



**INTERNATIONAL CONGRESS FOR EDUCATORS
IN COMPLEMENTARY & INTEGRATIVE MEDICINE**

Congress Summary Report



OCTOBER **GEORGETOWN UNIVERSITY HOTEL**
24-26 & CONFERENCE CENTER
2012 Washington, DC / USA

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CONSORTIUM of
ACADEMIC HEALTH CENTERS
for INTEGRATIVE MEDICINE



GEORGETOWN UNIVERSITY
Georgetown University Medical Center



“The Congress equipped me with specific ways that I, as an ND academic, can build bridges with MDs not only in clinic, but in the ways we teach and can research the outcomes of our respective programs.”

“I am coming away from the conference with a renewed sense of the value of TEAM -- working together with others.”

All quotations in this summary have been taken from the conference evaluations completed by the attendees.

ORGANIZING COMMITTEE



Aviad Haramati, PhD
Georgetown University, USA



Shelley R. Adler, PhD
University of California, San Francisco, USA



Hakima Amri, PhD
Georgetown University, USA



Mikhail Kogan, MD
GW Center for Integrative Medicine,
George Washington University, USA



Adam Perlman, MD, MPH
Duke University, USA



Janet Polli, MFA
Consortium of Academic Health Centers for
Integrative Medicine, USA



Elizabeth A. Goldblatt, PhD, MPH/HA
American College of Traditional Chinese Medicine,
USA



John Weeks
Academic Consortium for Complementary and
Alternative Health Care (ACCAHC), USA



Michael Wiles, DC, MEd, MS
Northwestern Health Sciences University, USA

CONGRESS SETS STANDARD FOR INTERPROFESSIONAL COLLABORATION IN COMPLEMENTARY AND INTEGRATIVE MEDICINE



John Weeks

Academic Consortium for Complementary and
Alternative Health Care (ACCAHC), USA

*“The Congress really
enlightened me on how many
schools that you might not
expect have really interesting
program offerings.”*

The pent up demand for the Congress hosted at Georgetown University that was to be named the International Congress for Educators in Complementary and Integrative Medicine (www.icecim.org) was not a given when planning began. Would 150 educators be interested? How many keynotes could be afforded? Could the meeting break even?

The meeting was organized around a concept that is a core characteristic of interprofessional education and care (IPE/C). It was described by opening plenary speaker Scott Reeves, PhD, the editor of the flagship Journal for Interprofessional Care. The concept is “egalitarianism” among the healthcare disciplines.

Chair Aviad Haramati, PhD, from Georgetown University, the host institution, procured co-sponsorship from the Consortium of Academic Health Centers for Integrative Medicine (CAHCIM) and from the Academic Consortium of Complementary and Alternative Health Care (ACCAHC). Membership of the CAHCIM consists of 55 academic health centers and affiliate institutions. Core membership of the ACCAHC is the councils of colleges, accrediting agencies and certification and testing organizations from the five licensed complementary and alternative healthcare fields.

ICE-CIM’s goal was to advance the field of complementary and integrative medicine (CIM) education through sharing best practices and strengthening and development of collaborations. Key themes in the call for papers were:

- The incorporation of CIM into the continuum of life-long learning, from undergraduate education to postgraduate and continuing education (including dual-degree programs)
- The development and outcomes of integrative medicine education projects sponsored by the NIH R25 education grants
- The development of interprofessional education initiatives (including integrative models of care)

Balance dominated the planning. Chairs and executives for CAHCIM and ACCAHC populated the planning committee (www.icecim.org/Committees.html). Leaders from the Education Working Groups of each consortium, Shelley Adler, PhD, and Mike Wiles, DC, MEd, respectively, co-chaired a program committee comprised of multi-disciplinary leaders. The message spread that the Congress would include a historic level of interprofessional collaboration among the diverse integrative healthcare disciplines. Over 240 session proposals and abstracts flooded the online submission portal by the deadline.

The Congress turnout surpassed all expectations. Attendance pushed over the meeting space’s maximum. Roughly 350 professionals from 12 countries representing more than a dozen distinct healthcare disciplines attended. A packed schedule of breakouts surrounded additional keynotes from Barbara Brandt, PhD, the principal investigator for a Health Resources Services Administration-backed national IPE center, and a powerful panel on the evolving field of integrative nursing. Sessions ranged from “Competencies of Medical Fellowships in Integrative Medicine” to “Integrating Evidence-Based Teaching Strategies in Health Sciences Curriculum” to “Teaching an Interprofessional Approach to Managing Low-Back Pain”. One session took a look at current and prospective roles of members of the licensed complementary healthcare disciplines in meeting the U.S. primary care needs.

Continued >>

There were so many compelling moments at the Congress... Michael Epstein's presentation format was delightful and illustrated a marvelous technique for engaging students in compelling dialogues."

Congress Sets Standard for Interprofessional Collaboration in Complementary and Integrative Medicine << *Continued from previous page*

Sponsorship was similarly diverse. Fifteen organizations, institutions and foundations, from medical schools to natural health universities to massage research institutions invested financially in the meeting's success (http://www.icecim.org/Sponsors_&_Exhibitors.html). Grant-funding was anchored by the National Institutes of Health National Center for Complementary and Alternative Medicine that supported content such as evidence-informed educational strategies and research partnerships.

Given the extraordinary mix of attendees, it is not surprising that "networking with investigators from other disciplines" and "meeting new colleagues" were experienced as the top benefits of the Congress. Ranked similarly highly in a post-conference survey was the other prime value that provoked the organizers to take the risk: "furthering understanding of the educational fields of complementary and integrative medicine."

Perhaps the most significant complaint heard informally among attendees was that they didn't get a chance to attend everything that they wished – and the corollary, that the sessions were not taped. The decision to not record came from a mind-set that wondered if the time had come for a meeting such as this. Clearly the time was ripe. Planners are considering options for future meetings.

CONGRESS FACTS

39 Trainees, Students, and New Investigators registered for the Congress.

328 registrants attended the 2012 Congress, representing **12** different countries.

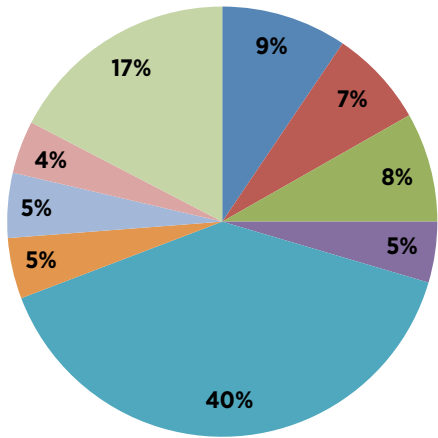
244 presentations and abstracts were submitted to the Congress, and **63%** were accepted.

36 members in the field of integrative medicine and health participated in the scientific abstract review.

2012 Congress Presentations	Poster	Oral Abstracts	Session Presentations
Curriculum Design and Development	18	13	19
Teaching, Learning and Assessment	12	4	20
Faculty Development and Leadership	4	1	3
Educational Scholarship and Research	7	6	2
Fostering Research Literacy	3	2	7
Interprofessional Education	13	2	12
Other	0	0	5
Total:	57	28	68

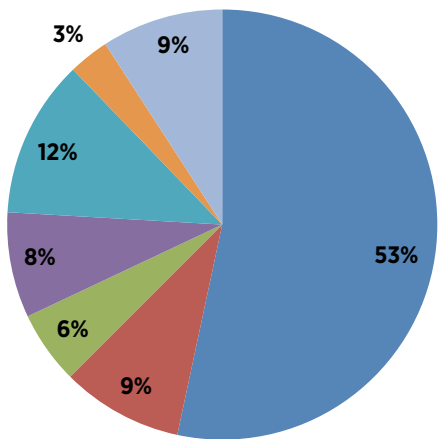
CONFERENCE STATISTICS

Of the 148 people that responded to the survey, 99% rated the Congress as excellent or good.



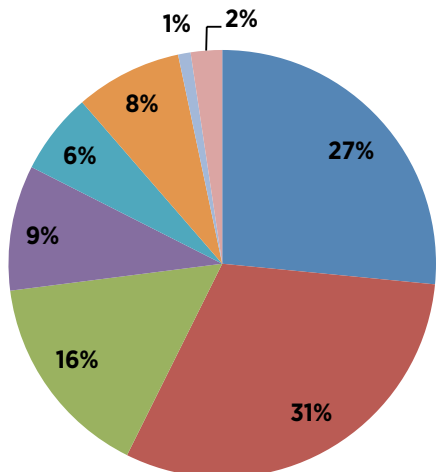
Primary Discipline or Field

- Acupuncture
- Biological & Health-Related Sciences
- Chiropractic / Chiropractic Medicine
- Massage Therapy
- Medicine (Allopathic and Osteopathic)
- Naturopathic Medicine
- Nursing
- Public Health
- Other



Primary Professional Role

- Academic Faculty
- Health Practitioner
- Health Administrator
- Research Scientist
- Trainee: Student
- Trainee: Fellow/Resident
- Other



Highest Degree

- PhD
- MD
- MS/MPH/MA
- BS/BA
- ND
- DC
- Ac
- RN

KEYNOTE PRESENTATIONS

Wednesday, October 24



The Role of Interprofessional Education in Complementary and Integrative Medicine: Possibilities and Tensions

Dr. Scott Reeves, Founding Director

Center for Innovation in Interprofessional Education,
University of California, San Francisco, USA

“I’m just learning about Interprofessional Education and really appreciated the balance of Dr. Reeves on the first day and follow up Dr. Brandt’s session on the last day, very well done. I appreciated both speakers’ depth and knowledge of their field and their passion as well.”

Synopsis

Interest in Interprofessional Education (IPE) has been growing for the past 30 years across the globe. As a result, we have witnessed an expansion in the development, implementation and evaluation of interprofessional learning activities. However, to date, the bulk of this learning has typically involved the more established health and social care professions (e.g. medicine, nursing, social work). In contrast, complementary and integrative medicine practitioners have not traditionally been included in many Interprofessional Education offerings. Encouragingly in the past decade or so, this situation is changing. While this growth of IPE activity presents a number of possibilities for enhancing collaborating, it also offers a number of professional and organizational tensions. Mindful of this background, the presentation initially offers a critical exploration of the use of IPE for complementary and integrative medicine context, before outlining ideas for the future role and function of IPE.

Biography

Dr. Scott Reeves is the Founding Director, Center for Innovation in Interprofessional Healthcare Education, University of California, San Francisco. He is a social scientist who has been undertaking health professions education and health services research for nearly 20 years. His main interests are focused on developing conceptual, empirical and theoretical knowledge to inform the design and implementation of interprofessional education and practice activities. To date, he has received over \$13m in grants captured from a range of national and international funding bodies. He has published over 100 peer-reviewed papers, numerous book chapters, textbooks and monographs. Many of his books and chapters have been translated from English to a number of other languages including Japanese, Norwegian and Russian. While he works as Editor-in-Chief, Journal of Interprofessional Care, he has also edited for the BMJ and the Journal of Continuing Education for the Health Professions. Presently, he is working as a co-editor for a series of interprofessional textbooks for Radcliffe Press. He also currently holds honorary faculty positions in a number of institutions around the world, including: the Medical Case Centre, Karolinska Institutet, Sweden; Keenan Research Centre, Li Ka Shing Knowledge Institute, Canada; and Institute of Health Sciences Education, Queen Mary University of London, UK.

KEYNOTE PRESENTATIONS

Friday, October 26



The Nexus: Interprofessional Education in a Transforming Health System

Dr. Barbara F. Brandt, Assistant VP for Education

University of Minnesota Academic Health Center,
Minnesota, USA

“I found the Nexus session to be most valuable, especially how Dr. Brandt fluidly tied together the essence of the conference.”

Synopsis

Processes of health care delivery are undergoing transformation. Consistent with these changes, recognition is growing that the health professions need to work much more closely together to ultimately achieve the “Triple Aim” of improving the health of the population, enhancing the patient experience of care (quality, access and reliability) and controlling the per capita cost of care. As “care delivery” transforms into a focus on health integrating across environments – acute care, home, ambulatory services, and community – new roles such as care navigators and new leadership responsibilities are emerging. This rapid change is creating the need for a new “Nexus” between the education and practice systems, including using interprofessional education for collaborative practice. This session will focus on the possibilities, opportunities and strategies for educators in complementary and integrative medicine as new ways of approaching health and education advances.

Biography

Dr. Barbara Brandt has served as the Associate Vice President for Education and Professor, Pharmaceutical Care and Health Systems at the University of Minnesota Academic Health Center since 2000. She has served as the Principal Investigator and the Director of the Minnesota Area Health Education Center statewide network, an interprofessional workforce development program for rural and urban under-served Minnesota. Dr. Brandt is responsible for implementing the University of Minnesota Academic Health Center Health Initiative in interprofessional education in allied health, dentistry, medicine, nursing, pharmacy, public health and veterinary medicine.

Dr. Brandt holds a Master of Education and a Doctor of Philosophy degree in Adult and Continuing Education with a specialty in continuing professional education from the University of Illinois at Urbana-Champaign. She completed Kellogg-sponsored post-doctoral fellowship for faculty in adult and continuing education at the University of Wisconsin-Madison.

Dr. Brandt is active nationally in advancing the field of interprofessional health education. In 2007, she co-chaired the first Collaborating Across Borders (CAB) conference held in Minneapolis, Minnesota and the CAB III conference in Tucson, Arizona. She is committed to supporting leaders in organizations who are working to implement interprofessional education in their own settings. Currently, she is working with colleagues to create a national organization, the American Interprofessional Health Collaborative.

DAILY PROGRAM

Wednesday, October 24

“Dr. Beth Rosenthal’s session regarding the research she is conducting helped me break through a block in my own research and got me brainstorming.”

06:30 - 07:15	Yoga	
07:30 - 18:30	Registration	
07:30 - 08:30	Breakfast	
08:30 - 10:00	Open Plenary	
10:00 - 10:30	Break	
10:30 - 12:00	Concurrent Sessions 1	
	1-A	Integrative Medicine Track Programs - Experience from 3 Medical Schools: University of Arizona, George Washington, and University of Pittsburgh
	1-B	A Deficiency of Nutrition Education in Post-Graduate Medical Training: Recommendations for Instructional Supplements
	1-C.01	Implementing CIM as a Vertical Theme into Undergraduate Medical Education: An Integrative Curriculum Design Architecture
	1-C.02	Pediatric Integrative Medicine in Residency
	1-D	Integrative Health (IH) Content and Clinical Skills in Primary Care-Advanced Practice Nursing Curriculum
	1-E	Place Your Own Oxygen Mask First; Educational Approaches at OHSU, Stanford and Duke for Medical Trainee/Faculty Resiliency
12:00 - 13:15	Lunch	
13:15 - 14:45	Concurrent Sessions 2	
	2-A	Competencies for Optimal Practice in Integrated Environments: Examining Attributes of a Consensus IPE Document from the Licensed Integrative Health Disciplines
	2-B.01	From the Screen to Actually Seen: Using an Integrative Medicine Consultation Clinic to Reinforce a Web-based Curriculum
	2-B.02	Developing Faculty to Embody Integrative Healthcare: Results and Reflections of 10 years of Implementing an Interdisciplinary Faculty Development Program
	2-C	Oral Abstract Session 1: Fostering Research Literacy
	2-C.01	Developing a Student Mentored Research Program between Complementary and Alternative Medicine and Traditional, Research Intensive Universities to Foster Evidence-based Practitioners and Clinician-researchers
	2-C.02	Assessing Media Reports of Research: A Student Centered Activity in a Clinical Diagnosis Course
	2-C.03	Implementation of a Prospective Clinical Outcomes Study in a C/IM Teaching Clinic
	2-C.04	C Practitioners Conducting Research: Preliminary Findings from a Survey and Interviews to Inform Workforce Training
	2-C.05	Research Scholars: A Faculty Development Program to Advance Evidence Informed Practice
	2-C.06	A Pilot Curriculum and Faculty Development Program for Advancing Evidence Informed Practice in the Integrated Acupuncture and Oriental Medicine Clinical Environment
	2-D	Many Paths to Wholeness; How Residency Programs can Integrate Integrative Medicine
	2-E	Integrating Evidence Based Teaching (EBT) Strategies into Health Science Curricula
14:45 - 15:00	Break	
15:00 - 16:30	Concurrent Sessions 3	
	3-A	Undergraduate Education in Complementary and Integrative Medicine
	3-B.01	Advancing Integration Through Evidence Informed Practice: Northwestern Health Sciences University’s Integrated Educational Model
	3-B.02	The U.S. Primary Care Workforce: Current and Prospective Roles of Licensed C Disciplines and Related Issues for Educators
	3-C	Oral Abstract Session 2: Fostering Student/Resident Self-Care and Resiliency

DAILY PROGRAM

Wednesday, October 24

15:00 - 16:30		Concurrent Sessions 3 (continued)
3-C.01	Becoming a Doctor: A Qualitative Evaluation of Challenges and Opportunities in Medical Student Wellness during the Third Year	
3-C.02	Development of a Curriculum for Internal Medicine Interns Linking the Skill of Mindfulness with Professionalism, Humanism, and Physician Well-Being	
3-C.03	Promoting Trainee Resiliency: The Stanford Anesthesia Resident Wellness Program	
3-C.04	Personal and Contextual Factors Related to Empathy in Medical Students	
3-C.05	Mind-Body Skills Training for Improving Emotional Well-being in Medical Students	
3-C.06	Effect of a Mind-Body Medicine Skills Course on Perceived Stress and Empathy in Medical Students	
3-D	Resources for Learning, Teaching, Applying and Integrating Evidence-based Practice Skills	
3-E	It's a Brave New World - but Who's Going to Teach It? Residency Faculty Development in Integrative Medicine	
16:30 - 17:00		Break
17:00 - 18:30		Concurrent Sessions 4
4-A	Enhancing Education in C Evidence-based Practice through Collaborative Relationships with Research Intensive Partners	
4-B.01	The Naturopathic Chief Residency: Architecture for Evidence-based Medicine in Complementary and Integrative Clinical Education	
4-B.02	Demystifying Credentialing: Providing a Road Map for a Challenging Landscape	
4-C	Education Resource Exchange: A Session to Share Innovative Curricular Materials in Integrative Medicine	
4-C.01	Communicating with Patients about Complementary and Alternative Medicine: A Clinical Teaching Pearl for Third-year Medical Students	
4-C.02	An Integrative Medicine Perspective to Teaching the Management of Breast Pain	
4-C.03	Teaching About Herb/Drug Interactions to Chinese Medicine Students in the US	
4-C.04	Teaching Students How to Respond to Patients' Questions about Complementary, Alternative, and Integrative Medicine	
4-C.05	Competencies for Optimal Integration and Strategies for Interprofessional Clinical Collaboration of Licensed Healthcare Professions	
4-C.06	Stimulating Students to Read the Medical Literature	
4-C.07	Withdrawn	
4-C.08	Integrative Instructional Methods: The Use of an Encounter-Based Curriculum to Foster Interprofessional Education.	
4-C.09	Hospital Based Massage Therapy: Competencies and Standards of Practice	
4-C.10	Integrating Eastern and Western Approaches in Teaching Self Awareness and Self Care to Medical Students: Integrative Awareness Training	
4-C.11	Educating Future C/IM Doctors on Chronic Cardiometabolic Disease Management	
4-C.12	Using Object Based Learning to Help Complementary and Integrative Medicine Students Create an Effective Narrative About Evidence-Based Research	
4-C.13	Developing Benchmarks and Assessment Tools for Acupuncture & Oriental Medicine Clinical Competencies with Established National Healthcare Competencies	
4-C.14	Integrative Medicine for the Under-served Materials for Patients, Learners, and Teachers	
4-C.15	Organization of the 2012 C (Complementary and Alternative Medicine) Fair at the University of Alberta	
4-D	Leadership & Education Program for Students in Integrative Medicine: LEAPS into Successful, Innovative Educational Collaborations	
4-E	Using Mind-Body Medicine Skills in the Curriculum to Reduce Stress and Promote Wellness	

DAILY PROGRAM

Thursday, October 25

“The featured panel was excellent as well, I’ve always felt nursing was a natural fit with IM/C and really learned so much more about their involvement. I truly appreciated the acknowledgment of their shadow side, we need more of that kind of honesty - it helps us all.”

06:30 - 07:15	Yoga	
07:30 - 17:00	Registration	
07:30 - 08:30	Breakfast	
08:30 - 10:00	Concurrent Sessions 5	
	5-A	Studying Integrative Medicine from First to Final Year of Undergraduate Medical Education: Lessons Learned from the ICUR-Program
	5-B	The Canadian C in Undergraduate Medical Education (UME) Project: A Multi-Institutional Initiative to Support the Development of C Content in UME Programs
	5-C.01	Research Literacy in Integrative Medicine: How Can We Make it More Engaging and Sustainable?
	5-C.02	Developing a Student Mentored Research Program between Complementary and Alternative Medicine and Traditional, Research Intensive Universities to Foster Evidence-based Practitioners and Clinician-researchers
	5-D	Bridging the Gap between the Training, Education, and Communication of C Practitioners and Conventional Medical Practitioners in the Hospital/Clinic Setting
	5-E	Teaching an Interprofessional Approach to Managing Low Back Pain in the Primary Care Setting
10:00 - 10:30	Break	
10:30 - 12:00	Featured Panel Discussion: The Nursing Perspective for Integrative Healthcare	
12:00 - 13:30	Lunch	
13:30 - 15:00	Concurrent Sessions 6	
	6-A	Naturopathic Residencies: Creating Interdisciplinary Education for Integrative Health Care
	6-B	Challenges and Strategies in Implementing an Experiential Program in Mind-Body Medicine
	6-C	Standardizing Competencies for Integrative Medicine Clinical Fellowships
	6-D	Science, Spirit, and Superstition: Communication Strategies Pertaining to Evidence in Educational Programming for Complementary and Integrative Medicine (CIM)
	6-E	Active Teaching Strategies for Evidence Based Complementary and Integrative Medicine
15:00 - 15:30	Break	
15:30 - 17:00	Concurrent Sessions 7	
	7-A	Competencies for Public Health and Interprofessional Education (IPE) in the Accreditation Standards for the Licensed C Disciplines
	7-B.01	Virtual Scenarios for Teaching Clinical Reasoning Skills
	7-B.02	Integrative Medicine on a Shoestring: The University of Wisconsin Academic Integrative Medicine Fellowship
	7-C.01	Developing Core Competencies in Integrative Pain Care (IPC) for Primary Care
	7-C.02	Including an Integrative Medicine Perspective into an Interprofessional Center of Excellence in Pain Education (CoEPE) Project
	7-D	Integrated Clinical Services at Accredited Complementary and Alternative Health Care Academic Institutions
	7-E	Educating Naturopathic Medicine Students in Basic Science Laboratory Skills and Data Analysis
15:30 - 17:00	Poster Presentation Reception	

DAILY PROGRAM

Friday, October 26

06:30 - 07:15	Yoga	
07:30 - 15:30	Registration	
07:30 - 08:30	Breakfast	
08:30 - 10:00	Concurrent Sessions 8	
	8-A	Patient-Centered Care: Teaching and Evaluation Methods from Two Integrative Medicine Educational Programs
	8-B	Graduate Education in Integrative Medicine: Needs and Challenges
	8-C	Oral Abstract Session 3: C Integration and Elective Courses
	8-C.01	Holistic Healing and Integrative Medicine: Assessing the Feasibility and Educational Potential of a Curriculum in Integrative Medicine in Medical School Education
	8-C.02	A For-Credit Integrative Medicine Elective; Senior Medical Students Earn Credit for Facilitating Their Own Health and Wellness
	8-C.03	A Medical Student Elective Promoting Integrative Medicine, Humanism, and Physician Self-Care: An Evaluation of the HEART Program
	8-C.04	A Case-Centered Curriculum for Complementary and Integrative Medicine at the Charité University Medical Center Berlin
	8-C.05	Educating Psychiatry in Integrative Medicine - a Five-year Comparative Study on Students' Judgment and Assessment Results in Psychiatric Clerkships
	8-C.06	Teaching Conventional Medicine to Acupuncture Students: From Necessary Evil to Part of the Fabric.
	8-D	A Practitioner's Guide: Is this RCT Worth Reading or "Passing the Sniff Test."
	8-E	Reaching the Wider Audience: Obtaining CME Accreditation for Integrative Medicine Activities
10:00 - 10:30	Break	
10:30 - 12:00	Concurrent Sessions 9	
	9-A	Enhancing Research in C Education: A Summary of Teaching and Curriculum, Faculty Development, Collaboration, and Culture Change
	9-B.01	Using Online Self-Study Modules to Promote Evidence Informed Practice
	9-B.02	The Integrative Medicine Oncology Initiative: A Wellness Program Turns into a Healing Community
	9-C	Oral Abstract Session 4: Novel Frameworks for Approaching Integrative Medicine Education
	9-C.01	Benedict's Lens: Medical Students' Perspectives on Integrative Medicine Education
	9-C.02	The Science of Complex Systems as a Theoretical Basis for Complementary and Integrative Medical Education
	9-C.03	Medical Humanities and C: Curriculum Development to Focus on the Patient
	9-C.04	Learner Centered Educational Strategies - the ESPRI2T-approach as a Model for Integrative Medical Education
	9-C.05	Patients as Teachers: Using Cancer Patients to Improve Medical Students' Self-Reflection, Communication Skills and Empathy
	9-D	Teaching Integrative Healthcare through Interdisciplinary Student-run Free Clinics - A Model for Educating Health Professionals
	9-E	Fundamentals of Integrative Health Coaching for Clinicians
12:00 - 13:30	Lunch	

DAILY PROGRAM
Friday, October 26

“Many Congress presenters mentioned reflective practice and gave great examples of how important that is to learning. As a result, I am adding some reflective pieces to my course in a much more intentional way.”

13:30 - 15:00	Concurrent Sessions 10	
	10-A	Interdisciplinary Training in Medical Settings: Lessons Learned
	10-B.01	21st Century Medical Education: Clinical Application of Systems-Based Medicine
	10-B.02	How to Teach a Systematic Review Workshop Using Evidence-Based Medicine Methodology in the Field of C/IM
	10-C	Oral Abstract Session 5: Innovative Programs in Complementary and Integrative Medicine
	10-C.01	Finally! It's About Time! Bridging the Gap!
	10-C.02	Educational Programs at the UCLA Center for East West Medicine: Undergraduate, Graduate, and Beyond
	10-C.03	Establishing a Curriculum in Complementary Medicine within a Medical School on the Example of the University of Bern, Switzerland
	10-C.04	Developing an Integrative Evidence Informed Practice Clinical Internship
	10-C.05	Georgetown University's Graduate Program in Complementary and Alternative Medicine: Ten Year Review
	10-D	Developing Educational Research Agendas in the C Disciplines
	10-E	R.E.T.E.S. Model of Therapeutic Alliance Building Healing Networks {Relational, Empathetic, Transformative, Empowering, Sustainable}
15:00 - 15:30	Break	
15:30 - 16:15	Plenary Session	
16:15 - 17:00	Closing Panel and Final Remarks	



THANK YOU FOR YOUR SUPPORT!

Funding Support

GRANT FUNDER

- National Center for Complementary and Alternative Medicine (NCCAM)/NIH

GOLD

- Georgetown University School of Medicine
- The Westreich Foundation

SILVER

- Weil Foundation

BRONZE

- American Massage Therapy Association
- Dr. Rogers Prize for Excellence in Complementary & Alternative Medicine
- Institute for Functional Medicine
- Northwestern Health Sciences University
- Samueli Foundation
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SUPPORTING ORGANIZATION

- Duke Integrative Medicine

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- Bastyr University
- Mary Ann Liebert, Inc
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- National University of Health Sciences
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Exhibitors

- ACCAHC
- Arizona Center for Integrative Medicine
- Bastyr University
- CAHCIM
- George Washington Institute for Spirituality and Healing
- Georgetown University Medical Center-Graduate Program
- Inner Traditions
- Institute for Functional Medicine
- MedEdPortal
- Natural Standard
- NCCAOM
- New York Chiropractic College
- Samueli Institute
- Tai Sophia Institute
- UCSF, Osher Center for Integrative Medicine
- Wellx

“There were many new ideas and insights. The Congress gave me a much richer appreciation of current opportunities with respect to educational programming in CIM.”



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