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# Complementary Medicine: A One Day Course

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# Complementary Medicine: A One Day Course

## BACKGROUND

- A landmark survey by David Eisenberg found over 40% of Americans utilize Complementary and Alternative Medicine (CAM) but more than 60% of these patients do not disclose this to their doctors.
- The lack of inquiry about CAM use by physicians diminishes the quality of patient care, reduces patient trust and compliance, and in some rare cases may lead to severe side effects and dangerous interactions.
- The 2001 AAMC graduation questionnaire showed that more than 50% of students felt that their education in CAM was inadequate.

## GOAL

The one-day 2003 Interclerkship course introduced CAM and was designed to enhance the knowledge, attitude, and skills of third year medical students.

Students experienced a wide array of CAM modalities, interacted with CAM practitioners and learned the state of the art of evidence based CAM.

## TEACHING FORMAT

**Didactic Session** introduced definitions, categories, epidemiology, issues concerning lack of communication with patients, efficacy/safety, legal/ethical issues and evidence-based resources.

Herbs/supplements included uses, side effects, drug interactions, pharmacology, and general precautions—discussed in a “Jeopardy” game format.

**Breakout experiential sessions** of mind-body, qigong, yoga, acupuncture, osteopathy, chiropractic, reflexology, massage, craniosacral therapy, and reiki, conducted by licensed and credentialed therapists. Therapists also described their training, philosophy of their modality, indications for use and interaction with MD’s relating to patients they cared for.

**Small peer teaching groups** facilitated by MD practitioners well versed with CAM ensured that each students heard about all of the modalities presented that day. An interactive discussion of the role of CAM in clinical practice was also conducted.

**Patient presentations of personal experiences using CAM.**

## METHODOLOGY

- A course evaluation assessed programmatic quality and relevance.
- Half of the class (n=50) was included in this Interclerkship as a pilot group.
- Pre and post questionnaires assessed knowledge and confidence in skills on a 5-point Likert scale, and assessed attitude with three belief statements.
- Qualitative questions assessed personal CAM practices.

## SAMPLE ITEMS

### Knowledge

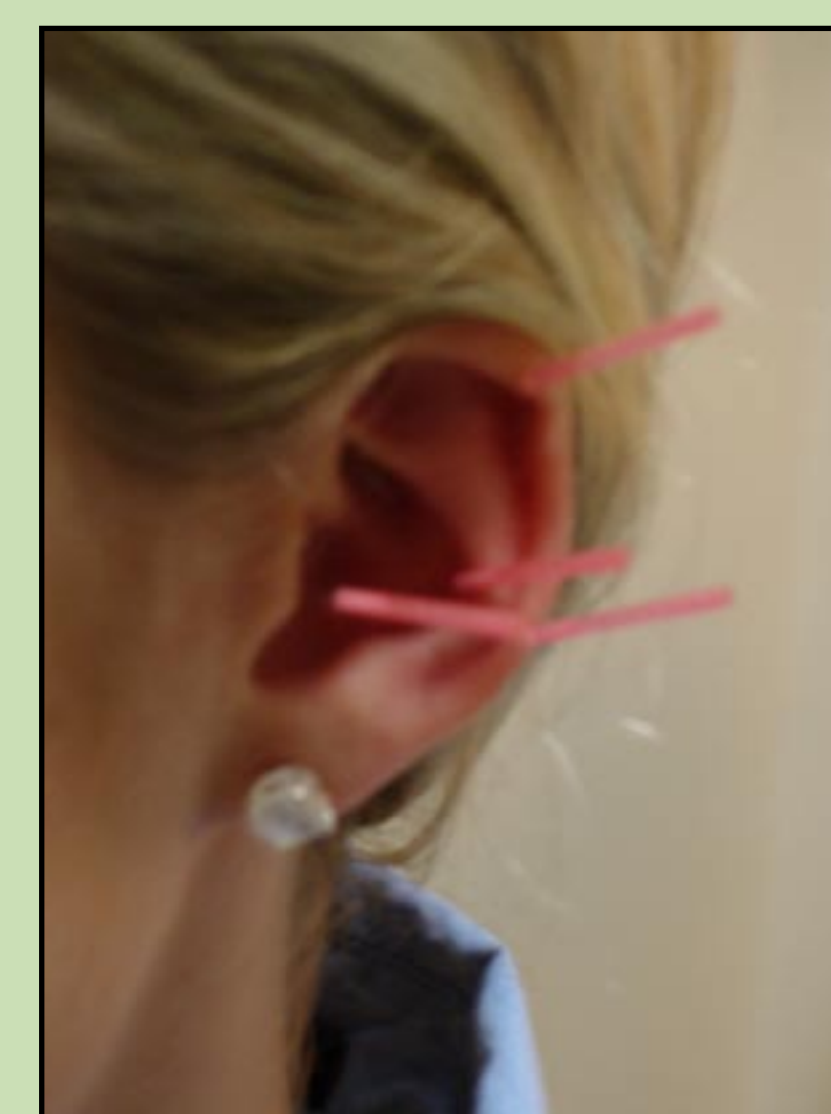
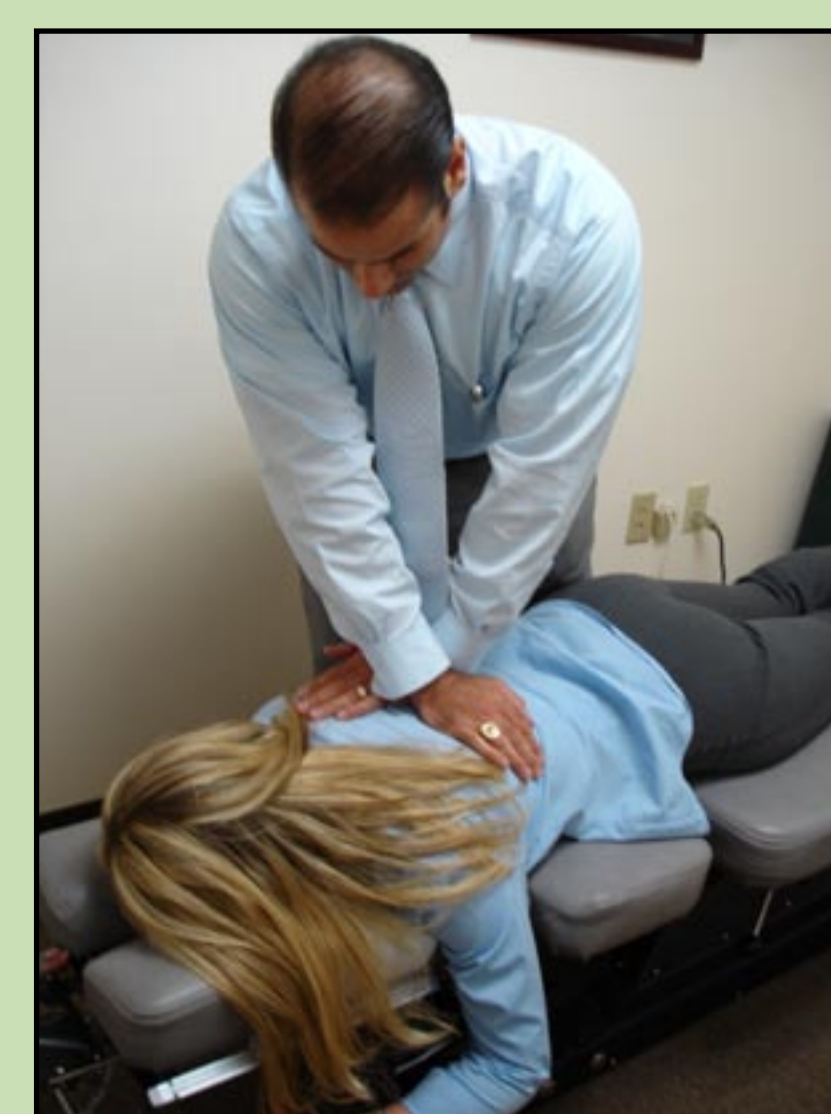
- ✧ Herbs – uses, side effects, drug interactions
- ✧ Benefits from acupuncture, mind-body techniques
- ✧ Legal issues when referring patients to CAM providers
- ✧ The term Integrative Medicine

### Confidence in Skills

- ✧ Locating the best evidence about CAM therapies
- ✧ Referring patients to appropriate CAM providers
- ✧ Discussing CAM with patients

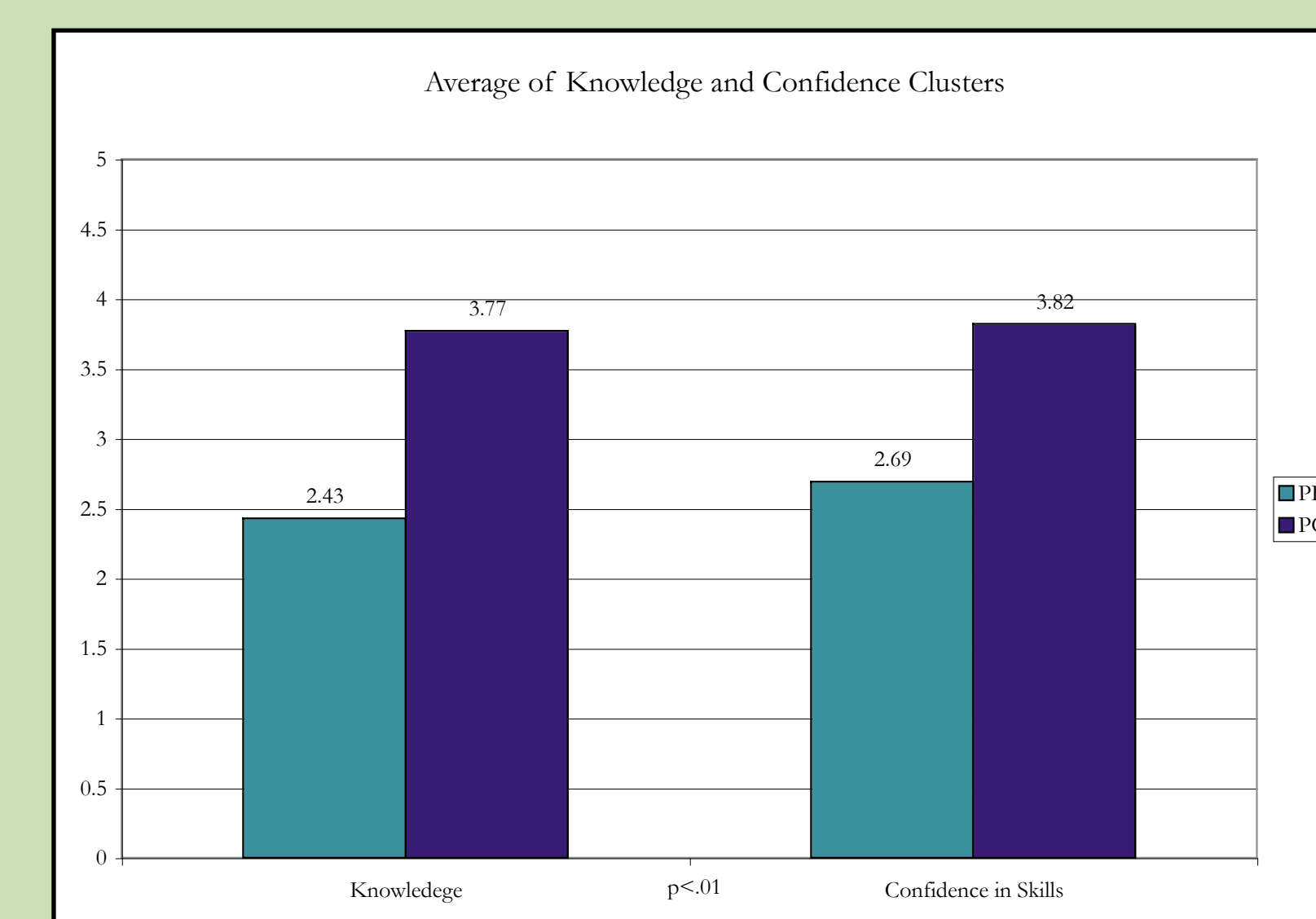
### Attitude Statements

- ✧ I do not believe that CAM should play any role in our current health care system
- ✧ I think that CAM providers have a role to play independent of the conventional bio medical practice of medicine
- ✧ I believe that CAM should be integrated into the current health care system



## RESULTS

- Pre/post test matched analysis of 90% of sample (n=45).
- Course evaluation response rate of 76%(n=38).
- Students reported increased understanding of all knowledge topics (e.g. herbs, acupuncture). Average of clustered items: pre=2.69, post=3.82, t44=-10.54; p<.01.
- Confidence in skills locating the best evidence, discussing CAM, and referring patients improved. Average of clustered items: pre=2.42, post=3.77, t44=-13.38; p<.01.
- 95% agreed this provided training “not obtained elsewhere in medical education.” Students valued the “Jeopardy” session and the hands-on learning.



## Sample Comments

*“The herb jeopardy was good as was the hands-on experiences of the therapies.”*

*“Students - teaching – students. Small group format is always more immediate and memorable.”*

*“Personal demo. Experience – makes it feel more real, especially something so questionable to the medical community.”*

*“No help to listen to patients experiences – I know it takes a lot of time/ effort to bring them in but we already know patient’s do this stuff. I want to do it myself to understand why.”*

*“Only one workshop experience is not enough. Breaks should be shorter so that we can experience at least one other CAM area. The overview could be shorter too.”*

*“It would have been nice to do more than one group.”*

### I would like to incorporate CAM when I practice medicine:

*“Because patients that have not been helped through conventional medicine might be helped or find relief through CAM.”*

*“Mind-Body... ~ Biofeedback ~ meditation ~ stress reduction ~ yoga.”*

*“I think it is important and the field is growing!”*

*“Acupuncture – I would like to learn more regarding this practice; as it would be helpful in my career as an anesthesiologist.”*

*“Will eagerly refer patients to non invasive well-studied therapies.”*

*“Refer, maybe do some myself.”*

## CONCLUSIONS

Overall, the third year students attending the Interclerkship showed significant improvements in knowledge about CAM, and reported increased confidence in their ability to communicate with patients using available CAM evidence. A majority of students agreed that this Interclerkship provided training “not obtained elsewhere in medical education.” They requested more personal experiences of CAM modalities.

## FUTURE CONSIDERATIONS

### Impact on the Interclerkship

- 2004 Interclerkship modifications:
  - ✧ shorter didactic sections
  - ✧ two breakout group experiences of CAM modalities
- Most recent student feedback from the 2004 Interclerkship:
  - ✧ “The hands-on approach and interactive learning was great! Thank You!”
  - ✧ “Helped with introduction to a whole realm of new modalities for patients”
- For AY 2004-2005, we will plan to include the entire class of 100 students in the Interclerkship.

### Current and Future CAM Curriculum in the Medical School

*The University of Massachusetts is one of six pilot schools in the Educational Development of Complementary and Alternative Medicine Grant (NCCAM) integrating CAM into the full breadth of the medical school curriculum*

- The NCCAM grant curricular initiative has allowed UMass to bring CAM topics into the core curriculum.
  - ✧ Anatomy – Experiential Anatomy through Head/Neck Massage
  - ✧ Pharmacology – Herbs and Supplements
  - ✧ Epidemiology – Discussion of CAM journal articles
  - ✧ Patient Physician and Society course – Introduction of core CAM information
  - ✧ Further curricular enhancements planned in the Neurosciences, and Clinical Clerkship years
- A CAM link through our library website is now operational and will allow students and faculty to directly access CAM reference websites.
- More focused Faculty Development in CAM/Integrative medicine is planned for the coming years.