

Developing a National Vision for Complementary and Alternative Medicine in Undergraduate Medical Education
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Complementary and Alternative Medicine (CAM) in Undergraduate Medical Education (UME): themes and highlights of a national survey

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Introduction

To assess the current state of Complementary and Alternative Medicine (CAM) in Undergraduate Medical Education (UME) within Canadian medical schools, a survey was conducted in the spring of 2003. Respondents included 26 students and 16 faculty distributed across all of the 16 schools. The survey was conducted primarily with telephone interviews, and involved 22 questions in 4 areas: (1) culture and environment, (2) key personnel, (3) description of CAM curriculum, and (4) teaching materials. Data were analyzed to produce summaries by question and by school.

Themes and Highlights

Major themes and highlights from the interviews and from informal follow-up discussions are outlined below.

Diversity of perspectives on CAM. The features of CAM that were viewed as salient varied greatly among respondents. For some respondents, the salient feature of CAM was the perceived lack of evidence; for others, it was the quality of the practitioner-client relationship; some respondents focused on other features, such as the cross-cultural nature of CAM products and practices.

Diversity of approaches to CAM education. Survey data indicated a broad range of approaches to CAM education, in terms of content, teaching methods, teaching materials employed, and the relative importance/status of CAM in the curriculum.

Limited integration of CAM into medical curricula. In most cases, CAM was treated as an “add-on” to the curriculum, and was usually hosted in courses pertaining to medical humanities.

Skepticism and the need for persuasive evidence. Skepticism regarding the efficacy of CAM products and practices remains high among most students and faculty. The perception of CAM as being “unscientific,” “lacking a scientific basis,” “lacking evidence,” and/or “lacking outcome measures” was quite prominent, and the desire to “see the evidence” in detail was widespread.

Consensus on primary learning objectives. There was general consensus regarding the need for CAM in UME curricula to focus on learning objectives relating to definitions, evidence, safety, doctor-patient communication, and attitudes/respect.

Precarious status of CAM. In most schools, the status of CAM in the curriculum appeared to be tenuous at best. It was unclear in most cases whether CAM had found a stable/permanent place in undergraduate medical education.

Shortage of qualified and effective CAM instructors. Difficulties in finding high-quality CAM instructors appear to be widespread. Medical faculty who are interested, motivated, and effective at teaching medical students may not have the knowledge and background to teach CAM. Conversely, CAM practitioners who are knowledgeable about one or more

CAM practice areas may not have received the necessary training to be effective in teaching medical students. Furthermore, the skepticism and resistance on the part of students, combined with the controversy, complexity, and political sensitivity associated with CAM create significant challenge for both academic faculty and CAM practitioners.

Shortage of high-quality teaching materials. Several comments indicated a desire for high-quality, unbiased, reliable, scientific, user-friendly, accessible reading materials.

Driving forces. Respondents were virtually unanimous in their assessment of the two major forces that were driving the evolution of CAM in medical schools. These were student interest and widespread use by the general public.

Restraining forces. The force restraining the introduction of CAM into UME that was cited most frequently was the perceived lack of scientific evidence. Other restraining forces identified included lack of time and space, lack of knowledgeable faculty who are able to teach, lack of knowledgeable CAM practitioners who are capable of teaching in a medical college setting, combative relationship between CAM practitioners and conventional physicians, lack of support by deans and senior faculty.

What students don't want. Respondents identified a few specific behaviours on the part of CAM instructors that evoked strong negative responses from the students. These included a "preachy" attitude on the part of CAM instructors; any indication of commercial interests; and any criticism of conventional medicine. Students also tended to be adverse toward lengthy discussions of CAM principles and philosophy.

What students do want. Students indicated a strong desire for evidence, a "balanced" approach to CAM, and a collaborative, non-adversarial relationship between CAM practitioners and conventional physicians.