



ACADEMIC CONSORTIUM FOR

**Integrative
Medicine & Health**

Reimagining and Implementing Integrative Medicine Fellowship Core Competencies with an Equity Lens

ACIMH 2024 Congress
Saturday 4/13/24
8:45 AM - 9:45 AM

Acknowledgements

Original Authors: Melinda Ring, MD, Mark Brodsky, MD, Tieraona Low Dog, MD, Victor Sierpina, MD, Michelle Bailey, MD, Amy Locke, MD, Mikhail Kogan, MD, Adam Rindfleisch, MPhil, MD, Robert Saper, MD

Consortium Leadership Team: Amy Locke, MD, Samantha Simmons, Taryn De Sio Garber

Conversation Inspirations: Suhani Bora, MD, Melinda Ring, MD

Ancestors from our personal lives, Medicine lineages

Unceded land that we occupy (Ho Chunk in Madison, WI)



Learning Objective 1:

- **Assess gaps in current Integrative Medicine fellowship core competencies as they relate to considerations of diversity, equity, and inclusion.**

Learning Objective 2:

- **Explore how Integrative Medicine anchored in values of social justice may support the disruption of systemic inequities that affect health**

Learning Objective 3:

- **Contribute to collaborative efforts throughout the Consortium to apply an equity lens to Integrative Medicine fellowship core competencies.**



Session Agenda (50 min)

Reflection

- **Small Group Dialogue (10 minutes)**
- **Large Group Share Back (5 minutes)**

Context for establishing the current Fellowship Core Competencies Task Force (10 min)

Stakeholder Feedback

- **Reflection #1 (Jamboard): What are 3 key topics related to health equity that need to be included in the re-imagined competencies? (5 minutes)**
- **Reflection #2 (Small Group): How has an equity lens been included into your local integrative medicine education/training (curricula, seminars, clinical experiences, research, advocacy, etc)? (10 min)**
- **Large Group Debrief (5 minutes)**

Discussion of Next Steps and Q&A (5 minutes)



Reflection



Reflection - Small Groups

- What were the most impactful learning experiences during your integrative medicine training?
- What made them so impactful?
- What qualities of these experiences (if any) invited you to feel a sense of **belonging**?
- What qualities did **NOT** invite a sense of belonging?



Reflection - Large Group Share Back

- What were the most impactful learning experiences during your integrative medicine training?
- What made them so impactful?
- What qualities of these experiences (if any) invited you to feel a sense of **belonging**?
- What qualities did **NOT** invite a sense of belonging?



Context for establishing the Fellowship Core Competencies Task Force

Developing and Implementing Core Competencies for Integrative Medicine Fellowships

Melinda Ring, MD, Marc Brodsky, MD, Tieraona Low Dog, MD, Victor Sierpina, MD, Michelle Bailey, MD, Amy Locke, MD, Mikhail Kogan, MD, James A. Rindfleisch, MPhil, MD, and Robert Saper, MD, MPH

Abstract

The Consortium of Academic Health Centers for Integrative Medicine defines integrative medicine as “the practice of medicine that reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic approaches, health care professionals, and disciplines to achieve optimal health and healing.” Over the past three decades, the U.S. public increasingly has sought integrative medicine approaches. In an effort to train medical professionals to adequately counsel patients on the safe and appropriate use of these

approaches, medical schools and residencies have developed curricula on integrative medicine for their trainees. In addition, integrative medicine clinical fellowships for postresidency physicians have emerged to provide training for practitioners interested in gaining greater expertise in this emerging field. Currently, 13 clinical fellowships in integrative medicine exist in the United States, and they are predominantly connected to academic medical centers or teaching affiliate hospitals. In 2010, the Consortium of Academic Health Centers for Integrative Medicine, represented by 56 member

academic health care institutions with a shared commitment to advance the principles and practices of integrative medicine, convened a two-year task force to draft integrative medicine fellowship core competencies. These competencies would guide fellowship curriculum development and ensure that graduates possessed a common body of knowledge, skills, and attitudes. In this article, the authors discuss the competencies and the task force’s process to develop them, as well as associated teaching and assessment methods, faculty development, potential barriers, and future directions.

Some Definitions

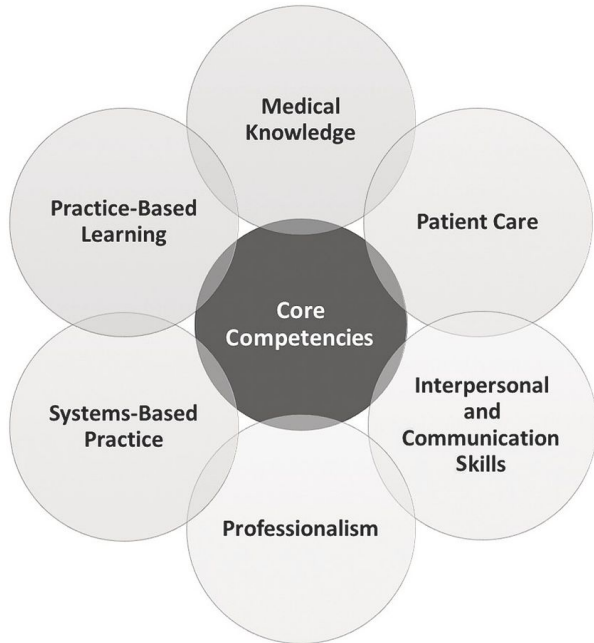
Competency	Curriculum	Learning Objectives
<p>“what a person should know at the end of a programme or module”</p> <p>“describe the qualities (knowledge, skills, attitudes, [behaviors]) that a person should be able to fulfill in professional practice”</p> <p>https://www.uantwerpen.be/en/centres/centre-expertise-higher-education/didactic-information/teaching-tips/curriculum-design/learning-objectives-competences/ Date Accessed 4/5/2024</p>	<p>“a standards-based sequence of planned experiences where students practice and achieve proficiency in content and applied learning skills”</p> <p>https://ride.ri.gov/instruction-assessment/curriculum/curriculum-definition Date Accessed 4/5/2024</p>	<p>“what a person should know at the end of a learning situation”</p> <p>“the ‘building blocks’ of the competencies”</p> <p>https://www.uantwerpen.be/en/centres/centre-expertise-higher-education/didactic-information/teaching-tips/curriculum-design/learning-objectives-competences/ Date Accessed 4/5/2024</p>



Historical Context

2010-12 Original Task Force convened

Based on 6 ACGME Competency Areas



Highlighted:

- *Two main competency areas:*
 - medical knowledge
 - patient care
- *Four subject areas:*
 - pain management
 - nutritional science
 - mind-body medicine
 - lifestyle medicine





Lawrence Family
Medicine Residency



University of California
San Francisco



MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN



What is an Equity Lens?

Our working definition:

A way of understanding and structuring personal and collective action that is grounded on (1) recognition of the systemic practice and consequences of the *differential valuation of people across seeming differences*, the ways in which these lead to gaps in the ability of specific groups to live and thrive, and which (2) is committed to creating the conditions that allow all people to flourish.

Dr. Scarlet Soriano, Consortium Symposium Chicago, 2023



Image source:

<https://healthystpete.foundation/news/announcing-visions-of-health-equity-a-community-art-project/>

Why Apply an Equity Lens?

- **Accessibility** to Integrative Health
- Improve quality of **care for all** people
- **Acknowledge harm** caused by cultural misappropriation, striving towards HEAR (humility, exchange, appreciation and respect) (IM4US statement on Cultural Misappropriation)
- **Following best practices** detailed by organizations including AAMC, Veterans Health Administration, World Health Organization
- Interrupting systemic inequities requires **policy-level change** (Kendi, [How To Be An Antiracist](#), 2019)
- “**integrative health equity**” as a vision for the field of Integrative Medicine and Health:
 - Defined as “optimal health for all through a whole-person approach that explicitly recognizes cultural, social, and structural determinants of health” (Chao and Adler, 2024)



ADVANCING HEALTH EQUITY:
**A GUIDE TO LANGUAGE,
NARRATIVE AND
CONCEPTS**



Cultural Misappropriation in Integrative Health

A statement by the Equity, Diversity, and Inclusion Committee of Integrative Medicine for the Underserved (IM4US).

Dedication

With respect and gratitude, we dedicate our efforts to all humans throughout time who have searched and learned ways to heal - from the Heavens, the Earth, and one another, and who passed on their knowledge to future generations.

With appreciation and love, we dedicate our hearts to all humans who have sought individually and collectively to be healed in body, mind, and soul.

With admiration and support, we dedicate this statement to all humans now who come together to shift a currently accepted paradigm in medicine away from separation, individualism, greed, and competition - to connection, compassion, and mutual support with all Life.

May we lead with humility and courage, conscious of our own vulnerabilities and need to heal, committed to our imperiled planet, rooted in relationship to all life on Earth, and aware that we serve the Healing Power inherent in Life.

Purpose

Through this document, we aspire to raise awareness of both historical and current injustices wrought by colonization and by misappropriation in the field of integrative healthcare. We offer definitions, references, and share our emerging ideas about how individual practitioners and groups working in integrative health can commit to repairing these injustices. The ultimate goal for this document is to light a path to acknowledge, include, support, and honor diverse practices and voices of practitioners of traditional and other non-biomedical healing systems in respectful and compassionate ways.

The Academic Consortium of Integrative Medicine and Health has the following definition of integrative healthcare: "Integrative medicine and health reaffirms the importance of the relationship between practitioner and patient, focuses on the whole person, is informed by evidence, and makes use of all appropriate therapeutic and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing."¹

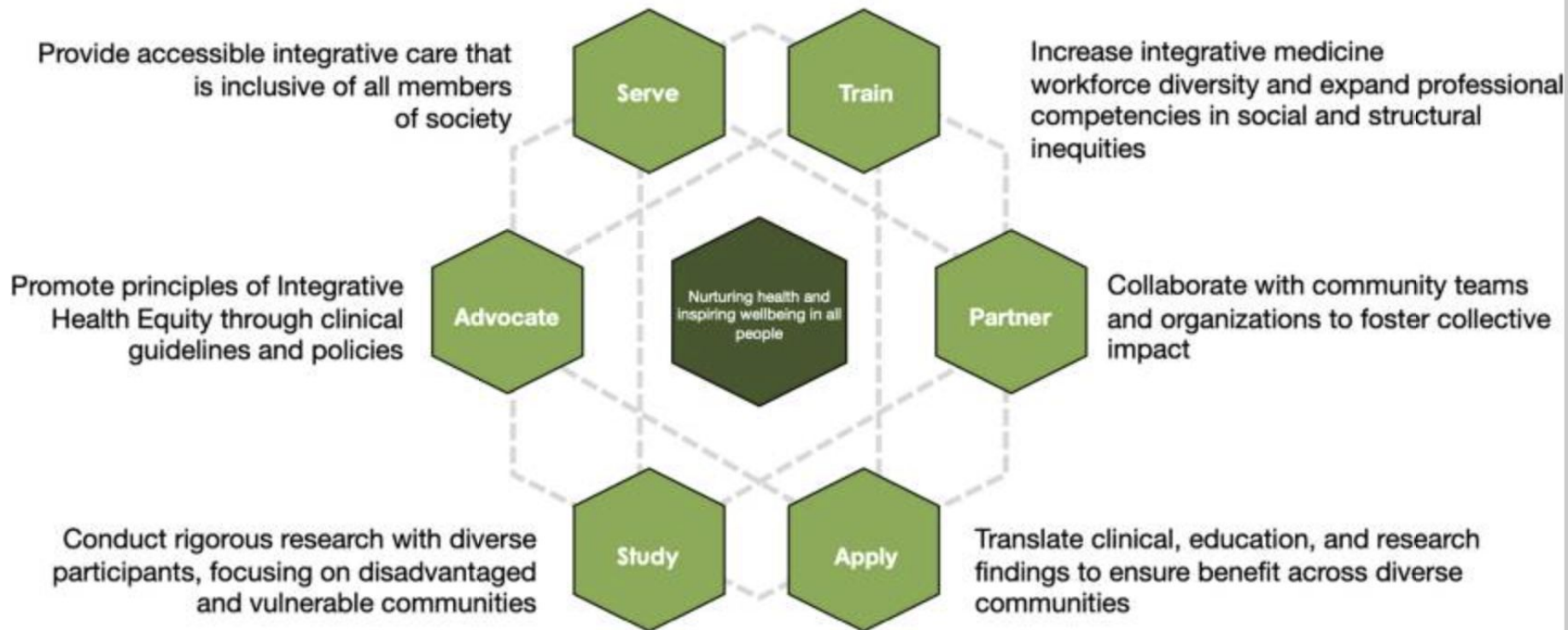
We recognize however, that many of the invaluable forms of integrative healing are traditions shared, borrowed, or stolen from various cultures - many of which are Indigenous cultures adversely impacted by

¹ Academic Consortium of Integrative Medicine and Health, 'Introduction', 2022
<<https://imconsortium.org/about/introduction/>>



UCSF Osher Center Integrative Health Equity Initiative

To consolidate and advance our efforts to resolve longstanding inequities in health and healthcare using the unique framework of integrative medicine



Task Force Objectives

Gather a team of experts in Integrative Health, DEI, and medical education

Reimagine IH core competencies with an equity lens

Connect with stakeholders and receive feedback

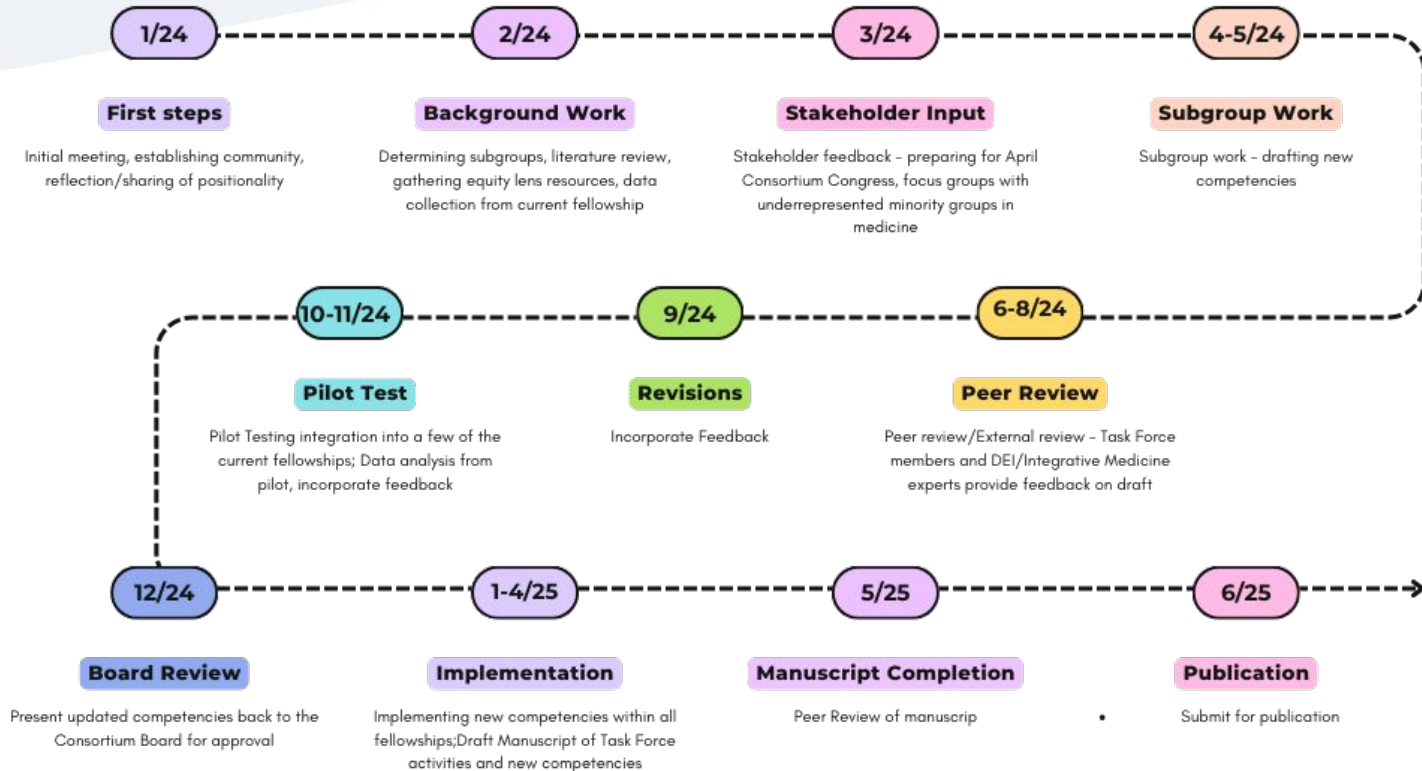
Pilot new competencies for feasibility and effectiveness

Publish and disseminate

<u>Name</u>	<u>Institution</u>	<u>Specialty</u>
Melinda Ring	Northwestern University	Internal Medicine
Vincent Minichiello	University of Wisconsin-Madison	Family Medicine
Shelley Adler	University of California, San Francisco	Med Anthropology
Suhani Bora	Tufts University	Family Medicine
Ann Marie Chiasson	University of Arizona	Internal Medicine
Anand Dhruva	University of California, San Francisco	Oncology
Katie Hu	University of California, Los Angeles	Family Medicine
Mikhail (Misha) Kogan	The George Washington University	Geriatrics
Wendy Kohatsu	Sutter Health	Family Medicine
Darshan Mehta	Harvard	Internal Medicine
Adam Rindfleisch	University of Wisconsin-Madison	Family Medicine
Jill Schneiderhan	University of Michigan	Family Medicine
Scarlet Soriano	Duke	Family Medicine



Fellowship Task Force Timeline



Reflection

What are 3 key topics related to health equity that need to be included in the re-imagined competencies?



Fellowship Director Survey

“What is missing from the current competencies?”

- Community partnerships
- Diversity, Equity and Inclusion
- Social Determinants of Health
- Group Visits
- Relationship to Whole Health
- Self-Care
- Trauma informed care
- concepts that underpin integrative medicine (neuroplasticity, inflammation, chronic toxic stress, epigenetics, etc.)
- Nature, green space, environmental exposures
- Interprofessional collaboration
- Advocating/Implementing CIH in medical systems
- Advocacy and Policy skills



Reflection

How has an equity lens been included into your local integrative medicine education/training?

Table Discussions - 10 minutes

Choose a Scribe

Choose a Timekeeper

Large Group Share Back

Examples from Fellowship Programs

1. University of Arizona: Training faculty with anti-racism course and now include a DEI rubric for all new courses
2. Osher Collaborative Faculty Fellowship: curricular integration, seminar topic/presenter choices
3. University of Wisconsin: fellow recruitment, DEI Microlearnings, seminar learning objectives, partnership with local FQHC



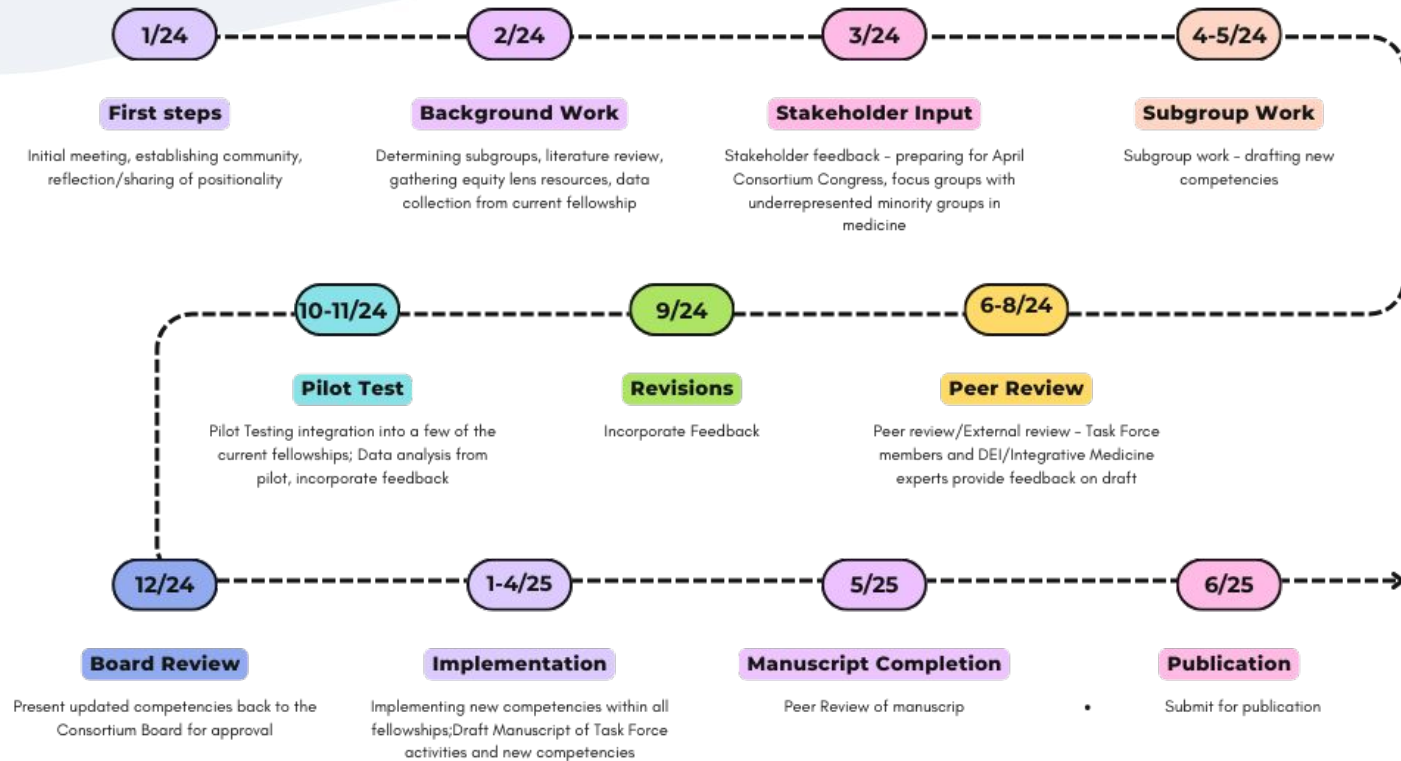
*How might we respond to
backlash towards health
equity education/initiatives?*



Next Steps



Fellowship Task Force Timeline



Do the best you can until
you know better.

Then when you know better,
do better.

-Maya Angelou



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