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**Involvement to Date in the Academic Consortium:**

I have been involved in the Consortium in different capacities since University of Wisconsin joined in 2005. I am currently a board member, and I serve on the Consortium's Fellowship Accreditation Committee, which does detailed reviews of Integrative Medicine fellowships and supports them with optimizing their fellows' experiences. In the past, I have presented at several International Congresses and attended multiple steering committee meetings. At one point, I was part of a group of Consortium colleagues who collaborated to create an article on Integrative Medicine fellowship competencies. I do peer reviews for *Global Advances in Health and Medicine*. I have had the pleasure of meeting a lot of the people in this amazing community over the years.

**Experience and Expertise:**

I have dedicated my career to practicing, teaching, and promoting Integrative Medicine. It has informed every aspect of my "womb to tomb" Family Medicine practice over the last 20+ years. My first real academic experience involved co-writing a chapter for the *Integrative Medicine* textbook; after that, I became a confirmed Integrative Medicine nerd (I mean, enthusiast). I had the good fortune of piloting an academic fellowship at University of Wisconsin focused on Integrative Health while simultaneously completing the University of Arizona fellowship curriculum.

After my fellowship, I became fellowship director and created a two-year, standalone Integrative Medicine fellowship curriculum from scratch. In 2012, our program began to do subcontracting work with the Veterans Health Administration's Office of Patient-Centered Care and Cultural Transformation (<https://www.va.gov/wholehealth/>). Our team designed multiple live courses, virtual courses, and written materials. While most of the focus was on programming for clinicians, we also created an extensive library of patient handouts. Courses included *Whole Health in Your Practice*, *Whole Health for Mental Health*, *Whole Health for Pain and Suffering*, and *Eating for Whole Health*. We also designed courses to train new faculty members and to support institutional leaders with change management. I taught over 70 courses during an 8-year period. In the meantime, I also directed a team of 25 subject matter experts, and together we created over 140 documents for clinicians that focus on Integrative Medicine/Whole Health topics (<https://www.va.gov/wholehealthlibrary/>). I authored a book, *Passport to Whole Health*, now in its sixth edition, which is a 400-page evidence-based guide focused on self-care, complementary health, and the Whole Health approach to care.

Over the past few years, I was director of University of Wisconsin's Integrative Health program. Our team supported educational medicine programming for students, residents and fellows, with both a primary care Integrative Health practice and a consult clinic. One year ago, I became Vice Dean for Education of the Whole Health School of Medicine and Health Sciences (<https://www.wholehealthmed.org>). It is a once in a lifetime chance to see what happens when we design an Integrative Medicine/Whole Health-based medical school from the ground up.

These experiences have provided the opportunity to dive into the Integrative Medicine community and build relationships with amazing people at other institutions who share these passions. Being a family

doc means being flexible, and I enjoy responsibilities that are varied, challenging, and require strategic thinking.

### **Vision for Integrative Medicine and Academic Consortium's Role in Achieving the Vision:**

Integrative Medicine is about building bridges. There are several ways this can be done, all of them of utmost importance:

1. Inclusivity. As reflected in the strategic planning we have been doing recently as the Consortium Board, we must ensure our organization honors inclusivity. We can do even more to welcome a diverse array of individuals from a variety of backgrounds, institutions, and communities. That also includes welcoming a variety of organizations to our ranks, from all over the world and spanning many different professions.
2. Public service. I believe the Consortium's membership should make a point of being the go-to group for those who seek expertise when it comes to optimizing health care. That means being the group that the media comes to when they want credible advice about innovative approaches care that honor prevention, engagement, empowerment, relationship, and an open-minded view of what is required for a person, family, community, or planet to be healthy. We can do even more to enhance our national and international presence in clinical care, education, research, policy, and advocacy.
3. Member support. Every time I have the pleasure of attending one of our national meetings, I am staggered by the expertise and enthusiasm our members bring to the table. It is essential we continue to effectively share our skills and resources with one another; that means having excellent mentorship programs, consolidating and disseminating educational resources, and creating opportunities for networking and collaboration.

As a physician, a colleague, a teacher, and someone who cares deeply about our community, my sense is that each of us is responsible for helping things to "get better." I am honored to help with that in any way I can.