

BUSM identifies barriers to implementing complimentary medicine curricula into residency

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Investigators at Boston University School of Medicine (BUSM) have identified that lack of time and a paucity of trained faculty are perceived as the most significant barriers to incorporating complementary and alternative medicine (CAM) and integrative medicine (IM) training into family medicine residency curricula and training programs.

The study results, which are published online in *Explore: The Journal of Science and Healing*, were collected using data from an [online survey](#) completed by 212 national residency program directors. The study was led by Paula Gardiner, MD, MPH, assistant professor of family [medicine](#) at BUSM and assistant director of [integrative medicine](#) at Boston Medical Center, and colleagues from the department of Family Medicine.

"This is a part of medicine that has significant impact on patient care," said Gardiner. "We need to minimize barriers to implementing CAM/IM curricula in order to address these competencies and promote a larger focus on patient centered care."

According to the current study a majority of [family medicine](#) residency program directors felt that CAM and IM were an important part of resident training and, of those, a majority was aware of these recommended competencies. However, a majority of directors also did not have specific learning goals around CAM and IM in their residency

programs. Of those directors aware of the competencies, a minority had an adequate evaluation of CAM or IM in their program.

The survey respondents identified "strong" CAM/IM programs as those that incorporated at least one of the following modes of exposing residents to CAM or IM: didactics, clinical rotations or electives. "Weak" programs incorporated none of these modalities. Didactics were the most commonly employed techniques of the strong programs. There were significant differences between the strong and weak programs in perceived access to experts in CAM or IM and faculty training in these modalities.

The study was conducted via an online survey and consisted of six questions on CAM and IM with a focus on awareness, competencies, attitudes toward curricula, barriers to implementation and management techniques.

Given the use of CAM and IM modalities by patients and practicing physicians future directions should include raising awareness around the proposed competencies and identifying solutions to minimize the barriers to incorporating these competencies in residency training programs.

Provided by Boston University Medical Center

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