## Introduction to Complementary/Alternative/Integrative Medicine (CAM/IM) for Family Medicine Residency

Meredith Soles, MD<sup>a</sup>, Anna Beth Parlier, BS<sup>b</sup>, Shelley Galvan, MA<sup>b</sup>, Mike Coladonato, MD<sup>a</sup> Mountain Area Health Education Center, Asheville, NC <sup>a</sup>Division of Family Medicine; <sup>b</sup>Center for Research

**Objectives:** The Society for Teachers of Family Medicine (STFM) has compiled a recommended list of integrative medicine competencies for Family Medicine residents. This project aimed to introduce residents, students, and faculty to complementary/alternative integrative medicine (CAM/IM) concepts and pertinent point-of-care clinical databases, and to ascertain their familiarity and comfort with utilizing the resources in patient care.

**Methods:** During a didactic session, we introduced standard definitions of CAM/IM practice, STFM core competencies, and 5 CAM/IM web databases. Small groups were given case-based patient questions to answer by utilizing the databases. Participants were polled regarding their understanding of CAM/IM concepts and modalities as well as their familiarity with resources and comfort with answering patients' questions (Likert Scale 1-5) before and after the session. Although pre- didactic polls were limited to didactic participants, post-didactic polls were opened to the all practitioners within the residency.

**Results:** Most participants had some exposure to CAM/IM modalities prior to the didactic. There was an insignificant improvement in comfort addressing patient questions about these modalities after the didactic (pre- mean comfort rating = 2.5 + / - 1.31 [95% Cl 2.17-2.83] vs post- mean comfort rating = 2.93 + / - 0.96 [95% Cl 2.69-3.17). A significant improvement in familiarity with CAM/IM databases was observed (pre- mean familiarity rating = 1.42 + / - 0.67 [95% Cl 1.24-1.58] vs. post-mean familiarity rating = 2.47 + / - 1.06 [95% Cl 2.20-2.74].

**Conclusions:** Family medicine practitioners at MAHEC are familiar with CAM/IM modalities. They gained familiarity with point-of-care databases but not significant comfort in answering patient questions regarding these modalities after the didactic. Generalizability of results is limited by the inconsistencies in pre- and post- participant poll samples.