

Syllabus: Resident Integrative Medicine Rotation

Week 1	Experience	Assigned readings
Monday	Overview of Integrative Medicine Whole Health Direct Patient Care Osteopathic Manipulative Therapy	1. Wood et al, <i>Clinical Psychology Review</i> 2010 2. Garland et al, <i>Explore (NY)</i> 2009 3. McEwen et al, <i>Neurobiology of Stress</i> 2015 4. Arnsten et al, <i>Neurobiology of Stress</i> 2015 5. Dhabhar, <i>Immunol Res</i> 2014 <i>Additional resources: Meditation scripts, JKZ readings</i>
Tuesday	Yoga Warriors Tai Chi Whole Health Direct Patient Care	1. Tilbrook, <i>Ann Intern Med</i> 2011 2. Wang et al, <i>Int J Behav Med</i> 2014 3. Marks, <i>Medicines</i> 2017
Wednesday	Whole Health Direct Patient Care Ecotherapy Battlefield Acupuncture	1. Earles et al, <i>Journal of Traumatic Stress</i> 2015 2. Ein et al, <i>Stress and Health</i> 2018 3. Reed et al, 2012 4. Tessier et al, <i>Military Medicine</i> 2017 5. Ulrich, <i>Lancet</i> 2006 6. Vickers et al, <i>Journal of Pain</i> 2017 7. Ahn <i>Bioelectromagnetics</i> 2008
Thursday	Recovery Center Group: Chronic Pain, Anger Management, Mindfulness, Wellness Recovery Action Planning	1. Burnett et al, <i>Pain Studies and Treatment</i> 2017 2. Carlson, <i>Alternative and Comp therapies</i> 2017 3. Stein et al, <i>Peals in Clinical Neuroscience</i> 2008 4. Chen et al, <i>Frontiers in Psychology</i> 2018
Friday	Recovery Center Group: Health Education, Smoking Cessation, Whole Health Coaching, Creative Expressions	1. Bradt et al <i>Cochrane</i> 2013 2. Mackay 2004 3. Martin <i>Behavioral Sciences</i> 2018
Week 2	Experience	Assigned readings
Monday	Baltimore Pain Clinic Integrative Medicine Supervision/Didactics	1. Tick et al, <i>The Consortium Pain Task Force White Paper</i> 2017 2. Qaseem et al, <i>Ann Intern Med</i> 2017 3. Khan et al, <i>American Journal of Surgery</i> 2011 4. Latremoliere <i>J Pain</i> 2009 5. Woolf <i>Pain</i> 2011 6. Nijs <i>Manual Therapy</i> 2011 7. Jacob <i>JAMA</i> 2016 8. Jensen <i>NEJM</i> 1994 9. Hoftun <i>JAMA Pediatr</i> 2013 10. Boudreau, <i>Medical Teacher</i> 2009 11. Turk Powerpoint: Pain: A Biopsychosocial, Contextual Perspective 12. Bruns, <i>Practical Pain Management</i> 2006 13. Felitti, <i>Am J Prev Med</i> 1998

		<i>Additional Resources: Pain videos and links</i>
Tuesday	Empowering Veterans Program Acupuncture Narrative Medicine	1. Enck <i>Neuron Review</i> 2008 2. Enck et al <i>Nature Reviews</i> 2013 3. Colagiuri et al, <i>Neuroscience</i> 2017 4. Lee et al <i>Systematic Reviews</i> 2012 5. Rosti <i>Support Care cancer</i> 2017 6. Aronson <i>Lancet</i> 2014 7. Connelly 2005 8. Meisel <i>JAMA</i> 2011 9. Miller <i>Acad Med.</i> 2014 10. EVP Overview Powerpoints 11. Personal Health Inventory
Wednesday	Gerofit/MOVE Continuity Clinic	1. Frimel <i>Med Sci Sports Exerc</i> 2008 2. Kahwati <i>Am J Prev Med</i> 2011 3. Littman <i>Preventing Chronic Disease</i> 2012 4. Lutes <i>J Gen Intern Med</i> 2017 5. Villareal <i>N Engl J Med</i> 2011
Thursday	Baltimore Pain Clinic Mental Health Primary Care Integration	PCMHI materials
Friday	GeriPACT Didactics Summary	Additional videos/resources https://bit.ly/2K3WZhc http://cim.umaryland.edu/Education/Resources/

Assignments:

1. You will create an evidence-supported integrative treatment plan for a patient (real or made up). At our last session you will present the case to me, both in writing and in person (Friday afternoon). You may use a PowerPoint presentation but are not required to. If you use PowerPoint, you may submit the slides as your written work. Choose a medical condition that is of interest to you either personally or professionally, search the literature and create an evidence-supported integrative treatment plan. Please include at least 6-10 references.
2. Review assigned articles on various integrative medicine therapies. Assigned articles must be read before the educational session. Articles noted by **bold font** are required; additional articles are recommended.
3. Write at least one journal entry for each day for the duration of this 2 week rotation. Some days you will be provided with journaling prompts, and other days may include an unstructured reflection regarding your experiences for the day (this may include thoughts, feelings, insights, etc).
4. Practice a form of meditation for at least 10 minutes each day for the duration of this 2 week rotation. We have provided a variety of meditation scripts (eating, walking, mindfulness) and encourage you to download one or more apps that focus on meditation (examples include Headspace, Buddhify, Insight Timer).

5. Participate in one physical activity for at least 30 minutes each day during the duration of the rotation. Examples include walking, running, gym workout, group class, playing a sport, etc. Try to stick with physical activities you enjoy to avoid a negative association with exercise.
6. Keep a three day food record during the first week of the rotation. During the second week modify your diet to follow a popular diet trend and journal about the experience.

Family Medicine Resident Rotation, Behavioral Health/Integrative Health
Integrative Medicine Competencies and Learning Objectives (Locke et al, 2013)

Patient Care: Compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to do the following:

1. Demonstrate patient-centered history taking, using a bio-psychosocial approach that includes an accurate nutritional history, spiritual history, and inquiry of conventional and complementary treatments. (S)
2. Facilitate health behavior changes in patients, using techniques such as motivational interviewing or appreciative inquiry. (S)
3. Collaborate with patients in developing and carrying out a health screening and management plan for disease prevention, and treatment using conventional and complementary therapies when indicated. (S)

Medical Knowledge: Established and evolving biomedical, clinical, epidemiological, social-behavioral science, application to patient care. Residents are expected to do the following:

4. Understand the evidence base for the relationships between health and disease and the following factors: emotion, stress, nutrition, physical activity, social support, spirituality, sleep, and environment. (K)
5. Evaluate the strengths and limitations of evidence-based medicine (EBM) as it applies to conventional and complementary approaches and its translation into patient care. (K)
6. Demonstrate understanding of common complementary medicine therapies, including their history, theory, proposed mechanisms, safety/efficacy profile, contraindications, prevalence, and patterns of use. (K)

Interpersonal and Communication Skills: Effective exchange of information and collaboration with patients, families, and health professionals. Residents are expected to do the following:

7. Recognize the value of relationship-centered care as a tool to facilitate healing. (A,K)
8. Demonstrate respect and understanding for patients' interpretations of health, disease, and illness that are based upon their cultural beliefs and practices. (K,S,A)
9. Demonstrate respect for peers, staff, consultants, and CAM practitioners who share in the care of patients. (S,A)

Practice-Based Learning and Improvement: To investigate/evaluate care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning. Residents are expected to do the following:

10. Identify personal learning needs related to conventional and complementary medicine. (K,A)
11. Use EBM resources, including those related to CAM, at the point of care. (S)
12. Identify reputable print and/or online resources on conventional and complementary medicine to support professional learning. (K,S)

Professionalism: A commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to do the following:

13. Demonstrate the ability to reflect on elements of patient encounters, including personal bias and belief, to facilitate understanding of relationship-centered care. (S,A)
14. Understand importance of self-care practices to improve personal health, maintain work-life equilibrium, and serve as a role model for patients, staff, and colleagues. (A,K)

Family Medicine Resident Rotation Behavioral Health/Integrative Health 2 Week Schedule

WEEK 1 - PERRY POINT

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30-9:30		<i>Shuttle from Baltimore to Perry Point</i>	<i>Shuttle from Baltimore to Perry Point</i>	<i>Shuttle from Baltimore to Perry Point</i>	<i>Shuttle from Baltimore to Perry Point</i>
9:00-10:00	Integrative Medicine Educational Overview @ Baltimore VAMC (didactic session)	Check-in with Site lead (DO physician) 9:30-10:00 (didactic session)	Check-in with Site lead (DO physician) 9:30-10:00 (didactic session)	Check-in with Site lead (DO physician) 9:30-10:00 (didactic session)	Check-in with Site lead (DO physician) 9:30-10:00 (didactic session)
10-11		Body Mass Assessment @ RWC with NP (shadowing) or <i>Alternative Recovery Center</i> Group: 9:30-11 <i>Music for the Inner Self</i>	Whole Health Direct Patient Care (H&P) @ RWC with NP (shadowing)	Recovery Center Group Living Well with Chronic Pain Clinical Psychologist	Recovery Center Group Health Education with NP
11-12	<i>Shuttle from Baltimore to Perry Point</i>	Recovery Center Class Yoga Warriors Yoga teacher	Recovery Center Group Ecotherapy	Recovery Center Group Anger Management Clinical Psychologist	Recovery Center Group Smoking Cessation with RN
Lunch					
1-2	Whole Health Direct Patient Care @ RWC DO physician lead (shadowing)	Recovery Center Class Bldg 364 Dining Room Tai Chi Instructor	Battlefield Acupuncture (BFA) Group @ RWC MD physician with acupuncture training	Recovery Center Group Building 366 Introduction to Mindfulness Clinical psychologist	Whole Health Coaching @ RWC with RN (shadowing)
2-3	Osteopathic Manipulative Therapy (OMT)/IH @ RWC DO physician (shadowing)	Whole Health Direct Patient Care @ RWC MD physician with acupuncture training (shadowing)		Recovery Center Group Wellness Recovery Action Planning (Peer Support) Peer Veteran group leader	Recovery Center Group Creative Expressions LCSW-C
3-4	<i>Shuttle from Perry Point to Baltimore</i>	<i>Shuttle from Perry Point to Baltimore</i>	<i>Shuttle from Perry Point to Baltimore</i>	<i>Shuttle from Perry Point to Baltimore</i>	<i>Shuttle from Perry Point to Baltimore</i>

Family Medicine Resident Rotation Behavioral Health/Integrative Health 2 Week Schedule

WEEK 2 - BALTIMORE/ANNEX/LOCH RAVEN

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00-8:30		<i>Shuttle from Baltimore to Loch Raven (or drive)</i>	<i>Shuttle from Baltimore to Loch Raven (or drive)</i>		<i>Shuttle from Baltimore to Loch Raven (or drive)</i>
8:30-9:30	Baltimore Pain Clinic Baltimore VAMC (Neurology) Shadowing Pain Psychologist	Interdisciplinary Team Meeting 8:20-8:50 with EVP team	Gerofit/MOVE Group Exercise Classes Loch Raven Gym Gerofit 8:30-9:30 Kickboxing 9:30-10:30 MOVE 10:30-11:30	Baltimore Pain Clinic Baltimore VAMC (Neurology) Shadowing Pain Psychologist	GeriPACT Loch Raven Nutrition Clinic Registered Dietitian (shadowing)
9:30-10:30		Empowering Veterans Program (EVP) Loch Raven Clinical Pain Psychologist/EVP Staff (shadowing)			
10:30-11:30					
11:30-1:00	<i>Lunch 12:00-1:00</i>	<i>Lunch 12:00-1:00</i>	<i>Lunch 11:30-12:30</i> <i>Shuttle from Loch Raven to Baltimore 12:30-1 (or drive)</i>	<i>Lunch 12:00-1:00</i>	<i>Lunch 11:30-12:30</i> <i>Shuttle from Loch Raven to Baltimore 12:30-1 (or drive)</i>
1-2	Integrative Medicine Supervision/Didactics Baltimore VAMC	Narrative Medicine Loch Raven CLC (didactic)	University of Maryland Continuity Clinic Baltimore	Mental Health Primary Care Integration Primary Care Clinic Staff Psychologist (shadowing)	Integrative Medicine/Nutrition Didactics/Final Summary
2-3		Acupuncture/BFA Loch Raven CLC (shadowing)			
3-4					
3:30-4:00		<i>Shuttle from Loch Raven to Baltimore 3:30-4 (or drive)</i>			