REVIEW

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Reimagining integrative medicine fellowship core competencies with a health equity lens

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ABSTRACT

Integrative medicine (IM) fellowships have grown significantly over the past decade. This review examines gaps in the original IM competencies and key revisions aligned with the Accreditation Council for Graduate Medical Education (ACGME) domains, informed by a multi-phase stakeholder engagement process. A task force from the Academic Consortium for Integrative Medicine and Health conducted a systematic review of existing IM competencies, ACGME core competencies, and relevant Diversity, Equity, and Inclusion (DEI) frameworks. A survey was sent to 23 IM fellowship programs, yielding a 96% response rate. Competencies were revised and refined through stakeholder input via conferences, focus groups, and surveys. Thematic analysis in December 2024 identified priorities for final revisions.

Key updates include inclusive language and integration of underrepresented areas such as health equity, trauma-informed care, clinician well-being, interprofessional collaboration, and planetary health. Cultural humility and epistemic inclusivity are emphasized throughout, with health equity principles embedded across all domains. These updates mark a shift toward an inclusive, equity-centered model of whole-person care. Future efforts will focus on implementation, faculty development, and standardized assessment to support adoption in IM fellowship programs.

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KEYWORDS: Integrative medicine; Medical education; Competency-based training; Fellowship training; Whole-person care; Health equity

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Introduction

Integrative medicine (IM) is defined by the Academic Consortium for Integrative Medicine and Health (Academic Consortium) 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 and lifestyle approaches, healthcare professionals and disciplines to achieve optimal health and healing."[1] Though rooted in traditional philosophies, its formalization began with the first IM fellowship in 1994. Given the high prevalence of the use of complementary and integrative therapies[2,3] alongside the development of an integrative care model,[4,5] competency-based education in IM is essential.

CLINICAL SIGNIFICANCE

- Expert and stakeholder input informed a comprehensive revision of integrative medicine fellowship core competencies.
- Key updates include health equity, interprofessional collaboration, planetary health, clinician self-care, diverse healing systems, and a stronger focus on accessibility and real-world application.
- The revised framework centers compassionate, trauma-informed, culturally responsive, relationship-centered, whole person care that explicitly recognizes the social, structural, and systemic drivers of health

The initial integrative medicine fellowship core competencies used to guide fellowship curricula were published in 2014 by a task force of the Academic Consortium.[6] The competencies were aligned with the six Accreditation Council for Graduate Medical Education (ACGME) competencies (patient care, medical knowledge, systems-based practice, interpersonal and communications skills, professionalism and practice-based learning and improvement), which are shared by nearly all medical specialties and subspecialties and which address specific knowledge, skills, attitudes and appropriate educational experiences required by trainees.[7,8] The task force significantly contributed to the medical knowledge and patient care competencies by emphasizing pain management, nutritional science, mind-body medicine, and lifestyle medicine.[9]

Since then, IM fellowship programs have expanded from 13[6] to 23, with more fellowships recognized annually (review supplemental materials for fellowship listings). A growing body of literature has identified gaps and inconsistencies in both the practice and education of integrative medicine, which include accessibility to integrative health[10–14] and cultural misappropriation of integrative health therapies—a unique concern that arises in a field that calls into clinical practice many ways of knowing and healing from across the globe.[15–17] In addition, topics related to health equity are being addressed in other undergraduate and graduate medical education;[18–22] they remain underrepresented in most IM fellowships. Such topics include anti-racism,[23] gender diversity,[24,25] disability justice,[26] trauma-informed care,[27] weight inclusivity,[28] and planetary health.[29] Lastly, other recent growth areas in medical education include the impact of technology on medical care (eg, artificial intelligence), the role of interprofessional collaboration,[30] and the Whole Health model of care, which centers meaning and purpose in an individual's care plan.[5]

Given its foundation in medical pluralism and the inclusion of diverse and traditional healing practices, IM has a responsibility to promote health equity.[31] Updating competencies for fellows in integrative graduate medical education is one step towards achieving the vision of Integrative health equity, defined as "optimal health for all through a whole-person approach that explicitly recognizes cultural, social, and structural determinants of health."[31]

Methods

Task force formation and initial review

In November 2023, a task force was convened with the approval and support of the Academic Consortium to revise the integrative medicine fellowship competencies. The task force included 14 members from 12 unique institutions, representing expertise in integrative medicine, medical education, and health equity (Table 1). Physicians affiliated with the American Board of Integrative Medicine® (ABOIM) and the Academic Consortium Fellowship Recognition Committee were included to ensure alignment with existing standards.

To inform the revision process, task force members reviewed the 2014 IM Competencies, ACGME Core Competencies, and relevant Diversity, Equity, and Inclusion (DEI) frameworks, including the Association of American Medical Colleges (AAMC) DEI Competencies and the Integrative Health Equity and Anti-Racism Tool.[32,33] These resources provided a foundation for identifying necessary updates to align with contemporary medical education and integrative medicine practice.

Survey development and literature review

In February 2024, the task force developed and distributed a survey to IM fellowship directors to assess how IM fellowship programs utilized the existing competencies and integrated health equity principles into training (Supplemental Materials, available online). Simultaneously, a literature review contextualized the need for revision, identifying educational gaps, trends, and best practices in competency-based education.

Competency review and feedback collection

The revision process followed a structured, multi-phase approach. From April to May 2024, task force members collaboratively revised the Medical Knowledge and Patient Care competencies. In July 2024, subgroups reviewed the remaining four competencies individually, with final drafts submitted for collective review. By August 2024, the entire task force compiled and reviewed all six competencies.

In December 2024, a draft of the revised competencies was distributed for external review, along with a survey requesting feedback on language, relevance, and content. The revised competencies were shared with key stakeholder groups, including the Academic Consortium Fellowship Recognition Committee, the ABOIM Board, IM fellowship directors, the National Center for Complementary and Integrative Health (NCCIH), and Integrative Medicine for the Underserved (IM4US). Additionally, targeted outreach was made to the ACGME and other health equity-focused organizations and professional medical associations serving underrepresented groups. While most IM groups provided feedback, no feedback was received from health equity-focused organizations. NCCIH declined to participate, given its focus on research rather than medical education.

Beyond the survey, further input was gathered through conference proceedings on competency gaps and priorities for revision. Task force members presented the draft competencies at three major conferences—the International Congress on Integrative Medicine and Health, the IM4US Conference, and the Icahn School of Medicine Challenging Norms Conference. Fellowship directors nominated 1−3 former integrative medicine fellows per program to join structured surveys or focus groups, with gift cards offered as participation incentives.

Final revisions and implementation planning

Following stakeholder feedback, a thematic analysis was conducted to identify key priorities for revision based on the responses. These findings were then synthesized into specific changes in competency language and content.

The task force also defined a phased implementation strategy based on questions raised about implementation. Phase 1 focused on finalizing and publishing the revised competencies. In Phase 2, a new task force will be established to support fellowship programs, educate faculty and program directors, and develop assessment strategies to ensure effective integration into training curricula.

Results

Initial survey findings: program perspectives on core competencies

The survey of IM fellowship programs resulted in a 96% response rate and revealed several gaps in the original competencies, leading to targeted revisions. Fellowship directors emphasized the need for embedding health equity within the existing competency framework rather than treating it as a separate domain. Other missing themes identified included trauma-informed care, cultural humility, clinician self-awareness and self-care, environmental exposures and planetary health, neuroplasticity, chronic toxic stress, epigenetics, accessibility, interprofessional collaboration, a strength-based approach to patient care, and community engagement. These survey results informed the restructuring of competencies to align with contemporary integrative medicine education needs.

Key Revisions and Innovations

The revised integrative medicine fellowship competencies reflect several significant updates designed to enhance the training and practice of IM fellows (review supplemental materials for revised core competencies). One of the most notable changes is adopting consistent terminology throughout the document - specifically traditional, complementary, and integrative medicine (TCIM) to create a more inclusive framework that respects diverse healing traditions. The competencies have expanded to incorporate previously underrepresented domains; these additions reflect evolving understanding in the field and address gaps. Additionally, the revised framework emphasizes cultural humility and epistemic inclusivity as core principles, acknowledging the importance of medical pluralism and diverse knowledge systems in healthcare delivery. The competencies also incorporate new sustainability and planetary health sections, recognizing the bidirectional relationship between human health and environmental wellbeing, and expanding on lifestyle factors such as sleep, nutrition, and resiliency.

A health equity lens was applied systematically throughout the competency revision process, reflecting a fundamental commitment to addressing healthcare access and outcomes disparities. The task force utilized established DEI frameworks to ensure comprehensive integration of equity principles.[32,33] For example, the Patient Care domain now emphasizes “compassionate, trauma-informed, culturally responsive, relationship-centered, whole-person care that explicitly recognizes health’s social, structural, and systemic drivers.” Similarly, the Medical Knowledge domain includes competencies related to “Cultural Respect and Epistemic Inclusivity,” while the Interpersonal and Communication Skills domain emphasizes culturally responsive interactions and trauma-informed communication. This comprehensive integration ensures that health equity is considered not an add-on but a fundamental aspect of integrative medicine practice.

The revised competencies anticipate future challenges in IM by incorporating forward-looking elements that address evolving healthcare landscapes. Environmental and planetary health competencies prepare fellows to navigate the increasing impact of climate change and environmental degradation on human health, positioning IM practitioners as leaders in sustainable healthcare practices. The competencies also acknowledge the changing policy environment,

Table 1 Task force members and relevant skills/qualifications. Task force representing expertise in integrative medicine, medical education, and health equity.

Name	Academic institution	Primary board specialty	Additional relevant skills/ qualifications
Vincent Minichiello, MD (Co-chair)	University of Wisconsin-Madison	Family Medicine	Fellowship director; Education Lead for the Osher Center of Integrative Health at UW-Madison; associate editor of *Integrative Medicine, 5th Ed.*
Melinda Ring, MD (Co-chair)	Northwestern University	Internal Medicine	Fellowship director, former board chair of ABOIM; authorship of original core competencies
Shelley R. Adler, PhD	University of California, San Francisco	Medical Anthropology	Medical education research, Chair of UCSF Committee on Curriculum and Education Policy
Suhani Bora, MD	Lawrence Family Medicine Residency	Family Medicine	Fellowship Director, Member of the Academic Consortium Fellowship Review Committee
Ann Marie Chiasson, MD	University of Arizona	Internal Medicine	Fellowship Director; former board chair of ABOIM; member of the Academic Consortium Fellowship Review Committee
Taryn De Sio Garber, M.Ed., MS	Academic Consortium for Integrative Medicine and Health	n/a	Expertise in health policy, academic program development, and strategic initiatives in integrative health
Anand Dhruva, MD	University of California, San Francisco	Medical Oncology	Fellowship director, Associate Program Director of UCSF Hematology and Oncology Fellowship
Katie Hu, MD	University of California, Los Angeles	Family Medicine	Fellowship Director
Mikhail (Misha) Kogan, MD	The George Washington University	Geriatrics	Fellowship Director
Wendy Kohatsu, MD	Sutter Health	Family Medicine	Fellowship Director
Tieraona Low Dog, MD	University of California-Irvine	Family Medicine	Fellowship Director, founding board member of the ABOIM
Darshan H. Mehta, MD	Harvard University	Internal Medicine	Education Director for the Osher Center for Integrative Health HMS/BWH
Adam Rindfleisch, MD, MPhil	University of Wisconsin-Madison	Family Medicine	Co-authorship of original core competencies; founder of UW-Madison Academic Integrative Medicine fellowship
Jill Schneiderhan, MD	University of Michigan	Family Medicine	Fellowship Director and member/ former chair of the Academic Consortium Fellowship Review Committee
Scarlet Soriano, MD	Duke University	Family Medicine	Board Member, Academy of Integrative Health & Medicine and Traditional Complementary & Integrative Healthcare Coalition

noting that fellows should "understand how changes in healthcare policy and systems may impact the delivery of integrative care," including developments such as telehealth expansion, insurance coverage for integrative therapies, and shifts toward value-based care models. Additionally, the competencies emphasize interdisciplinary collaboration and team-based care, preparing fellows for increasingly complex and collaborative healthcare delivery systems. The competencies demonstrate a commitment to the practical application of these competencies in diverse educational settings and practice environments. This forward-thinking approach positions IM fellowship programs to adapt to evolving patient demographics, technological innovations, and healthcare practice models.

Table 2 Stakeholder group engagement in feedback.

Stakeholders	Method
Fellowship Directors	Survey (n = 4 directors, one of whom is also on the task force)
Former Fellows	Survey (n = 9) and Live Focus Group (n = 5)
IM4US	Survey (n = 4 representatives contributing to one combined survey response)
Academic Consortium IM Fellowship Recognition Committee	Survey (n = 1 co-chair)
ABOIM	Survey (n = 1 board member representative)

Note: All data reflects engagement conducted during the December 2024 feedback period.

Stakeholder feedback and thematic analysis

A thematic analysis was conducted on the December 2024 stakeholder feedback, focusing on competency gaps and revision priorities. Feedback was synthesized by the competency task force co-chairs (MR, VM) and used to refine competency language and content. For example, based on input from fellowship directors and former fellows, the competencies now explicitly reference social connection, sleep, and environmental drivers of health. The stakeholder-informed revisions were then shared back with the task force at large for validation and approval (see Table 2 and 3 for a summary of stakeholder groups and thematic feedback).

Stakeholders strongly supported the revised competencies, recognizing their potential impact on integrative medicine training:

- "*These competencies mark a turning point in how integrative medicine trainees will approach patient care, incorporating cultural humility, health equity, and planetary health as fundamental principles*." (IM4US Board Member)
- "*Reading through these competencies, I can see how they genuinely encompass my training and experience as an integrative provider. It's evident that diverse perspectives were incorporated*." (Former Fellow)
- "*These competencies will ensure more equitable and comprehensive care for all patients, especially historically underserved populations*." (Fellowship Director)

Broader implications for medical education

The revision of IM fellowship competencies reflects shifts in medical education, particularly on health equity, cultural humility, and the integration of diverse healing traditions. These priorities align with a broader movement toward comprehensive, patient-centered curricula. As healthcare systems increasingly recognize the need to address social drivers of health and provide equitable care, integrating social and cultural considerations into medical training is likely to become a standard across other specialties and is already being incorporated into standardized milestones in training programs.[34]

IM competencies could be a model for other medical disciplines to reconsider how they train their students and fellows. For instance, interdisciplinary training, where trainees learn alongside practitioners from diverse fields such as acupuncture, chiropractic care, and nutrition, can foster collaborative care models that improve patient outcomes. Furthermore, incorporating health equity into the core competencies of medical education ensures that future healthcare professionals are equipped to reduce disparities in patient care and serve diverse populations effectively.[35] Training programs that embed these principles in content and teaching methods will produce graduates who are better prepared to engage in team-based care and address the needs of underserved communities. Specialties focused on chronic disease management, oncology, mental health, and palliative care, for example, can benefit from a more holistic approach that considers the full spectrum of patient well-being—physical, emotional, and social. Finally, medical institutions and training programs should view these revised competencies as a framework for incorporating evidence-based integrative approaches into education. Doing so can cultivate more open-minded, resourceful practitioners who are well-equipped to offer a full range of treatment options, ultimately enhancing patient care and broadening the scope of medical practice.

Developing competencies that reflect the realities of contemporary healthcare, where providers must collaborate across disciplines, work in diverse teams, and address patients' broader social contexts, will better prepare future physicians for the challenges they will encounter.

Table 3 Key themes from stakeholder feedback.

Key Themes	Revision Examples
Suggested language refinements	• Replacing "credible sources" with "critically assess sources of information" to avoid implicit bias in defining credibility
Enhanced content areas	• A call for greater emphasis on cultural humility and epistemic inclusivity
Implementation considerations	• Practical concerns regarding faculty training in health equity and integrative care assessment • The need for standardized tools to measure fellows' progress in achieving competencies

Note: Themes reflect synthesized responses for the December 2024 stakeholder feedback surveys and focus group.

Potential challenges and next steps

While the task force believes the revised competencies are comprehensive, current, and responsive to emerging healthcare needs, it acknowledges that implementation will present challenges. One key concern is ensuring that faculty are adequately trained to assess fellows in areas requiring specialized expertise, particularly in health equity and integrative approaches. Resource investment will be necessary to expand curricula. Standardization across programs is complex, given the diversity of fellowship settings—from academic to community-based programs, across multiple specialties, and serving physicians at various career stages. Increasingly, fellowships are fully or partially virtual, requiring fellows to apply their learning in local clinical contexts without direct expert supervision. In addition, certifying examinations often lag behind curricular updates due to lengthy development timelines, requiring programs to balance board preparation with the integration of new competencies.

The task force defined a phased implementation strategy based on questions raised about implementation. Phase 1 focused on finalizing and publishing the revised competencies. In Phase 2, a new task force will be established to support fellowship programs, educate faculty and program directors, and develop assessment strategies to ensure effective integration into training curriculum. To advance this work, several steps are critical. First, methods must be developed to assess fellows' progress in achieving these competencies throughout training. Unlike ACGME-accredited fellowships utilizing milestone frameworks, integrative medicine lacks a standardized assessment approach. Evidence suggests that milestones are a valid tool for tracking learners' progress toward competency attainment.[36] We propose developing IM-specific milestones aligned with the revised competencies. This process should follow the model used in the ACGME Milestones 2.0 initiative,[37] which emphasizes a multi-stakeholder working group, simplified language, and community input. These milestones should be tailored to the unique aspects of integrative medicine, with health equity embedded as a core component, as has been done in other specialties.[38]

In parallel, developing assessment tools will be essential to measure fellows' progress effectively. Creating such tools is complex and resource-intensive; thus, a collaborative effort across programs will be the most effective strategy. We recommend forming a task force to develop standardized tools aligned with the new competencies and milestones to support consistent evaluation across fellowships.

As these competencies reflect an evolution in the field, faculty, particularly in smaller programs, will need support implementing them. Collaboration across organizations such as the Academic Consortium and ABOIM will be key to developing faculty resources, including online materials, pedagogical strategies, and in-person training. Equally important, material support in the form of financial resources and protected time will be necessary for faculty and directors responsible for implementing these competencies. In addition, this process sheds light on the importance of developing relationships and partnerships with non-IM community organizations with expertise in health equity

By establishing clear competencies, developing integrative medicine-specific milestones, creating standardized assessment tools, and regularly reviewing/integrating advances in healthcare, we can strengthen fellowship training and better support faculty. Ongoing and new collaborations across IM and non-IM institutions will be essential to advancing these efforts and ensuring the next generation of integrative medicine practitioners is prepared to meet the evolving needs. We can foster a more structured, equitable, and comprehensive approach to integrative medicine education through continued partnership and innovation.

Conclusion

Integrative Medicine physicians require a broad range of skills to practice effectively in a rapidly changing and complex environment. Fellowship training programs must adequately prepare physicians to deliver whole-person care in a manner that includes an acknowledgment of the structural and systemic drivers of health. These revised fellowship competencies are a significant advancement in integrative medicine education. Embedding essential principles such as trauma-informed care, interprofessional collaboration, cultural humility, planetary health, health equity, respect for diverse healing traditions, clinician self-awareness/self-care, and accessibility of integrative healthcare across all competency domains moves fellowship training from a highly compartmentalized approach to a more integrated, dynamic, and patient-centered model. By outlining these core competencies, we hope to better evaluate the efficacy of this approach in clinical care, ultimately contributing to downstream effects such as revision of healthcare's payment/reimbursement structures, allowing greater access to integrative care.

As these competencies are adopted, continued efforts will be needed to facilitate their integration, including standardized assessment tools, faculty development, and programmatic support. Collaboration between academic institutions and professional organizations will be essential to ensure consistency across diverse settings. We hope these revisions will provide a framework that ensures Fellows are adequately prepared to deliver whole-person care after completing their training, ultimately enhancing both physician and patient well-being, as well as the community at large.

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All authors had access to the data and a role in writing the manuscript.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this article.

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SUPPLEMENTARY DATA

Supplementary data to this article can be found online at https://doi.org/10.1016/j.amjmed.2025.07.013.

Supplementary Materials

I. Clinical Fellowships Recognized by the Academic Consortium for Integrative Medicine and Health at the time of the Task Force Formation

https://imconsortium.org/page/list-of-integrative-medicine-fellowships

Arizona

- Academy of Pediatric Integrative Medicine (APIM) Fellowship
- The University of Arizona / Andrew Weil Center for Integrative Medicine Fellowship in Integrative Medicine
- The University of Arizona / Mayo Clinic Arizona Integrative Medicine in Hematology Oncology

California

- Academy of Integrative Health & Medicine (AIHM) Fellowship in Integrative Health & Medicine
- Sutter Santa Rosa Family Medicine Residency, Integrative Medicine Fellowship Program
- UCLA Center for East-West Medicine Integrative Medicine Fellowship

Iowa

- Maharishi International University - College of Integrative Medicine Fellowship and Master of Science in Integrative Medicine and Ayurveda

Massachusetts

- Greater Lawrence Family Health Center Lawrence Family Medicine Residency
- Tufts University / Cambridge Health Alliance Integrative Medicine Educator Fellowship

Michigan

- University of Michigan IFM Fellowship

New York

- Mount Sinai Institute for Family Health Integrative Family Medicine Fellowship
- Weill Cornell Integrative Health and Medicine Integrative Health and Well-being Fellowship

Ohio

- Alliance Integrative Medicine / Integrative Medicine Foundation Integrative Medicine Physician of Excellence Program
- The Ohio State University Family & Community Medicine Fellowship in Integrative Medicine

Pennsylvania

- Thomas Jefferson University Integrative Medicine Fellowship; Part Time & Remote Fellowship Track

Texas

- University of Texas Medical Branch Integrative and Behavioral Medicine Fellowship

Washington, DC

- George Washington University INTM Care Fellowship Program; Integrative Geriatric and Palliative Care Fellowship

Wisconsin

- University of Wisconsin Academic Integrative Health (AIH) Fellowship

USA (multi-state)

- Osher Collaborative Faculty Fellowship in Integrative Health

II. Stakeholder Feedback Survey/Questionnaires

IM Fellowship Competencies Task Force: Fellowship Director Feedback on Existing Competencies (prior to revisions)

Kindly provide your valuable feedback by March 13, 2024.

An Academic Consortium for Integrative Medicine and Health task force* is working on reviewing and updating the core competencies for Integrative Medicine Fellowships. Your feedback is crucial to this process. **The below survey should take 10-15 minutes and is a vital step in the competency review process.**

**The primary objective of this IM Fellowship Competencies Task Force is to ensure that our fellowship program remains at the forefront of academic and clinical excellence. We aim to review the existing core competencies, identify areas for improvement, and integrate new advancements in the field. As one important example, we are committed to applying a health equity lens into the updated competencies.*

PROGRAM INFORMATION

* 1. Your Name and Fellowship Role:

2. Fellowship Organization Name: [Drop Down, Other: free text]

3. Program Characteristics:

- What is the size of your program (number of fellows per year)?
- Duration 1 or 2 years?
- In-residence or distance learning?

CORE COMPETENCIES

4. Does your program have established core competencies for fellows? [Yes/No]

5. (Optional) Upload your competencies document. [Choose File]

6. If yes, how were these competencies developed? (Please select all that apply)

- Independently developed by our program
- Adapted from the 2012 Academic Medicine publication
- In collaboration with other institutions
- Other (please specify)

* 7. Are you familiar with the existing Integrative Medicine Fellowship Clinical Core Competencies, published in Academic Medicine in 2012? [Yes/No]

8. To what extent do the competencies of your program align with those published in Academic Medicine in 2012?

- Fully aligned
- Partially aligned
- Not aligned
- Not familiar with the 2012 publication

9. If you are familiar with the 2012 competencies, do you feel anything notable is missing from them? [No/ Yes(please specify): free text]

10. If you do not use the existing competencies to inform or structure your curriculum, please share any barriers or reasons:

11. If applicable, how does being an in-resident vs distance learning fellowship program influence how you teach each of the competencies?

12. Please review the ACGME 6 core competency areas. Do you feel additional core competencies (e.g. self-care, interprofessional collaboration) would be helpful to include or do you feel the 6 core competencies can encompass all necessary knowledge, skills, and attitudes a fellowship graduate should achieve ? Please explain:

13. Do you have a process to identify gaps in your curriculum?

14. Do you have a process to measure or assess your fellows mastery of the core competencies? If so, please share an overview:

DIVERSITY, EQUITY, AND INCLUSION (DEI)

15. Has your program incorporated DEI principles into its core competencies and training? [Yes/No/ Plan to in the future]

16. If yes, could you provide examples of how DEI has been integrated into the curriculum and training?

SUPPORT AND RESOURCES

17. Would your program benefit from support or resources in regards to competencies?

- Development of competencies
- Implementation or tracking of competencies in the curriculum/training
- Assessment of fellow achievement competencies

- No support needed
- Other (please specify)

18. If yes, what types of support or resources would be most helpful?

ADDITIONAL COMMENTS

19. Do you have any additional comments or suggestions regarding the establishment and implementation of core competencies in integrative medicine fellowship programs?

Thank you for completing this survey. Your insights are crucial to helping us understand and support the ongoing development of integrative medicine education. A task force member may reach out to you for additional information.

IM Fellowship Core Competency Revision Feedback: Fellowship Directors

In January 2024, The Academic Consortium for Integrative Medicine and Health convened a task force of integrative medicine experts to update the core competencies for Integrative Medicine fellowship programs, which were originally established in 2012. This revision process has been guided by a strong commitment to equity and inclusion, ensuring that these principles are embedded in the updated competencies. The task force is now collecting feedback from different stakeholder groups.

Audience: We are seeking input from IM Fellowship Directors to ensure a broad and inclusive perspective on these revised competencies. And insights on whether any key areas have been overlooked and on their practical relevance and feasibility.

Purposes: Review draft revised competencies and provide insights on whether any key areas have been overlooked and any recommendations for improving the language or terminology used.

Time Commitment: 2-3 hours

Instructions: Please review the link, as needed, which defines ACGME competency based medical education. Please review the questions in this feedback form prior to reviewing the competencies. With the questions in mind, please review the full set of confidential revised draft competencies. Please complete the survey by January 15, 2025. Please note that this draft is confidential and not for distribution. We kindly request that you do not copy, share, replicate, or distribute this document in any way. Your input is valuable to us and will be used to refine and improve the competencies before they are published.

- Name:
- What Fellowship Program are you completing this form on behalf of?

1. How well do the new competencies align with the current learning needs of fellows in Integrative Health/Medicine programs?
2. In your view, how well do the competencies address the anticipated learning needs of the field over the next 10 years?
3. Are there any significant areas of Integrative Health/Medicine education that are not covered or adequately addressed by the competencies?
4. We intentionally applied a health equity lens during the competency review process. Based on your review of the updated competencies, how do they support learners and educators in promoting equity in healthcare?
5. Regarding patient care, who do you believe will benefit most from these competencies? Are there groups or individuals who may not benefit or be served by these competencies?
6. Is there anything that you feel is missing from the competencies?
7. Do you suggest any changes in language or terminology to improve clarity or inclusivity?
8. What barriers or concerns, if any, do you anticipate in implementing these competencies at your fellowship program?

IM Fellowship Core Competency Revision Feedback:_ IM Expertise (ABOIM, IM4US, Fellowship Recognition Chair)

In January 2024, The Academic Consortium for Integrative Medicine and Health convened a task force of integrative medicine experts to update the core competencies for Integrative Medicine fellowship programs, which were originally established in 2012. This revision process has been guided by a strong commitment to equity and inclusion, ensuring that these principles are embedded in the updated competencies. The task force is now collecting feedback from different stakeholder groups.

Audience: We are seeking input from representatives with expertise in medical education and/or competencies from integrative medicine organizations (and internal ACIMH groups) to ensure a broad and inclusive perspective on these revised competencies.

Purposes: Review draft revised competencies and provide insights on whether any key areas have been overlooked and any recommendations for improving the language or terminology used.

Time Commitment: 2-3 hours

Instructions: Please review the link, as needed, which defines ACGME competency based medical education. Please review the questions in this feedback form prior to reviewing the competencies. With the questions in mind, please review the full set of confidential revised draft competencies. Please complete the survey by January 15, 2025.

Please note that this draft is confidential and not for distribution. We kindly request that you do not copy, share, replicate, or distribute this document in any way. Your input is valuable to us and will be used to refine and improve the competencies before they are published.

- Name:
- Organization or committee you are completing this form on behalf of? (e.g. IM4US, Fellowship Review Committee).

1. How well do the new competencies align with the current learning needs of fellows in Integrative Health/Medicine programs?
2. In your view, how well do the competencies address the anticipated learning needs of the field over the next 10 years?
3. Are there any significant areas of Integrative Health/Medicine education that are not covered or adequately addressed by the competencies?
4. We intentionally applied a health equity lens during the competency review process. Based on your review of the updated competencies, how do they support learners and educators in promoting equity in healthcare?
5. Regarding patient care, who do you believe will benefit most from these competencies? Are there groups or individuals who may not benefit or be served by these competencies?
6. Is there anything that you feel is missing from the competencies?
7. Do you suggest any changes in language or terminology to improve clarity or inclusivity?

IM Fellowship Core Competency Revision Feedback: Fellows

In January 2024, The Academic Consortium for Integrative Medicine and Health convened an IM Fellowship Competency Review Task Force of experts in integrative health, education and health equity. Over the past several months, the task force has reviewed and updated the core competencies for Integrative Medicine Fellowships. The task force is now collecting feedback from different stakeholder groups.

Audience: Former or current Integrative Medicine Fellows (former fellows or those in the final months of a 2-year fellowship program to confidentially and independently review the proposed revised competencies).

Purposes: Provide feedback on a set of proposed revised Integrative Medicine Fellowship competencies.

Time Commitment: 2-3 hours

Instructions: Please review the link, as needed, which defines ACGME competency based medical education. Please review the questions in this feedback form prior to reviewing the competencies. With the questions in mind, please review the 2025 full set of confidential revised draft competencies. Please complete the survey *by January 15 2025)*

Please note that this draft is confidential and not for distribution. We kindly request that you do not copy, share, replicate, or distribute this document in any way. Your input is valuable to us and will be used to refine and improve the competencies before they are published.

1. Do the revised competencies accurately reflect what you learned in your fellowship? If no, please explain:
2. Do the competencies address the skills and knowledge you need in your current practice? If no, please explain:
3. Do the competencies align with your anticipated future needs in the field (recognizing that medicine requires lifelong learning and ongoing professional development)? If no, please explain:
4. Is there anything you feel is missing or underrepresented in the competencies? Please explain:
5. Are there any specific areas that you believe are particularly important and should be emphasized more? Please explain:
6. Are you also scheduled to provide input via a focus group for these competencies? [Yes/No]
7. Additional Comments:

Fellowship Focus Group Question Guide

Introduction

Welcome and purpose of the focus group.

- In January 2024, a task force of diverse leaders in integrative medicine was convened to revise the core competencies for integrative medicine fellowship programs, initially established in 2012.
- The purpose of the focus group is to review and provide feedback on the revisions of a new set of Integrative Medicine Fellowship Competencies. This focus group is hosted by the Integrative Medicine Fellowship Competency Review Task Force, a volunteer group under the Academic Consortium for Integrative Medicine and Health.

Introductions and ground rules.

- Please share your point of view even if it differs from what others have said.
- Participate actively and with a commitment to contributing to discussion.
- Speak your truth without blame or judgment.
- Speak one at a time.
- Listen with respect and while listening, assume best intentions.

- Treat everyone's ideas with respect.
- Keep focused on the topic or question.
- Accept others' experiences even though we haven't experienced them.

General Feedback on Competencies (20 minutes)

- What are your overall impressions of the updated competencies?
  - overall positive impressions
  - overall critical impressions?
- Which Competencies do you find most relevant and why?

Specific Competencies (20 minutes)

- Discuss specific competencies in detail.
- Are there any competencies that you feel are missing or need improvement?

Implementation and Impact (20 minutes)

- How do you see these competencies being implemented in practice?
- How do these competencies impact your practice and patient care?

Conclusion

- Summarize key points discussed.
- Next steps, expect a text and email from Taryn with your amazon gift card in the next 2 weeks and thank you.
- Thank participants for their time and input.

General Feedback on Competencies (20 minutes)

- What are your overall impressions of the updated competencies?

III. Integrative Medicine Fellowship Core Competencies

1.0. Medical Knowledge

The integrative medicine fellow should demonstrate advanced knowledge of established and evolving science relevant to the equitable practice of integrative medicine.

1.1. Integrative Medicine Core Principles

The fellow will demonstrate a comprehensive understanding of the core principles of integrative medicine, including but not limited to the following (review Glossary at end of Supplemental Materials section for definition of terms):

1.1.1. Patient-Centered and Holistic Care

- Patient-Centered Care
- Therapeutic Alliance
- Bio-psycho-social-spiritual Model
- Personalized Care
- Mind-Body Connection
- Patient Engagement and Education

1.1.2. Team-Based and System-Based Practice

- Interdisciplinary Collaboration
- Integration of Care Across Disciplines
- Systems Thinking for Patient Care

1.1.3. Health Promotion

- Salutogenic Approach
- Prevention-Oriented Care
- Health Behavior Optimization

1.1.4. Cultural Respect and Epistemic Inclusivity

- Cultural Humility
- Medical Pluralism

1.1.5. Self-Care

- Patient Self-Care
- Health Professional Well-being

1.1.6. Sustainability

- Ecological Health
- Environmental Health
- Planetary Health

1.1.7. Community Health

- Community Engagement and Outreach
- Equity and Social Justice

1.1.8. Evidence-Informed Practice

- Integration of Research and Clinical Expertise
- Understanding Diverse Forms of Evidence
- Critical Evaluation of Evidence

1.2. Whole Person/Whole Planet Health

1.2.1. Whole Health & Lifestyle Factors

Demonstrate advanced knowledge of how factors, including stress, nutrition, physical activity, sleep, social connections, physical/emotional surroundings, and spirituality, impact overall health and well-being.

1.2.2. Trauma-Informed Care
Understand the influence of trauma on health outcomes and how it contributes to disparities in health and well-being.

1.2.3. Environmental and Planetary Health
Recognize the bidirectional relationship between human health and the environment, including the impact of environmental toxins, climate change, ecosystem degradation, and broader planetary health issues.

1.3. Nutrition and Integrative Health

1.3.1. Understanding Dietary Approaches
Demonstrate knowledge of various dietary approaches and their effects on health and disease management.

1.3.2. Nutritional Deficiencies and Imbalances
Recognize common nutritional deficiencies and imbalances, including their causes, symptoms, and potential impact on health.

1.3.3. Disease Prevention and Management
Understand the role of nutrition in the prevention, risk reduction, and management of chronic diseases.

1.3.4. Functional and Therapeutic Nutrition
Recognize the role of functional and therapeutic nutrition in integrative medicine, including the role of nutrigenomics, diagnostic testing, and the use of micronutrients and other dietary supplements or natural health products to support healing and overall health.

1.3.5. Cultural and Socioeconomic Considerations in Nutrition
Recognize how cultural backgrounds, socioeconomic status, and food access influence dietary choices and nutrition.

1.4. Physical Activity and Rest

1.4.1. Benefits of Physical Activity
Understand the physiological benefits of physical activity and its role in health promotion, and the prevention and management of chronic conditions.

1.4.2. Physical Activity Recommendations
Understand strategies for providing physical activity recommendations that are tailored to individual patient needs, including considerations of health status, disabilities, lifestyle, cultural preferences, socioeconomic status, and environmental factors.

1.4.3. Restoration and Sleep
Understand the physiology of sleep, how sleep needs change across the lifespan, the importance of sleep hygiene, the role of sleep and rest in maintaining health and preventing disease, and the influence of social drivers on sleep quality.

1.5. Social Connection

1.5.1. Impact of Social Connection on Health
Describe the influence of social connection and social networks on health outcomes, including their cultural relevance and their role in disease prevention, management, and recovery.

1.5.2. Mechanisms of Social Connection
Explain the biological and psychological mechanisms through which social relationships influence well-being.

1.5.3. Social Connection in Clinical Practice
Recognize the potential for leveraging social connections as a therapeutic strategy, promoting positive relationships to improve patient outcomes.

1.6. Mind-Body Medicine

1.6.1. Foundations of Mind-Body Medicine
Understand the scientific and theoretical foundations of mind-body medicine, including the role of stress in health and disease, and how mind-body interventions can modulate the stress response.

1.6.2. Evidence-Based Mind-Body Practices
Demonstrate knowledge of the evidence for mind-body practices, such as therapeutic breathing, mindfulness, meditation, yoga, tai chi, guided imagery, clinical hypnosis, and biofeedback.

1.6.3. Clinical Application
Recognize the clinical applications for mind-body interventions in neurophysiological health and chronic disease.

1.6.4. Cultural Considerations in Mind-Body Medicine
Recognize the cultural, spiritual, and personal dimensions of mind-body practices, respecting the diverse ways in which individuals engage with these modalities, while ensuring the use of these practices respects their cultural origins and avoids cultural misappropriation.

1.6.5. Placebo and Nocebo Effects
Understand the mechanisms and impact of the placebo and nocebo effects in clinical care, recognizing how patient expectations, beliefs, and the therapeutic encounter can influence health outcomes.

1.7. Traditional and Complementary Medical Systems

1.7.1 Historical and Theoretical Foundations
Provide an overview of the history, philosophy, and theoretical foundations of widely used traditional medical systems, including but not limited to ayurvedic medicine, East Asian medicine, Native American medicine, and curanderismo, and complementary and integrative approaches, including but not limited to manual therapies, energy medicine, homeopathy, naturopathic medicine and functional medicine.

1.7.2. Evidence Base
Critically examine the biomedical and empirical evidence for traditional medical systems, complementary and integrative healing systems, and relevant practices unique to local communities.

1.7.3. Cultural Humility and Inclusivity
Recognize and avoid cultural misappropriation by acknowledging the authenticity and integrity of traditional practices.

1.8. Dietary Supplements and Natural Products

1.8.1. Evidence for Dietary Supplements and Natural Products
Demonstrate advanced knowledge of the efficacy of widely used dietary supplements and natural health products in promoting health and managing common medical conditions.

1.8.2. Supplement and Product Uses, Risks, and Interactions
Describe the common uses, potential adverse effects, drug-supplement interactions, clinical pharmacology, and appropriate dosing for commonly used dietary supplements and natural health products.

1.8.3. Critically Assess Information Sources
Critically assess resources for obtaining information on dietary supplements and natural health products.

1.8.4. Regulations Governing Dietary Supplements
Explain the regulations governing dietary supplements in the fellow's country of practice, including their impact on efficacy, safety, and product quality.

1.8.5. Cultural Respect for Natural Products
Recognize and respect the traditional and cultural uses of natural health products within diverse communities.

1.8.6. Planetary Health and Sustainability
Evaluate the environmental impact of sourcing and using dietary supplements and natural health products, and promote sustainable practices that protect ecosystems and biodiversity.

1.9. Scope and Practice of Integrative Medicine

1.9.1. History and Evolution of Integrative Medicine
Outline the evolution of integrative medicine, recognizing the contributions of global medical systems and healing practices, and addressing the integration or marginalization of these systems and practices within mainstream healthcare systems.

1.9.2. Integrative Healthcare Settings
Describe the various settings where integrative care is provided, emphasizing the importance of inclusivity, cost-effectiveness, and accessibility to meet the needs of diverse patient populations.

1.9.3. Role of Traditional, Complementary, and Integrative Medicine (TCIM)
Explain the role of TCIM in clinical care, focusing on culturally responsive practices and the promotion of health equity across diverse populations.

1.9.4. Addressing Health Disparities
Integrate knowledge about the historical and current social, structural, and systemic drivers of health disparities, addressing both their impact on health outcomes and advocating for improved health for all people.

2.0. PATIENT CARE

The integrative medicine fellow demonstrates compassionate, trauma-informed, culturally responsive, relationship-centered, whole person care that explicitly recognizes the social, structural, and systemic drivers of health. This quality of care is drawn from the evidence base of integrative medicine for health promotion, disease prevention, risk reduction, treatment of illness, and social justice.

2.1. Perform an in-depth integrative medicine assessment

2.1.1. Health History and Physical Examination
Demonstrate advanced skill in collecting essential components of an integrative medicine assessment, including but not limited to:

- Identifying patients' health concerns, goals, and expectations.
- A thorough medical history and physical exam.
- Current and past biomedical and traditional, complementary and integrative medicine (TCIM) use, including patient experience and response.
- Current and past dietary supplement intake.
- Nutrition, physical activity, and sleep patterns.
- Stressors and stress management skills.
- Personal relationships, social network, and support systems.
- Religious and spiritual history.
- Trauma assessment.
- Environmental drivers of health
- Developmental or age-appropriate assessment.
- Discrimination, due to one's race, sex, sexual orientation, gender identity, religion, disability, body size, or other factors.
- Social, structural, and systemic drivers of health and their impact on an individual's health.
- Challenges or barriers to integrative healthcare access.

2.1.2. Diagnostic Evaluation
Develop an appropriate differential diagnosis and perform a diagnostic evaluation based on available guidelines and evidence.

2.2. Develop Integrative Care Plans
Formulate integrative medicine care plans based on patient values and priorities, established and evolving evidence, and clinical judgment that:

- Center and elevate the patient's existing strengths, wisdom, or resources.

- Acknowledge and integrate the patient's existing cultural healing practices.
- Address acute and chronic common conditions, integrating both biomedical and TCIM therapies.*
- Refer to TCIM providers where appropriate.
- Address patient concerns in multiple domains, including physical, psychological, social, and spiritual.
- Arise from a shared decision-making process between clinician and patient.
- Provide support options for patients experiencing symptoms or conditions with unexplained or poorly understood etiologies.

2.3. Counsel Patients on Care Plans

2.3.1. Communication Regarding Care Options

- Counsel patients on the risks, benefits, and alternatives to the treatment plan while centering the patient's goals of care.
- Effectively communicate the evidence and nuances of integrative medicine research in simple, patient-friendly language.
- Acknowledge the cultural origins of the healing systems being utilized.
- Educate patients on the role of lifestyle factors in optimizing their health and wellness by explaining the role of sleep, diet, exercise, stress, habits, relationships, community, spirituality, history of trauma, and social/structural/systemic/environmental drivers of health as potential factors influencing health.
- Advocate for evidence-based health screenings for disease prevention.
- Provide balanced and informed counseling on the state of evidence for controversial topics in integrative medicine.

2.3.2. Practical and Social Factors

- Assess and communicate the potential financial burdens of integrative strategies to the patient, considering both direct costs and indirect economic impacts.
- Address any logistical barriers to accessing integrative treatments, such as availability, transportation, and time commitments, and incorporate solutions into the treatment plan discussion.

2.4. Provide Health Care

Deliver effective, equitable, respectful health care aimed at disease treatment, prevention, risk reduction, and health promotion that is life-stage appropriate and conducted with cultural humility.

2.4.1. Behavior Change

Demonstrate advanced skill in facilitating behavioral change in patients.

2.4.2. Patient Engagement

Invite patients to take an active role in their health and healing process, supporting their autonomy and informed decision-making.

2.4.3. Procedures and Therapies

Perform all medical procedures or TCIM therapies competently, ensuring they are clinically effective, culturally relevant, and patient-centered.

2.4.4. Emerging Technologies and Artificial Intelligence (AI)

Recognize the complexities, opportunities, and ethical considerations of emerging technologies, including AI, ensuring their use supports equitable, patient-centered care.

2.5. Foster Clinician Personal Awareness

2.5.1. Self-Care and Mindfulness

Attend to one's own body, mind, and spirit when engaging in patient care.

2.5.2. Implicit Bias Awareness

Identify, reflect upon, and mitigate explicit and implicit biases that occur in clinical decision-making.

** These may include conditions falling within the following disciplines as appropriate for the patient population being served: Women's Health, Men's Health, Pediatrics, Geriatrics, Cardiology, Gastroenterology, Hematology/Oncology, Psychiatry, Pulmonary and Critical Care, Dermatology, Neurology, Pain Management, Rheumatology, Endocrinology and Metabolism, Infectious Disease, Allergy and Immunology, Hospice and Palliative Care, Addiction Medicine, Sleep Medicine.*

3.0. PRACTICE BASED LEARNING AND IMPROVEMENT

The integrative medicine fellow should demonstrate a commitment to continuous professional and personal development through self-assessment, quality improvement, evidence-informed practice, education, and research in integrative medicine. The fellow should cultivate the skills necessary to critically evaluate and enhance clinical practice while effectively educating others and contributing to the advancement of the field.

3.1. Continuous Self-Assessment and Learning

3.1.1. Critical Self-Reflection on Knowledge Gaps
Exhibit the ability to critically self-reflect on gaps and limitations in integrative medicine knowledge and skills.

3.1.2. Critical Reflection on Biases and Privileges
Exhibit the ability to critically reflect on personal biases and privileges, recognizing their impact on practice.

3.1.3. Personalized Learning Plan Development
Develop and follow an individualized learning plan tailored to one's learning style, actively leveraging diverse opportunities for ongoing professional and personal development.

3.1.4. Seeking and Integrating Feedback
Demonstrate the ability to proactively seek, utilize, and integrate feedback from faculty, colleagues, and peers with openness, adaptability, and humility.

3.2. Practice-Based Quality Improvement

3.2.1. Evaluation of Integrative Patient Care
Evaluate the quality of integrative care by utilizing standardized measurements, including clinical and patient-reported outcomes.

3.2.2. Implementation of Improvement Initiatives
Develop and execute practice-based improvement initiatives to enhance the quality, safety, and accessibility of integrative care.

3.3. Evidence-Informed Clinical Practice

3.3.1. Application of Best Available Evidence
Actively apply the best evidence to ensure integrative care is safe, effective, cost-efficient, accessible, and environmentally responsible.

3.3.2. Integration of Biomedical and Traditional Knowledge
Integrate biomedical research with traditional medical knowledge systems in a way that is culturally sensitive and respectful of patients' beliefs and practices.

3.4. Competency Development as an Educator

3.4.1. Assessment of Learner Needs and Attitudes
Assess and address the learning needs, attitudes, and beliefs of learners to effectively tailor teaching encounters.

3.4.2. Contribution to Integrative Medicine Education
Actively contribute to integrative medicine education for clinical trainees and other health professionals at local, regional, national, and/or international levels.

3.4.3. Proficiency in Educating Diverse Audiences
Demonstrate proficiency in educating diverse audiences, including patients, students, trainees, and community members, on the principles and practices of integrative medicine.

3.5. Research Competency in Integrative Medicine

3.5.1. Understanding Research Methodologies
Critically engage with the methodologies, including potential for bias, used within integrative medicine and biomedical research.

3.5.2. Importance of Data in Research Outcomes
Understand and emphasize the importance of data in demonstrating the clinical effectiveness, patient utilization, and financial impact of integrative health approaches.

4.0. INTERPERSONAL AND COMMUNICATION SKILLS

The integrative medicine fellow should be able to demonstrate interpersonal and communication skills that result in effective relationship-building, information exchange, emotional support, and shared decision-making with patients, families, and colleagues.

4.1. Effective Communication in Integrative Medicine

4.1.1. Tailored Communication with Patients and Families
Communicate using concepts and terminology appropriate to the patient's and family's context, considering factors such as age, language, socioeconomic status, spiritual and cultural beliefs, and health literacy.

4.1.2. Culturally Responsive Interactions
Demonstrate the ability to respond respectfully to the beliefs and practices of patients of all cultures, classes, ethnicities, races, religions, and other diversities regarding approaches to their health and illness.

4.1.3. Trauma-Informed Communication
Utilize trauma-informed communication strategies that recognize and acknowledge the impact of past trauma on patients' health and behaviors. Ensure that interactions are conducted with sensitivity, fostering a safe and supportive environment that promotes trust and minimizes the risk of re-traumatization.

4.1.4. Public Communication
Effectively communicate integrative medicine concepts to the public, ensuring that messages are accessible, clear, and culturally relevant.

4.2. Empathic and Facilitative Communication Techniques

4.2.1. Verbal Techniques
Use empathic verbal behaviors—such as naming, affirmation, reflection, silence, active listening, self-disclosure, and humor—effectively and appropriately to enhance patient trust and engagement.

4.2.2. Non-Verbal Techniques
Employ empathic non-verbal behaviors, such as maintaining an open and relaxed posture and speaking at eye level, to foster a supportive atmosphere.

4.2.3. Culturally- and Trauma-Sensitive Interaction
Approach physical touch and examinations with cultural sensitivity and trauma awareness, ensuring patient comfort and respect.

4.3. Elicit Patient Goals, Concerns, and Values
Elicit patient healthcare goals, concerns, and values using a patient-centered, strengths-based, and trauma-informed approach. Prioritize active listening and inquiry to ensure that the patient's perspective is fully understood and integrated into their care plan.

4.4. Culturally Relevant Patient Education
Access, collaborate, and/or create informative and culturally relevant patient education and self-care materials tailored to the patient's language and health literacy.

4.5. Facilitating Lifestyle Changes
Employ effective strategies to support patients in making lasting lifestyle changes. Utilize motivational interviewing techniques, including reflective listening, affirmations, and open-ended questions, with an emphasis on facilitating the patient's self-agency to initiate and sustain healthy behavior changes.

4.6. Self-Awareness in Patient-Provider Interactions

4.6.1. Recognize Personal Influences
Acknowledge the impact of one's personal beliefs, values, culture, and implicit biases on patient-provider communication.

4.6.2. Practice Cultural and Identity Humility
Intentionally practice cultural and identity humility by approaching patient interactions with a non-judgmental, curious perspective, fostering an open and respectful dialogue.

4.7. Collaborative Communication

4.7.1. Professional Collaboration
Communicate respectfully with colleagues, staff, consultants, and TCIM practitioners involved in patient care.

4.7.2. Communication of Care Plans
Effectively communicate integrative care assessments and plan recommendations with referring, consulting, and collaborating health professionals.

4.7.3. Consensus Building
Negotiate disagreements around treatment plans by working towards consensus through an evidence-informed, patient-centered approach.

4.7.4. Expertise Sharing
Clearly share integrative medicine skills and expertise with health-related agencies and institutions

4.8. Effective Multidisciplinary Teamwork

4.8.1. Managing Differences
Effectively manage and negotiate differences of opinion, while respecting the roles and responsibilities of other professionals within the healthcare team.

4.8.2. Leadership in Integrative Care
Demonstrate leadership as an expert in integrating a range of therapeutic options, guiding the multidisciplinary team in delivering comprehensive patient care.

4.9. Comprehensive and Effective Medical Documentation
Maintain comprehensive and timely medical records, effectively communicating an integrative medicine approach and referencing evidence where appropriate.

5.0. PROFESSIONALISM

The integrative medicine fellow will demonstrate professionalism represented through a commitment to carrying out professional responsibilities, adherence to ethical principles, sensitivity to a diverse patient population, and appropriate self-reflection.

5.1. Demonstrate commitment to professional responsibilities.

5.1.1. Compassionate and Respectful Professional Engagement
Engage in professional responsibilities with compassion, integrity, and respect for patients, families, co-workers, and other clinicians, embracing the diverse backgrounds, values, and identities of each individual.

5.1.2. Responding to Information and Support Requests
Appropriately and promptly respond to requests for information and support from patients, families, or colleagues.

5.1.3. Fulfilling Team Responsibilities
Contribute effectively to the collective goals of the healthcare team.

5.1.4. Addressing and Preventing Medical Errors
Recognize role in disclosing and preventing medical errors, prioritizing patient safety, and ethical transparency.

5.2. Uphold the Highest Ethical Standards

5.2.1. Ethical Patient Care
Demonstrate the highest ethical standards by maintaining strict patient confidentiality, ensuring informed consent, informing patients of all practical therapeutic options, and respecting the diverse backgrounds and values of each patient, including but not limited to gender, age, culture, race, ethnicity, religion, disabilities, or sexual orientation.

5.2.2. Professional Integrity in Financial Relationships
Exhibit professional integrity by appropriately managing financial conflicts of interest, including supplement sales and industry partnerships, ensuring transparency and maintaining trust with patients.

5.3. Commitment to Self-Care and Promoting Wellness

5.3.1. Prioritize Personal Self-Care
Exhibit a capacity for self-care, recognizing that personal well-being is foundational to professional effectiveness.

5.3.2. Practice Self-Compassion
Recognize the importance of acknowledging one's challenges and setbacks with kindness and compassion.

5.3.3. Recognize Institutional and Systemic Influences
Practice awareness of how workplace culture, policies, and systemic pressures impact personal and team wellness, and advocate for changes that support a healthier, more sustainable work environment.

5.3.4. Address Fatigue and Burnout
Recognize and proactively address signs of fatigue, burnout, and moral injury in oneself and colleagues.

5.3.5. Balance the Needs of Others and Self
Strive for a balanced approach to meeting the needs of patients, colleagues, family, friends, and self.

5.3.6. Contribute to Team Wellness
Actively contribute to the wellness of the healthcare team.

6.0. SYSTEMS BASED PRACTICE

The integrative medicine fellow should demonstrate an awareness of and responsiveness to the broader healthcare system in which they practice. They should be able to effectively utilize and coordinate system resources to deliver patient-centered care, ensuring equitable access to services for all patients.

6.1. Understand and Navigate Regulatory and Ethical Frameworks

6.1.1. National and Local Standards
Describe national, state, and local standards related to the training, licensing, credentialing, and reimbursement of TCIM practitioners.

6.1.2. Ethical and Legal Considerations
Identify ethical and legal issues impacting the practice of integrative medicine, including scope of practice, documentation, informed consent, and intersection with the standard of care, cultural sensitivity, and respect for traditional knowledge.

6.1.3. Special Regulations
Describe specific regulations related to the practice of any skills and practices learned during the fellowship.†

6.1.4. Policy Impact
Understand how changes in healthcare policy and systems may impact the delivery of integrative care. ††

6.2. Evaluate Access and Financial Implications of Integrative Practice Models
Describe and compare different integrative practice models and delivery systems in terms of patient access, resource allocation, reimbursement, health care costs, and financial sustainability.

6.3. Advocate for Access to Quality Integrative Care

6.3.1. Connect Patients with Resources
Connect patients with local, regional, and national resources that enhance their access to and understanding of integrative medicine.

6.3.2. Leverage System Resources
Effectively utilize available system resources to deliver high-quality integrative patient care.

6.3.3. Facilitate Access for All Patients
Identify and implement strategies to facilitate access to integrative medicine services for all patients, regardless of their financial situation, ensuring equitable care.

6.4. Develop Professional Relationships to Enhance Patient Safety, Outcomes, and System Performance

6.4.1. Interdisciplinary Team Collaboration
Demonstrate the ability to effectively participate on an interdisciplinary integrative care team, with a focus on collaboration, relationship building, co-management, consultation, and referral skills.

6.4.2. Build a Professional Network
Begin building a network of professional colleagues in integrative medicine.

6.4.3. Collaborate with Community Practitioners
Collaborate with community practitioners and healthcare specialists in the care of patients.

† *Examples of practices a fellow might learn during training include acupuncture, manual manipulation, and medical hypnosis.*

†† *Examples of changes in health care policies and systems include: the expansion of telehealth services, the inclusion of integrative therapies in insurance coverage, a focus on social drivers of health, increased Food and Drug Administration (FDA) regulation of dietary supplements, and a shift toward value-based care models.*

Glossary

AAMC: Association of American Medical Colleges

ABOIM: American Board of Integrative Medicine

Academic Consortium: Academic Consortium for Integrative Medicine and Health

ACGME: Accreditation Council for Graduate Medical Education

Bio-psycho-social-spiritual Model: Originally described by Sulmassy[1] as a model in which "the biological, the psychological, the social, and the spiritual are only distinct dimensions of the person, and no one aspect can be disaggregated from the whole. Each aspect can be affected differently by a person's history and illness, and each aspect can interact and affect other aspects of the person."

Care plan: "A written, [personalized] care plan, which, under the single-assessment process, details a patient's integrated health and social care needs".[2]

Community Engagement: "...The process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people. It is a powerful vehicle for bringing about environmental and behavioral changes that will improve the health of the community and its members. It often involves partnerships and coalitions that help mobilize resources and influence systems, change relationships among partners, and serve as catalysts for changing policies, programs, and practices. Community engagement can take many forms, and partners can include organized groups, agencies, institutions, or individuals. Collaborators may be engaged in health promotion, research, or policy making".[3]

Community Outreach: "Community outreach is an effort by individuals within an organization to connect their ideas or practices to the general public".[4]

Competence: "The array of abilities [(knowledge, skills, and attitudes)] across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multidimensional and dynamic. It changes with time, experience, and setting".[5]

Competency: "An observable ability of a health professional [related to a specific activity that integrates] knowledge, skills, values, and attitudes. Since competencies are observable, they can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development".[5]

Critical Evaluation of Evidence: The process of appraising evidence for its "validity (closeness to the truth), impact (size of the effect), and applicability (usefulness in clinical practice)".[6]

Cultural Humility: Tervalon and Murray-Garcia introduced cultural humility in 1998[7] and define it as "a lifelong commitment to self-evaluation and critique, to redressing power imbalances. . . and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations."

Cultural Misappropriation: Cultural misappropriation refers to the inappropriate or harmful use of elements from one culture by members of another, often more dominant culture. This typically occurs without understanding, respect, or permission, resulting in exploitation or reinforcing stereotypes. It differs from cultural appreciation, which involves respectful engagement with and learning about a culture.[8]

Cultural Respect: Cultural respect can be defined as the recognition, protection and continued advancement of the inherent rights, cultures and traditions of a particular culture.[9]

Ecological Health: Consider Ecological models of health situate health as a balanced interplay between Nature and individual with emphasis on human health acting reciprocally with planetary health.[10]

Effective care: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).[11]

Environmental drivers of health: Environmental determinants [drivers] of health are the factors to which an individual is exposed in their daily life that negatively affect their health. These environmental determinants include air pollution, chemicals, water quality, extreme temperatures, infectious diseases, floods and droughts, microplastics, infectious diseases, and noise.[12]

Environmental Health: The science of identifying and understanding the impacts of environmental exposures to hazardous physical, chemical, and biological agents in air, water, soil, food, as well as social stressors that may adversely affect human health. The goal of environmental health is to prevent human injury and illness and promote well-being.[13]

Epistemic Inclusivity: "the deliberate act of broadening the scope of knowledge considered legitimate and relevant. It moves away from a singular, often Western-centric, scientific viewpoint to interpretations that include indigenous knowledge, local expertise, and community-based understandings. This shift in perspective is not about diluting scientific rigor, but rather elucidating the limitations of any single knowledge system".[14]

Equitable care: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.[15]

Evidence-informed care: Care that integrates information from scientific research, clinical experience and judgment, and the patient's preferences and values.[16]

Functional and Therapeutic Nutrition

Functional nutrition: "Functional nutrition is the holistic approach to diet, taking into consideration one's lifestyle factors that could affect their food choices, such as activity levels, environment, or the presence of chronic disease".[17]

Therapeutic nutrition: the use of specific dietary interventions to prevent, manage, or treat medical conditions.[18]

Health disparity: "Health disparities are largely preventable health differences that adversely affect populations who experience greater challenges to optimal health and are closely linked with intergenerational social, economic, and/or environmental disadvantages—primarily based on identification as an individual from a racial and/or ethnic minority group and/or by low socioeconomic status (SES) in society".[19]

Health equity: "Health equity is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically".[20]

Health Professional Well-being: "Physician well-being is defined by quality of life, which includes the absence of ill-being and the presence of positive physical, mental, social, and integrated well-being experienced in connection with activities and environments that allow physicians to develop their full potentials across personal and work-life domains".[21]

IM4US: Integrative Medicine for the Underserved

Interdisciplinary Collaboration: Berg-Weger and Schneider (1998) defined interdisciplinary collaboration as "an interpersonal process through which members of different disciplines contribute to a common product or goal".[22]

Medical Pluralism: Medical pluralism describes the availability of different medical approaches, treatments, and institutions that people can use while pursuing health.[23]

Moral injury: "In traumatic or unusually stressful circumstances, people may perpetrate, fail to prevent, or witness events that contradict deeply held moral beliefs and expectations. When someone does something that goes against their beliefs this is often referred to as an act of commission and when they fail to do something in line with their beliefs that is often referred to as an act of omission. Individuals may also experience betrayal from leadership, others in positions of power or peers that can result in adverse outcomes. Moral injury is the distressing psychological, behavioral, social, and sometimes spiritual aftermath of exposure to such events. A moral injury can occur in response to acting or witnessing behaviors that go against an individual's values and moral beliefs".[24]

NCCIH National Center for Complementary and Integrative Health

Patient-Centered Care: "Care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions".[15]

Personalized Care: "Personalized care means people have choice and control over the way their care is planned and delivered. It is based on 'what matters' to them and their individual strengths and needs".[25]

Planetary Health: "the health of human civilization and the state of the natural systems on which it depends".[26]

Prevention-Oriented Care: "Preventive medicine is the practice of promoting preventive health care to improve patient well-being. The goal is to ultimately prevent disease, disability, and death"[27]

Salutogenic Approach: In the traditional disease-oriented (pathogenic) model of health, the focus is on causes of disease. [...] As a contrast, in the salutogenic model, the emphasis is on our internal healing resources and potential for active adaptation to new circumstances.[28]

Social drivers of health: The terms social drivers of health and social determinants of health are often used interchangeably. (Although, "social drivers" "more accurately describes the ability for policy-makers, communities, and individuals to affect change on the factors negatively impacting health and well-being."[29]) "[Social drivers of health refers] to the underlying community-wide social, economic and physical conditions in which people are born, grow, live, work and age. They affect a wide range of health, functioning, and quality-of-life outcomes and risks. These determinants and their unequal distribution according to social position, result in differences in health status between population groups that are avoidable and unfair".[30]

Social Justice: "Social justice is the view that everyone deserves equal rights and opportunities — this includes the right to good health".[31]

Structural drivers of health: "The structural drivers of health refer to the upstream social, economic, and political mechanisms that generate social inequities and therefore affect health (eg, extent a government finances healthcare)".[32]

STFM: Society of Teachers of Family Medicine

Systems Thinking for Patient Care: "an approach that views healthcare as a complex, interconnected system rather than isolated components. It compels health leaders and clinicians to examine the relationships within a health system to identify sustainable solutions and improve patient outcome".[33]

Therapeutic Alliance: Therapeutic alliance is defined as the degree to which the patient and [mental] health provider are "engaged in collaborative, purposive work".[34]

Traditional medicine: "the knowledge, skills, and practices based on the theories, beliefs, and experiences indigenous to different cultures, used in the maintenance of health and in the prevention, diagnosis, improvement or treatment of physical and mental illness".[35]

Trauma-Informed Care "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re traumatization".[36]

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