Overview
The University of Arizona Center for Integrative Medicine (AzCIM) in collaboration with the Academic Consortium for Integrative Medicine and Health received a HRSA grant to establish the National Center for Integrative Primary Healthcare (NCIPH). The NCIPH supports the incorporation of competency- and evidence-based Integrative Health Care (IH) curricula into educational programs in a movement toward integrative interprofessional patient care. The NCIPH is developing competencies, curricula and best practices taking into consideration the determinants of health including physical and social environment, individual health behaviors and health services as they relate to the practice of IH to effect health outcomes. The center goals are: 1) establish an interprofessional leadership team; 2) develop a coordinated set of competencies in IH across primary care professions; 3) develop a 45-hour interprofessional IH curriculum for primary care; 4) create an accessible and interactive online infrastructure to house IH curriculum, best practices, and resources; and 5) develop patient education materials and facilitate access to IH practitioners working with the underserved. Experts representing primary care physician specialties, nursing, public health, pharmacy, behavioral health, and complementary and integrative health professions convened to create a set of 10 meta-competencies in Integrative Primary Healthcare. Competencies relating to professional identity formation and self-care will be presented with specific examples of the associated sub-competencies and how family medicine, nursing and complementary and integrative health will address the competencies in their educational programs. Based on the meta-competencies and results of a needs assessment a 45-hour introductory interprofessional IH course, Foundations in Integrative Health, is being developed. An overview of the curriculum with in-depth examples from the units pertaining to professional identity formation and self-care will be presented. The challenges and opportunities of incorporating IH principles into primary care education and the impact on healthcare provider burnout will be discussed.

Rationale
As our healthcare system moves toward team-based, collaborative, interprofessional care, with a stronger emphasis on prevention, it becomes critical that our primary care workforce be versed in the principles of whole-person, patient-centered, integrative healthcare. Integrative healthcare (IH) “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 approaches, healthcare professionals and disciplines to achieve optimal health and healing (https://www.imconsortium.org/about/home.cfm).” Due to educational resource limitations and a shortage of healthcare providers with adequate training in this area, the principles and practice of IH have not been widely incorporated into the health care delivery system. The ultimate goal of the NCIPH is education of interprofessional teams that will utilize the principles of IH in delivering primary care. However, as healthcare providers work to develop professional competency through long hours of training, burnout becomes a critical problem impacting both the healthcare providers and their patients. While the prevalence of burnout in healthcare providers has been clearly established, training in self-care or burnout
prevention is not a routine component of primary care education. A key component of the NCIPH is education of healthcare providers in self-care strategies.

**Topic Outline**

This panel will provide an **overview of the purpose and goals** of the National Center for Integrative Primary Healthcare. A coordinated set of 10 **meta-competencies in Integrative Healthcare (IH)** across primary care professions was established. Three meta-competencies relevant to professional identity formation were developed: 1) knowledge of integrative and conventional health professions, 2) working effectively on interprofessional teams, and 3) incorporating ethical standards of practice into all interactions. A single meta-competency, engage in self-care practices to promote wellbeing, addresses healthcare provider self-care. Examples of discipline-specific sub-competencies from family medicine, nursing and complementary and integrative health will be presented demonstrating how these competencies are interpreted and implemented. Based on the meta-competencies and needs assessment results, specific **curriculum content** areas were identified and serve as a basis for the Foundations in IH introductory interprofessional course. Common and profession-specific content suggestions emphasizing professional identity formation and self-care will be presented. Professional identity formation content areas include techniques for negotiation, collaboration and coordination of care, scope of practice, and mutual respect. Self-care content includes work-life integration strategies and creating a climate supportive of both interprofessionalism and self-care practices. The challenges, opportunities and implications of this project for primary care education will be discussed.

*Presented at 2015 International Conference to Promote Resilience, Empathy and Well-being in the Health Professions: An Interprofessional Forum, October 18-21, 2015, Washington, DC.*