Published in final edited form as:

Explore (NY). 2013 ; 9(2): 118–120. doi:10.1016/j.explore.2012.12.012.

Innovation and Collaboration: The First International Congress for Educators in Complementary and Integrative Medicine

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October 24-26, 2012, marked the First International Congress for Educators in Complementary and Integrative Medicine (ICECIM). Washington, DC, was the location of this groundbreaking conference that focused on education in the evolving field of complementary and integrative medicine. The conference was jointly sponsored by the Consortium of Academic Health Centers for Integrative Medicine, the Academic Consortium for Complementary and Alternative Health Care, and Georgetown University Medical Center. The goal of this forum was to advance the field of complementary and integrative medicine education through the sharing of best practices in the development, implementation, evaluation, and dissemination of curricula and teaching methods; the strengthening of existing partnerships; and the development of new collaborations. The Congress showcased original work through two plenary sessions, oral and poster presentations, and a number of interactive sessions, including symposia and workshops.

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Content on integrative healthcare and complementary and alternative medicine is being taught in hundreds of educational programs across the country. Nursing, medical, osteopathic, chiropractic, acu-puncture, 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 reflect the creativity, diversity and interdisciplinary nature of the field. Submissions should be no more than 500 to 1,500 words. Please include any Web site or other resource that is relevant as well as contact information.

COLLABORATION

Given the integrative, interprofessional nature of the topics to be addressed, as well as the very nature of complementary and integrative medicine (CIM), we developed a collaborative process for the planning of ICECIM that is a model of interdisciplinary teamwork and partnership. The three sponsors of the conference were represented by Aviad Haramati, PhD, Chair of the Planning Committee and a representative of Georgetown University Medical Center, Ben Kligler, MD, Chair of the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM), and Elizabeth Goldblatt, PhD, MPA/HA, Chair of the Academic Consortium of Complementary and Alternative Health Care (ACCAHC). The Program Committee was led by Shelley R. Adler, PhD, and Michael Wiles, DC, MEd, MS, (respective co-chairs of the Education Working Groups of CAHCIM and ACCAHC), and included nationally recognized experts in integrative medicine and health professions education.

CONGRESS OBJECTIVES

The primary goals of ICECIM were to advance the field of complementary and integrative medicine education through the sharing of best practices in the development, implementation, evaluation, and dissemination of curricula and teaching methods; the strengthening of existing partnerships; and the development of new collaborations. The Congress featured a three-day program of outstanding sessions, ranging from plenary lectures, symposia, panel discussions, and large group presentations, as well as small group presentations and workshops. ICECIM showcased 28 oral abstract presentations and 58 posters in an environment designed to foster collegial interactions and networking. Three themes were emphasized throughout all programming: (1) the incorporation of CIM into the continuum of life-long learning, from undergraduate education to postgraduate and continuing education; (2) the development and outcomes of integrative medicine education projects sponsored by the National Institutes of Health R25 education grants (including initiatives to foster research literacy at both CAM institutions and conventional (allopathic) health professional schools); and (3) the development of interprofessional education initiatives (including integrative models of care).

INTERPROFESSIONAL EDUCATION IN CIM

Although the fields of interprofessional education (IPE) and CIM education are increasingly recognized and can recently be said to be thriving as individual disciplines, the remarkable overlap between the two in terms of core principles has rarely been noted.^{1,2} IPE and CIM both seek to bring together diverse health professionals while maintaining their unique attributes and contributions. The two fields share conceptual aspects of interdisciplinary care and collaborative practice, including an emphasis on enabling practitioners to communicate more effectively, encouraging shared problem solving and decision-making, and training practitioners to integrate different knowledge structures into a single action plan.³ Because this underexplored synergy between IPE and CIM has the potential to promote the common goals of patient-centered and relationship-based care, we incorporated interprofessional education in CIM as a major conference theme.

DELIVERY

The ICECIM Program Committee invited interested parties to submit proposals for sessions or abstract presentations. To ensure a broad and representative response from the range of CIM educators, we advertised the call for submissions not only through ACCAHC, CAHCIM, and their member schools but also through professional societies and student organizations. The Congress received 92 abstract submissions and accepted 28 for oral presentation and 58 as posters. The Congress also received 135 session proposals, of which 55 were accepted.

ICECIM offered a variety of session formats to facilitate the most dynamic program possible. Our goal was to ensure that high-quality offerings could be included through targeted formats that would allow the content to have the maximal impact and facilitate the meaningful engagement of both educators and trainees. ICECIM included the following session formats:

Plenary Lectures and Featured Panel Discussion

The Congress included two plenary lectures, presented by leaders in the field of IPE, and one featured panel discussion. These were scheduled as general sessions, with no concurrent sessions held during the presentations.

Symposia provided forums for presentation and discussion of completed projects or the state of CIM.

Panel Presentations consisted of diverse perspectives and approaches to educational subjects or issues, especially those requiring collaborative work from multiple departments or institutions.

Large Group Presentations were focused on an individual topic and followed by interchange between the presenter and the audience. Topics included administrative, educational, curriculum, evaluation, assessment of learners, or personal or career development issues.

The Education Resource Exchange consisted of a moderated session that enabled individuals to share resources from their courses/programs in summary form.

Small Discussion Groups provided forums for an extended discussion of ideas between presenters and a small audience.

Workshops offered focused, skill-oriented, interactive experiences for learners, allowing them to take home specific skills or information.

Oral Abstract Presentations were grouped into sessions that emphasized dissemination and discussion of innovations in complementary and integrative medicine education. In each session, six presenters gave 10-minute oral presentations, followed by five minutes of discussion with the audience.

Poster Presentations

Posters were accepted in six categories: curriculum design and development; educational scholarship and research; faculty development and leadership; fostering research literacy; interprofessional education; and teaching, learning, and assessment.

Plenary Presentations

Opening Plenary Session—Dr Scott Reeves delivered the first plenary presentation, on the topic of “The Role of Interprofessional Education in Complementary and Integrative Medicine: Possibilities and Tensions.” Dr Scott Reeves is the founding director of the Center for Innovation in Interprofessional Healthcare Education at the University of California, San Francisco. He is a social scientist who has been undertaking health professions education and health services research for nearly 20 years. His main interests are focused on developing conceptual, empirical, and theoretical knowledge to inform the design and implementation of interprofessional education and practice activities. Dr. Reeves is currently Editor-in-Chief for the *Journal of Interprofessional Care*.

Dr. Reeves began his presentation by noting that interest in IPE has been growing across the globe for the past 30 years. As a result, we have witnessed an expansion in the development, implementation, and evaluation of interprofessional learning activities. To date, however, the bulk of this learning has typically involved the more established health and social care professions (eg, medicine, nursing, social work). In contrast, CIM practitioners have not traditionally been included in many interprofessional education offerings. Encouragingly, however, this situation is changing, whereas the growth of IPE activity presents a number of possibilities for enhancing collaboration, it also reveals a number of professional and organizational tensions. Mindful of this context, in his presentation Dr Reeves offered a critical exploration of the use of IPE for CIM education before he outlined ideas for the future role and function of IPE.

Featured Panel Presentation—Drs Mary Jo Kreitzer (University of Minnesota), Judy Fouladbakhsh (Wayne State University), and Debbie Ringdahl (University of Minnesota) provided a comprehensive description of the nursing perspective of integrative healthcare, including the history of nursing practice and education leading up to the current emphasis on integration. The panel emphasized the evolving role of the nursing profession in healthcare delivery, including the development of nursing specialties and nursing research. Nurses, by virtue of their historic and traditional patient-centeredness, are perfectly poised to play a central role in the delivery of primary care. Also, because of their longstanding role as team members, they are extremely supportive of the team-based roles sought by complementary providers. Furthermore, they can play an essential role in bridging the gap between other conventional medicine practitioners and CIM practitioners.

Closing Plenary Session—Dr. Barbara F. Brandt delivered the closing plenary presentation, entitled “The Nexus: Interprofessional Education in a Transforming Health System.” Dr Brandt has served as the Associate Vice President for Education and Professor with the Pharmaceutical Care and Health Systems at the University of Minnesota Academic Health Center since 2000. She has served as the Principal Investigator and the Director of

the Minnesota Area Health Education Center state-wide network, an interprofessional workforce development program for rural and urban underserved Minnesota. Dr Brandt is responsible for implementing the University of Minnesota Academic Health Center Health initiative in IPE in allied health, dentistry, medicine, nursing, pharmacy, public health, and veterinary medicine. In 2007, she co-chaired the first Collaborating Across Borders conference held in Minneapolis, MN and the Collaborating Across Borders III conference in Tucson, AZ.

In her closing presentation, Dr Brandt described the processes of healthcare delivery that are currently undergoing transformation. Consistent with these changes, recognition is growing that the health professions need to work much more closely together to achieve the “triple aim” of improving the health of the population, enhancing the patient experience of care (quality, access, and reliability), and controlling the per capita cost of care. As “care delivery” transforms into a focus on health integrating across environments—acute care, home, ambulatory services, and community—new roles, such as care navigators. And new leadership responsibilities are emerging. This rapid change is creating the need for a new “nexus” between the education and practice systems, including using IPE for collaborative practice. This session focused on the possibilities, opportunities, and strategies for educators in CIM.

EVALUATION

Two days after the close of the Congress, we distributed an online survey to all ICECIM participants that consisted of 25 sociodemographic and conference evaluation questions. Of 332 attendees, 164 completed the survey (for a response rate of 49.4%). Of the ICECIM attendees who participated in the evaluation of the Congress, 87.5% were residents of the United States (the others coming from Canada, Puerto Rico, Jamaica, Iran, Spain, Germany, China, Switzerland, and Bermuda). A total of 64% of respondents were women. Participants identified their primary professional roles as follows: college or university faculty (50.3%), health practitioner (17.4%), student/resident/fellow (10.7%), health science administrator (10.7%), research associate/coordinator/ administrator (6.7%), and research scientist (nonuniversity; 6.7%). Primary discipline or professional field as was follows: complementary and alternative medicine (46.5%), biomedical/conventional healthcare (25.7%), biological sciences (11.1%), behavioral/social sciences (10.4%), other allied health sciences (eg, occupational therapy, physical therapy; 5.6%), public health (0.7%). The highest conventional education degree achieved was as follows: PhD, EdD (27.2%), MD, DO (24.1%), baccalaureate (13%), master's degree (12.3%), ND (9.3%), DC (8%), OMD/LAc/MAC/MOM (3.7%), and PharmD/PsyD/DNP (1.2%). A total of 81.9% of respondents agreed that the conference met their educational needs; 18.1% noted that the conference “somewhat” met their educational needs.

Respondents were asked to rate the areas in which the conference was useful to them. The top-five categories are met new colleagues (100% of respondents), furthered my understanding of educational issues in the fields of complementary and integrative medicine (99.3%), networked with investigators from other disciplines (98.6%), examined new and/or

different educational strategies (97.2%), and learned about new educational research studies (95.9%).

One question asked respondents to rate their experience of the quality of the conference in 12 specific areas (eg, breadth of session topics, depth of information, and quality of sessions). The results were generally very positive and indicated high overall satisfaction with the quality of the conference. Two of the highest areas were “opportunity for discussion during sessions” and “quality of oral abstract sessions.”

The overall quality of the conference was rated as “excellent” by 66.2% of respondents, “good” by 33.1%, and “neutral” by 0.7%. Numerous individual comments were received as part of the evaluation process and, in general, these, too, were extremely positive. Respondents emphasized the opportunities for networking and the inspiration for creative solutions to dilemmas in contemporary healthcare delivery.

CONCLUSIONS

As a first-of-its-kind Congress, the organizers and participants agreed that ICECIM was a tremendous success. The goals of this Congress were threefold: to advance the field of CIM education through the sharing of best practices in the development, implementation, evaluation, and dissemination of curricula and teaching methods; to strengthen existing partnerships; and to develop new collaborations. Both formal evaluation and informal feedback indicate that best practices were shared, partnerships were strengthened, and new collaborations were created. It remains to be seen whether these outcomes influence the evolution of CIM education, which remains a complex nexus of conventional, complementary, and alternative health practitioners connected by a common purpose and aspiration, but too often separated by politics, economics, and, occasionally, esotericism.

Note: Explore is planning a special issue focusing on education in CIM and IPE in an upcoming issue. The ICECIM conference presentations will be highlighted in this issue.

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