

ORIGINAL RESEARCH

Impact of an Integrative Medicine Elective on 4th Year Medical Students

Zhiyu Qian, MD^{1,2*}, Justin Laube, MD¹, Rachael Maciasz, MD¹ and Alan Chu, MD, MPH¹

¹Center of East-West Medicine, David Geffen School of Medicine at University of California, Los Angeles, Los Angeles, California 90404

²Division of Urological Surgery, Brigham and Women's Hospital, Harvard Medical school, Boston, Massachusetts 02115

*Corresponding author contact information: zhiyu.qian.jason@gmail.com

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Introduction

Integrative medicine (IM) is defined as a healing philosophy that incorporates an evidence-informed combination of both conventional and complementary medical approaches (often referred to as complementary and alternative medicine [CAM]), as well as involving holism, humanism, pragmatism and awareness of the role of authenticity by the practitioner.^{1,2} CAM is popular among the general public with four out of every ten adults currently using some form of CAM in their care.^{3,4} The total out-of-pocket expenditure by Americans has exceeded \$34 billion according to the National Health Interview Survey by the Center of Disease Control.⁵

IM, as a care approach that includes CAM, is also being incorporated into mainstream health care systems in the United States through outpatient, inpatient, and primary care initiatives. Currently, the Academic Consortium for Integrative Medicine and Health, the largest professional society in IM, has expanded to over 75 participating academic centers and health care organizations.⁶

Despite this growth in public interest and incorporation into mainstream academic health systems, undergraduate medical education has lagged in incorporating curricular competencies and content to train new doctors to provide evidence-informed IM guidance for their future patients. A national survey in 2015 found that only half of American medical schools offer some form of IM curriculum in their course listings.⁷ This is also despite multiple studies showing that medical students strongly desire additional educational content covering IM during their medical school training. IM interest and concerns about educational deficits extend into residency, with studies on resident physicians also reporting insufficient knowledge on IM to care for their patients adequately.⁸⁻¹²

There are limited studies evaluating the effects of IM curriculum content on medical students. Prior studies of IM in undergraduate medical education have been mostly cross-sectional studies analyzing the attitude of medical students towards IM or educational structure discussions of the optimal way to deliver IM curriculum.¹² One interventional study by Mahapatra et. al, conducted a large study with medical students across their

four years of medical school with an IM curriculum with that emphasized student wellness activities that included multiple sessions, including lectures, activities, near-peer teaching, and small-group discussions.¹³ Results showed an increase in knowledge of various IM modalities as well as better health habits towards the end of the curriculum.¹³ Other studies found IM courses focused on mind-body interventions like meditation were associated with improved students' mental health and stress resilience.^{14,15}

Specific studies to evaluate the impact of IM curriculum tailored to 4th-year medical students prior to starting their internship and residency are lacking. We evaluated a two-week IM medical school elective for 4th-year medical students that included didactic and experiential teaching on their: (1) comfort of applying principles and therapies of IM for their own health, (2) comfort of discussing IM with future patients, and (3) interest in learning IM approaches to care for their future patients.

Methods

Curriculum Design: The student elective was offered through the UCLA Center for East-West Medicine (CEWM) at the David Geffen School of Medicine. CEWM was established in 1993 and provides primary and consultative outpatient care, as well as consultation service for hospitalized patients. The CEWM care approach combines principles of Traditional Chinese Medicine (TCM) with modern biomedical and IM principles to care for patients with a variety of different conditions and health challenges. The center has provided IM education to 1st year, 4th-year medical students and post-graduate fellowship training since the early 2000s.¹⁶ The course has been evaluated regularly and modified with the evolving curriculum of IM and medical education. 4th-year medical students signed up for the elective course via an online reservation system. We evaluated the course offered during the spring semesters of 2018 and 2019.

The course introduced IM, discussed the evidence base, demonstrated clinical uses, and provided IM hands-on experiences to students to illustrate application of the principles, assessment of

supporting evidence and techniques of IM. Additionally, the course intended to increase students' self-awareness and reflection capacities regarding their own health strengths and challenges. For the sake of consistency in this paper, we referred to IM approaches to include specific CAM modalities and therapies, as well as the principles of IM.

The course curriculum included topics on supplements/herbal therapies, mind-body approaches, TCM (general theory, Tai Chi/Qi gong, Acupuncture), and trigger point/massage therapy (Table 2). Forty-five hours of direct educational contact were completed over two weeks. Given our center's mission, background, and experience with teaching and practicing TCM, the curriculum dedicated significant time to TCM as an example of an alternative healing system in comparison and contrast with conventional biomedicine.

Based on our own experiences with IM education as well as the current literature, we utilized a range of didactic and experiential teaching modalities including formal lectures, interactive and experiential sessions, a day-long retreat, and final presentations which asked students to create an integrative care plan for themselves or a loved one based on what they learned during the elective. Students were given instructional materials via readings and videos every day to prepare for their daily courses, which was in addition to the 45 hours of in-person contact. The course was conducted in our clinic conference room, at two different outpatient clinics, in a secluded retreat center, and at a local Tai Chi center. Teaching faculty were affiliated with our institution, including physicians, acupuncturists, massage therapists, and community partners (Table 2).

Survey Design and Administration: We designed a pre-post survey for participants to complete before the course began on day 1 and after completion of the course on the last day. We reviewed surveys used in past literature to assess medical students' attitude towards IM, and then designed the survey to organize the questions into several broad categories.¹⁶ The first category of questions was on basic demographic information, as well as questions about exposure to IM in medical school, prior training in IM, level of prior training, prior personal use of IM/CAM approaches, and reasons behind personal use. The second category of questions assessed students' comfort in using specific forms of IM/CAM approaches within the realm of IM on their own health. The third category of questions assessed students' comfort discussing specific forms of IM/CAM approaches with their future patients. The last category of questions assessed students' interests towards IM. Students were asked to rate their interests toward specific forms of IM. Applicable questions used a 5-point Likert scale for reporting:

- 1=very uncomfortable/uninterested
- 2=uncomfortable/uninterested
- 3=neither
- 4=comfortable/interested
- 5=very comfortable/interested

Additionally, in the post-course survey, we included four questions asking students why they took the course, their thoughts on IM use on self, their thoughts on discussing IM with future patients, and their thoughts on the role of IM in health care. This study was reviewed and approved by the Institutional Review Board (#18-000204).

Data Collection and Analysis: Both surveys were de-identified. Descriptive statistics were used to analyze demographic information. Likert scales were converted to numerical values between 1 and 5 and independent two-tailed t-tests were used to analyze the effect of this elective course on students' comfort in using various forms of IM on themselves and their future patients as well as their attitude towards IM therapies before and after the course. Open-ended responses were qualitatively analyzed with representative themes identified.¹⁵ Statistical analyses were performed using Microsoft Excel and R 4.0.4.

Results

Cohort Information: A total of 20 of 23 eligible students completed the pre and post surveys. Students were on average 28.8 years old. 80% were female and 95% were planning careers in non-surgical specialties of medicine. (Table 1) Specialties of the greatest number of participants were family medicine (25%), psychiatry (25%), and pediatrics (20%). 85% of participants had prior personal use of IM. 45% of participants had some degree of prior training in IM, with meditation being the most common. All students reported their medical school curriculum did not provide enough education in IM.

Comfort of Using IM for Their Own Health: After the course, students were significantly more comfortable using all listed IM approaches (massage, acupuncture, Traditional Chinese Medicine, mindfulness, herbs and vitamins, healing arts, Tai Chi/Qi Gong, trigger point therapies, cupping, health coaching, movement therapy, and alexander technique) on their own health (all $p < 0.05$) except for yoga ($p = 0.113$, Figure 1). Average level of comfort with using all IM approaches on their own health increased from 2.63 to 3.96 (Scale 1 to 5, $p < 0.0001$).

Comfort of Discussing IM with Future Patients: Students reported feeling significantly more comfortable with discussing all IM approaches with their future patients (all $p < 0.001$) after the course. (Figure 2) Average level of comfort with discussing IM with their future patients increased from 2.26 before the elective to 4.20 after its completion (Scale 1 to 5, $p < 0.0001$).

Student Interest towards IM: The average level of interest in learning more about all the IM approaches was 4.43 before course and 4.62 after the course (Scale 1 to 5, $p = 0.30$). Student responses to open-ended questions were summarized with representative theme, 17 out of 20 students answered these questions. In response to the question: "Why did you take this elective course?" - 53% wanted to provide additional resources for future patients, and 29% reported a general interest towards IM. All students who provided open-ended responses reported they would use IM approaches for their own personal well-

being, specifically, 59% of participants specifying they would incorporate massage therapy or mindfulness. All students who provided open-ended responses reported they would incorporate IM approaches into their future practice with patients and/or potentially refer their future patients to an IM provider based on their personal needs and values. When asked about how they think IM could impact healthcare in general, the two most common themes were: enhancing cost efficacy and improving quality and access to preventive care.

Discussion

After the two-week IM elective for 4th year medical students, students reported an average increased comfort level of using IM approaches for their own health after the elective. This was also shown in the open-ended questions responses that stated they plan to use IM approaches in the future for their own wellbeing. Students' increased comfort and desire to use IM approaches for self-care can be seen as an enhanced "toolkit" to improve their wellbeing as they finish medical school and move into residency training. This would provide long-term benefits as physicians face increased risk of burnout and suicide.^{17,18}

Specific approaches that many students reported that they plan to use included meditation and massage therapy. Meditation in particular, is increasingly popular, evidence supported, and accessible to help students grow self-awareness and improve their emotional and psychological health.¹⁹ We dedicated almost a full day of curriculum on mindfulness and awareness practices. Other studies have also shown that IM curriculum during medical school have improved student's distress tolerance and improved state of wellbeing in students, which we hope our elective offered the students.^{14,15}

Students reported feeling more comfortable discussing various approaches of IM with future patients after the elective. This was a key intention of our curriculum, to increase their confidence and capacity to help guide and address their future patients' IM related questions and concerns. Despite the prevalent use of CAM by patients in the US, many and specifically those who are underserved, report perceived barriers and gaps of knowledge in their doctors when they attempted to initiate a discussion on incorporating CAM approaches with their mainstream medical care.²⁰ Additional education in the form of a short-term elective during medical school such as ours, could provide small-step toward overcoming these barriers and building a stronger therapeutic relationship between patient and their trusted doctor.

All students reported a high baseline interest to learn about IM before starting the elective. Students continued to have strong interest in IM after the course, with a slight statistically insignificant increase in overall average level of interest. In the open-ended responses, students reported that they enrolled in the course with the goal of providing additional resources for their future patients or because they had a strong interest towards the subject, which reaffirms the strong baseline interest the students had prior to the course beginning.

All students felt their medical school training in IM, up to their final months of training, had been inadequate. This fits with prior literature that has documented the gap of students' interest and desire for IM education during medical school and the limited inclusion in many medical school curriculums nationally.⁸⁻¹² One main driver to take the course was to provide additional resources for their patients. A significant proportion of our students were entering primary care, with direct contact with community-based patients who are known to have growing interest in IM approaches.²¹ Studies on primary care interns reported that their medical school education lacked adequate IM training.²² Our study suggest a short elective may help to close this gap for graduating students going into primary care.

A unique feature of our elective was its emphasis on experiential learning. Eight out of the nine-days of curriculum included experiential learning as the primary teaching modality. Some of the more immersive and interactive learning sessions developed for the elective were the mindfulness retreat, Tai Chi field trip, acupuncture experiential sessions, and final project presentations. We had developed this style of teaching in the elective given based on years of students' feedback. This hands-on learning approach is supported by literature on teaching IM to students, where they encouraged a "try out" of various IM approaches as many of the evidence-informed therapies have a very low risk profile and can be readily supervised.²³

Another important characteristic of the participating 4th-year medical students was that they were awaiting their residency match results in the following month. This stress was commonly discussed by students informally in their check-ins at the beginning and throughout the course. The format of the elective provided a small group learning environment for the students who were often more separated during their clinical electives, and this seemed to build camaraderie. We modeled a safe learning environment based on stated group confidentiality on day one and organized check-ins every few days as a group that encouraged the sharing of their thinking and feeling/emotional states. This, along with the small group in-person learning setting may have supported students' comfort to share more about their own or their family member's health challenges during their mindfulness and wellbeing retreat and their final projects.

In the general course feedback from the students, the transformative impact of the course on some of the students was illustrated in three direct quotes below and were reflective of group sentiment:

"The transformation many of my peers and I have felt over the last two weeks has been remarkable. My own mental health and wellbeing has greatly benefited from knowing these techniques, and I feel more grounded and empowered to care for my own wellbeing as a trainee and clinician."

“Most meaningful course of my medical school career. Each day, I learned so much and really wanted to apply it to my life and hopefully my future patients' lives. I have already begun making changes in my life.”

“This course was simply amazing! I wish I had a week or so of this material during first or second year of medical school. It would've made my entire medical school experience much more fulfilling and INTEGRATED!”

There are several limitations within our study. Our sample size is small due to the limited space available for participation each year. Students who elected to enroll in this elective already had some degree of baseline interest in the topic area, which likely lead to selection bias given the high baseline positive attitudes towards various IM approaches. We were not able to capture the long-term impacts on the students after their residency match and into their internship/residency to determine if these changes endured. We were not able to offer this course to 1st or 2nd pre-clinical year students to compare the unique impact it may have had on our 4th-year students, so the unique effects are speculative. This is a single-institutional study and may not be generalizable to institutions with different structures and resources.

More research is needed to determine the optimal structure, length, and IM topics to include to optimize the impact of the course. This may include formal interviews of student participants to better understand the mechanisms of what mediate the impacts of IM educational interventions. In the future, we would like to further evaluate the effect of our IM educational programs for medical students on their wellbeing, burnout, and links to specific IM approaches or principles that mediate this. We hope to ultimately bring forward an institutional-level effort to determine and implement basic IM core competencies for our institutions' medical students comfort discussing CAM with their future patients, creating an IM care plan that is evidence-informed, and using IM for their own wellbeing and self-awareness.

Conclusion

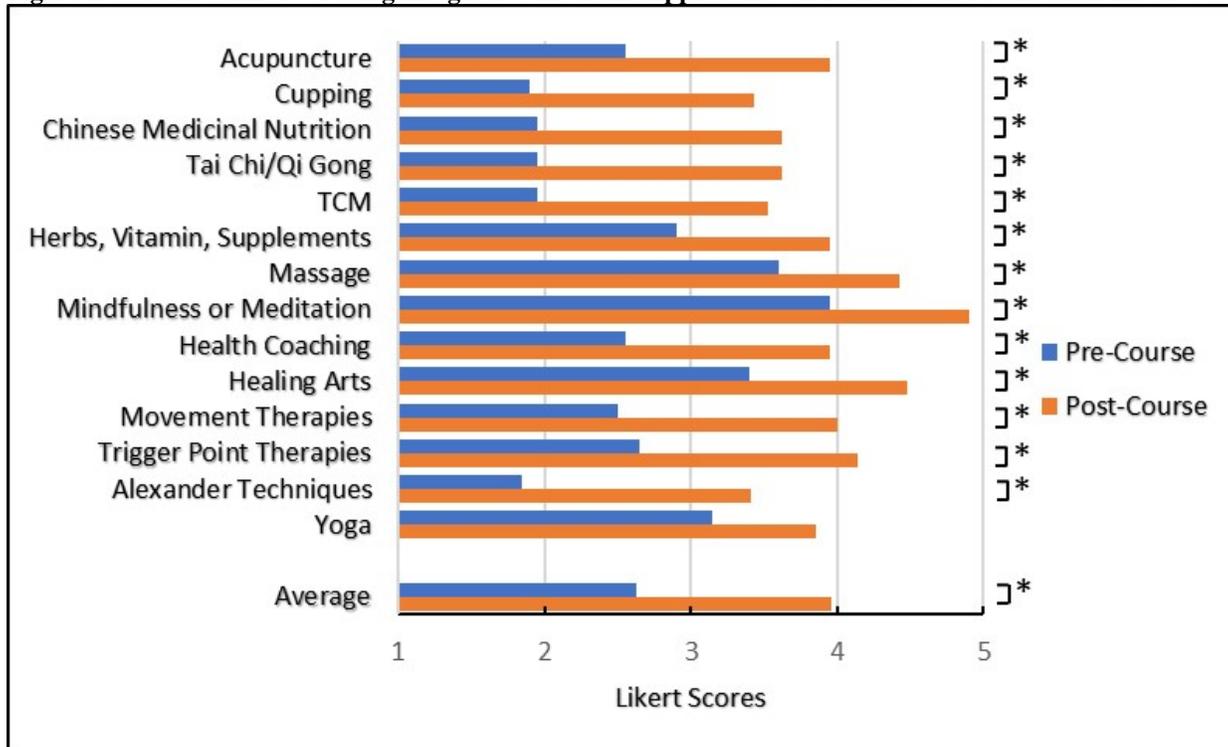
In this study, we evaluated the personal and professional impacts of a two-week IM curriculum on 4th-year medical students and found a significant average increase in their comfort of using IM approaches on their own health and comfort to discuss IM approaches with their future patients. This study suggests the value of an IM elective for medical students to increase their confidence to provide IM-informed care for their future patients and themselves.

Table 1. Basic information of participants (n=20)

	All Students (n=20)
Age (years)	28.8 (3.2)
Gender	
Female	13 (65%)
Male	7 (35%)
Future Specialty	
Family Medicine	5 (25%)
Psychiatry	5 (25%)
Pediatrics	4 (20%)
PM&R	2 (10%)
OB/GYN	1 (5%)
Internal Medicine	1 (5%)
Undecided	1 (5%)
Pathology	1 (5%)
Prior Personal Use of IM	
Yes	17 (85%)
No	3 (15%)
Is medical school education of IM adequate?	
Yes	0 (0%)
No	20 (100%)
Prior IM Training	
Meditation training	4 (20%)
Reading IM medical texts	3 (15%)
Yoga Training	2 (10%)
Mindfulness training	1 (5%)
School course	1 (5%)

Data is reported as mean (standard deviation) for age and number of respondents (percentage) for other variables.

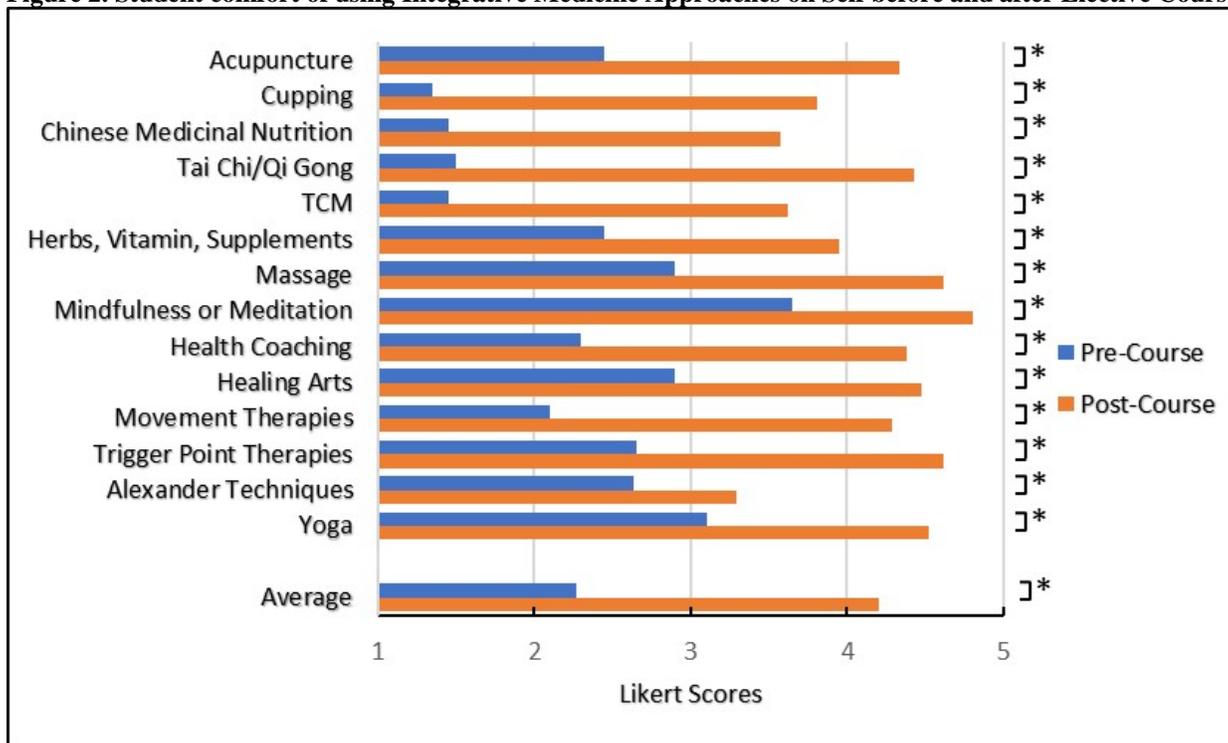
Figure 1. Student comfort of using Integrative Medicine Approaches on Patients before and after Elective Course.^a



*p-value < 0.05 on two-tailed test

^a Level of comfort reported with reported with 1 = very uncomfortable, 2 = uncomfortable, 3 = neither, 4 = comfortable, and 5 = very comfortable.

Figure 2. Student comfort of using Integrative Medicine Approaches on Self before and after Elective Course.^a



*p-value < 0.05 on two-tailed test

^a Level of comfort reported with reported with 1 = very uncomfortable, 2 = uncomfortable, 3 = neither, 4 = comfortable, and 5 = very comfortable.

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SUPPLEMENTARY MATERIALS

Appendix 1. Full Pre-Course Survey Administered to Participating Students

Survey I

Definition of CAIM therapies and approaches: Complementary and alternative medicine (CAM) are health care approaches developed outside of mainstream Western, or conventional, medicine. CAM systems are characterized by a holistic and highly individualized approach to patient care, an emphasis on maximizing the body's inherent healing ability, involving patients as active participants in their own care, addressing physical, mental and spiritual attributes of a disease, and placing a strong emphasis on preventative medicine.¹ Integrative medicine is a care philosophy that incorporates these principles and involves bringing conventional and complementary approaches together in a coordinated way²

Confidential Identification Coding:

Please write your middle and last initial, your two-digit birth date, and last two digits of birth year. See the example below.

Example:

John Bob Smith

12/5/83

Example ID: BS0583

Your ID:

Demographics:

- 1. What is your age?** (write in) _____
- 2. What is your gender:** (please circle): Male, Female, Transgender, Other
- 3. What residency training are you pursuing?** (write in)
- 4. Have you ever personally used complementary, alternative or integrative medicine (CAIM) to address your own health needs? (Please circle)**

Yes No
- 5. If yes, what categories of CAIM have you personally used? (Circle all that apply)**
Herbs/vitamins/Supplements
Chinese Medicinal Nutrition
Massage
Acupuncture
Traditional Chinese Medicine
Mindfulness or meditation
Healing Arts (e.g. music, art therapies)
Tai Chi / Qi Gong
Trigger Point Therapies (Injections or massage)
Cupping
Health Coaching
Yoga
Movement therapies
Alexanders Technique
Others:

¹ Ryan B. Abbott, Ka-Kit Hui, Ron D. Hays, et al., "Medical Student Attitudes toward Complementary, Alternative and Integrative Medicine," Evidence-Based Complementary and Alternative Medicine, vol. 2011, Article ID 985243, 14 pages, 2011. doi:10.1093/ecam/nep195

² <https://nccih.nih.gov/health/integrative-health>

6. Please note the reasons you used these therapies (circle all that apply)

- Pain
- Anxiety
- Common cold
- Headache
- Insomnia
- Athletic Injury
- Other (Please write in response)

7. Prior to starting medical school, how would you rate your general level of training in CAIM?

- A. Extensive training: i.e. masters training, or multiple courses in several CAM disciplines, or prior vocational training (in a CAM modality)
- B. Moderate training: i.e. in depth coverage of 1 or 2 areas in prior education
- C. Some training: i.e. one or two courses or conferences or periodic reading
- D. Little training: i.e. occasional article or website reference, some lectures
- E. No training

8. Prior to medical school, what CAIM trainings or educational activities have you completed? (Circle all that apply)

- Masters in CAIM
- Conference(s) on CAIM
- CAIM school course
- Meditation training
- Yoga Training
- Acupuncture training
- Massage training
- Review of CAIM Websites like NCCIH
- Reading such as medical texts and or research articles regarding CAIM
- Other Integrative Medicine Training: (write in response):

9. Please check any CAIM related educational activities that you participated in during medical school:

- Conference(s) on CAIM
- Integrative Medicine Student Interest Group (IMSIG)
- 1st year selective on Integrative East-West Medicine or healer's art
- Summer course - Med 180 – Integrative East-West Medicine
- Research elective on CAIM
- Integrative oncology elective
- Other: (write in) _____

10. Do you feel your education on CAIM topics has been adequate during medical school? (Please circle)

Yes No

Comfort with Use:

11. How comfortable do you feel using the following CAIM therapies for your own health?

Circle one. 1 = very uncomfortable 2= uncomfortable 3=neither 4=comfortable 5=very comfortable

Herbs/vitamins/supplements
1 2 3 4 5

Chinese Medicinal Nutrition
1 2 3 4 5

Massage
1 2 3 4 5

Acupuncture
1 2 3 4 5

Traditional Chinese Medicine
1 2 3 4 5

Mindfulness or meditation
1 2 3 4 5

Healing Arts (e.g. music, art therapies)
1 2 3 4 5

Tai Chi / Qi Gong
1 2 3 4 5

Trigger Point Therapies
1 2 3 4 5

Cupping
1 2 3 4 5

Health Coaching
1 2 3 4 5

Yoga
1 2 3 4 5

Movement therapies
1 2 3 4 5

Alexander Technique
1 2 3 4 5

12. How comfortable are you discussing the use of the following CAIM therapies with patients?
Circle one. 1 = very uncomfortable 2= uncomfortable 3=neither 4=comfortable 5=very comfortable

Herbs/vitamins/Supplements
1 2 3 4 5

Chinese Medicinal Nutrition
1 2 3 4 5

Massage
1 2 3 4 5

Acupuncture
1 2 3 4 5

Traditional Chinese Medicine
1 2 3 4 5

Mindfulness or meditation
1 2 3 4 5

Healing Arts (e.g. music, art therapies)	1	2	3	4	5
Tai Chi / Qi Gong	1	2	3	4	5
Trigger Point Therapies	1	2	3	4	5
Cupping	1	2	3	4	5
Health Coaching	1	2	3	4	5
Yoga	1	2	3	4	5
Movement therapies	1	2	3	4	5
Alexander Technique	1	2	3	4	5

Attitudes and Interest in Integrative Medicine:

13. Indicate your interest in learning about following CAIM therapies to care for your future patients. 1= not interested at all 2= slightly interested 3=moderately interested 4=very interested 5=extremely interested

Herbs/vitamins/Supplements	1	2	3	4	5
Chinese Medicinal Nutrition	1	2	3	4	5
Massage	1	2	3	4	5
Acupuncture	1	2	3	4	5
Traditional Chinese Medicine	1	2	3	4	5
Mindfulness or meditation	1	2	3	4	5
Healing Arts (e.g. music, art therapies)	1	2	3	4	5
Tai Chi / Qi Gong	1	2	3	4	5
Trigger Point Therapies	1	2	3	4	5

Cupping 1 2 3 4 5

Health Coaching 1 2 3 4 5

Yoga 1 2 3 4 5

Movement therapies 1 2 3 4 5

Alexander Technique 1 2 3 4 5

Appendix 2. Full Post-Course Survey Administered to Participating Students

Definition of CAIM therapies and approaches: Complementary and alternative medicine (CAM) are health care approaches developed outside of mainstream Western, or conventional, medicine. CAM systems are characterized by a holistic and highly individualized approach to patient care, an emphasis on maximizing the body's inherent healing ability, involving patients as active participants in their own care, addressing physical, mental and spiritual attributes of a disease, and placing a strong emphasis on preventative medicine.³ Integrative medicine is a care philosophy that incorporates these principles and involves bringing conventional and complementary approaches together in a coordinated way⁴

Confidential Identification Coding:

Please write your middle and last initial, your two-digit birth date, and last two digits of birth year. See the example below.

Example:

John Bob Smith

12/5/83

Example ID: BS0583

Your ID:

Comfort with Use:

14. How comfortable do you feel using the following CAIM therapies for your own health?

Circle one. 1 = very uncomfortable 2= uncomfortable 3=neither 4=comfortable 5=very comfortable

Herbs/vitamins/Supplements

1 2 3 4 5

Chinese Medicinal Nutrition

1 2 3 4 5

Massage

1 2 3 4 5

Acupuncture

1 2 3 4 5

Traditional Chinese Medicine

1 2 3 4 5

Mindfulness or meditation

1 2 3 4 5

Healing Arts (e.g. music, art therapies)

1 2 3 4 5

Tai Chi / Qi Gong

1 2 3 4 5

Trigger Point Therapies

1 2 3 4 5

Cupping

1 2 3 4 5

Health Coaching

1 2 3 4 5

Yoga

³ Ryan B. Abbott, Ka-Kit Hui, Ron D. Hays, et al., "Medical Student Attitudes toward Complementary, Alternative and Integrative Medicine," Evidence-Based Complementary and Alternative Medicine, vol. 2011, Article ID 985243, 14 pages, 2011. doi:10.1093/ecam/nep195

⁴ <https://nccih.nih.gov/health/integrative-health>

	1	2	3	4	5
Movement therapies	1	2	3	4	5
Alexander Technique	1	2	3	4	5

15. How comfortable are you discussing the use of the following CAIM therapies with patients?
Circle one. 1 = very uncomfortable 2= uncomfortable 3=neither 4=comfortable 5=very comfortable

Herbs/vitamins/Supplements	1	2	3	4	5
Chinese Medicinal Nutrition	1	2	3	4	5
Massage	1	2	3	4	5
Acupuncture	1	2	3	4	5
Traditional Chinese Medicine	1	2	3	4	5
Mindfulness or meditation	1	2	3	4	5
Healing Arts (e.g. music, art therapies)	1	2	3	4	5
Tai Chi / Qi Gong	1	2	3	4	5
Trigger Point Therapies	1	2	3	4	5
Cupping	1	2	3	4	5
Health Coaching	1	2	3	4	5
Yoga	1	2	3	4	5
Movement therapies	1	2	3	4	5
Alexander Technique	1	2	3	4	5

Attitudes and Interest in Integrative Medicine:

16. Indicate your interest in learning about following CAIM therapies to care for your future patients. 1= not interested at all 2= slightly interested 3 =moderately interested 4 = very interested 5 =extremely interested

Herbs/vitamins/Supplements
1 2 3 4 5

Chinese Medicinal Nutrition
1 2 3 4 5

Massage
1 2 3 4 5

Acupuncture
1 2 3 4 5

Traditional Chinese Medicine
1 2 3 4 5

Mindfulness or meditation
1 2 3 4 5

Healing Arts (e.g. music, art therapies)
1 2 3 4 5

Tai Chi / Qi Gong
1 2 3 4 5

Trigger Point Therapies
1 2 3 4 5

Cupping
1 2 3 4 5

Health Coaching
1 2 3 4 5

Yoga
1 2 3 4 5

Movement therapies
1 2 3 4 5

Alexander Technique
1 2 3 4 5

Open Response Questions:

17. Why did you take this elective course?

18. Would you incorporate CAIM practices into your future practice with patients, and if so how would you do it?

19. Would you incorporate CAIM practices into your personal wellbeing and if so, what would you use and why?

32. Do you think integrative medicine can change healthcare?