

Oregon Health & Science University
School of Medicine

Scholarly Projects Final Report

Title *(Must match poster title; include key words in the title to improve electronic search capabilities.)*

Impact of an Interprofessional Integrative Medicine Consult Clinic on Attitudes towards Clinical Practice

Student Investigator's Name

Ryley Saedi-Kwon

Date of Submission *(mm/dd/yyyy)*

03/17/2022

Graduation Year

2022

Project Course *(Indicate whether the project was conducted in the Scholarly Projects Curriculum; Physician Scientist Experience; Combined Degree Program [MD/MPH, MD/PhD]; or other course.)*

Scholarly Projects Curriculum

Co-Investigators *(Names, departments; institution if not OHSU)*

Sonia Sosa, MD, Department of Family Medicine

Patricia Carney, PhD, Department of Family Medicine

Mentor's Name

Sonia Sosa, MD

Mentor's Department

Department of Family Medicine

Scholarly Project Final Report

Concentration Lead's Name

Alex Foster

Project/Research Question

What is the impact, if any, of exposure to an interprofessional integrative medicine clinic on attitudes and perceptions regarding the helpfulness that interprofessional integrative medicine has on education and patient care?

Type of Project *(Best description of your project; e.g., research study, quality improvement project, engineering project, etc.)*

Exploratory research study

Key words *(4-10 words describing key aspects of your project)*

Integrative Medicine, Interprofessional Education, Family Medicine, Graduate Medical Education, Complementary/Alternative Medicine

Meeting Presentations

If your project was presented at a meeting besides the OHSU Capstone, please provide the meeting(s) name, location, date, and presentation format below (poster vs. podium presentation or other).

n/a

Publications *(Abstract, article, other)*

If your project was published, please provide reference(s) below in JAMA style.

n/a

Submission to Archive

Final reports will be archived in a central library to benefit other students and colleagues. Describe any restrictions below (e.g., hold until publication of article on a specific date).

n/a

Scholarly Project Final Report

Next Steps

What are possible next steps that would build upon the results of this project? Could any data or tools resulting from the project have the potential to be used to answer new research questions by future medical students?

Using the study materials to do pre and post evaluation of residents and/or students rotating through the clinic. Evaluating the impact of exposure to this clinic on long-term patient care practices plans. Evaluating patient outcomes and perspectives in the consult clinic.

Please follow the link below and complete the archival process for your Project in addition to submitting your final report.

https://ohsu.ca1.qualtrics.com/jfe/form/SV_3ls2z8V0goKiHZP

Student's Signature/Date *(Electronic signatures on this form are acceptable.)*

This report describes work that I conducted in the Scholarly Projects Curriculum or alternative academic program at the OHSU School of Medicine. By typing my signature below, I attest to its authenticity and originality and agree to submit it to the Archive.

X

Student's full name

Mentor's Approval *(Signature/date)*

X

Mentor Name

Scholarly Project Final Report

Report: *Information in the report should be consistent with the poster, but could include additional material. Insert text in the following sections targeting 1500-3000 words overall; include key figures and tables. Use Calibri 11-point font, single spaced and 1-inch margin; follow JAMA style conventions as detailed in the full instructions.*

Introduction (≥250 words)

Integrative Medicine can be defined as a practice 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 The use of Complementary/Alternative Medicine (CAM) has grown over the past decades - a national survey found that over a third of U.S adults had used at least one CAM modality in the past year.² Despite this, the rate of non-disclosure to their physicians among those who use CAM has been found to be as high as 77%. Reasons given included “concerns about a negative response by the practitioners, the belief that the practitioner did not need to know about their CAM use, and the fact that the practitioner did not ask.”³ With this prevalence of use, there is an increasing need for physicians to become comfortable discussing integrative medicine practices and providing evidence-based guidance to their patients. Barriers to physicians discussing integrative medicine with their patients include lack of knowledge and lack of confidence in counseling patients in integrative medicine.⁴ This highlights the need for including integrative medicine into medical school education and residency training.

The Interprofessional Integrative Medicine Consult Clinic (IIMCC) was created as part of a collaboration between Oregon Health and Science University (OHSU) and the National University of Naturopathic Medicine (NUNM) in an effort to address the lack of interprofessional collaboration, especially between providers of different medical modalities, and to provide integrative medicine to an underserved population. Patients are referred from OHSU Family Medicine clinics for a wide variety of diagnoses and are seen in a joint visit between naturopathic and allopathic/osteopathic residents. The IIMCC at OHSU’s Richmond Family Medicine Clinic is unique in the sense that it involves collaboration among both allopathic/osteopathic family medicine residents and naturopathic primary care residents in the care of patients. This not only serves as an opportunity for the family medicine residents to learn more about integrative medicine and evidence-based resources for evaluating supplements, herbs and other non-allopathic treatments, but also to develop skills to work within an interdisciplinary team of providers.

This study aimed to explore the impacts that exposure to this unique clinic has on attitudes and perceptions of interprofessional integrative medicine in the context of education and patient care.

Methods (≥250 words)

This was a mixed methods exploratory study using both an online survey and virtual focus groups. The survey was designed to evaluate degree of exposure to the IIMCC as well as attitudes and perceptions towards integrative medicine and interprofessional education. The survey included a Likert-type response scale for each question as well as an open-ended section to allow participants to provide additional information. The survey was composed of questions from the IMAQ⁵, CAIMAQ⁶ and ICCAS⁷ surveys as well as additional questions specific to this project. Prior to administration, the survey underwent rigorous testing using cognitive interviewing techniques to ensure it was capturing accurate data as intended. At the end of the survey, participants were invited to indicate interest in being contacted for participation in focus groups. Field notes were collected during focus groups and the sessions were not audio-recorded. The study population included all health care faculty and providers working at OHSU’s Family Medicine clinic, as well as the OHSU Family Medicine Residents and NUNM Naturopathic Residents directly participating in the

Scholarly Project Final Report

IIMCC at the OHSU Family Medicine Richmond site. Participants were recruited via email as well as during clinic-wide meetings.

The main predictor variable was exposure to the IIMCC. The main outcome variable was attitudes and perceptions of interprofessional integrative medicine education and clinical care. Descriptive statistics, including means, standard deviations and frequencies were used to characterize survey responses. Responses were compared according to degree of exposure to the IIMCC as none, indirect (referred to any integrative medicine clinic or referred to the IIMCC) or active (worked in the IIMCC). Chi Square and McNemar Change tests were used to assess categorical variables of exposure and attitudes/perceptions regarding interprofessional integrative medicine. All tests were two tailed with the alpha level for determining statistical significance set at 0.05. Analysis of focus group data involved independent open and axial coding by two independent coders using constant comparative analyses and immersion crystallization techniques. Emergent themes were defined and consensus meetings occurred to select exemplars to represent the themes.

Results (≥500 words)

There were 64 total survey respondents, a 58% participation rate. As seen in Table 1, degrees of exposure included 6.8% with no exposure to an integrative medicine clinic, 91.5% with at least indirect exposure, and 28.8% with active exposure to the IIMCC at OHSU. As seen in Table 2, of these, 16 were residents who actively worked in the IIMCC (9 allopathic or osteopathic family medicine residents, and 7 naturopathic primary care residents). 75% of the residents had participated in the consult clinic in-person and 25% virtually.

Compared to participants with no exposure to an integrative medicine clinic, those with indirect or active exposure agreed that “Therapies lacking rigorous support from biomedical research (RCTs, etc) may still be valuable to use” (p value 0.04). There were no other points of significant difference in attitudes and perceptions towards integrative medicine based on degree of exposure among all the participants.

Among residents with active participation in the IIMCC, allopathic/osteopathic family medicine residents generally had a larger shift in attitudes after exposure to the clinic compared to naturopathic residents. As seen in Table 3, allopathic/osteopathic residents agreed significantly more with the attitude variable statements “I understood the interactions between herbs, supplements and pharmaceuticals” and “I felt able to communicate effectively with providers from other healthcare disciplines” after exposure to the IIMCC compared to prior. Allopathic/osteopathic residents also agreed significantly more with the perception variable statements “I felt I could promote effective communication among members of an interprofessional team” and “I felt I could express my ideas and concerns without being judgmental” after exposure to the IIMCC compared to prior (Table 4). Naturopathic residents only reported a significant change in perception after exposure to the IIMCC compared to prior in regards to the statement “I felt I could work effectively with interprofessional team members to enhance care”.

Focus groups included a total of four participants: two naturopathic doctors, one allopathic doctor, and one physician assistant. Three of the four participants had active exposure to the IIMCC and one had indirect exposure. Major themes identified from the focus groups were 1) benefits of interprofessional integrative medicine education and clinical practice, 2) challenges in interprofessional integrative medicine, and 3) areas for improvement. One benefit identified was that interprofessional education and clinical practice provides opportunities for learning from different perspectives and understanding how best to elicit information from patients. Another benefit was that interprofessional integrative medicine clinical practice provides more comprehensive care for complex patients. Exemplars on this theme included ‘there are places where our [allopathic] training is not meeting the needs of the patient’ and ‘patients get better quicker and stay healthier longer because we are looking at the holistic approach to care’ and ‘it is important to be able to offer integrative medicine especially when there is a helplessness associated with chronic disease – it helps to have options and get to a place where they feel they are taking action’. Providers also expressed the benefit that they feel less burnout and more of a sense of support in caring for

Scholarly Project Final Report

patients through the collaboration. In regards to challenges, the need for more education on the roles and abilities of other disciplines and modalities was identified. Another challenge was that patient questions often trigger information seeking but finding information that is accurate is challenging and time consuming. Exemplars on this theme included 'often when asked, my answer is I don't know enough to tell you that' and 'I would appreciate more details in naturopathic doctors' notes to help understand reasoning and safety behind therapies'. In regards to areas for improvement, the need for more integrative medicine training opportunities and mentors for those interested was identified. While the desire for co-location and more active consultation was also a theme, pay parity was noted as a barrier to this. An exemplar of this theme was 'working in the same building so interactions would be possible...one barrier to this is that there are different pay scales for different providers'. Finally, another theme was the desire for relationship development and understanding care expertise to facilitate referrals: 'Some things are not in line with how we've been trained...it's good to have a partnership with people we can trust and dialogue with'. Responses from the qualitative portion of the survey provided validation to the focus group themes.

Discussion (≥500 words)

The Interprofessional Integrative Medicine Consult Clinic at OHSU is the first of its kind to have interprofessional education and joint training of both allopathic/osteopathic and naturopathic primary care residents. This study found that exposure to the IIMCC led to an increase in positive attitudes and perceptions of integrative medicine and interprofessional collaboration among allopathic/osteopathic family medicine residents, while naturopathic residents largely already had positive attitudes and perceptions. This study also identified several benefits of interprofessional integrative medicine, notably the learning opportunities and benefits to patient care provided by a diversity of perspectives taking a holistic approach. Challenges in interprofessional integrative medicine identified in this study included the need for more education on the various disciplines and modalities as well as how to find reliable, evidence-based information to support responding to patient questions. Finally, areas for improvement identified in this study included creating more opportunities for interprofessional integrative medicine education and clinical training as well as opportunities for developing trusting professional relationships across providers from different disciplines. Pay parity was identified as a major barrier to increasing active collaboration among integrative medicine providers as it limits possibilities of co-location within a clinic or even consult services.

The primary limitation of this study was the small number of participants. Another limitation was that not all participants answered every question leading to missing data. Finally, the study was limited by the fact that participants as a whole were not categorized by their role (faculty and staff, allopathic/osteopathic residents, naturopathic residents).

This exploratory study highlights the need for further collaboration and research in this area. Given the unique opportunity provided by the IIMCC at Richmond, it would be valuable to conduct a larger and more longitudinal study on the impacts of exposure to this clinic on faculty, resident, and patient attitudes and perspectives of interprofessional integrative medicine. It would also be valuable to evaluate the impacts exposure to this clinic has on patient care practices of residents once they go into their practices as physicians after training. Another area for potential future research is evaluating the impact of this type of interprofessional integrative medicine on patient outcomes.

With the prevalence of use of integrative medicine among adults in the U.S², especially in the context of high rates of non-disclosure of use to primary care providers³, it is increasingly important for physicians to become comfortable discussing integrative medicine practices and providing evidence-based guidance to their patients. In 2010, the Society for Teachers of Family Medicine approved a set of integrative medicine competencies and learning objectives for all family medicine residencies.⁸ A follow-up study in 2012 found that while 58% of family medicine residency directors felt that integrative medicine was an important component of residency training, 60% reported not having any specific learning objectives related to

Scholarly Project Final Report

integrative medicine in their curriculum.⁹ Recent evidence has also emerged showing that interprofessional education can improve patient outcomes¹⁰. The IIMCC at OHSU provides a model for the education and training of family medicine residents in integrative medicine; a space they can learn from their colleagues in other disciplines, learn how to find and quickly access evidence-based information related to integrative medicine, develop confidence in discussing non-allopathic modalities with patients, and build skills to successfully work in interprofessional care teams.

Conclusions (2-3 summary sentences)

This mixed methods exploratory study found that exposure to an Interprofessional Integrative Medicine Consult Clinic improved attitudes and perceptions of integrative medicine among Family Medicine faculty and residents. It also found that active exposure to the consult clinic led to improved interprofessional collaboration among allopathic/osteopathic and naturopathic residents.

References (JAMA style format)

1. Integrativemedicine.arizona.edu. (2019). *IM in Residency (IMR): Andrew Weil Center for Integrative Medicine*. [online] Available at: <https://integrativemedicine.arizona.edu/education/imr.html> [Accessed 21 Oct. 2019].
2. Tindle HA, Davis RB, Phillips RS, Eisenberg DM. Trends in use of complementary and alternative medicine by US adults: 1997-2002. *Alternative therapies in health and medicine*. 2005;11(1):42-49.
3. Robinson A, McGrail MR. Disclosure of CAM use to medical practitioners: a review of qualitative and quantitative studies. *Complementary therapies in medicine*. 2004;12(2-3):90-98.
4. Nawaz H, Via CM, Ali A, Rosenberger LD. Project ASPIRE: Incorporating Integrative Medicine Into Residency Training. *American journal of preventive medicine*. 2015;49(5 Suppl 3):S296-301.
5. C. D. Schneider, P. M. Meek, and I. R. Bell, "Development and validation of IMAQ: integrative medicine attitude questionnaire," *BMC Medical Education*, vol. 3, article 1, pp. 1–7, 2003.
6. Abbott RB, Hui KK, Hays RD, et al. Medical Student Attitudes toward Complementary, Alternative and Integrative Medicine. *Evid Based Complement Alternat Med*. 2011;2011:985243. doi:10.1093/ecam/nep195
7. Schmitz CC, Radosevich DM, Jardine P, MacDonald CJ, Trumpower D, Archibald D. The Interprofessional Collaborative Competency Attainment Survey (ICCAS): A replication validation study. *J Interprof Care*. 2017;31(1):28-34. doi:10.1080/13561820.2016.1233096
8. Locke AB, Gordon A, Guerrero MP, Gardiner P, Lebensohn P. Recommended integrative medicine competencies for family medicine residents. *Explore (New York, NY)*. 2013;9(5):308-313.
9. Gardiner P, Filippelli AC, Lebensohn P, Bonakdar R. Family medicine residency program directors attitudes and knowledge of family medicine CAM competencies. *Explore (New York, NY)*. 2013;9(5):299-307.
10. Reeves S, Fletcher S, Barr H, Birch I, Boet S, Davies N, ... Kitto SC. A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. *Medical Teacher*, 2016;38(7), 656–668

Scholarly Project Final Report

Tables

Table 1. Demographic Characteristics of Participants

Characteristic	n (%)
Age Category (n=61)	
25-29	10 (16.4)
30-39	25 (41)
40-49	18 (29.5)
50-59	7 (11.5)
60 and older	1 (1.6)
Sex (n=64)	
Male	19 (29.7)
Female	45 (70.3)
Prefer to describe	0 (0)
Race (n=64)	
White	55 (85.9)
Black	0 (0)
Asian or Pacific Islander	4 (6.3)
American Indian or Alaska Native	0 (0)
Mixed Race	4 (6.3)
Other	1 (1.6)
Ethnicity (n=61)	
Hispanic	2 (3.3%)
Non-Hispanic	59 (96.7)
Marital Status (n=64)	
Single (never married)	13 (20.3)
Married/Partnered	47 (73.4)
Separated	1 (1.6)
Divorced	3 (4.7)
Widowed	0 (0)
Parental Status (n=64)	
Yes	32 (50)
No	32 (50)
Type of exposure (n=59)	
Worked in OHSU IM clinic	17 (28.8)
Referred to OHSU IM clinic	22 (37.3)
Referred to non-OHSU IM clinic	53 (89.8)
Referred to any IM clinic	54 (91.5)
No exposure	4 (6.8)

*Category totals (n) vary due to missing data

Table 2 – Resident Clinical Characteristics

Resident Characteristic	n (%)
Type of resident (n=16)	
Allopathic or Osteopathic	9 (56.3)
Naturopathic	7 (43.8)
Sessions in Clinic (n=15)	
1	2 (13.3)
2-3	5 (33.3)
4 or more	8 (53.3)
Recency of exposure (n=16)	
In the last 6 months	4 (25)
6-12 months ago	4 (25)
12-18 months ago	4 (25)
More than 18 months ago	4 (25)
Healthcare team members (n=15)	
Allopathic/Osteopathic Resident	12 (75.0)
Naturopathic Resident	13 (81.3)
Pharmacist	6 (37.5)
Behavioral Health	0 (0)
Integrative Medicine Fellow	4 (25.0)
Allopathic Medical Student	7 (43.8)
Setting of clinic experience (n=16)	
In-person	12 (75)
Virtual	4 (25)

*Category totals (n) vary due to missing data

Scholarly Project Final Report

Table 3. Attitudes Toward Interprofessional Integrative Medicine Before and After Providing Care in the Consult Clinic According to Resident's Type of Training Program

Attitude Variable	Type of Resident	Prior to providing care in the clinic					After providing care in the clinic					p value
		Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)	
I had interest in integrative medicine	Allopathic/Osteopathic	0 (0)	2 (25.0)	2 (25.0)	3 (37.5)	1 (12.5)	0 (0)	0 (0)	1 (12.5)	5 (62.5)	2 (25.0)	0.28*
	Naturopathic	0 (0)	0 (0)	0 (0)	2 (28.6)	5 (71.4)	0 (0)	0 (0)	0 (0)	2 (28.6)	5 (71.4)	1.00†
I understood where to look for information on herbs and supplements	Allopathic/Osteopathic	2 (25.0)	5 (62.5)	1 (12.5)	0 (0)	0 (0)	0 (0)	3 (37.5)	1 (12.5)	4 (50.0)	0 (0)	0.25*
	Naturopathic	0 (0)	0 (0)	0 (0)	0 (0)	7 (100)	0 (0)	0 (0)	0 (0)	7 (100)	0 (0)	--
I understood the interactions between herbs, supplements and pharmaceuticals	Allopathic/Osteopathic	0 (0)	5 (62.5)	0 (0)	3 (37.5)	0 (0)	0 (0)	4 (50.0)	1 (12.5)	3 (37.5)	0 (0)	0.02*
	Naturopathic	0 (0)	0 (0)	0 (0)	1 (12.5)	6 (85.7)	0 (0)	0 (0)	0 (0)	1 (12.5)	6 (85.7)	1.00†
I would be likely to recommend non-allopathic techniques (herbs, supplements, mind-body, acupuncture, manipulation).	Allopathic/Osteopathic	0 (0)	2 (25.0)	3 (37.5)	3 (37.5)	0 (0)	0 (0)	0 (0)	2 (25.0)	5 (62.5)	1 (12.5)	0.55*
	Naturopathic	0 (0)	0 (0)	0 (0)	0 (0)	7 (100)	0 (0)	0 (0)	0 (0)	0 (0)	7 (100)	--
I would be likely to work with providers from other disciplines	Allopathic/Osteopathic	0 (0)	0 (0)	0 (0)	4 (50.0)	4 (50.0)	0 (0)	0 (0)	0 (0)	4 (50.0)	4 (50.0)	1.00†
	Naturopathic	0 (0)	0 (0)	0 (0)	1 (12.5)	6 (85.7)	0 (0)	0 (0)	0 (0)	1 (12.5)	6 (85.7)	1.00†
I felt that patient care was improved by MDs/DOs and NDs working together.	Allopathic/Osteopathic	0 (0)	1 (12.5)	1 (12.5)	5 (62.5)	1 (12.5)	0 (0)	1 (12.5)	0 (0)	5 (62.5)	2 (25.0)	0.07*
	Naturopathic	0 (0)	0 (0)	0 (0)	0 (0)	7 (100)	0 (0)	0 (0)	0 (0)	0 (0)	7 (100)	--
I felt able to communicate effectively with providers from other healthcare disciplines	Allopathic/Osteopathic	0 (0)	0 (0)	2 (25.0)	4 (50.0)	2 (25.0)	0 (0)	0 (0)	0 (0)	6 (75.0)	2 (25.0)	0.02*
	Naturopathic	0 (0)	0 (0)	0 (0)	3 (42.9)	4 (57.1)	0 (0)	0 (0)	0 (0)	2 (28.6)	5 (71.4)	0.84†
I felt comfortable working with complex patients using a combination of pharmaceutical medications and herbs/supplements	Allopathic/Osteopathic	0 (0)	5 (62.5)	2 (25.0)	1 (12.5)	0 (0)	0 (0)	3 (37.5)	2 (25.0)	3 (37.5)	0 (0)	0.38*
	Naturopathic	0 (0)	0 (0)	0 (0)	1 (12.5)	6 (85.7)	0 (0)	0 (0)	0 (0)	1 (12.5)	6 (85.7)	1.00†

*Chi Square (parametric); †McNemar Change test (non-parametric)

Table 4. Perceived Patient Care Abilities Regarding Interprofessional Integrative Medicine Before and After Providing Care in the Consult Clinic According to Resident's Type of Training Program

Perception Variable: I felt I could...	Type of Resident	Prior to providing care in the clinic					After providing care in the clinic					p value*
		Poor n (%)	Fair n (%)	Good n (%)	Very Good n (%)	Excellent n (%)	Poor n (%)	Fair n (%)	Good n (%)	Very Good n (%)	Excellent n (%)	
Promote effective communication among members of an interprofessional (IP) team	Allopathic/Osteopathic	0 (0)	2 (28.6)	2 (28.6)	1 (16.7)	2 (28.6)	0 (0)	0 (0)	4 (57.1)	1 (16.7)	2 (28.6)	0.03
	Naturopathic	0 (0)	0 (0)	4 (57.1)	3 (42.9)	0 (0)	0 (0)	0 (0)	1 (14.3)	4 (57.1)	2 (28.6)	0.14
Express my ideas and concerns without being judgmental	Allopathic/Osteopathic	0 (0)	3 (42.9)	1 (16.7)	1 (16.7)	2 (33.3)	0 (0)	0 (0)	4 (57.1)	1 (16.7)	2 (28.6)	0.03
	Naturopathic	1 (14.3)	0 (0)	5 (71.4)	1 (14.3)	0 (0)	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (14.3)	0.72
Seek out IP team members to address issues	Allopathic/Osteopathic	0 (0)	2 (28.6)	2 (28.6)	3 (42.9)	0 (0)	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (16.7)	0.57
	Naturopathic	1 (14.3)	1 (14.3)	2 (28.6)	3 (42.9)	0 (0)	0 (0)	0 (0)	3 (42.9)	2 (28.6)	2 (28.6)	0.38
Work effectively with IP team members to enhance care	Allopathic/Osteopathic	0 (0)	1 (16.7)	3 (42.9)	2 (28.6)	1 (14.3)	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (16.7)	0.11
	Naturopathic	0 (0)	1 (14.3)	4 (57.1)	2 (28.6)	0 (0)	0 (0)	0 (0)	2 (28.6)	3 (42.9)	2 (28.6)	0.05
Learn with, from and about IP team members to enhance care	Allopathic/Osteopathic	0 (0)	1 (14.3)	2 (28.6)	2 (28.6)	1 (14.3)	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (14.3)	0.22
	Naturopathic	0 (0)	1 (14.3)	3 (42.9)	3 (42.9)	0 (0)	0 (0)	0 (0)	1 (14.3)	3 (42.9)	3 (42.9)	0.54
Understand the abilities and contributions of IP team members	Allopathic/Osteopathic	0 (0)	2 (28.6)	2 (28.6)	3 (42.9)	0 (0)	0 (0)	0 (0)	3 (42.9)	3 (42.9)	1 (14.3)	0.25
	Naturopathic	0 (0)	0 (0)	3 (42.9)	4 (57.1)	0 (0)	0 (0)	0 (0)	0 (0)	4 (57.1)	3 (42.9)	0.66
Recognize how others' skills and knowledge complement and overlap with my own	Allopathic/Osteopathic	0 (0)	1 (14.3)	3 (42.9)	4 (57.1)	0 (0)	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (14.3)	0.32
	Naturopathic	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (14.3)	0 (0)	0 (0)	0 (0)	5 (71.4)	2 (28.6)	0.19
Use an IP team approach with the patient to assess the health situation	Allopathic/Osteopathic	0 (0)	1 (14.3)	3 (42.9)	3 (42.9)	0 (0)	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (14.3)	0.32
	Naturopathic	0 (0)	1 (14.3)	2 (28.6)	4 (57.1)	0 (0)	0 (0)	0 (0)	1 (14.3)	4 (57.1)	2 (28.6)	0.07
Use an IP team approach with the patient to provide whole person care	Allopathic/Osteopathic	0 (0)	1 (14.3)	4 (57.1)	2 (28.6)	0 (0)	0 (0)	0 (0)	3 (42.9)	3 (42.9)	1 (14.3)	0.21
	Naturopathic	0 (0)	1 (14.3)	2 (28.6)	3 (42.9)	0 (0)	0 (0)	0 (0)	1 (14.3)	4 (57.1)	2 (28.6)	0.11
Actively listen to the perspectives of all IP team members	Allopathic/Osteopathic	0 (0)	1 (14.3)	3 (42.9)	3 (42.9)	0 (0)	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (14.3)	0.32
	Naturopathic	0 (0)	0 (0)	2 (28.6)	4 (57.1)	1 (14.3)	0 (0)	0 (0)	0 (0)	4 (57.1)	3 (42.9)	0.39
Develop an effective care plan with IP team members	Allopathic/Osteopathic	0 (0)	2 (28.6)	2 (28.6)	3 (42.9)	0 (0)	0 (0)	0 (0)	3 (42.9)	3 (42.9)	1 (14.3)	0.25
	Naturopathic	0 (0)	0 (0)	4 (57.1)	2 (28.6)	1 (14.3)	0 (0)	0 (0)	1 (14.3)	4 (57.1)	2 (28.6)	0.36

*Chi Square