice and CQI.</p> <p>3. Demonstrates sensitivity to their patients' personal qualities and needs (e.g., culture/ethnicity, age, gender, disability, and privacy).</p> <p>4. Recognizes the limitations of one's scope of practice and incorporates expertise and alternative treatment paradigms to optimize patient pain care and outcomes.</p> <p>5. Advocates for and educates others about IPC to enhance access, treatment, and patient outcomes.</p> <p>6. Advocates for and facilitates patients' navigation toward optimal care and achievement of pain care goals.</p>
Valentini (2021) ²⁰	General Practice	Literature review and multi-round survey	Complementary and integrative medicine competencies for postgraduate education in general practice settings	1. Medical knowledge	<p>1. ...be able to explain common CIM (complementary medicine, integrative medicine, naturopathy) concepts.</p> <p>2. ...be able to explain common CIM treatments including their respective theories, postulated modes of action, limitations.</p> <p>3. ...be able to give advice concerning CIM therapies for the most frequent consultation issues in family medicine.</p>
				2. Patient care and communication	<p>1. ...conduct a biopsychosocial health interview, including aspects of lifestyle and usage of CIM.</p> <p>2. ...be able to inform patients critically about CIM treatments, which could potentially harm health and budget.</p> <p>3. ...be able to use non-pharmacological treatments (e.g. home remedies) for frequent issues of consultation (e.g. pain, fever, uncomplicated infections, etc.) or guide their patients thereto.</p> <p>4. ...be able to use common phytotherapeutics and supplements for frequent issues of consultation (e.g. pain, fever, uncomplicated infections, etc.).</p> <p>5. ...be able to consult regarding different relaxation techniques (meditation, mind and body practices, mindfulness, tai chi, yoga, etc.).</p> <p>6. ...be able to specifically apply placebo and self-efficacy effects as needed for the therapeutic process.</p>
				3. Practice-based learning	<p>7. ...be able to use evidence-based sources of information</p>

					<p>concerning CIM.</p> <p>8. ...be able to identify their individual learning needs concerning CIM.</p>
				4. Professionalism	<p>9. ...show respect and sympathy for patients' interpretations of health, disease and suffering, based on individual attitudes and therapy requests concerning CIM.</p> <p>10. ...be open-minded and remain open to dialogue when it comes to another understanding of health and disease by medical and non-medical colleagues involved in a treatment.</p> <p>11. ...be able to take suitable action for self-care as needed. Competencies based on the German healthcare system</p> <p>12. ...know conditions and general framework of different professional groups offering CIM treatments (e.g. natural practitioners/ Heilpraktiker).</p> <p>13. ...know conditions and general framework for the medical practice concerning common CIM treatments (e.g. availability, prescription, legal regulations).</p>
Van Der Aa (2020) ²¹	Obstetrics and Gynaecology	Multi-stage process including literature reviews, consensus meetings, questionnaires and semi-structured interviews	Generic competencies for OBGYN specialists	1. Patient-centered care	<p>1. See the patient in a holistic perspective, respect diversity and give individualized care</p> <p>2. Communicate respectfully and empathetically, active listening fostering mutual confidence and trust</p> <p>3. Ensure patient empowerment and informed consent facilitating the balance between evidence-based recommendations and patient's preferences in the shared decision-making process</p> <p>4. Demonstrate leadership to provide safety and continuity in patient care</p> <p>5. Work according to ethics and the universal human rights of women</p>
				2. Teamwork	<p>1. Collaborate respectfully with other professionals like nurses and midwives and contribute to a secure and constructive working environment</p> <p>2. Facilitate inter-professional shared decision making, recognizing and relying upon the expertise of others</p> <p>3. Focus on team performance while acknowledging standards of care and legal aspects</p> <p>4. Display leadership particularly in critical situation</p>
				3. System-based practice	<p>1. Be aware of and work effectively in the healthcare organization including its legal system</p> <p>2. Be aware of and adapt to diversity, development, and innovation</p> <p>3. Work according to guidelines and standards of care and apply patient safety systems</p> <p>4. Balance patient related outcomes and costs</p> <p>5. Perform triage and prioritize tasks considering available resources</p>

					6. Provide privacy and patient-comfort in care-provider, setting, and context
				4. Personal and professional development	<ol style="list-style-type: none"> 1. Be a lifelong learner and a good role model 2. Balance work and life 3. Recognize personal competencies and limits 4. Give, seek and accept feedback, reflect upon it and use it for improvement 5. Continuously improve empathetic as well as effective and clear communication 6. Contribute to progression of health care by research, education and by facilitating implementation of innovation
Wangler (2009) ²²	Chiropractors	Cross-sectional survey	Interprofessional collaboration for health and human service professionals from pre-licensure to continuing professional development	1. Chiropractic expert	<ol style="list-style-type: none"> 1. Establishing adequate therapeutic relationships with patients 2. Listening carefully and obtaining relevant patient information effectively 3. Adequately discussing chiropractic and medical information with patients and their families 4. Reporting adequately on patient cases in oral and written ways
				2. Communicator (communication)	<ol style="list-style-type: none"> 1. Consulting effectively with other doctors and health care professions 2. Referring adequately to other chiropractors and health care professionals 3. Delivering adequate collegial advice 5. Supporting effective interdisciplinary collaboration and chain care
				3. Collaborator	<ol style="list-style-type: none"> 1. Assessing chiropractic (medical) information critically 2. Contributing to development of professional and scientific knowledge 3. Developing and maintaining a personal ongoing education plan 4. Contributing to the education of students, residents, colleagues, patients, and other involved in health care
				4. Scholar	<ol style="list-style-type: none"> 1. Knowing and identifying determinants of illnesses 2. Contributing to health of patients and the community 3. Acting according to relevant legislation 4. Acting adequately in case of incidents in health care
				5. Health Advocate	<ol style="list-style-type: none"> 1. Finding adequate balance between professional patient care and personal development 2. Working effectively and efficiently in health care organization 3. Allocating available health care resources wisely 4. Using information technology to optimize patient care and lifelong learning
				6. Manager	<ol style="list-style-type: none"> 1. Delivering high-quality care with integrity, honesty, and compassion 2. Exhibiting appropriate personal and interpersonal professional behavior 3. Being conscious of the limits of my personal knowledge and acting within these limits

				4. Practicing consistently with the ethical standards of the profession	
				7. Professional	
				1. Delivers high-quality care with integrity, honesty and compassion 2. Exhibits appropriate personal and interpersonal professional behavior 3. Is conscious of the limits of his or her personal knowledge and acts within these limits. 4. Practices consistently with ethical standards of the profession	
Wood (2009) ²³	Health and human services professionals	Review followed by workshop discussion	Prelicensure education and continuing education professional development	1. Relational Work	Establish and/or maintain healthy working relationships with patients/families, other professionals and teams.
				2. Roles and Responsibilities	Consult, seek advice and confer with other professionals based on clear understanding of their capabilities and expertise
				3. Partnering	Establish and maintain effective working partnerships with patients/families, other professionals, teams or organizations to achieve common goals.
				4. Patient/Person/Family-Centered Care	Provide integrated care that is respectful of and responsive to patient/client/family perspectives and needs and ensure that patient/client/family values guide all clinical decisions.
				5. Information Management and Exchange	Use communication systems and tools (including technology) to exchange relevant information among all professionals to improve care.
				6. Quality Improvement	Work with patients/families and other professionals to examine outcomes and implement quality improvement initiatives to mitigate errors, reduce waste, increase efficiency and minimize delays.

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