Findings from a Three-Round Delphi Study: Essential Topics for Interprofessional Training on Complementary and Integrative Medicine

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Supplementary file, Translated questionnaires

1st Delphi Round: Introduction

Delphi Study: Curriculum Development for Interprofessional Education on Complementary and Integrative Medicine

First Round

We welcome you to the first round of the Delphi survey "Development of an interprofessional curriculum on complementary and integrative medicine"

Thank you very much for participating in this survey. When answering the questions, please refer to a potential seminar for **C**omplementary and Integrative **M**edicine (CIM) with 30-60 teaching units of 45 min each, which is offered at a medical school for students of medicine and other healthcare professions (from the fields of nursing, therapy and diagnostics) in undergraduate education. This survey is meant to record your personal opinion on and assessment of contents and objectives for such a curriculum. Please fill in the questionnaire as completely as possible and use the free text to make comments and further additions. The survey will be conducted pseudonymously. Your evaluations and verbatim core statements from the free text answers will be included in the next survey round and in the result report, but it will not be possible to draw conclusions about your identity.

In addition to the socio-demographic surveys, the survey includes one section on the addressed goals and competencies and one section on the possible curricular content.

It should take about 20 to 30 minutes to complete the questionnaire.

You can stop and come back to continue the questionnaire at a later time. Your results will be stored temporarily.

If you have any questions, please do not hesitate to contact me.

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1st Delphi Round: Socio-demogra	phic Data (Part A)
How old are you?	
Gender	
female	
male	
To which profession group do you belong? (Multiple answers possible)	
Nursing	
Therapy	
Medical technology/diagnostics	
Medicine	
Pharmacy	
Social Work/Social Pedagogics	
Sports Science	
Educational Science	
Midwifery	
Psychology	
Others	
Which professional and/or academic degree do you have?	
What additional qualifications do use hour?	
What additional qualifications do you have?	
Current fields of activity (multiple answers possible)	
Student	
Inpatient care	
Outpatient care	
Rehabilitation	
Prevention	
Patient counseling	
Oncology	
Pediatrics/child care	
Geriatrics/geriatric care	
Palliative care	
Teaching at the college, university	
Apprenticeship at the university of applied sciences, vocational school	
Research	
Others	
What is your current focus of activity?	
In which country/state are you mainly working?	
Baden-Württemberg	
Bavaria	
Berlin	
Brandenburg	
Bremen	
Hamburg	
Hesse	
Mecklenburg-Western Pomerania	
Lower Saxony	
North Rhine-Westphalia	
Rhineland-Palatinate	
Saarland	
Saxony	
Saxony-Anhalt	
Schleswig-Holstein	
Thuringia	
Austria	
Switzerland	
Other	
Do you have a pedagogical qualification?	
No	
Medical-didactic training, pedagogical seminar < 10 teaching hours	
Medical-didactic training, pedagogical seminar 10-99 teaching hours (e.g.	
lecturer training)	
Medical-didactic training, pedagogical seminar > 100 teaching hours	
Specific training / study (e.g. Master of Medical Education)	
Others	

Do you have experience in academic teaching? (multiple answers possible) No, no teaching experience at all No, teaching experience only in non-academic education Less than 15 lessons (á 45 min) per semester during the last year Performing 15 or more lessons (á 45 min) per semester in the last year Teaching experience for less than five years Teaching experience for five or more years Experience in interprofessional teaching Experience in teaching coordination Experience in curriculum development	
What is your practical professional experience in the following areas of patient care? (including internships and periods of further training, multiple answers possible)	
	no < 3 3-8 > 8 no experiene years years answer
Inpatient sector	
Outpatient sector	
Prevention	
Rehabilitation	
Palliative care	
Patient consultation	
What is your professional experience in the following research areas?	no < 3 3-8 > 8 no
	experiene years years years answer
Basic Research	
Clinical research	
Health Services Research	
Training research	
Further research areas	
How many years of professional experience do you have in total?	
What is your basic attitude towards complementary medicine? Please rank	very very
yourself on the scale of 1-10 listed here.	negativ positiv
אסמושבוו טון נווב שנמוב טו ב-בט ווצובע וובוב.	
If you use complementary medicine methods in a professional context,	
please indicate here the generic terms or the classification of the	
respective methods (e.g. phytotherapy, TCM, Ayurveda).	
	NE

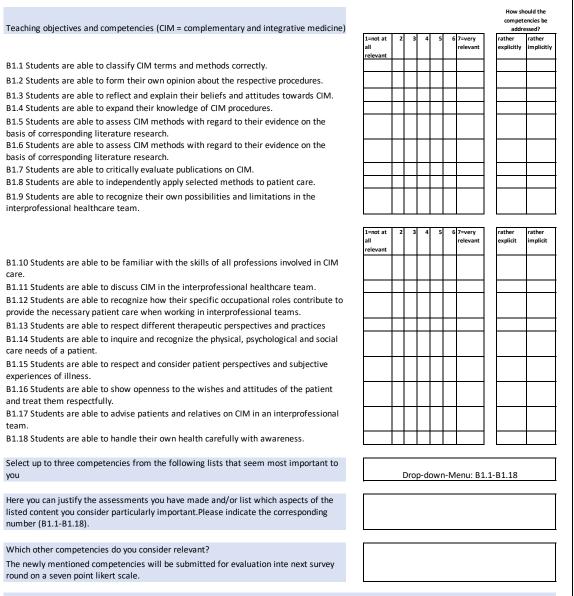
1st Delphi Round: Competencies (Part B)

When answering the questions, please refer to a potential seminar for Complementary and Integrative Medicine (CIM) with 30-60 teaching units of 45 min each, which is offered at a medical school for students of medicine and other healthcare professions (from the fields of nursing, therapy and diagnostics) in undergraduate education.

Below you will find a list of teaching-learning objectives and competencies based on CIM curricula already described in the literature. Please rate them with regard to their relevance on a seven-point Likert scale. Please also indicate whether these competencies should be addressed explicitly or implicitly ("between the lines").

Use the free text to justify and supplement your assessment and to list further competencies.

Your comments will be will be listed anonymously in the next survey round. The assessed competencies will be assigned to four relevance groups based on the assessments.



1st Delphi Round: CanMEDS Role Cometencies (Part C)

Competencies in medical education are nationally and internationally oriented to the CanMEDS. This competency model was developed for physicians by the Royal College of Physicians and Surgeons of Canada in 2005 and is based on different roles that can be assumed by the respective professions in healthcare. Many curricula, including the National Competency-based Learning Objectives Catalogue of Medicine (NKLM), are based on this competence framework.

First assess which of the listed sub-competencies of the role of the collaborator are relevant in interprofessional CIM care.

C1.1 Graduates participate actively and constructively in the teamwork for the joint accomplishment of tasks.

C1.2 Graduates develop concepts, guidelines, treatment pathways, etc. in cooperation with other healthcare professions which can support and further the quality of care.

C1.3 Graduates behave in an appreciative manner in interprofessional cooperation and thus contribute to good patient care.

C1.4 Graduates have a professional role identity and know the roles, competencies and responsibilities of the other professional groups involved.

 ${\tt C1.5}$ Graduates recognise interprofessional conflicts and actively contribute to productive and appropriate solutions.

C1.6 Graduates explain their role identity (tasks and duties) to others.

C1.7 Graduates reflect their tasks with regard to continuous patient care.

C1.8 Graduates work together with various health professions and disciplines in an appropriate, appreciative and efficient manner.

C1.9 Graduates analyse existing healthcare structures when interacting with other healthcare professions and evaluate them in terms of their effectiveness and efficiency.

C1.10 Together with the other team members, graduates evaluate the quality of the joint work and, if necessary, agree on measures for improvement.

Which of the other listed CanMEDS roles do you consider relevant for all academic health care professions in the context of interprofessional CIM care? The CanMEDS roles classified as relevant will be broken down and submitted again in the next survey round for evaluation (80% > scale level 5).

C2.1 Scholar: Readiness for lifelong learning, application and dissemination of medical knowledge

C2.2 Communicator: Establishing a positive patient relationship, if necessary with the involvement of family members and professions involved.

C2.3 Health Advocate: Advocating for the needs and satisfaction of patients, communities and population groups

C2.4 Leader: Careful use of resources, contribution to increasing effectiveness in the healthcare system

C2.5 Professional: Selfless attitude, ethical decision-making, assumption of responsibility C2.6 Medical Expert: Integration of all CanMEDS roles, knowledge, skills and attitudes support patient-centred care

Here you can justify the assessments made on the CanMEDS roles and/or list which aspects you consider particularly important. Please indicate the corresponding competency number.

1=not at all relevant	2	3	4	5	7=very relevant

2	3	4	5	6	7=very relevant

1st Delphi Round: Curricular Conten	it (Part D)	
In the following, some teaching content are listed. Please assess their relev curriculum on a seven-point Likert scale. In addition, you have the possibility assess the content due to lack of knowledge and/or for other reasons.	-	vant to
Please use the free-text fields to justify or supplement your assessments an	nd to list further possible teaching co	ntent.
Your comments will be listed in the next survey round. The newly listed cont second round of questioning. The assessed content will be assigned to four relevant). You will then have the opportunity to agree or disagree with the a	r relevance groups (very relevant - n	ot
	1=not at all 2 3 4 5 6 7=very relevant relevant	I feel not competent to assess
D1.1 Historical and philosophical backgrounds of CIM therapy D1.2 Clarification and explanation of CIM terms (natural medicine, complementary and		
alternative medicine,) D1.3 Legal issues relating to delegation, substitution and reserved activities for certain professions within CIM patient care		
D1.4 Use of CIM therapies D1.5 Supply structures and service providers (alternative practitioners, doctors with additional qualifications, health professions, CIM facilities)		
D1.6 Overview of CIM databases and literature search via the Internet D1.7 Deepening the assessment of CIM evidence on the basis of selected studies		
D1.8 Overview of effects and interactions of selected CIM therapies D1.9 Overview of methods in classical natural medicine (exercise, nutrition, hydrotherapy,		
herbalism and the balance of mind and body)		
D1.10 Overview of methods in non-classical natural medicine (e.g. Acupuncture, Homeopathy, Anthroposophical medicine)		
Here you can justify the assessments you have made and/or list which aspects of the listed content you consider particularly important. Please indicate the corresponding number (D.1.1-D.1.10).		
Here you can list further general content for an interprofessional CIM		
Classical natural medicine		
The classical natural medicine methods classified as relevant will be broken down in d again for evaluation (80% > scale level 5).	letail in the next survey round and submit	ted
	1=not at all 2 3 4 5 6 7=very relevant relevant	I feel not competent
D2.1 Overview: Hydrotherapy (Bath, wraps, pourings)		to assess
D2.2 Overview: Regulative therapy / Mind-Body medicine (Yoga, Tai chi, Qui gong,		
progressive muscle relaxation) D2.3 Overview: Movement therapy (Exercise training, walking)		
D2.4 Overview: Dietetics (nutritional recommendations, high-dose vitamins, trace elements)		
D2.5 Overview: Phytotherapy (medicinal plants, teas, aromatherapy, herbal medicines)		
Here you can justify the assessments you have made and/or list which aspects of the listed content you consider particularly important. Please indicate the corresponding number (D.2.1-D.2.5).		
Non-classical natural medicine		
	1=not at all 2 3 4 5 6 7=very	I feel not
D2.1 Neural Abarany	relevant relevant	competent to assess
D3.1 Neural therapy D3.2 Chiropractic		
D3.3 Cranio-sacral therapy D3.4 Homeopathy		
D3.5 Acupuncture		
D3.6 Traditional Chinese Medicine (TCM) D3.7 Anthroposophical medicine		
D3.8 Ayurveda		
D3.9 Tibetan medicine D3.10 Diverting procedures (leeches, cupping)		
Here you can justify the assessments you have made and/or list which aspects of the listed content you consider particularly important. Please indicate the		
Which other non-classical medicine methods do you consider relevant?		
You have reached the end of the interview. Is there anything else you'd like to		
		SUBMIT

Delphi Study: Curriculum Development for Interprofessional Education on Complementary and Integrative Medicine

Second Round

We welcome you to the second round of the Delphi survey "Development of an interprofessional curriculum on complementary and integrative medicine"

Thank you very much for participating in the first survey round. The present questionnaire was designed on the basis of your weightings, suggestions and constructive criticism. All comments were fully incorporated into the second survey wave. A compilation of all quotations can be found in the attached result report.

Part A of this second survey contains questions on teaching methods, Part B: questions on competencies, Part C: questions on role competencies and Part D: questions on curricular content.

When answering the questions, please refer to a potential seminar for Complementary and Integrative Medicine (CIM) with 30-60 teaching units of 45 min each, which is offered at a medical school for students of medicine and other healthcare professions (from the fields of nursing, therapy and diagnostics) in undergraduate education.

This survey is meant to record your personal opinion on and assessment of contents and objectives for such a curriculum. Please fill in the questionnaire as completely as possible and use the free text to make comments and further additions. The survey will be conducted pseudonymously. Your evaluations and verbatim core statements from the free text answers will be included in the next survey round and in the result report, but it will not be possible to draw conclusions about your identity.

It should take about 30 minutes to complete the questionnaire.

You can stop and come back to continue the questionnaire at a later time. Your results will be stored temporarily.

If you have any questions, please do not hesitate to contact me.

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n the first survey round, some methodological-didactic aspects for an interprofessional compleme urriculum were taken up. Since the development of a teaching and learning program cannot be ca eaching methods into consideration (assessment drives learning), your comments and suggestion e taken up and discussed at the beginning of this survey wave.	arried out without without taking
Vhen answering the questions, please refer to a potential seminar for Complementary and Integra eaching units of 45 min each, which is offered at a medical school for students of medicine and ot from the fields of nursing, therapy and diagnostics) in undergraduate education.	
rom the following list, select the learning setting that you think is best suited for an interprofessio CIM=Complementary and integrative medicine) lease choose one of the following answers!	onal CIM seminar!
IM should be offered as a curricularly anchored elective module for all students in the medical and ealth professions. IM should be offered as a compulsory basic module for all students in the medical and health rofessions in the curriculum of the main study programme. IM basic knowledge should be offered as a compulsory module for all students in the medical and ealth professions. In addition, there should be the opportunity to deepen individual areas in lective modules. IM should be offered voluntarily, extracurricular modules with certificate degree. IM should not be offered as an independent interprofessional module but integrated more trongly into existing modules. IM should not be taught at universities and colleges.	
elect from the following list the structural orientation of the contents of an interprofessional CIM eeds. lease choose one of the following answers!	curriculum that best suits your
IM-contents should primilary be oriented on therapy options. IM-contents should primilary be oriented on disease patterns. IM-contents should primilary be oriented on reasons for seeking care. IM-contents should primilary be oriented on health care service processes. IM-contents should primilary be oriented on International Clssification of Functioning, Disability nd Health (ICF).	
thers Io answer	
lease select from the following list for which fields of activity an interprofessional CIM seminar sh you think the statement is correct, please tick the box on the left. the statement is only partially true or under certain conditions, you can write a comment on the	
Atterprofessional CIM care is relevant for the acute inpatient sector. Atterprofessional CIM care is relevant for the chronic-rehabilitative area. Atterprofessional CIM care is relevant for the outpatient sector. Atterprofessional CIM care is relevant to the field of prevention and health promotion. Atterprofessional CIM care is relevant for the support of self- and lay therapy and care. Atterprofessional CIM care cannot be implemented in the (present and future) care reality and is herefore not relevant. Atters	l agree Free-text field
lease select from the following list which teaching methods should be primarily used in a CIM cur you think the statement is correct, please tick the box on the left.	riculum.
the statement is only partially true or under certain conditions, you can write a comment on the in IM content/knowledge should be presented in a structured way in the classical lecture format. IM content should be presented as complex case studies (case-oriented learning). IM knowledge should be acquired by self-directed learning (problem-oriented learning). tudents shoud discuss ethical questions and contradictory statements regarding CIM. tudents should share their own experiences, opinions and attitudes with regard to CIM. tudents should try out simple procedures and CIM methods for themselves (experience-oriented earning). eal patients and/or acting patients should be involved in the seminars as often as possible.	right.

n the first wave of the survey, competencies were assessed on a seven-point Likert scale (1=not at all relevant to 7=very relevation of the four categories:	vant). In the evaluation these were cla	assified into the	ıe
informing rour categories: ighly relevant (at least 80% of the respondents rated it with a 6 or 7 on the Likert scale)			
elevant (at least 80% of the respondents rated it with a 5-7 on the Likert scale)			
artly relevant (at least 80% of the respondents rated it with a 4-7 on the Likert scale)			
iot relevant (remaining topics) iurthermore, the free-text fields were evaluated and hypotheses were derived. The hypotheses and the newly listed compete	ncies are now presented to you for ev	aluation.	
n the following, competencies are arranged in descending hierarchical order according to the relevance assessment already c irst survey wave. Please indicate whether you agree with the groupings and hypotheses.	carried out, but retains its original nur	nbering from t	:he
f you fully agree with the statement, please tick the respective box on the left side of the page.			
f you do not agree or only partially agree with the statement or would like to add something, please use the free text field be	ehind the statement.		
		l agree Free-text	fiel
1.16 The competency "Students are able to show openness to the wishes and attitudes of the patient and treat them respec	tfully" is very relevant as a		
ornerstone of evidence-based medicine even independently of CIM and forms the basis of all therapeutic action.	handed been smith the second states of		
1.3 The competency "Students are able to reflect and explain their beliefs and attitudes towards CIM" is very relevant and si IM curriculum.	nould be explicitly taught in a		
1.15 The competency "Students are able to respect and consider patient perspectives and subjective experiences of illnes" is	s very relevant		
ndependently of CIM. However, students should already have knowledge of treatment methods and therapy options. 1.1 The competency "Students are able to classify CIM terms and methods correctly" is relevant and, as a solid knowledge b	base, is a prerequisite for		
he other contents of the CIM curriculum. This competence should therefore be taught explicitly.			
1.2 The competency "Students are able to form their own opinion about the respective procedures" is relevant, but the form ased on scientific principles.	ation of opinion should be		
1.11 The competency "Students are able to discuss CIM in the interprofessional healthcare team" is relevant, but should be t			
1.9 The competency "Students are able to recognize their own possibilities and limitations in the interprofessional healthcar erves to avoid exceeding the competency and to recognize the necessity of interprofessional cooperation.	re team" is relevant and		
1.6 The competency "Students are able to assess CIM methods with regard to their evidence on the basis of corresponding li	iterature research" is		
elevant independently of CIM, but here it forms the basis for a critical approach to CIM. 1.7 The competency "Students are able to critically evaluate publications on CIM" is relevant and should be taught explicitly	as a prerequisite for		
rofessional action.			
1.13 The competency "Students are able to respect different therapeutic perspectives and practices" is relevant independent aught explicitly as a prerequisite for interprofessional care.	tly of CIM and should be		
1.17 The competency "Students are able to advise patients and relatives on CIM in an interprofessional team" is relevant an			
nowledge gaps in one's own profession on the one hand and to be able to react to the variety of methods and needs used by			
1.14 The competency "Students are able to inquire and recognize the physical, psychological and social care needs of a patie equires the ability to evaluate different options for action.	ent is relevant, but		
1.4 The competency "Students are able to expand their knowledge of CIM procedures" is partly relevant, since students usual usual state and the procedures of the procedures of the procedures.	ally have little previous		
nowledge of the procedures. 1.10 The competency "Students are able to be familiar with the skills of all professions involved in CIM care" is partly releva	ant, as it is a prerequisite		
or appreciative cooperation and communication. 1.5 The competency "Students are able to assess CIM methods with regard to their evidence on the basis of corresponding li			
elevant and should be taught rather explicitly. However, not only CIM databases should be used for research.	Relature research is party		
11.18 The competency "Students are able to handle their own health carefully with awareness" is partly relevant and should l			
31.12 The competency "Students are able to recognize how their specific occupational roles contribute to provide the necessa			
vorking in interprofessional teams" is partly relevant and depends on the CIM action possibilities in the respective care situat	tion.		
working in interprofessional teams" is partly relevant and depends on the CIM action possibilities in the respective care situat 31.8 The competency "Students are able to independently apply selected methods to patient care" is not relevant. However, i			
31.8 The competency "Students are able to independently apply selected methods to patient care" is not relevant. However, i			
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11.8 The competency "Students are able to independently apply selected methods to patient care" is not relevant. However, i ractical exercises in the module can deepen the learning content and promote critical assessment. Others: Selow is a list of the competencies and teaching-learning objectives proposed in the first survey round. You now have the opp	independent of this,	How show	ould
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2nd Delphi Round: CanMEDS Role Competencies (Part C)	

Competencies in medical education are nationally and internationally oriented to the CanMEDS. This competency model was developed for physicians by the R	Royal College of Physicians and
Surgeons of Canada in 2005 and is based on different roles that can be assumed by the respective professions in healthcare. In the first survey roun, role competencies were assessed on a seven-point Likert scale (1=not at all relevant to 7=very relevant). In the evaluation these were	classified into the following four
categories:	-
highly relevant (at least 80% of the respondents rated it with a 6 or 7 on the Likert scale) relevant (at least 80% of the respondents rated it with a 5-7 on the Likert scale)	
partly relevant (at least 80% of the respondents rated it with a 4-7 on the Likert scale)	
not relevant (remaining topics) Furthermore, the free-text fields were evaluated and hypotheses were derived. The hypotheses and the newly listed Role competencies are now presented to	way for evaluation
For the more, the meeterst news were evaluated and hypotheses were derived. The hypotheses and the newly listed role competencies are now presented to	you for evaluation.
In the following, competencies are arranged in descending hierarchical order according to the relevance assessment already carried out, but retains its original numbering from the first survey wave. Please indicate whether you agree with the groupings and hypotheses.	
If you fully agree with the statement, please tick the respective box on the left side of the page.	
If you do not agree or only partially agree with the statement or would like to add something, please use the free text field behind the statement.	
	l agree Free-field box
C1.3 The competency "Graduates behave in an appreciative manner in interprofessional cooperation and thus contribute to good patient care" is one of	
the most important sub-competency for an interprofessional CIM curriculum. C1.8 The competency "Graduates work together with various health professions and disciplines in an appropriate, appreciative and efficient manner" is	
also very relevant.	
C1.4 The competency "Graduates have a professional role identity and know the roles, competencies and responsibilities of the other professional groups involved" is relevant.	
C1.2 The competency "Graduates develop concepts, guidelines, treatment pathways, etc. in cooperation with other healthcare professions which can	
support and further the quality of care" is relevant. C1.1 The competency "Graduates participate actively and constructively in the teamwork for the joint accomplishment of tasks" is relevant.	
C1.7 The competency "Graduates reflect their tasks with regard to continuous patient care" is relevant.	
C1.5 The competency "Graduates recognise interprofessional conflicts and actively contribute to productive and appropriate solutions" is relevant.	
C1.6 The competency "Graduates explain their role identity (tasks and duties) to others" is relevant. C1.10 The competency "Together with the other team members, graduates evaluate the quality of the joint work and, if necessary, agree on measures	
for improvement" is only partially relevant.	
C1.9 The competency "Graduates analyse existing healthcare structures when interacting with other healthcare professions and evaluate them in terms of their effectiveness and efficiency" is only partially relevant.	
In the first survey round, the other CanMEDs roles were evaluated: Scholar, Communicator, Health Advocate, Leader, Professional and Medical Expert.	for a la constant i con
The Communicator was rated as very relevant and the Professional, Medical Expert and Scholar as relevant for a CIM curriculum. The sub-competencies of the presented one after the other for evaluation.	ese four role competencies are now
Please indicate which of the listed CanMEDS sub-competences you consider relevant for interprofessional teaching in the context of interprofessional CIM care	e!
1. Sub-competencies: Communicator	1=not at all 2 3 4 5 6 7=very
C2.1 Graduates recognise the central importance of communication skills for their profession and healthcare and know that communication can be	relevant relevant
learned. C2.2 Graduates create a trusting, stable doctor/-patient relationship and master a professional and patient-centred approach to conversation, considering	
the specific types of conversations, phases of conversations and tasks involved.	
C2.3 Graduates reflect on typical sensitive topics in everyday professional life and shape their communication appropriately, even in emotionally challenging situations	
C2.4 Graduates successfully shape their communicative actions through the targeted use of communication strategies, even in challenging clinical contexts and constellations.	
C2.5 Graduates analyse and reflect on sociodemographic and socioeconomic factors influencing communication, and communicate accordingly.	
C2.6 Graduates reflect on the specific requirements of oral, written and electronic communication, as well as of public communication, and interact context-specifically while respecting data protection.	
context-specifically while respecting data protection.	
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2nd Delphi Round: Curricular Conter	nt (Part I	D)						
In the first survey round, general curricular content were assessed on a seven-point Liker the evaluation these were classified into the following four categories: highly relevant (at least 80% of the respondents rated it with a 6 or 7 on the Likert scale relevant (at least 80% of the respondents rated it with a 5-7 on the Likert scale) partly relevant (at least 80% of the respondents rated it with a 4-7 on the Likert scale) not relevant (remaining topics)		not at a	ıll rele	evant	to 7=	=very re	levan	ıt). In
Furthermore, the free-text fields were evaluated and hypotheses were derived. The hypotheses were derived. The hypotheses were derived. The hypotheses were derived.	otheses and	d the ne	ewly li	isted	conte	ent are i	now	
In the following, general curricular content is arranged in descending hierarchical order a carried out, but retains its original numbering from the first survey wave. Please indicate hypotheses.	e whether y							/
If you fully agree with the statement, please tick the respective box on the left side of the If you do not agree or only partially agree with the statement or would like to add somet		e use t	he fre	e tex	t fiel	d behind	l the	
	l agree	Fre	e-text	field				
D1.9 The content "Overview of methods in classical natural medicine" is relevant.								
 D1.10 The content "Overview of methods in non-classical natural medicine" is relevant. D1.2 The content "Clarification of CIM-Terms: Naturopathy, Complementary Medicine, Alternative Medicine, Integrative Medicine, etc." is relevant in order to find a common language and prevent misunderstandings. D1.8 The content "Overview of effects and interactions of selected CIM therapies" is relevant. 								
D1.5 The content "Supply structures and service providers" is partly relevant, since explicit								
knowledge, for example on the qualification of service providers, increases patient safety. D1.3 The content "Legal issues relating to CIM therapies regarding delegation, substitution and reserved activities within CIM patient care" is partly relevant and should be based on an overview. D1.7 The content "Deepening the assessment of CIM evidence on the basis of selected studies"								
is partly relevant, in particular because it allows the individual to critically reflect on his own actions.								
D1.6 The content "Overview of CIM databases and literature search via the Internet" is partly relevant, but all relevant databases should be included in the literature search.								
D1.4 The content "Use of CIM therapies" is partly relevant.								
D1.1 The content "Historical and philosophical backgrounds of CIM therapy" is not relevant, but								
can be discussed if it is important as a basis for understanding the therapy method. Others:								
The following general curricular content was additionally suggested in the first survey rou	und. Please	e rate it	on a	sever	n-poii	nt Likert	scale	e. You
The following general curricular content was additionally suggested in the first survey rou also have the option to indicate if you cannot or do not want to assess the content due to								e. You
	o lack of kno				ther	reasons. ^{7=very}) [l feel not
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D3.7 Regulative therapy / Mind-Body medicine: Mindfulness and meditation	
D3.8 Regulative therapy / Mind-Body medicine: Digital forms of relaxation (My headspace for	
sleep therapy)	
D3.9 Movement therapy: Exercise and endurance training	
D3.10 Movement therapy: Dance and music therapy	
D3.11 Movement therapy: Fascia therapy	

D3.12 Dietetics: General nutritional recommendations (Nutrient supply, vitamins and trace elements)

D3.13 Dietetics: Diet for special wishes (Mediterranean, vegan, low-carb, ...)

D3.14 Dietetics: Nutrition for food intolerances and allergies D3.15 Dietetics: High-dose vitamins (orthomolecular therapy)

D3.16 Dietetics: Fasting (healing fasting, interval fasting

D3.17 Phytotherapy: Medicinal plants, tea, tinctures

D3.18 Phytotherapy: Aromatherapy, embrocation

Here you can justify the assessments you have made and/or list which aspects of the listed content you consider particularly important. Please indicate the corresponding number (D.3.1-D.3.18).

In the survey sound, the non-classical natural medicine methods were classified as partly relevant or not relevant, although in some cases the exemplary integration was desired. Please indicate below to what extent you agree with the statements made here. Click on the left-hand box if you fully agree with the statement. In the right box you can write a comment if you only partially agree with the statement or if you have further comments.

Non-classical natural medicine is understood here to be all those traditional procedures that have either been well researched or proven by experiential healing knowledge.

Clearly distinguishable from this are paramedical procedures. These do not have a corresponding tradition and thus no correspondingly extensive experience.

D4.1 As many non-classical naturopathic treatments as possible should be discussed so that the students get a good overview.

D4.2 Non-classical naturopathic therapies for which a scientifically proven efficacy is available should be the main topic.

D4.3 The non-classical naturopathic therapies often desired ba patients should primarily be discussed.

D4.4 The non-classical naturopathic therapies that are frequently offered locally and discussed in public should be addressed primarily.

D4.5 When discussing non-classical naturopathic treatments, the topic of acupuncture must be covered.

D4.6 When discussing non-classical naturopathic treatments, the choice of lecturers should be made carefully in order to enable an objective and scientific approach.

D4.7 Paramedical procedures should also be addressed in order to sensitise students to shalatanery.

1=not at all relevant	2	3	4	5	6	7=very relevant	I feel not competent to assess

Non-classical natural medicine

The following non-classical natural healing methods were suggested in the first survey round as possible additional content (in addition to acupuncture, homeopathy, Ayurveda, etc.). In the following, these procedures are now broken down.

D5.1 Osteopathy

D5.2 Classical massages

D5.3 Shiatsu (Manual therapy method, application of pressure and friction to certain areas of skin) D5.4 Tai Chi (origin in the martial arts, today rather meditatively performed)

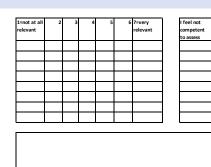
1=not at all relevant	2	3	4	5	6	7=very relevant	I feel not competent to assess
							-

Here you can justify the assessments you have made and/or list which aspects of the listed content you consider particularly important. Please indicate the corresponding number (D.5.1-D.5.4).

Paramedical procedures

The following paramedical procedures were suggested as possible content in the first survey round. These procedures are now broken down in the following.

D6.1 (Foot zone) reflex therapy D6.2 Hildegard medicine D6.3 Iris diagnostics D6.4 Bach flowers D6.5 Schuessler salts (homeopathically administered mineral salts) D6.6 Kinesiology D6.7 Reiki (Energy work, technique of laying on of hands) D6.8 Color therapy Here you can justify the assessments you have made and/or list which aspects of the listed content you consider particularly important. Please indicate the corresponding number (D.6.1-D.6.8). You have reached the end of the interview. Is there anything else you'd like to share?



SUBMIT

Delphi Study: Curriculum Development for Interprofessional Education on Complementary and Integrative Medicine

Third Round

We welcome you to the third round of the Delphi survey "Development of an interprofessional curriculum on complementary and integrative medicine"

Thank you very much for participating in the first and second survey rounds!

This third survey round is somewhat shorter and will take up a few open questions. It is very important that you work through this survey completely, because at the end you will have the opportunity to provide some personal information on how you would like to be further involved. The survey is divided into four short parts: Part A: General questions, B: Questions about treatment reasons and disease patterns, Part C: Questions about role competencies, Part D: Personal data and feedback.

It should take about 10 to 20 minutes to complete the questionnaire.

You can stop and come back to continue the questionnaire at a later time. Your results will be stored temporarily.

If you have any questions, please do not hesitate to contact me.

Angelika Homberg Phone +49 (0) 6221 567169 angelika.homberg@med.uni-heidelberg.de

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interprofessional CIM seminar at a medical school? In the first two survey rounds it was noted, among other things, that it may be difficult to recruit lecturers with the appropriate technical and professional background for teaching at CIM. It would, however, be possible to offer individual CIM topics as e-learning units. Please indicate to what extent you agree with the following statements! E-learning units are particularly suitable for presenting case-based scenarios for individual CIM topics as a particularly suitable for presenting case-based scenarios for individual treatment causes in a CIM seminar. E-learning units are particularly suitable for presenting different professional perspectives on a CIM topic. E-learning units into a CIM seminar. When integrating e-learning units into a CIM seminar, care must be taken to ensure that there is sufficient attendance time available for the exchange between students. An interprofessional CIM seminar could be completely covered by elearning units. What other barriers and benefits do you see in offering e-learning units in an interprofessional CIM seminar. What other barriers and benefits do you see in offering e-learning units in an interprofessional CIM seminar. Please comment on the following statements! Please comment on the following statements! Note means. Please comment on the following statements! Please comment on the following statements! Note means. Please onterment on the following state						
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3rd Delphi Round: Treatment Reasons and Disease Patterns (Part B)

In tis survey round, it was suggested that curricular content should be oriented towards different treatment reasons and/or disease patterns. Case studies on specific treatment reasons or diseases can also facilitate the transfer into professional practice when addressing individual treatment concepts. The following treatment reasons and disease patterns were suggested in the first and second survey rounds.

The following reasons for seeking care were suggested in the first and second survey rounds. The treatment reasons can serve as a basis for developing CIM advice, diagnostics and therapy in an exemplary and practical manner within the seminar. In the following, the terms used to identify reasons for seeking care are based on the National Competence-oriented Catalogue of Learning Objectives in Medicine (NKLM, Chapter 20). The topics are arranged alphabetically.

NEXT

	1=not at all relevant	2	3	4	5	 7=very relevant	I feel not competent to
							assess
B1.1 Abnormal menstrual periods and cycle irregularities							
B1.2 Fear and anxiety							
B1.3 Fever							
B1.4 Generalized pain, pain at multiple localizations							
B1.5 Sore throat							
B1.6 Cough							
B1.7 Headache							
B1.8 Fatigue, exhaustion, general weakness							
B1.9 High-risk pregnancy and pregnancy problems like hyperemesis (vomiting)							
B1.10 Back pain							
B1.11 Insomnia							
B1.12 Pain in the extremities and joints							
B1.13 Pregnancy (without known symptoms)							
B1.14 Complaints without identifiable physical cause							

Here you can justify the assessments you have made and/or list which aspects of the listed content you consider particularly important. Please indicate the corresponding number (B.1.1-B.1.14).

The following disease patterns were suggested in the first and second survey rounds. In the following, the respective nomenclature is based on the National Competence-oriented Catalogue of Learning Objectives in Medicine (NKLM, Chapter 21). The disease patterns are arranged thematically and alphabetically.

	1=not at all relevant	2	3	4	5	6	7=very relevant		I feel not competent to assess
B2.1 Essential hypertension								1	
B2.2 Obesity									
B2.3 Arthrosis									
B2.4 Arthritis (inflammation of the joints)									
B2.5 Fibromyalgia syndrome									
B2.6 Chronic back pain									
B2.7 Diabetes mellitus type 1									
B2.8 Diabetes mellitus type 2									
B2.9 Metabolic syndrome									
B2.10 Chronic and acute bronchitis									
B2.11 Bronchial asthma									
B2.12 Allergic rhino conjunctivitis/allergic rhinosinusitis (hay fever)									
B2.13 Infections of the kidney and urinary tract (e.g. cystitis)									
B2.14 Menopause, climacteric (menopause)									
B2.15 Chronic inflammatory intestinal diseases									
B2.16 Irritable bowel syndrome									
B2.17 Atopic eczema/neurodermatitis									
B2.18 Migraine									
B2.19 Depression									
B2.20 Anxiety disorders									
B2.21 Burnout									
aspects of the listed content you consider particularly important.									
aspects of the listed content you consider particularly important. Please indicate the corresponding number (B.2.1-B.2.21). Below is a list of treatment and counseling needs of specific patient grou	ps propose	d in t	he fi	rst a	ind s	ecoi	nd surve	ey roi	unds.
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3rd Delphi Round: CanMEDS Role competencies (Part C)

Competencies in medical education are nationally and internationally oriented to the CanMEDS. This competency model was developed for physicians by the Royal College of Physicians and Surgeons of Canada in 2005 and is based on different roles that can be assumed by the respective professions in healthcare.

Each of the seven roles is subdivided into a different number of sub-competencies.

In the first survey round, the relevance of the sub-competencies of the CanMEDS role: Collaborator was assessed, in the second round the roles of Scholar, Communicator, Professional and Medical Expert were assessed.

Finally, the sub-competencies of Health Advocate and Leader should now be assessed.

Please indicate which of the listed CanMEDS sub-competencies you consider relevant in the context of interprofessional teaching on CIM!

1. Sub-competencies: Health Advocate

C1.1 Graduates recognise the state of health of individual persons as a whole, as well as imbalances and disparities in the state of health, their causes and consequences.

C1.2 Graduates work towards reducing imbalances and disparities in the health status of individuals. C1.3 Graduates pursue individual health promotion in cooperation with other health professions and service providers.

C1.4 Graduates recognise the state of health of patients and population groups, as well as imbalances and disparities in the state of health, their causes and consequences.

 ${\tt C1.5}$ Graduates work towards reducing imbalances and disparities in the health status of patients and population groups.

C1.6 Graduates pursue individual and population-related health promotion in cooperation with institutions and organisations in the healthcare system.

C1.7 Graduates conduct population-based health promotion in cooperation with other health professionals and service providers.

Here you can justify the assessments made on the CanMEDS sub-competencies of the communicator and/or list which aspects you consider particularly important. Please indicate the corresponding competency number (C1.1-C1.7).

2. Sub-competencies: Leader

C2.1 Graduates reflect on their own role as a responsible person and manager in the health system.

C2.2 Graduates identify and analyse social care structures.

C2.3 Graduates describe the basic health economic structures and interrelationships and are able to apply this knowledge in the concrete context of patient care and participate in problem solving.

C2.4 Graduates are proficient in effective and efficient medical work, show and define problems and develop approaches to solutions.

C2.5 Graduates recognise situations in patient care in which decisions have to be made on the distribution of resources and participate in the decision-making process.

C2.6 Graduates know the methods of resource allocation (at different levels and for different service providers).

C2.7 Graduates have knowledge of measures for quality assurance in patient care and their areas of application.

C2.8 Graduates address essential aspects of dealing with errors and use strategies for implementing patient safety.

C2.9 Graduates know essential aspects of complication management, risk communication, CIRS (Critical Incident Reporting System), recognise critical events and are trained in dealing with wrong decisions.

C2.10 Graduates demonstrate an appropriate handling of adverse events and failures.

C2.11 Graduates use information technology (IT) to obtain and transfer information and to document treatment processes.

C2.12 Graduates develop strategies for setting priorities and effective time management.

C2.13 Graduates deal with the role of a young team member and their future development as a leader. C2.14 Graduates plan their own career and identify their personal qualification needs.

C2.15 Graduates develop professional goals at the beginning of job and career planning and consider and communicate the work/life balance when implementing these goals.

C2.16 Graduates know management styles and take on management tasks.

Here you can justify the assessments made on the CanMEDS sub-competencies of the communicator and/or list which aspects you consider particularly important. Please indicate the corresponding competency number (C2.1-C2.16).

=not at all elevant	2	3	4	5	6	7=very relevant

l=not at all elevant	2	3	4	5	6	7=very relevant

3rd Delphi Round: Personal Data, Feedback (Part D)

Finally, you have the opportunity to indicate whether and in what form you would like to be involved in the publication of the results and further development of the curriculum. Furthermore, you have the opportunity to evaluate the survey process.

The data collected in the three survey waves will be evaluated and published by the working group of General Medicine and Health Services Research at the University of Heidelberg. Please indicate whether and in what form you would like to participate, be named and/or informed!

I would like to be informed about corresponding publications. I am willing to actively participate in publications as co-author. My name (first and last name) may be mentioned in the acknowledgements of publications. However, no connections may be made between individual statements or results concerning my person or corresponding conclusions may be drawn.

Yes	No	No answer

No answe

Here you can add further comments on the topic "Publications" and/or describe in which form you can or want to get involved!

A curriculum consists not only of competencies and content, but also of a coherent concept that also integrates teaching methods. The development of such a concrete curriculum goes beyond the scope of a written survey. However, the results of this survey can be used as a basis for the development of a concrete curriculum.

work on the further development of the curriculum. Travel and accommodation costs will be covered, but a fee cannot be paid.

I am willing to take part in the workshop (one day) Independent of the participation/non-participation in the mentioned workshop, I will gladly be available for further questions and discussions regarding the further development of an interprofessional CIM curriculum.

I have the following remarks, suggestions and wishes for the workshop or f	or
further cooperation.	

With the following two questions at the end of the survey I would like to find out how you generally got along with the Delphi survey.

At this point you can name difficulties and improvement wishes as well as perceived bias of the surey process!

At this point you can name successful and positive aspects of the survey process!

Thank you very much for completing the questionnaire! Is there anything else you would like to share?

MANY THANKS FOR YOUR COMMITMENT!

SUBMIT