

INNOVATIONS IN INTEGRATIVE HEALTHCARE EDUCATION:

MIND-BODY FACULTY DEVELOPMENT AT UCLA AND THE SYMPOSIUM FOR PORTLAND AREA RESEARCH ON COMPLEMENTARY AND ALTERNATIVE MEDICINE

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Content on integrative healthcare and complementary and alternative medicine (CAM) is being taught in hundreds of educational programs across the country. Nursing, medical, osteopathic, chiropractic, acupuncture, naturopathic, and other programs are finding creative and innovative ways to include these approaches in new models of

education and practice. This column spotlights such innovations in integrative healthcare and CAM education and presents readers with specific educational interventions they can adapt into new or ongoing educational efforts at their institution or programs.

We invite readers to submit brief descriptions of efforts in their institutions that re-

fect the creativity, diversity, and interdisciplinary nature of the field. Please submit to Dr. Sierpina at vssierpi@utmb.edu or Dr. Kreitzer at kreit003@umn.edu. Submissions should be no more than 700-800 words. Please include any Web site or other resource that is relevant, as well as contact information.

Mind-body medicine typically focuses on intervention strategies that are thought to promote health, according to the definition published by National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. Mind-body therapies include relaxation, hypnosis, visual imagery, meditation, yoga, biofeedback, Tai Chi, Qi Gong, cognitive-behavioral therapies, group support, autogenic training, and spirituality. The use of mind-body therapies is becoming more widespread among the American public, and the scientific body of knowledge of mechanism of action, safety, and efficacy of these treatments is rapidly expanding.

DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA

To support the expansion of mind-body training and academic courses in their member institutions, the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) offered seed grants

of \$5,000 to each of its member schools. This was made possible through a generous educational grant from the Bravewell Collaborative. Faculty involved with the CAHCIM grant at the David Geffen School of Medicine at UCLA designed, conducted, and evaluated a workshop for faculty of the Doctoring Program to expand mind-body training.

The Doctoring Program is a core curriculum theme threaded through medical student training that teaches the "why" and "how" of history taking from a biopsychosocial perspective. The workshop goal was to help faculty who teach in the Doctoring Program learn how to teach mind-body medicine emphasizing theory, application, and practice of these mind-body techniques.

The two-hour workshop for faculty of the Doctoring Program was designed with the following objectives: (1) to understand mind-body medicine as a component of CAM as defined by NCCAM and Integrative Medicine as defined by CAHCIM, (2) to recognize differences in personal and professional beliefs about medical prac-

tices that do not fit the biomedical model, (3) to discuss the integration of various CAM approaches and allopathic medicine with an evidence-based approach, and (4) to appreciate the physiology of the stress response and the role of mind-body therapies to maintain good health.

All Doctoring faculty were invited to participate in the workshop. This group was comprised of physicians and mental health clinicians, mostly psychologists or social workers, who teach medical students in their first three years of medical school. At the workshop, the director of the Doctoring program introduced the speakers, who presented the current status of neuroscience research in mind-body and the application of these therapies in an integrative medicine approach to clinical problem solving. The audience also heard from a patient with cancer who had benefited from CAM, and the event concluded with a Tai Chi/Qi Gong meditation exercise.

Evaluation of the program and its impact was performed as part of the process. Twenty-three faculty members attended the work-

Table 1. Knowledge, Skills and Attitude Change as a Result of the Workshop

How Knowledgeable Are You About . . .		Mean	SD	<i>t</i> test	<i>df</i>	<i>P</i> value
The effectiveness of mind-body medicine as a component of complementary and alternative medicine?	Pre	2.57	0.87	-5.403	20	<.01
	Post	3.43	0.68			
The different types of therapies that constitute mind-body medicine?	Pre	2.52	0.81	-6.487	20	<.01
	Post	3.57	0.75			
How Prepared Are You . . .		Mean	SD	<i>t</i> test	<i>df</i>	<i>P</i> value
To address the various different perspectives towards medical practices that do not fit the traditional Western medical paradigm among your learners?	Pre	2.50	0.89	-4.000	19	<.01
	Post	3.30	0.80			
To discuss the integration of complementary and alternative approaches to medical care with minimal bias?	Pre	2.57	0.93	-5.931	20	<.01
	Post	3.30	0.81			
To demonstrate simple stress reduction techniques such as Tai Chi or Qi Gong?	Pre	1.76	0.99	-5.164	20	<.01
	Post	2.90	1.04			
Indicate Your Agreement With the Following Statements:						
Health and disease are reflection of balance between positive life-enhancing forces and negative destructive forces.	Pre	3.90	0.95	-2.500	20	<.05
	Post	4.38	0.50			
The body is essentially self-healing and the task of a healthcare provider is to assist in the healing process.	Pre	3.81	0.68	-2.415	20	<.05
	Post	4.19	0.62			
The integration of mind-body therapy into patient's treatment plan should be discouraged due to lack of evidence to support their effectiveness and safety.	Pre	1.86	0.73			NS
	Post	2.00	1.27			
Mind-body therapies are effective for stress reduction.	Pre	4.38	0.67			NS
	Post	4.62	0.50			

Pre, preworkshop; Post, postworkshop.

shop, and 21 completed a preworkshop and postworkshop self-administered nine-question survey that utilized a five-point Likert scale. The two participants who did not return their surveys either joined the session late or had to leave the session early. Analysis of the surveys demonstrated statistically significant change in knowledge, preparedness in applying this knowledge to teaching, and attitudes toward mind-body medicine (see Table 1).

In their evaluation of the workshop, all participants noted that the information was credible and evidence-based and that they would recommend all Doctoring faculty to attend. Ninety-five percent of the group indicated that they were more knowledgeable about mind-body medicine than they were at the beginning of the workshop, and 80% noted that the workshop helped prepare them for discussion of mind-body medicine with their learners. The participants suggested that the workshop could be improved by incorporating more skills-training materials or exercises to prepare faculty to discuss with students conflicting viewpoints as they relate to mind-body medicine.

Based on these outcomes, the mind-body workshop was a useful learning exercise for the Doctoring faculty, who at-

tended this workshop as part of their regularly scheduled faculty development series. This "train the trainer" approach builds on the existing core curriculum in a way that medical students can learn how to apply the evidence base that elucidates the role of social and behavioral sciences in health and disease. In order to lead a constructive discussion with learners, faculty may benefit from a series of faculty development workshops throughout the curriculum to learn more about the basic and applied science of other complementary and alternative medicine therapies and approaches.

IT TAKES A SPARC TO LIGHT A FLAME

Portland, Oregon has a growing reputation for collaboration among CAM and conventional healthcare institutions. With a history of partnerships including NIH-funded research projects, the community offers a unique research and education climate. On Saturday, April 29, 2006 seven Portland area institutions came together at Oregon Health and Science University School of Medicine to co-host the first annual Symposium for Portland Area Research on Complementary

and Alternative Medicine (SPARC). This venue provided a unique opportunity to provide education to practicing healthcare practitioners as well as students-in-training.

The full-day symposium featured presentations of local research in progress in a range of CAM disciplines, including naturopathic medicine, chiropractic medicine, acupuncture and Oriental medicine, Ayurvedic medicine, Reiki, and shamanism. SPARC encouraged researchers to address the methodological challenges in the design and implementation of CAM clinical trials in a public discussion. Together, researchers across CAM disciplines offered direction and advice from their experiences to move CAM research forward. The keynote speaker was University of Arizona professor Iris Bell, MD, PhD, one of the premier homeopathy researchers in the United States. With a discussion of whole systems research and nonlinear dynamics, Dr. Bell tied together many of the day's talks and offered expanded perspectives for CAM researchers to consider.

During the week leading up to the SPARC conference, 15 research posters from the collaborating institutions circu-

Table 2. SPARC Participants

DC	6 (1 ND/DC)
LAc	12 (6 CE)
MD	8 (1 CE)
ND	23 (13 CE)
PhD	10
PsyD	1
RN/NP	3 (1 CE)
Students	42
Other	6 (not reported)

DC, Doctor of Chiropractic; LAc, Licensed Acupuncturist; MD, Medical Doctor; ND, Doctor of Naturopathy; PhD, Doctor of Philosophy; PsyD, Doctor of Psychology; RN/NP, Registered Nurse/Nurse Practitioner.

lated to Kaiser Permanente Center for Health Research, National College of Naturopathic Medicine, Oregon College of Oriental Medicine, Oregon Health and Science University, and Western States Chiropractic College. The individual institution poster sessions allowed faculty, students, and staff to host their own research events and view the breadth of CAM research ongoing in the community.

SPARC is a grass-roots effort supported almost entirely by the participating institutions and offers a model that can be easily replicated in other commu-

nities. Conference participants included clinicians, researchers, educators, and students. Of the 111 attendees, 42 were students. Table 2 provides a breakdown of attendees and demonstrates the broad representation from various disciplines. Lunch was provided in a hall adjacent to the poster session, where conversation and networking occurred among attendees and presenters. The Symposium received approval for CE (6 hrs)/CME (5.5 Category 1) credit for medical, naturopathic, and osteopathic doctors, licensed acupuncturists, registered nurses, and nurse practitioners.

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