



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**)

Experience	Provider Name(s)	Number of Half-days
Integrative Consult		
Acupuncture		
Osteopathy		
Massage		
Herbal Medicine		
Mind/Body		
Nutrition		
Other		

- 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.