COMPLEMENTARY AND INTEGRATIVE MEDICINE
An observational study on Pediatric Clinicians’ Knowledge, Beliefs and Practices

Olohirere Ezomo, MPH1, Nicole Casharro, MSN, FNP, NP-C2; Katherine Woolley, BA3, Ryan Smith BS3, Claire Hardin DNP, FNP4, Richard Feinn PhD5, Karen Myrick DNP, APRN, FNP-B.C., ANP-BC6,7

1. Frank H. Netter School of Medicine, Quinnipiac University. 2. Community Health Center Inc. 3. Colorado Children’s Hospital, Pediatric Emergency Department. 4. University of Saint Joseph, Connecticut, School of Interdisciplinary Health and Science.

INTRODUCTION

Complementary and Integrative Medicine (CIM) is a group of diverse health care therapies that often serve as adjuncts to conventional medical treatments.

Examples include biologically based therapies e.g. dietary supplements; manipulative/movement and body-based practices e.g. yoga, massage therapy; biofield therapies and acupuncture1.

Epidemiology: 2012 vs 2017
- children yoga use = 3.1% vs 8.4%2
- meditation use = 0.6% vs 5.4%
Girls were more likely to have used yoga
Older children (12-17 years) were more likely to have used meditation3.
Non-Hispanic white children were more likely to have used yoga or a chiropractor compared to children from other races3.

As CIM use increases, research and training are required to assess awareness and guide pediatric clinicians on recommendations for CIM.

Our aim for this study was to evaluate the current knowledge, beliefs and practices of pediatric clinicians regarding CIM.

METHODS

Clinicians from the pediatric unit of a large US based teaching hospital in Connecticut were surveyed, through self-administered questionnaires.

Nurse Practitioners and Registered Nurses were combined into one group and compared to physicians’ group which comprised of Attendings, Fellows and Residents. Each question was scored on a numerical scale. Questions from the same section of the survey (familiarity, attitude & beliefs, impact) were combined to create a mean score and the mean scores between nurses and physicians were compared using an independent sample t-test.

To compare means while controlling for demographic variables, an ANCOVA was used. The alpha level for statistical significance was pre-determined at 0.05. SPSS was used to analyze the data.

RESULTS

N=70 participants with a response rate of 99%.

Regarding use,
- 24% had referred a patient to a CIM practitioner,
- 43% reported using CIM,
- 47% had a family member who had used CIM in the past year.

Respondents were most familiar with massage (70%) and yoga (69%).
Respondents were least familiar with Ayurvedic medicine (20%) and Qi Gong (24%).

Regarding attitude,
- 67% believed that some CIM therapies hold promise for the treatment of symptoms.
- 59% believed that incorporation of CIM would increase patient satisfaction.

CONCLUSION

This study highlights the need to bridge the gap in evidence based medicine and clinician’s knowledge with the rise in CIM use. It also stresses the need for standardized learning competencies in the field of PIM.

REFERENCES

1. Netter MD. Frank H. Frank H. Netter School of Medicine.