Chapter 2
Education

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Complementary and alternative medicine modalities were taught routinely in US medical schools until the early 1900's. In 1908, the Carnegie Foundation for the Advancement of Teaching initiated a survey study of the existing medical schools in the US. The resulting Flexner Report of 1910 forced a sweeping change in medical education and formed a single model of medical education. That model was based on a philosophy that has largely survived to the present day. The Flexner report recommendations forced the removal of CAM education from all allopathic medical schools in the US (Flexner 1910). The reintroduction of CAM into medical student education began largely in the 1990's. In 1995, the Alternative Medicine Interest Group of the Society of Teachers of Family Medicine surveyed U.S. medical school departments of family medicine to determine the extent to which CAM was being taught in medical schools. The results showed that CAM was taught in 34 % of U.S. medical schools (Forjuoh et al. 2003).

An influential movement in CAM education was the NCCAM's CAM Education Project of 1999. The NCCAM initially awarded 14 grants of $ 1–1.5 million to medical schools, teaching hospitals, and the American Medical Student Association (AMSA) to be used for CAM research projects. Over time, CAM has entered the curricula of a growing number of medical schools. The Consortium of Academic Health Centers for Integrative Medicine (CAHIM) is a group of more than 50 U.S. and Canadian medical schools and teaching hospitals that include CAM in their curricula and have CAM focus on at least two of the following: clinical practice, education and research. Medical schools are not training CAM practitioners. The medical school's goal is to expose medical students to the vast array of therapies and medications available to the public. This exposure should be evidence-based and help students learn to promote effective interventions and warn about potentially dangerous interventions.

Introducing medical students to CAM during their training can have lasting effects. Since physicians have the ability to influence politics and society, increasing

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awareness of CAM on a political level by physicians can increase funding for CAM research and eventually lead to improved delivery of integrated healthcare. On an ethical level, physicians can push for removal of products or warnings to decrease consumer expenditure on unproven medications and therapies. With increasing positive evidence, health insurance companies can potentially reimburse for more CAM therapies. On a legal level, increased awareness can lead to creation of best-practice guidelines. And, there can be a push for structured and consistent education and licensure for CAM providers. With increased coverage of CAM in medical schools across the US, collaborations can improve overall research and educational curricula (Mills et al. 2002). In a pilot study by Frenkel et al., the authors showed that "integrating CAM into the medical school curriculum requires a dedicated team if it is to result in a significant change. This change requires that CAM practices are visible to both students and faculty, that there is a co-operative climate, accessible resources, and institutional support, and that CAM content is embedded into the existing curriculum"(Frenkel et al. 2007). Many medical schools have initiated Integrative Medicine departments that include IM clinics, IM education and IM research. More than 20 medical schools in the US offer an IM clinic elective for fourth-year students. A number of medical schools have combined the Integrative Medicine department with the department of "wellness" for medical students, residents and faculty while others have a dedicated "wellness" initiative.

According to Vohra et al., "Pediatric integrative medicine (PIM) is emerging as a new subspecialty to better help address twenty-first century patient concerns" (Vohra et al. 2012). Residency is an important place to offer PIM education. As residents learn about clinical practice in their field, it is important for training programs to introduce basic concepts of IM alongside traditional training. More than 20 residency programs in the US offer electives in IM, but most are not pediatrics-focused. At this time, there are no accredited residencies or fellowships in integrative pediatrics. The University of Arizona has instituted a unique online education curriculum for Pediatric Integrative Medicine in Residency (PIMR). PIMR was launched there in October 2012 as a pilot program with 100 h of education. Participants beginning July 2013 also included the University of Kansas, University of Chicago, Eastern Virginia Medical School/Children's Hospital of the King's Daughters and Stanford University. In December 2013, Ohio State University's Center for Integrative Health and Wellness launched an online program for health professionals providing evidence-based training on herbs and supplements.

The American Academy of Pediatrics has a dedicated Section of Integrative Medicine (SOIM), which was established to develop and identify educational opportunities and to advocate for research on complementary and alternative therapies used in pediatrics. According to the American Board of Physician Subspecialties, approximately 25 fellowships in Integrative Medicine are approved by the American Board of Integrative Medicine. Overall, there is a trend to increase awareness and education of IM in medical training (IOM 2005).

References

Flexner A (1910) Medical Education in the United States and Canada: a report to the Carnegie Foundation for the Advancement of Teaching, Bulletin No. 4. New York City: The Carnegie Foundation for the Advancement of Teaching, p 346, OCLC 9795002. Accessed 12 March 2013

Frenkel M, Frye A, Heliker D et al (2007) Lessons learned from complementary and integrative medicine curriculum change in a medical school. Med Educ 41(2):205–213

Forjuoh SN, Rascoe TG, Symm B et al (2003) Teaching medical students complementary and alternative medicine using evidence-based principles. J Altern Complement Med 9(3):429–439

IOM (Institute of Medicine) (2005) US Committee on the Use of Complementary and Alternative Medicine by the American Public. Complementary and alternative medicine in the United States. National Academies Press (US), Washington, DC; Educational Programs in CAM. http://www.ncbi.nlm.nih.gov/books/NBK83809. Accessed 3 Dec 2013

Mills EJ, Hollyer T, Guyatt G et al (2002) Teaching evidence-based complementary and alternative medicine. 1. A learning structure for clinical decision changes. J Altern Complement Med 8(2):207–214.

Vohra S et al (2012) Pediatric integrative medicine: pediatrics' newest subspecialty? BMC Pediatr 12:123

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