Lifestyle Medicine Residency Curriculum (LMRC)

The Lifestyle Medicine Residency Curriculum (LMRC) is a comprehensive, applicable and flexible curriculum designed for integrated implementation into medical residency programs. Upon completion of both the educational and practicum components of the curriculum, residents will be qualified for the American Board of Lifestyle Medicine certification exam.

Tuesday, November 6 2018 at 2pm EDT

LMEd Host: Dennis Muscato, MS  Western Univ Health Sciences;  Co-Director, LMEd

Guest Presenters from Family and Preventative Medicine Residencies

- Tonya Cramer, MD, MPH  Loma Linda University Health and LMRC Program Director
- Janani Krishnaswami, MD, MPH  University of Texas Rio Grande Valley
- Bobby Masocol, MD  Greenville Health System & University of South Carolina School of Medicine
- Jennifer Dalrymple, DO  Florida State University College of Medicine  at Lee Health
FOCUS AREAS
Educational Resources
Champions of Change
Policy Advocacy
Standardized Assessments

AUDIENCE
Medical and Allied Professionals
Premedical bachelors
Medical Schools
Residencies
Medical Professionals in Practice

LMEd focuses on expanding access to lifestyle medicine education on subjects specifically tailored for medical students.

Culinary Medicine
Behavior Change
Exercise
Self-Care

www.LifestyleMedicineEducation.org
Email: info@LifestyleMedicineEducation.org
American College of Lifestyle Medicine
lifestylemedicine.org

Lifestyle Medicine is revolutionizing our healthcare system. Join us in sparking a movement that will result in lower costs, improved outcomes and enhanced well-being. The American College of Lifestyle Medicine is working to treat the cause.

Website: www.LifestyleMedicine.org
Membership: membership@lifestylemedicine.org
Education: education@lifestylemedicine.org

Paulina Shetty, MS, RDN, LD, CPT
Director Of Education
Co-ordinated by contributions from:
- Loma Linda University Health (LLUH),
- The American College of Lifestyle Medicine Professionals in Training (ACLM PiT), and
- The Lifestyle Medicine Education Collaborative (LMEd)

Designed for implementation into existing residency curriculum didactics over a 2-3 year period

Driven by resident involvement

Currently piloting Beta Version

Version 1 premiers July 2019
Based on the American Board of Lifestyle Medicine graduate medical education (GME) criteria for Foundational Competency:

- 40 hours of in-person didactic material
- 60 hours of application activities
- 400 patient encounters in Lifestyle Medicine
- 40 hours of Intensive Therapeutic Lifestyle Change (ITLC) programs
- 40 hours of support or coaching group facilitation
1. Introduction to Lifestyle Medicine
2. Role of Physician Health and the Physician’s Personal Health
3. Nutrition Science, Assessment and Prescription
4. Physical Activity Science and Prescription
5. Sleep Health Science and Interventions
6. Managing Tobacco Cessation and Other Toxic Exposures
7. Fundamentals of Health Behavioral Change
8. Key Clinical Processes in Lifestyle Medicine
9. Emotional and Mental Well-being Assessment and Interventions
10. The Role of Connectedness and Positive Psychology
<table>
<thead>
<tr>
<th>Topic</th>
<th>Requirements*</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional assessments and interventions</td>
<td>40 patient</td>
<td>Food recall, micro-nutrient analysis, anti-oxidant testing, and nutrition prescriptions</td>
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<tr>
<td></td>
<td>encounters</td>
<td></td>
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<tr>
<td>Physical activity assessments and interventions</td>
<td>40 patient</td>
<td>Activity diaries, exercise capacity assessments, percent body fat, and exercise prescriptions</td>
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<tr>
<td></td>
<td>encounters</td>
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<tr>
<td>Emotional and mental wellbeing, sleep, and connectedness assessments</td>
<td>40 patient</td>
<td>Stress and sleep assessments, depression/anxiety/mental health screening, monitor/improve</td>
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<td>and interventions</td>
<td>encounters</td>
<td>heart rate variability, mindfulness, meditation, spirituality and emotional well-being activity</td>
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<td>prescriptions, and referral to resources</td>
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<tr>
<td>Tobacco and toxic substance assessment, brief intervention, and</td>
<td>30 patient</td>
<td>Smoking assessments, chemical and toxic exposure assessments, abstinence prescriptions,</td>
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<tr>
<td>referral training</td>
<td>encounters</td>
<td>screening and brief intervention, and indications for referral</td>
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<tr>
<td>Therapeutic Lifestyle Change (TLC) programs**</td>
<td>40 patient</td>
<td>One-on-one comprehensive counseling, coaching, and health behavior change activities</td>
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<tr>
<td></td>
<td>encounters</td>
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<tr>
<td>Lifestyle Medicine approach in primary care or continuity clinic</td>
<td>400 patient</td>
<td>Address the four pillars of lifestyle medicine in primary care/continuity clinic: nutrition,</td>
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<tr>
<td></td>
<td>encounters</td>
<td>physical activity, sleep/stress management/emotional resilience, and connectedness</td>
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<tr>
<td>Interpersonal and community communication skills, practice-based</td>
<td>not designated</td>
<td>Public relations campaigns, media campaigns, policy development and change, health system</td>
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<tr>
<td>learning and improvement, systems based practice, and leadership</td>
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<td>change, communication of risks vs. benefits, and family, and community engagement</td>
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<td>in policy and community</td>
<td></td>
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<tr>
<td>Intensive Therapeutic Lifestyle Change (ITLC) programs**</td>
<td>40 hours</td>
<td>Participation and/or observation in group programs such as CHIP, Ornish program, McDougall</td>
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<td></td>
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<td>program, Canyon Ranch, and Take Ten</td>
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<tr>
<td>Support or coaching group facilitation</td>
<td>40 hours</td>
<td>Group observation, recording, and facilitating – this may occur at the same time or separately</td>
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<tr>
<td></td>
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<td>from an ITLC program</td>
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* A tracking process will need to be developed at each site to track patient numbers and hours. Patients in the continuity clinic can be duplicated in the specific categories listed. A minimum of 400 patient encounters will need to be documented.

** ITLC and TLC activities must address prevention, treatment, and reversal of chronic disease process
• Over 150 medical professionals receiving our newsletter
• Beta Version piloted by 4 institutions and 8 educational programs representing over 100 residents
• Currently piloting the first year of lectures
• LMRC piloted on the ACLM online learning platform
• Creation of ITLC and tracking options in progress
Loma Linda (LLUH) Pilot Site
Lifestyle Medicine Faculty

- Dr. April Wilson
- Dr. Brenda Rae
- Dr. Camille Clark
- Dr. Tonya Cramer
- Dr. Melissa Mondala
- Dr. Karen Studer
- Dr. Margarete Ezinwa
- Dr. Cheryl Green
LLUH Piloting in 4 Educational Programs

- Lifestyle Medicine Fellowship, Preventive Medicine Residency, Family Medicine Residency and Combined Family and Preventive Medicine Residency
- LLUH Faculty and Residents significant contributors to the creation of the presentation and workshop the presentations prior to their contribution to the Beta Version
- Over 50 residents involved in the Beta Version pilot
Lifestyle Medicine at LLUH

- Inpatient Lifestyle Medicine Consult Service
  - Group Programs
  - Development of Whole Food Plant Based Menu
- Outpatient Lifestyle Medicine Clinic
- VA Lifestyle Medicine Clinic
- Lifestyle Medicine Continuity Clinics in FQHC
- Kaiser Clinical Rotations Lifestyle Medicine Based
- Rotations with Residential Lifestyle Medicine Intensive Therapeutic Change Programs
Lifestyle Medicine at LLUH

• Diabetes Treatment Center, Diabetes Prevention Programs
• Full Plate Living and Drayson Center
• Adventist Health Study and research opportunities
• 7 Faculty are ABLM Certified
• Additional faculty taking the exam this year
BUILDING HEALTH EQUITY ON THE TEXAS-MEXICO BORDER:

Lifestyle Medicine in the University of Texas Rio Grande Valley Preventive Medicine Residency Program

Janani Krishnaswami, MD MPH
Root causes

Per capita income: $14,525
High school graduate: 62%
No insurance: Almost half
Poor/fair health: 28%

Per capita income: $28,513
High school graduate: 82%
No insurance: 16%
Poor/fair health: ~18%

RGV
Texas

Too much of too little

A diet fueled by food stamps is making South Texans obese but leaving them hungry
THE UTRGV PM Residency

ACGME-accredited training program, established in April 2015

Pioneered Community-Engaged Lifestyle Medicine – apply LM to build health equity

Sustainability built by variety of partnerships

2-year program, 2 residents, with a variety of local, state, community and research rotations

Residents complete MPH in addition to clinical and research duties
Community-Engaged Lifestyle Medicine

Views the **community** as the key influencer of health

Builds and implements solutions collaboratively

Culturally competent focus

Lead and train others in multi-level, intersectoral approaches associated with health equity
Key Ingredients

Community Engagement

Lifestyle Medicine

Partnerships

Locally Relevant Solutions
Examples of LM Partnerships at UTRGV PM

**H-E-B Grocery**: Physician-residents counsel patients and providers on healthy living approaches in grocery stores

**Nurse-Family Partnership**: co-locate UTRGV PM staff in clinics, community sites, fairs to connect eligible patients to social program

**Hope Clinic**: Opened first free clinic in the RGV offering lifestyle medicine services to 100% uninsured patients

**UTRGV**: training to residents, medical students, providers in ACLM core competencies
“How a treatment is given can heal as powerfully as the treatment itself.”

Empathy is proven to heal.
Provider interaction can make or break behavior change. Especially important in low-resource settings. Often underemphasized in medical education. Lack of doctoring skill can increase subsequent burnout risk, job dissatisfaction, poorer outcomes.
Greenville Health System
Family Medicine Residency
Lifestyle Medicine Team
GHS Family Medicine Residency

Bobby Masocol MD*
Stephen Carek MD
Shannon Taylor PhD

Jennifer Trilk PhD, FACSM
Susan Satterfeld MD*
Beth Morris Motley MD*
Faculty- USCSOMG
Internal Medicine
Family Medicine
* Certified in Lifestyle Medicine
Lifestyle Medicine Considerations

**Sustainability**
- How will your program run without you?
- Changing culture of residency/program
- Include curriculum as part of your advising

**Training**
- Does the workforce know when and how to counsel patients on Lifestyle Medicine interventions?

**Knowledge**
- What is Lifestyle Medicine?
- What aspects of Lifestyle Medicine work?

**Partnerships**
- Are there hospital partners to enhance your program?
- What other specialties can you partner with? (Sleep, Oncology)
- Who in the community can you partner with? (Local farmers)

**Implementation**
- Create your team!
- Write down your vision
- What people will help you execute your vision?

**Clinic and/or System Buy-in**
- Do you have adequate support to run your program?
- Who can/should be part of your multi-disciplinary team?
Patient referred

Medical assistant

• Vital signs (PAVS) (lifestyle VS)
• Waist Circumference

Physician

• Labs, Referrals

Behavior change

• Physical therapy
• YMCA or Lifecenter

Exercise Medicine

• Counseling
• Yoga
• Meditation

Stress Reduction

• Sleep Assessment
• Melatonin

Sleep

• Cooking classes 2x/month
• Dietician
• Supermarket class

Diet/Nutrition

Health and Wellness Coaching?

GHS Family Medicine Lifestyle Medicine Program
# Lifestyle Medicine Rotation

<table>
<thead>
<tr>
<th>Week 1</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
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</thead>
<tbody>
<tr>
<td>AM</td>
<td>Intro/Lectures/Modules</td>
<td>LM clinic</td>
<td>Pulm Rehab</td>
<td>LM clinic</td>
<td>Yoga/Meditation</td>
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<tr>
<td>PM</td>
<td>Sports Med Clinic</td>
<td>Dietician</td>
<td>Culinary Medicine</td>
<td>Grocery Store Class</td>
<td>Wellness/Research Time</td>
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<thead>
<tr>
<th>Week 2</th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>T</th>
<th>F</th>
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<tbody>
<tr>
<td>AM</td>
<td>Cardiac Rehab</td>
<td>LM clinic</td>
<td>Cardiac Rehab/Adaptive Sports</td>
<td>LM clinic</td>
<td>Journal Club</td>
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<tr>
<td>PM</td>
<td>Adaptive Sports</td>
<td>Wellness Activity</td>
<td>Culinary Medicine</td>
<td>Lectures/Modules</td>
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Jennifer Dalrymple, DO
Family Medicine Faculty
Physician
Assistant Clinical Professor
Pilot Lead Faculty

RoseAnne Illes, Ph.D.
Director of Behavioral Medicine
Assistant Clinical Professor

Alfred Gitu, MD
Program Director
Associate Clinical Professor

Art Morrow, DO
Family Medicine Faculty
Physician
Associate Clinical Professor
Our Residency Program

• 8 residents per class
• NCQA Level 3 PCMH
• Integrated primary care behavioral health model
• Wellness series
• Group visits
Lifestyle Medicine At Our Program

• Emphasis on evidence-based lifestyle therapeutic approaches
  – Additional Lifestyle Medicine Track

• 3 faculty pursuing ABLM certification 2018

• A second clinic site in a new solar-powered community
  – Lifestyle Medicine Focus
Lifestyle Medicine Curriculum in Action
Stay up to Date with the LMRC
Newsletter Signup: https://www.lifestylemedicine.org/Residency-Curriculum
Contact Us: lmrc@lifestylemedicine.org

This LMRC Webinar Presentation Recording and Slides available at:
www.LifestyleMedicineEducation.org/webinar