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Research paper

Perceptions of complementary health approaches among undergraduate healthcare professional trainees at a Canadian university

Alexandra Jackman[a], Maria Mayan[b,*], Anastasia Kutt[c], Sunita Vohra[c]

[a] Department of Pediatrics, Faculty of Medicine & Dentistry, University of Alberta, Edmonton Clinic Health Academy 11405-87 Avenue, Edmonton, Alberta, T6G 1C9, Canada
[b] Faculty of Extension, University of Alberta, 2-289 Enterprise Square, Edmonton, Alberta, T5J 4P6, Canada
[c] CARE Program for Integrative Health and Healing, Department of Pediatrics, Faculty of Medicine & Dentistry, University of Alberta, 1702 College Plaza, 8215 – 112 Street NW, Edmonton, Alberta, T6G 2C8, Canada

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ABSTRACT

Introduction: Complementary health approaches (CHA) are used widely throughout the world, and are increasingly integrated with conventional medicine. Conventional healthcare trainees require an evidence-informed understanding of CHA to optimize healthcare system efficacy and cost-effectiveness, as well as patient safety and provider-patient relationships. However, the incorporation of CHA teaching into conventional undergraduate health education is variable among institutions, and trainee knowledge is often limited. Little is known about trainee perceptions of CHA, which have implications for trainee learning, educational initiatives and curriculum development, as well as for future trainee practices and participation in integrative health. Thus, this study aimed to qualitatively investigate trainees' perceptions of the strengths and weaknesses of CHA in an interprofessional context.
Methods: Trainees included undergraduate health sciences trainees from various disciplines (medicine, nursing, pharmacy, etc.) in an interprofessional education course. Data were collected through trainee reflective assignments and were analyzed inductively using descriptive qualitative content analysis.
Results: There was heterogeneity in views regarding the safety and efficacy of CHA across all healthcare professions, however, the predominant view was in favour of CHA. Trainees addressed the concept of CHA integration with conventional healthcare and demonstrated a lack of familiarity with successful models of integrative health.
Conclusions: Heterogeneity of views regarding the safety and efficacy of CHA suggests that future curricula should ensure that trainees develop an evidence-informed understanding of CHA. Trainee discussion of the challenges of integrative health is a novel finding, and should inform future researchers and educators.

1. Introduction

The National Center for Complementary and Integrative Health (NCCIH) previously applied the term complementary and alternative medicine (CAM) to define "a group of diverse medical and health care systems, practices, and products that are not generally considered part of conventional medicine"[1]. CAM includes, but is not limited to, natural health products (NHPs), chiropractic, acupuncture, naturopathy, meditation, and Traditional Chinese Medicine (TCM). The NCCIH has replaced the term CAM with complementary health approaches (CHA) to describe "practices and products of non-mainstream origin," [2] that are not typically part of conventional medicine. The term CHA is used by the authors in all contexts outside of direct quotations or in reference to university course names.

CHA are accessed by many individuals throughout North America, with usage rates ranging from 33 to 72% among adults in the United States [3] and Canada [4]. The prevalence of CHA use by the general public has implications for healthcare structure and delivery. There has been increasing interest in the incorporation of CHA with conventional medicine [5], resulting in the development

* Corresponding author.
E-mail addresses: alexandra.jackman@ualberta.ca (A. Jackman), mmayan@ualberta.ca (M. Mayan), kutt@ualberta.ca (A. Kutt), svohra@ualberta.ca (S. Vohra).

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of integrative health, which brings "conventional and complementary approaches together in a coordinated way" [2]. Despite the development of integrative models and practices [5,6] relations between complementary and conventional providers are described as limited [7,8], with a critical review summarizing rapport as, "distant . . . [with] . . . little interest in developing a working relationship" [7]. Several authors have concluded that the strained relationship between conventional and complementary providers has impeded optimization of integrative health, with potential secondary detrimental effects on patient relationships and care [7,8].

In recognition of the highly prevalent use of CHA by the general public and the recommended development of integrative health systems, many health science training programs have introduced CHA education into their curricula. This includes instruction and exposure to various therapies and products as well as related research. Educators and healthcare professions' stakeholders have created core CHA competencies for many health sciences programs, including medicine [9,10], nutrition [11] and pharmacy [12]. These core competencies outline essential CHA skills or knowledge that trainees should minimally obtain in their education [13].

Despite the development of core CHA competencies, their application, as well as initiatives for CHA learning, vary according to professional program and institution. As a result, trainees often lack confidence and adequate knowledge of CHA for counseling patients [14,15]. This is unfortunate as an understanding of CHA that is informed by available evidence is essential for healthcare system cost effectiveness [16] and efficacy [17]. Moreover, CHA knowledge can help conventional providers and their patients optimize patient safety [18], and also the provider-patient relationship itself. Patients have cited provider lack of useful CHA knowledge and disinterest in CHA as reasons for non-disclosure of CHA preference [19,20]. Non-disclosure of CHA use may interfere with optimizing conventional care, or even cause patient harm. Patients have also reported on their relationship with health care providers and stated disappointment in a lack of CHA information conveyed by physicians, and conversely, noted increased satisfaction with their physicians when CHA are discussed [20]. Given the prevalence of CHA use, an understanding of it, and comfort in discussion of its employment is becoming increasingly important to conventional providers

While focusing on teaching core CHA competencies is a component of optimizing CHA training in conventional health professional education, educators must also consider trainee perceptions of CHA that may impact their learning, as well as future practice and participation in integrative health systems. To date, studies demonstrate that healthcare professional trainees have generally positive attitudes toward CHA, believing that "CAM includes ideas and methods from which conventional medicine could benefit" [21], and that CHA is safe and effective in some scenarios [22,23]. Trainees also perceive CHA optimistically when they have a history of positive personal experience with it [21,23]. However, in comparison to practicing healthcare professionals, trainee perceptions of CHA are minimally explored in the literature. Researchers have primarily studied medical trainees, and there is a paucity of inquiry in dentistry, dental hygiene, physical therapy (PT), occupational therapy (OT) and nutritional sciences. The literature contains few interprofessional studies, and is chiefly quantitative in methodology. In particular, we know very little about which attributes trainees independently assign to as strengths or weaknesses of CHA, as well as the underlying reasons for assigning these attributes.

Given the implications of trainee perspective on curriculum development, educational initiatives, and long-term integration planning, this study aimed to explore and describe trainees' perceptions of the strengths and weaknesses of CHA in an interprofessional context.

2. Methods

2.1. Design

A descriptive qualitative study methodology was chosen to ascertain a straight description of the phenomenon in its everyday terms [24]. In particular, we were guided by the notion that to understand a phenomenon (i.e. trainees' perspectives on CHA), it is important to understand it from the perspective of those experiencing it (trainees). We allowed trainees to share, with minimal guidance and in an open-ended fashion, what they believed to be important and true.

2.2. Study setting and participants

Interdisciplinary Health Team Development (IntD 410) is a mandatory interprofessional education (IPE) course for undergraduate health sciences students at the University of Alberta. The course aims to expose trainees to the diversity of healthcare professions and facilitate interprofessional relationships and knowledge exchange. In 2012, a CAM stream was developed by adding CHA learning competencies into the standard IPE curriculum. The IntD410 CAM stream curriculum aimed to develop trainees' team skills that would be beneficial when working in the health care system, while meeting learning objectives related to CHA. The trainees were in various programs at different stages of training, however exposure to CHA within formal university health professional curricula was limited for students of all Faculties prior to the IntD course. Seventy-two students voluntarily enrolled in the CAM stream. Of these, forty-seven gave informed consent for the use of their assignments for research. Informed consent was obtained prior to assignment completion.

2.3. Data collection

On the first day of class, before any structured CHA instruction, students were asked to create a table about perceived strengths and weaknesses of three or more CHA and write a reflective essay describing why they answered the way they did. The aim of this essay was to identify and explore any assumptions or bias trainees may have already formed prior to this course. Their essays helped the trainees explore their personal beliefs, allowing them insight into their future role as a healthcare provider. IntD class facilitators anonymized each assignment prior to analysis.

2.4. Data analysis

Appropriate for the descriptive qualitative method, the first author analyzed the data according to qualitative content analysis [25]. Each strength and weakness listed either in the table or reflective paragraph was coded. The codes were then grouped together into descriptive categories for trainees' perceptions of the strengths and weaknesses of CHA, as well as their attitudes according to discipline. Analytic decisions were made in consultation with the second author. Data analysis occurred in 2013 and 2014.

The University of Alberta Health Research Ethics Board approval was obtained for this study.

3. Results

All 47 consenting trainees completed the table assignment, and 29 completed the reflective paragraph assignment. Of the 47