

THE IMPACT OF A MANDATORY IMMERSION CURRICULUM IN INTEGRATIVE MEDICINE FOR GRADUATING MEDICAL STUDENTS

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Background: Although many Americans utilize complementary and alternative medicine (CAM) services and products, few medical school curricula consistently provide instruction in counseling patients on the use of CAM or strategies for identifying credible evidence on the safety and effectiveness of CAM therapies.

Methods: This is a mixed methods study. A sustainable, mandatory, half-day CAM immersion curriculum for graduating medical students is described. Student comfort talking with patients about CAM, their willingness to refer patients to a CAM provider, and adequacy of the CAM curriculum was assessed.

Results: Students who participated in this mandatory curriculum, rated the medical school curriculum in CAM as more

adequate than students at other medical schools without a mandatory curriculum. Students' narrative comments indicate the curriculum impacts students knowledge about CAM, patient use of CAM, and personal practice with CAM in the future.

Conclusions: The timing of the CAM curriculum near to graduation, students' personal exploration of several CAM modalities through immersion, and student interaction with community CAM providers are aspects of the curriculum that make the curriculum successful and memorable.

Key words: Complementary medicine, integrative medicine, alternative medicine, medical education, undergraduate

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INTRODUCTION

Use of complementary and alternative medicine (CAM) is prevalent among Americans. According to the 2007 National Health Interview Survey (NHIS) data, almost 40% of the US adult population is using CAM.¹ CAM use is also present in pediatric populations with 12% of children having used CAM in the past 12 months.¹ While many people are seeking CAM services, patients do not often disclose their use of CAM to physicians, and physicians do not generally ask patients about use or refer them for CAM therapies.²

In 1999, the American Association of Medical Colleges (AAMC) recognized the need for instruction in CAM in undergraduate medical education (UME) and performed a needs assessment.³ Of the 117 US medical schools surveyed about instruction in CAM, 64% offered curricula in CAM, but the majority were not mandatory.³ Overall, 63% of medical students reported that their medical school curriculum in CAM was inadequate on the AAMC's Graduation Questionnaire (GQ) in 1999.⁴

To address these needs, the National Center for Complementary and Alternative Medicine (NCCAM) awarded 15 R25 education project grants to academic institutions from 2000 to 2008 to develop curricular initiatives in integrative medicine.⁵ Barriers identified for developing and implementing CAM curricula into UME at the conclusion of these projects included competition for valuable course time, buy-in from faculty and institutional leaders, faculty development, and limited resources.⁶ Participants in these education projects described six components necessary for successful implementation of a CAM curriculum^{6,7}:

1. Integration into the existing required curriculum,
2. Visibility—making CAM visible as an important component to the educational mission of the academic medical center,
3. Faculty development,

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4. Leadership,
5. Accessible and reliable reference resources, and
6. Long-term sustainability.

Studies published about the implementation of CAM curricula since the completion of the R25 education projects generally found the initiatives to be unsustainable or not able to reach a large group of medical students. We describe the successful implementation of a mandatory, half-day immersion in CAM for graduating medical students. This curriculum was not part of, nor was it supported by, an R25 education grant.

METHODS: DEVELOPMENT OF THE CAM CURRICULUM

In 2005, a decision was made to add CAM instruction to the fourth year medical school curriculum at Duke University within the Capstone course, a mandatory course held two months prior to medical school graduation. The School of Medicine had recently revised its goals and objectives, and added objectives related to the introduction of CAM to the students. The first year of this curriculum, students attended a 90-min lecture on integrative medicine by faculty and staff at the Duke Center for Integrative Medicine. This event was held in an auditorium. In 2006, the event was moved to the medical center library, a space with greater flexibility and with lower ambient noise. The session was more interactive allowing students the opportunity to try several modalities of CAM. The event was moved to the newly opened Duke Integrative Medicine (Duke IM) Health & Healing Center in 2007, a space architecturally designed to promote contemplation and serenity, including incorporation of natural elements such as arched ceilings, curved walls, natural light, and the sound of cascading water. In 2008, the course was taken over by a new course director, and a new director for medical education at Duke Integrative Medicine, formerly the Duke Integrative Medicine Center, had been appointed. While the experience remained mandatory for all students, students were allowed to pick individual sessions of greatest interest. The timeline for these changes is depicted in Figure 1.

The current curriculum consists of a one-hour seminar, "Introduction to Complementary and Integrative Medicine," followed by an immersion experience. The interactive seminar provides core information (utilization rates of CAM by patients, risks vs. benefits, evidence-based resources, etc.) to begin to build a foundation of integrative medicine knowledge

and serves to orient students to the interactive fair that occurs later in the course.

The Complementary and Integrative Medicine immersion, also called the Duke Integrative Medicine fair (IM Fair), occurs a few days after the didactic session. The fair lasts for four hours, and it is supported by over 30 providers including Duke Faculty, staff, and community CAM providers. Each student has the opportunity to experience four 40-min sessions in the field of integrative medicine such as nutrition, massage, acupuncture, yoga, and biofeedback. In many cases, this is the first time that students have an opportunity to interact directly with community CAM providers. Medical center library staff volunteer their time to serve as shepherds for the event, helping the 100+ students find their way to each of their assigned sessions.

IM Fair sessions were originally organized around NCCAM's five CAM domains. As the classification for CAM changed, we recruited practitioners from the categories including: Whole Medical Systems, Integrative Medicine Health Care Models, Manipulative and Body-Based Practices, Mind-Body Medicine, and Self-Care & Lifestyle Practices. Students sign up for one experience within four different rotations; rotations allow for easy movement within the DIM building. The sessions offered each year vary based on availability of providers and ongoing feedback from students and providers. Recent additions include *Integrative Approaches to the Patient with Pain* and *Integrative Oncology*. Our last group of offerings is provided in Appendix A.

Costs associated with the fair include materials (i.e., \$250 for food for the nutrition sessions), a \$3000 stipend to partially offset lost revenue at Duke Integrative Medicine (which closes the clinic during the student experience), and an appreciation luncheon for the faculty, staff, and community CAM providers who volunteer their time (total cost \$1000). This appreciation luncheon offers "healthy nutrition" provided by an Executive Chef with an understanding of food as medicine and offers community providers an opportunity to network with each other. Faculty support comes from the School of Medicine and is provided as salary to the course director and administrator for the course; the IM Fair represents 10% of the Capstone course. We estimate that it takes roughly 40 h a year to organize, plan, and carry out the fair. Most of this time is dedicated to securing a date to close the center to patient care, recruiting faculty, and determining in which spaces to place those faculty (as different spaces in the building allow for smaller or larger groups of students).

	2005	2006	2007	2008 to present
Location	Auditorium	Medical Center Library	DIM Center	DIM Center
Attendance	Mandatory	Mandatory	Mandatory	Mandatory
Material	Lecture	Discussion and Experiential	Experiential	Experiential
Pick modalities	None	Assigned	Assigned	Students choose sessions they wanted to attend

Figure 1. Timeline of changes to curriculum.

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