

Integrative Medicine in Residency Education: The Need to Consider Costs and Returns

Lebensohn et al present a fascinating account of online curriculum on integrative medicine during residency education.¹ They demonstrate high rates of curriculum completion, positive course evaluations, and statistically significant improvements in medical knowledge scores. The weakness of the study lies in what the authors do not report—the paper makes no mention of the costs of the new program or of the potential returns on this investment. In the modern era of medical education, neither omission is acceptable any longer.

The costs of this new program should be reported, and we assume that the cost of a program of this scope and size are considerable, and likely include the hardware (such as computers or tablets); software (the programs required to run the e-learning); internet connection and electricity; facilities (such as computer-aided learning rooms); licensing of external content; hosting costs; and the time and opportunity cost of faculty who created the content, learners who use it, and technical and administration staff who ensure the program runs smoothly.²

Proponents of e-learning will say that it enables savings to be made on the costs of trainer accommodation, travel,

and subsistence; learner accommodation, travel, and subsistence; classrooms; equipment; and off-the-job time. This may be true, but nonetheless, e-learning programs take up budgets and their costs must be captured and described.

In terms of outcomes, it would be interesting to know if the educational interventions made a difference to learners' actual practice and to the cost of care. Because many of the management strategies in integrative medicine are by their nature low cost, it is tempting to believe that the residents who worked their way through the program would be more likely to choose low-cost options in the care of patients. If that is the case, then such savings may well pay for the educational intervention and indeed deliver a return on investment. However, it is impossible to do more than speculate with the data reported. A follow-up or further study would be very welcome.

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References

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- 2 Sandars J. Cost effective e-learning in medical education. In: Walsh K, ed. *Cost Effectiveness in Medical Education*. Abingdon: Radcliffe Publishing; 2010.