

Town Hall Meeting Minutes

Tuesday, February 5, 2019 12:15-1:00pm

The Mr. Tanaka introduced the New Director of Diversity and Inclusion, Katrina Hansen and how she used her time as an AIMC student to specialize in treatment of LGBT population. While in school she taught fellow students and staff, and now her presentation is an official part of the curriculum. She now presents in the Gynecology and Counseling classes. She also teaches CE's and is a consultant for private practices. Katrina offered her assistance to any student interested in teaching or holding daytime talks.

AIMC is hoping to launch a pediatric care clinic headed by Karen Villanueva. This may also be an opportunity to focus on the pediatric transgender population.

Students have created a Diversity Committee. There was some concern about the hiring process and whether diversity is considered when hiring new people. Katrina was asked if part of her role would be to ensure diversity. Mr. Tanaka responded that Katrina's role has more to do with the curriculum. Hiring is a management issue, and that any concerns about the hiring process should be addressed with Nate, who now oversees HR.

There was a review of the suggestions from the last meeting on 1/31 about possible treatment focuses and specializations:

- Pediatrics
- Animals
- Fertility
- Veterans
- Japanese Acupuncture
- Facial/cosmetic acupuncture
- Mental Health
- Athletes
- First Responders
- Undocumented immigrants
- Preserve the classical aspects of the medicine
- Research & Clinical Trials

Additional ideas from current meeting:

- Prevention in pediatrics. Primary Care arena. Not a lot of support for low-intervention prevention. Could be used for minor illnesses.
- High school population/youth. Ken and Nishanga have given demonstrations to high schoolers. The principal asked them to return. Dennis has spoken about the high level of stress and anxiety this population experiences.
- Religious Diversity – being able to help clients form different religious backgrounds and understanding how their beliefs/culture may affect the way to react to certain treatment. What are the challenges? What are things we should be mindful of when working with certain populations?
- There was a seconding of “first responders” and “undocumented immigrants.” Mr. Tanaka commented that we try to focus on underserved populations via our work at West Berkeley & Charlotte Maxwell.

- Nishanga has brought attention to the great number of undocumented Mexican workers in the vineyards who could not get medical care when the northern California fires occurred.
- Acupuncturists Without Borders will be holding a training at AIMC in June
- Japanese Acupuncture. Seems like it is disappearing from the curriculum and being sidelined.
 - Mr. Tanaka commented that many changes were the result of requirements set by the CALE.
 - Annie pointed out that although there is no current class dedicated exclusively to Japanese Acupuncture, it is still taught across the program. For ex, instructor Hideko incorporates it into her courses and Barbara plans to offer it as an elective once a year. Barbara will also be a supervisor.
 - Robbyn reminded students that there are also CEU's available taught by renowned instructors from Japan. Credits can be earned toward a Certificate in Japanese Acupuncture.

Integrative Medicine – What does it mean? How do you define it?

- There is increasing opportunity to work with those in Western Medicine, but we need to be able to speak a common language. We always tend to be looked upon as second class citizens in the medical field.
- Perhaps we need to find areas to shine – i.e. pain management
- We should also consider doing more research. But how to do we do that when historically, Acupuncture has not had a route to do this – no journals, etc.
 - We might consider collaborating with other medical professionals and publishing articles. May provide some validity and legitimacy in the eyes of others.
 - Have to be careful though because certain journals more respected than others.
 - Does that matter? At the very least, it is in a format and language that others understand and are familiar with
- Work to inform others. Nishanga presents at UCB and UCD on alternative treatments
- But should not be done at the expense of a strong foundation in the classics. We should not have to give that up to be accepted. We need to be able to speak with confidence with other medical professionals.
- There is a way to recognize the differences, but still collaborate and utilize the benefits of both. How we integrate will determine the patient's experience.

Other thoughts

- Where is technology in all of this? Is there a place for it? VR programs to help with point locations, etc.
- Arts – using Acupuncture to treat those who feel Western medication affects their creativity and therefore do not take their meds.
- How can Acupuncture interact with other traditional treatment modalities such as Ayurveda?
- A survey went out last term about electives. If you have additional input or feedback about the types of electives being offered, speak with Annie.