BU Family Practice Residency, Integrative Medicine Tracker

Name: __________________________

Requirements:
- Before you begin the rotation, read the Integrative Medicine Curriculum document.
- Meet with the faculty facilitator (Paula Gardiner, MD MPH) at the start of the rotation to discuss goals and expectations.
- Visit our Integrative Medicine site at http://www.bu.edu/integrativemed/

________________________________________________________________________

This tracker is designed to help you keep track of your assignments which you should hand in, present orally, or email to Dr. Gardiner.

Please check off (✓) each required task as it is completed.

________________________________________________________________________

During the rotation you are expected to:

☐ Create a self wellness plan

☐ Teach a diaphragmatic breathing exercise, progressive muscle relaxation exercise, or other technique

☐ Read a dietary supplement label and describe a strategy to determine which if any dietary supplement to recommend in a given situation

☐ Identify a patient with spiritual beliefs or practices that affected their health care and how you worked with them.

During the rotation you are required to complete the following assignments:

☐ Formulate and write up an integrative medicine assessment and plan, provide what patient information sheets you used

☐ Give five examples of common herbs and supplements used by YOUR patients and explain available research regarding use, safety and efficacy or where to find that information. How did you counsel them?
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☐ Describe one CAM medicine modality that have been proven to decrease morbidity or mortality in common outpatient conditions such as depression, diabetes, insomnia, headache, IBS, back pain, etc.

☐ Describe three dietary interventions that have been proven to decrease morbidity or mortality in: Diabetes, Coronary Artery Disease, Pregnancy, Osteoarthritis, or Hypertension.

☐ Demonstrate an ability to find and use three electronic evidence-based resources in CAM to determine safety, efficacy, and interactions of a particular CAM therapy.

Residents are required attend one massage, one mind body (yoga), and one acupuncture session.

☐ Indicate the number of half-day experiences you had during the complementary and integrative medicine rotation (see table below)

<table>
<thead>
<tr>
<th>Experience</th>
<th>Provider Name(s)</th>
<th>Number of Half-days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrative Consult</td>
<td></td>
<td></td>
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<tr>
<td>Acupuncture</td>
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<tr>
<td>Osteopathy</td>
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<tr>
<td>Massage</td>
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<tr>
<td>Herbal Medicine</td>
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<td>Mind/Body</td>
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<tr>
<td>Nutrition</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

☐ Describe national and state standards related to training, licensing, credentialing, and reimbursement of community CAM practitioners.

☐ Identify three CAM resources in the community, including clinics, classes, and CAM educational institutions.