



# CAM Educators Respond to Academic Medicine's Integrative Medicine Curriculum

Lead Authors: Patricia J. Benjamin, PhD, Reed Phillips DC, PhD, Don Warren, ND, Catherine Salveson, RN, PhD, Richard Hammerschlag, PhD, Pamela Snider, ND  
ACCAHC/ OCCIM Task Force Co-authors: Richard Barrett, ND, Timothy Chapman, PhD, Mitchell Haas, DC, Robert Kaneko, L.Ac, Morgan Martin, ND, LM, Suzanne Nelson Myer, RD, MS, Anne Nedrow, MD, Catherine Niemiec, LAc, JD, David O'Bryon, JD, Sonia Ochoa, MD, David Peterson DC, John Weeks

## INTRODUCTION

“Core competencies in integrative medicine for medical school curricula: a proposal” was published in *Academic Medicine* in June 2004 by Kligler et al. It was authored by the Education Working Group of the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM). The article defines Integrative Medicine (IM), and lists core competencies related to values, knowledge, attitudes, and skills that CAHCIM believes are fundamental to the practice of IM. It goes on to discuss teaching methods, experiential learning, faculty development, assessment of student achievement, and potential barriers to implementation of the proposed curriculum. The proposal was developed over two years by medical educators, and endorsed by the CAHCIM Steering Committee in May 2003.

There is much to be commended in the CAHCIM proposal, and many shared values between the CAHCIM group and the Complementary and Alternative Medicine (CAM) educational communities. The OCCIM group is an example of these values implemented in a “lateral collaboration” model. Nevertheless, a number of issues and concerns about the article were raised at a CAM academic symposium sponsored by the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) in February 2005. In order to clarify major areas of concern, a task force was formed to respond.

## PURPOSE

Complementary and alternative medicine (CAM) educators respond to the proposed set of guidelines for medical school curricula in Integrative Medicine (IM) published in *Academic Medicine* in June 2004.

## DESIGN

Delphi survey

## METHODS

Representatives from the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) and the Oregon Collaborative for Complementary and Integrative Medicine (OCCIM) deliberated to agreement on key points in response to the *Academic Medicine* guidelines. Curricular reform, research priorities and clinical protocols in integrative health care and institutions usually require getting diverse groups’ consensus on priorities. The Delphi process created consensus in response to a controversial proposal within a limited timeframe.

The Delphi process is a useful tool to establish consensus among potentially disparate stakeholders. It is a valuable tool for researching multiple perspectives in an orderly, thoughtful and quantifiable manner. It provides for agreement and disagreements assuring all involved know their views are seriously considered, resulting in a final product that all can support. Integration of CAM into mainstream health care requires methodologies respectful of and sensitive to the broad range of viewpoints of those involved.

## RESULTS

Participants in the Delphi process were a select task force of educators from a variety of CAM and conventional disciplines including acupuncture and Oriental medicine, chiropractic medicine, massage therapy, nursing, direct-entry midwifery, naturopathic medicine, and nutrition. Participants came to consensus on key areas of concern that should be included in a response to the CAHCIM article.

## FIVE KEY AREAS WERE IDENTIFIED

The following areas of concern were identified through the Delphi Process:

- The definition of Integrative Medicine
- The goal of an IM curriculum
- The breadth of whole systems of health care and the time it takes to gain competency in them
- Collaboration between MDs and CAM professionals in patient care
- Mainstream and CAM partnership in developing integrative care

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## Academic Consortium for Complementary and Alternative Health Care



## PARTICIPANTS

The Members of the Academic Consortium for Complementary and Alternative Health Care (ACCAHC)/ Oregon Collaborative for Complementary and Integrative Medicine (OCCIM) Task Force	
<b>Academic Consortium for Complementary and Alternative Health Care (ACCAHC) Task Force Members</b>	
<p><b>Alan Hill, PhD, DC, PhD</b> Dean, Health Policy, Post Doctoral Council for Research Innovation (OCCIM)</p> <p><b>Patricia Benjamin, PhD</b> OCCIM/OCCIM Task Force</p> <p><b>Reed Phillips, PhD, ND</b> Director, Naturopathic Medical Department, Central Michigan University</p> <p><b>Don Warren, ND, MS, PhD</b> Director, Integrative and Holistic Health Institute</p> <p><b>Catherine Niemiec, LAc, JD</b> Faculty of College of Integrative &amp; Global Medicine (OCCIM)</p>	<p><b>David Peterson, DC</b> Associate Professor, College of Health Sciences</p> <p><b>Sonia Ochoa, MD (OCCIM)</b> Associate Professor, Faculty of Health Sciences, University of Toronto</p> <p><b>Richard Barrett, ND</b> Member, Education Accreditation Council (OCCIM)</p> <p><b>John Weeks, MD</b> Associate, Commission for Complementary and Alternative Health Care (OCCIM)</p> <p><b>Don Warren, ND, MS, PhD</b> President, International Medical Foundation (OCCIM)</p> <p><b>John Weeks, MD</b> President, National Institutes of Health, Eastern States, Loma Linda Foundation</p>
<b>Oregon Collaborative for Complementary and Integrative Medicine (OCCIM) Task Force Members</b>	
<p><b>Richard Hammerschlag, PhD</b> Associate Professor, School of Integrative Medicine</p> <p><b>Tim Chapman, PhD</b> The President of Academic Affairs, Oregon College of Oriental Medicine</p> <p><b>Robert Kaneko, L.Ac</b> Naturopathic Doctor, Oregon College of Oriental Medicine</p> <p><b>Mitchell Haas, DC, MS</b> Naturopathic Doctor, Oregon College of Oriental Medicine</p>	<p><b>Robert Kaneko, L.Ac</b> Naturopathic Doctor, Oregon College of Oriental Medicine</p> <p><b>Anna Nelson, MD</b> Medical Director, Oregon Center for Integrative Medicine, Center for Women's Health (OCCIM)</p> <p><b>David O'Bryon, JD</b> Naturopathic Doctor, Oregon College of Oriental Medicine</p> <p><b>Catherine Salveson, RN, PhD</b> Naturopathic Doctor, Oregon College of Oriental Medicine</p>

**UPDATE --** On May 15th, 2005 the Consortium of Academic Health Centers for Integrative Medicine modified their definition of Integrative Medicine in response to suggestions from the Academic Consortium for Complementary and Alternative Health Care, made through the *National Education Dialogue to Advance Integrated Health Care*. The existing definition was modified to add the terms in italics: “*health care professionals and disciplines*” below:

“Integrative Medicine is the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, *healthcare professionals and disciplines* to achieve optimal health and healing.”

The authors are deeply appreciative of this decision and recognize it as an important step to developing a more patient-centered and collaborative health care system between our many disciplines.

## CONCLUSIONS AND OUTCOMES

The process was completed and results presented at several meetings, including the *National Education Dialogue Georgetown University 2005*. The abstract is published in *Alternative Therapies in Health and Medicine*; Vol. 12 no.3, p.43.

A key outcome is the change in the definition of Integrative Medicine by CAHCIM, and the listing of the new definition in the Bravewell Collaborative’s materials. At the beginning, it was recognized that those who developed the guidelines had a commitment to include CAM and IM in conventional education. It was essential that feedback be provided through a deliberate and thoughtful process consistent with the spirit of the intention - - and to create a dynamic, collaborative and collegial future. As a result of this Delphi process, the connection was enhanced between CAM and conventional educators and academic leaders. Key changes were made with a commitment to maintain dialogue regarding integrative medicine curriculum. This was an exercise in the CAM academic community taking its place in a mutually respectful dialogue with the conventional academic community, and a turning point between the professions.