

## Appendix 8

# CAM Educator Response to Integrative Medicine Curriculum and Values: Excerpt on Key Outcomes of the Delphi Survey Process

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Members of the Academic Consortium for Complementary and Alternative Health Care (ACCAHC) worked together with members of the Oregon Collaborative for Complementary and Integrative Medicine (OCCIM) in an exploration of the core values in integrative medicine as endorsed by the members of the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM). The report, “Response to a Proposal for an Integrative Medicine Curriculum,” was written after reviewing the “Core Competencies in Integrative Medicine for Medical School Curricula: a Proposal.” The ACCAHC/OCCIM team used a modified Delphi survey process to explore core, shared responses. The following are their chief findings:

### *1) Definition of Integrative Medicine (IM)*

Five highly rated items from the Delphi process address the basic concept of IM itself. The concerns are expressed a little differently, but all address the core issue of the definition of IM.

- The definition of IM in the CAHCIM article leaves the impression that conventional medical physicians may simply incorporate into their practices what they perceive to be good CAM therapies rather than referring to or co-managing and collaborating with CAM providers.
- The CAHCIM article does not include the option of integrated care with MDs and CAM practitioners as partners, and seems to propose that CAM simply be an add-on to conventional medical care.
- In the CAHCIM article, Knowledge Competency #5 (“Describe the distinction between IM and CAM”) appears to reflect a continuation of the us-and-them mindset rather than seeing that CAM providers, faculty and systems could and should be part of IM.
- It appears from the article that conventional medical institutions want to include CAM, but not CAM practitioners, in their vision of IM.
- CAM is defined in relationship to biomedicine as complementary or alternative, but is considered integrative if delivered by a conventional doctor.

## *2) Goals of an IM Curriculum*

Another major concern is the lack of clarity about the overall goal of the proposed IM curriculum guidelines. Specifically, it is unclear whether the guidelines and competencies are designed to improve physician knowledge about CAM systems, modalities and therapies, or to train physicians to use CAM systems, modalities or therapies in conjunction with conventional treatments. While the former is doable and desirable, there is concern that the latter is not feasible given the limited time for CAM in the overall conventional medical curriculum.

Task Force members were in agreement with two challenges identified in the potential barriers section of the CAHCIM article. The first is that alternative health care systems often challenge the paradigms of human health and illness that support modern medicine, and the second is creating time for integration of the proposed IM competencies in medical school curricula. The Task Force acknowledged that some practitioners are dually trained, for example, an MD who trains at a CAM school for acupuncture and Oriental medicine. That was considered a different situation than including CAM within an IM curriculum.

## *3) Breadth of Whole Systems of Health Care*

The Task Force also noted the lack of recognition in the CAHCIM article of the time it takes to gain competency in CAM knowledge and skills. This perhaps reflects a lack of recognition of the breadth and depth of the fully developed and independent systems of health care in the fields of chiropractic medicine, naturopathic medicine, acupuncture and Oriental medicine, as well as disciplines such as massage therapy, nutrition, direct-entry midwifery, and homeopathic medicine. Omission of these comprehensive systems and disciplines in the proposed knowledge competencies was rated highly as an area of concern.

In a similar vein, there was concern about the lack of clarity around the use of terms like modalities, therapies, disciplines, systems and approaches. For example, using the terms modality or approach to refer to whole systems of health care, like naturopathic medicine, or therapeutic disciplines, like massage therapy, reflects a lack of understanding of the complexity of the theory, knowledge and skills inherent in their practice.

## *4) Collaboration between MDs and CAM Professionals in Patient Care*

The Task Force identified an important omission in the proposed IM competencies, i.e. training medical students how and when to refer patients for evaluation and treatment by CAM professionals. A related concern was the implication in the article that IM will be the sole source of information about CAM, rather than referring patients to CAM practitioners who are more comprehensively trained in these fields. Proposed Skill Competency #3 calling for physicians to “demonstrate skills to communicate effectively...with patients and all members of the interdisciplinary healthcare team in a collaborative manner to facilitate quality patient care” was rated highly as a point of agreement with the CAHCIM article.

### *5) Partnership in Developing Integrative Care*

Several highly rated items indicated a desire for partnership between conventional medicine and CAM in the future development of integrative health care. The CAHCIM article did not acknowledge that this partnership is not presently a reality. The Task Force also noted the following items as missing from the CAHCIM article:

- 1) Knowledge and skills that would facilitate developing collaborative relationships with CAM providers, academic institutions and professions
- 2) Reference to the benefits of developing formal inter-institutional relationships with academic CAM colleges for educational, experiential and research opportunities, including full training in their disciplines
- 3) Utilizing faculty from CAM professions to teach medical students about their disciplines
- 4) The CAM professional's role in decision-making
- 5) Developing collegial relationships with CAM providers

The five major areas of concern mentioned above revolve around the concepts of recognition, inclusion, collaboration and partnership between conventional medicine and CAM professionals in the future development of IM biomedical school curricula.