

Complementary & Alternative Medicine in Undergraduate Medical Education

ACMC Annual Meeting

CAM in UME workshop – UME Associate Deans

Saturday, April 27, 2002 – 8:30-11:30am

SUMMARY

<i>Attending</i>	Dr. Rick Birtwhistle (Queens) Dr. Brigitte Bonin (Ottawa) Dr. Oscar Casiro (Manitoba) Dr. Chris Cheeseman (Alberta) Dr. Rick Frecker (Toronto) Dr. Grand'Maison (Sherbrooke) Dr. Allan Jones (Calgary) Dr. Raymond Lalande (Montreal)	Dr. Bryan Magwood (Manitoba) Dr. Alan Neville (McMaster) Dr. Linda Peterson (Ottawa) Dr. Jay Rosenfield (Toronto) Dr. Richard Rowe (Dalhousie) Dr. Wes Schreiber (UBC) Dr. Tom Scott (Memorial)
<i>Absent</i>	Dr. Donald Boudreau (McGill) Dr. Jacques Frenette (Laval) Dr. Cynthia Kenyon (Western Ontario)	
<i>Facilitator</i>	Dr. Heather Boon (Toronto)	
<i>Presenter</i>	Dr. Marja Verhoef (Calgary)	
<i>Note taking</i>	Rebecca Brundin-Mather (Calgary)	
<i>Observer</i>	Joan Simpson (Health Canada)	

As a starting point, the group discussed and agreed that graduating medical students should have the following knowledge, skills, and attitudes. These will need to be refined and written as specific objectives.

Knowledge:

- Definition of CAM (including an awareness of CAM practices)
- Safety issues - know where there is evidence of benefit or harm
 - be aware that some CAMs have interactions with conventional medicine
- Knowing where or how to find information about CAM
- Common uses of CAM: who uses CAM, what they use, and why patients seek CAM (ethno-cultural awareness)
- The meaning and evaluation of CAM evidence – cultural and philosophical differences
- Regulation of CAM practitioners, including provincial guidelines and physicians' roles and responsibilities regarding referrals to CAM practitioners
- The limits of conventional medicine in the context of the history of medicine and of evidence based medicine.
- Objectives for Medical Council of Canada licensure (when developed)

Skills

- Being able to access and evaluate information about CAM, in particular, finding out about safety issues
- Being able to talk to patients about CAM
- Being able to include CAM in history taking

Attitudes

- Respectful and non-judgmental of patients who use CAM; open (but not gullible) regarding CAM potential
- Willing to talk to patients who use CAM

Recommendations: Next Steps

The following recommendations should all be linked to the educational goals and objectives with respect to knowledge, skills, and attitudes regarding CAM.

1. Define common and realistic educational objectives with respect to CAM – minimum level of knowledge, skills, and attitudes that graduating medical students should have
2. Assess what is currently being taught in medical schools across Canada, including identification of champions or leaders in this area
3. Exploration of financial, administrative, and other kinds of support for people to champion or implement CAM in UME
4. Compilation and organization of web-based resources that focus on CAM knowledge, skills, and attitudes that are already available or are being developed within each of the 16 Canadian medical schools. This would include learning tools such as cases or standardized patients roles, videos, self-learning modules, self-assessment quizzes, lectures, and useful web site materials that conform to the agreed upon objectives. It is imperative that the materials available on this site be continually updated, and a periodic assessment of the web site's utility should be conducted.
5. Faculty development
 - a. Creating an educational culture that diminishes negative opinions about CAM. This would include acknowledging the importance of CAM by a formal statement in the curriculum
 - b. Organizing workshops at a local level to update faculty about CAM content and appropriate knowledge, skills, and attitudes (this may involve linking with CME locally). One part of this process could consist of leaders in CAM education in medical schools traveling across Canada to provide educational resource workshops for faculty.

Points of Discussion

Several issues were raised during the workshop with no definitive resolutions reached.

1. There should be symmetry in nationally discussed items regarding curriculum issues. In other words, a rationale for why CAM has been brought to the forefront and not other areas of importance. Also, if CAM is included in the curriculum, what topic(s) might have to be dropped, if any?
2. There should be consideration about how we can continue CAM education in clinical training. Some thoughts on this issue included:
 - a. Discuss postgraduate education as well as Continuing Medical Education
 - b. Target specialties with high CAM use
3. Physicians may not use the same outcome measures that are used in CAM. Therefore, physicians may find that it is difficult to evaluate CAM evidence. In this regard, physicians need to recognize their own belief systems when evaluating the nature of evidence.
4. There are several questions surrounding the legalities of referral to CAM practitioners.
 - a. Is this an area undergraduates need to know?
 - b. What are physicians' roles and responsibilities regarding referral?
5. Medical educators should convey a culture of respect for CAM practitioners, but what should this entail? What does professional respect accord?