

COMPLEMENTARY AND ALTERNATIVE MEDICINE (CAM) ATTITUDES AND COMPETENCIES OF NURSING STUDENTS AND FACULTY: RESULTS OF INTEGRATING CAM INTO THE NURSING CURRICULUM

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As part of the National Center for Complementary and Alternative Medicine (CAM) R25 Education Grant Program, a faculty development program for integrating CAM into the nursing curriculum was instituted in 2003–2006. The Integrating CAM program was composed of a number of elements; the primary strategy included a series of 4-week didactic and experiential summer CAM “Camps,” attended by 27 faculty members. Camps were designed to influence faculty integration of CAM material into course offerings. The Integrating CAM program was evaluated via a series of faculty and student surveys regarding CAM competencies, attitudes, and perceptions. For more than half of the faculty (out of the 43 who responded), the program yielded a moderate-to-strong influence on incorporation of CAM material into course content and moderate-to-great increases in both enthusiasm for CAM and perceived CAM knowledge gains. Students at all levels (undergraduate, master’s, and doctoral; $n = 184$) reported that their courses contained CAM content; for 70% of students, their CAM knowledge increased; for 50% of students, level of CAM interest increased. Self-reported student CAM competencies were significantly greater in 2006–2007 ($n = 191$) than those in 2003–2004 ($n = 143$). Results support the strategy of broadly infusing the nursing curriculum with CAM content via faculty development. (Index words: Complementary medicine; Alternative therapies; Nursing curriculum; Nursing faculty; Nursing students) *J Prof Nurs* 26:293–300, 2010. © 2010 Elsevier Inc. All rights reserved.

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THE WELL-DOCUMENTED and growing use of complementary and alternative medicine (CAM; Eisenberg et al., 1998; Kessler et al., 2001), coupled with an expanding evidence base for use of some CAM therapies, have resulted in changing expectations about the need for health care professionals to be educated about CAM (Kreitzer, Mitten, Harris, & Shandeling, 2002; Kreitzer, Mann & Lumpkin, 2008). The Institute of Medicine's Committee on the Use of Complementary and Alternative Medicine by the American Public (Institute of Medicine, 2005) has recommended that curricula for health care professionals incorporate information about CAM so that patients can be competently advised regarding safe alternatives for maintaining and improving health.

Within the nursing profession, the American Association of Colleges of Nursing (1998) has outlined core competencies and necessary curricular elements of nursing education programs. Among these competencies are items such as "develop an awareness of complementary modalities and their usefulness in promoting health" and "evaluate and assess the usefulness in integrating traditional and complementary health care practices." Almost half of all state boards of nursing have officially recognized CAM as being consistent with nursing practice, and most other state boards are considering this position (Sparber, 2001).

In a number of studies, most nursing faculty and students (both undergraduate and graduate) have expressed positive attitudes toward CAM, agreement with the need to learn more about the nature of CAM modalities, and a desire to learn more about effective strategies for integrating CAM knowledge into standard health care curricula (Halcón, Chlan, Kreitzer, & Leonard, 2003; Kim, Erlen, Kim, & Sok, 2006; Laurenson, MacDonald, McCready, & Stimpson, 2006; Melland & Clayburgh, 2000). Clearly, incorporating information about CAM into existing nursing curricula is important (Wyatt & Post-White, 2005), but the extent and the methods of integration are problematic (Xu, 2004) because most nursing faculty members lack basic essential CAM knowledge needed to develop such curricula. In some schools, CAM content has been integrated into standard nursing courses (Fenton & Morris, 2003; Richardson, 2003). In others, specific CAM courses have been developed for undergraduate nursing students with some success (Breda & Schulze, 1998; Melland & Clayburgh, 2000; Pepa & Russell, 2000; Reed, Pettigrew, & King, 2000). However, such courses are usually dependent on a relatively small cadre of CAM-informed nurse educators. Faculty development programs are needed to ensure that information about CAM is incorporated into nursing curricula across courses and at different levels (Fenton & Morris, 2003; Halcón et al., 2003; Kim et al., 2006; Richardson, 2003).

In 2002, the University of Washington School of Nursing (UW SON) received a competitive, 5-year education grant (R25 mechanism) from the National Center on Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health. The purpose of the grant was to facilitate

and evaluate the incorporation of CAM material into the nursing curriculum. The conceptual framework of the grant was the caring–healing paradigm, which is at the center of the nursing profession and is also consistent with the philosophical tenets of many aspects of CAM. Nursing, as "informed caring for the well-being of others" (Swanson, 1993), derives its knowledge base from nursing science and a broad array of related disciplines. However, nurses are rarely educated in the knowledge base of CAM, despite its widespread use. Thus, the rationale for the project was that for nurses to care for clients from a truly informed position, it is essential for nursing schools to provide CAM content.

Fifteen NCCAM R25 grants were awarded to nursing and medical schools in the United States (one of these was awarded to the American Medical Student Association). All of the grants were designed to evaluate and integrate CAM content into the existing curricula (see Pearson & Chesney, 2007). A variety of approaches were used to achieve this aim. At the UW SON, R25 funding was used to focus primarily on faculty development (see Nedrow et al., 2007). This program, described in detail elsewhere (Cornman, Carr, & Heitkemper, 2006), consisted of CAM "Camp" or CAMP. CAMP was a 4-week summer educational program held in collaboration with Bastyr University. The curriculum included didactic and experiential learning about the concepts, philosophies, evidence base, and practice of various CAM modalities, including mind–body interventions (meditation, yoga), biologically based practices (botanicals, special dietary approaches), manipulative methods (chiropractic, massage), and energy therapies (Qi Gong, Therapeutic touch). In addition, whole medical systems (Traditional Chinese Medicine, Ayurvedic medicine, homeopathy) were discussed in terms of their cultural context and component modalities. Licensed practitioners provided the didactic and experiential content.

From 2003 to 2006, 27 faculty from the UW SON attended CAMP, representing all three levels of instruction—undergraduate, master's, and doctoral. A significant requirement for CAMP participation was that faculty develop written documentation, justification, and plans for integrating CAM material into their existing courses. Faculty attending CAMP received ½-month salary reimbursement, a supplement to their academic year salary. They did not pay tuition, nor did they receive Continuing Education Credits (CEUs) or academic credit.

With the intention of reaching an audience of faculty and students beyond the "CAMpers," CAM Brown Bag presentations were sponsored by the R25 program for the 5 years of the grant, at least once per academic quarter. No CEUs or academic credits were given for these Brown Bag sessions. Presentations, which included topics such as Ayurvedic medicine, chiropractic care, Therapeutic Touch, Qi Gong, and yoga, were open to all faculty, staff, and students from the UW SON, as well as from other disciplines. Attendance varied from 5 to 30 participants per session. In addition, an introductory didactic and experiential course for graduate students, CAM, Integrative Health Care, and Wellness, was developed and taught by two of the faculty on the R25 leadership team. The

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