### VI Congreso Internacional de Educación Médica



# Taller: Medicina de Estilo de Vida: una respuesta a la educación médica del futuro.

Como integrar la Medicina de Estilo de Vida en el currículo

LMed Collaborative and the Integration of Lifestyle Medicine Into the Curriculum

**Robert Masocol MD** 

Assistant professor Dept of Family Medicine
Greenville Health System/University Of South Carolina Greenville School of
Medicine









## Overview

- 1. Rationale for Lifestyle Medicine in Medical Education
- 2. USCSOMG Lifestyle Medicine Core Program
  - Required by All Medical Students
- 3. Teaching Exercise is Medicine Greenville® to Medical Students
- 4. New 2017: Lifestyle Medicine Distinction Track
  - Competitive Honors Track—5 students per year
- 5. Tying It All Together: Lifestyle Medicine Education Collaborative (LMEd)

## Acknowledgments

## Lifestyle Medicine Education Collaborative (LMed)







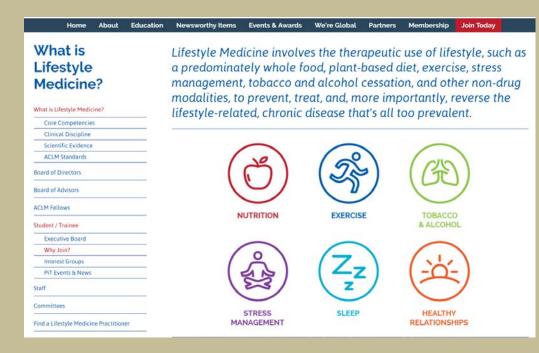
Eddie Phillps MD

Dennis Muscato MS

Jennifer Trilk PhD



- >80% of U.S. healthcare spending is associated to the treatment of chronic diseases rooted in poor lifestyle choices
- Lifestyle Medicine is a clinical discipline <u>NOT taught in medical</u> <u>school</u>



## **Voices from the Field – Lack of Lifestyle Medicine Training**

#### **Physician Survey Reports**

- Don't have required exercise & nutrition knowledge/skills to treat patients w/NCDs [Kris-Etherton, P.M., et al. 2015]
- Lack of time and compensation mechanisms to provide preventive care [Yarnall, K.S., et al. 2003]

#### **Resident Survey Reports**

- 14% believed they possessed necessary knowledge/training to provide counseling [Vetter, M.L., et al., 2008]
- Majority did not know guidelines for diagnosing obesity and did not feel qualified to treat obese patients
   [Block, J.P., K.B. DeSalvo, and W.P. Fisher, 2003]
- While 76% were confident in their knowledge of why physical fitness should be a priority, and 88% understood the benefits of physical activity, <50% felt confident in their knowledge of how to implement exercise programs into their own life or how to prescribe them for their patients. [Rogers, L.Q., et al., 2006]

## American Medical Association's House of Delegates 2017 Meeting

The American College of Preventive Medicine (ACPM) put forth a resolution at the American Medical Association's House of Delegates (AMA HoD) Interim Meeting:

Lifestyle Medicine Education in Medical School
Training and Practice, the resolution was adopted and reads: "Resolved, that our American Medical Association support policies and mechanisms that incentivize and/or provide funding for the inclusion of lifestyle medicine and social determinants of health in undergraduate, graduate, and continuing medical education."

#### AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: . . . .

Introduced by: American College of Preventive Medicine

Subject: Lifestyle Medicine Education in Medical School Training and Practice

Referred to:

WHEREAS, Four healthy lifestyle factors – never smoking, maintaining a healthy weight, exercising regularly, and following a healthy diet – together appear to be associated with as much as an 80 percent reduction in the risk of developing the most common and deadly chronic diseases, such as cardiovascular disease, cancer, and diabetes<sup>1</sup>; and

WHEREAS, The Bipartisan Policy Center has called for improving medical education and training in "topics such as nutrition and physical activity that have an important role to play in the prevention and treatment of obesity and chronic diseases," since "these topics have traditionally received little attention in formal medical school curricula."<sup>52</sup> and

WHEREAS, Many physicians and other healthcare providers are not adequately trained in nutrition and physical activity and other lifestyle components in a way that could mitigate disease development and progression.<sup>3</sup>; and

WHEREAS, In a report from 2010, only 25% of medical schools surveyed required a dedicated nutrition course (down from 30% in 2004) and only 27% of schools surveyed met the minimum 25 required hours of nutrition instruction set by the National Academy of Sciences (down from 38% in 2004)<sup>4</sup>; and

WHEREAS, Patients advised to quit smoking by their physicians are 1.6 times more likely to quit than patients not receiving physician advice, however most smokers do not receive this advice when visiting their physicians<sup>5</sup>; and

WHEREAS, Just 34% of U.S. adults reported exercise counseling at their last medical visit<sup>6</sup>; and

WHEREAS, In a study of internal medicine physicians, less than half reported confidence in knowledge of local exercise facilities, American College of Sports Medicine (ACSM) guidelines, and behavior modification techniques<sup>7</sup>; therefore be it

RESOLVED, That our American Medical Association support legislation that incentivizes and/or provides funding for the inclusion of lifestyle medicine education in medical school education,

Jennifer L Trilk, 1 Edward M Phillips<sup>3</sup> Educating medical students and other health

Mestyles for prevention and treatment of disease is

Acres ( & Spender 201)

South Carolina School of Medicine Germille (USC SOM) Greenille), we are incorporating the 'Exercise is Medicine' Knowledge, Skills and Abrillies into all 4 years. of the undersiduate medical carriculum to inform have physicians on the nedical benefits of exercise and sheard white &c a namer with the Councile seath. transform healthcare for the benefit of the neonle and trighted providedly and incoming conductly. In relationships with the local YMCAs to improve healthca Medicine' solution. The averactions goal is to Semonstrate how physician-courselling and referrals for shoical activity and exercise play a well-documented role plinary and secondary prevention for reducing nothidity and mortality from non-communicable divonic diseases, in correction with the Institute of Lifestyle Medicine (EM) at Harvard Medical School, USC SOM Geenville also stries to spearhead a ripple effect in exective controllers by modelling for other medical school

leader, throughout the quertry on how to adopt similar

changes in curriculum and toining for medical school

exector is stal for transferring healthcare.

students. Physician education regarding the benefits of

LACK OF EXERCISE TRAINING IN MEDICAL

tion about the needed benefits of enemier and a server that revealed that each 16% of medical subsols offered a course grand towards extrate as part of Preventive Medicine," Subsequent surveys hound a little improvement, in 2002, while nate of Draw reported that it was the responsibility of medical schools to educate moderns about the physical activity, only 6% of medical school leaders pollad reported of having a core course or required However, medical gradeurs themselves seem to recmorely as well as the lade of training they comsendy receive. Wast \$770 in several according to exercise agreed with the importance of writing an exercise rtion, only 10% of graduates felt capable of doing so. 10 Therefore, most of the US medical stu-

#### counted patients on exercise after they graduate THE CALL FOR REFORM OF MEDICAL

The improve for reforming modes! relacation by address the preventable causes of alwaris disease in the planned 200,5 revision of the Medical College Exercise connecting as part of healthcart delivery the true core sections.<sup>12</sup> and the call for medical would have numerous evidence-based benefits for education retirem in the June 2012 report from the newspian and memory of matrice son, Reservan Poker Center (RPC) in Walterton DK minuscible chemic disease (WEDs) including. Tota to Lose: How America's Health and Obesity

CHEST AND ABNOMINAL CONDITIONS

#### Using Lifestyle Medicine in U.S. Health Care to Treat Obesity: Too Many Bariatric Surgeries?

Jennifer L. Trilk, PhD and Ann Blair Kennedy, LMT, DrPH(c)2

More than one-third of Americans are classified as obese. Many clinicians perform bariatric surgery (BSx) when it is said that lifestyle intervention failed. However, BSx is medically complex, with extremely variable success, certain failures, major complications, and sometimes death. Although many studies declare BSx as more effective for producing weight loss than nonsurgical lifestyle management, these conclusions are flawed when lifestyle management between cohorts are not identical. Lifestyle behavior change is essential to success for both surgical and nonsurgical weight loss, as over 50% of 85x patients regain weight without lifestyle modification. Indeed, programs that include self reward and reinforcement are extremely effective. It is therefore possible that successful BSx is simply an intrinsic reward for an intensive change in lifestyle behavior. Accounting for the costs and risks associated with BSx, providing state and federal resources for lifestyle behavior change programs could provide a key opportunity for the war against obesity.

Obesity is a significant public health concern for the nation (28,40), as more than one-third of Americans now are ssified as obese (34). In November 2013, the American Heart Association, American College of Cardiology, and The Obesity Society declared obesity as a disease and underscored the disease's key role in death from heart disease and stroke, the nation's first and fourth killers, re-

decrease weight and improve metabolic health (45). A greater number of BSx are being performed each year in the United States, with the most current estimates (from 2013) at 179,000 peocodures annually (2). However, BSx is a medically complex intervention, with and, most notably, major adverse events. (some necessitating reoperation) that include anastomosis leakage, pneumonia, pulmonary embolism, band slipmany, and hand emoion (36). Early and lone-term complications also occur such as abdominal hernias, development of gallstones, dumping syndrome.

said that lifestyle intervention failed to

and nutritional deficiencies that can oporosis, and hair loss (12,21,46). The Cleveland Clinic Bariatric and Metabolic Institute publishes emprehensive list of risks and complications that highlight 42 risks that accompany gastric bypass and gastric banding surpery, with death listed as one of those risks (12). Epide miologic evidence from 13,273 patients still suggests that although BSx has become a safer procedure and postoperative mortality has declined (18), risk of death (1 in 50 in the Jonnifor L. Trilk, PhD. Dennis Muscato, MS, and Rani Polak, MD

Advancing Lifestyle Medicine Education in Undergraduate Medical School Curricula Through the Lifestyle Medicine Education Collaborative (LMEd)

betract: Physicians are sociauch sitioned to stem the tide of the weld's top lifestyle-related discusses. speece, most are not trained terride effective testions care be Lifestyle Medicine Education ollahorative (UMSA) has a trlaw that is a comprehensive and materialsle atomach to tolicies, percentage and itiatives to increase praduating US modical students' Impublidor and application of lifestyle medicine LMEd's strategic plane is to (1) preside high-quality curricular material, (2) olicit support of modical school dean ritical administration, and faculty, ) influence federal and state policy ) develop and conduct assessmen and (5) support medical students as lifestyle medicine champions.

schools including \$3 hospitals/clinics. o create a subject test in lifestile increased through subinary and

beating the first annual LMEd Summit

1:1 mentoring sessions >20 medical school faculty/administration; and (4) establishment of a relationship with the National Board of Medical Examiner's Customized Assessment Services modicine. National assureness is being

value-based cure and affecting the boulds of populations Knywords: undergraduate medical education, mentoring, chronic disease; Mostyle medicine

hy lifestyle medicine (LMP) The World Health Organization states that chronic diseases, ... our nation's physicians must first

be trained to have the competencies to provide effective patient counseling for preventing, treating,

and managing chronic disease.

Lifestyle Medicine Curricula: An Initiative to Include Lifestyle Medicine in Our Nation's Medical Schools

To the Editor: Lifestyle medicine is defined as the "evidence-based practice of assisting individuals and their families to adopt and sustain behaviors that can improve health and quality of life." It is estimated that 80% of chronic disease can be prevented by improving lifestyle behaviors, specifically smoking cessation, weight management, physical activity, and a healthy diet.2 Less than 50% of U.S. primary care physicians provide specific guidance on nutrition, physical activity, or weight control.3 This may be a direct result of insufficient training, as there is no curricular model for the discipline of lifestyle medicine in medical education. Only 27% of medical schools indicate that they provide the 25 hours of nutrition education recommended,4 and only 6% report a core course or required curriculum that addresses exercise prescription.5 Despite the existence of a clear definition

of lifestyle medicine competencies,1

there are no curriculum guidelines,

these efforts will have important public health implications by promoting the prevention and treatment of chronic

Disclosures: The authors received funding from the Josiah Macy Jr. Foundation and the Ardmore

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Edward M. Phillips, MD

Director, Institute of Lifestyle Medicine, Joslin Diabetes Center, and assistant professor, Physical Medicine and Rehabilitation, Harvard Medical School, Boston, Massachusetts.

#### References

1 Lianov L, Johnson M. Physician competencies for prescribing lifestyle medicine. JAMA. 2010;304;202-203.

2 Ford ES, Bergmann MM, Kröger J. Schienkiewitz A. Weikert C. Boeing H. Healthy living is the best revenge: Findings from the European Prospective Investigation

Academic Medicine, Vol. 90, No. 7 / July 2015



curricula

Medical Education Online

SHORT COMMUNICATION Including lifestyle medicine in undergraduate medical

Edward Phillips<sup>1</sup>, Rachele Pojednic<sup>1</sup>, Rani Polak<sup>1</sup>, Jennifer Bush<sup>2</sup> and Jennifer Trilk<sup>3</sup>

ustitute of Litestyle Medicine, Joslin Diabetes Center, Harvard Medical School, Boston, MA, USA: weSmart Consulting, Atlanta, GA, USA: \*Department of Biomedical Sciences, University of South Combro School of Marlinina Greenulle. Greenulle. SC: 1154

Purpose: Currently, there is no model to integrate the discipline of Effectyle medicine (LM) into undergraduate medical education. Furthermore, there are no guidelines, validated assessment tools, or evaluation or melementation plans in place

Rackground: The World Health Organization predicts that by 2020, two-thirds of disease worldwide will be the result of poor lifestyle choices. Fewer than 50% of US primary care physicians routinely provide specific uidance on nutrition, physical activity, or weight control.

Medical: We are establishing a plan to integrate I M into medical school obsertion in collaboration with the investing stakeholders, including medical school deans and students, medical corriculum developers and esearchers, medical societies, governing bodies, and policy institutes. Three planning and strategy meetings are being held to address key areas of focus - with a particular interest in nutrition, physical activity, student self-care, and behavior change - to develop specific implementation guidelines and landmarks.

Results: After the first two meetings, the proposed areas of focus were determined to be: 1) supporting of deans and key personnel, 2) creation of federal and state policy commitments, 3) use of assessment as a driver of LM, 4) provision of high-quality evidence-based curricular material on an easily navigated site, and 5) engaging student interest. Implementation strategies for each focus area will be addressed in an upcoming planning meeting in early 2015.

Conclusion: This initiative is expected to have important public health implications by efficiently promoting the prevention and treatment of non-communicable choosic disease with a scalable and sustainable model to educate physicians in training and practice.

Keywords: behavior chance: Electede medicine: observior advantant and consider medical advantant controllers Responsible Editor: Torry Stratton, College of Medicine, University of Kentucky, USA

\*Correspondence to: Jennifer Trilk, Department of Biomedical Sciences, University of South Carolina School of Medicine Greenville, Health Sciences Administration Building, 701 Grove Rd., Greenville, SC 29605, USA, Email: TRILK@greenvillemed.sc.edu

ORIGINAL Research

Dennis Muscato, MS, Edward M, Phillips, MD.

Lifestyle Medicine Education Collaborative (LMEd): "Champions of Change" Medical School Leaders Workshop

(LM) curricula (autrition, exercise)

physical activity, behavior change

Abstract: Yhe Lifende Medicine Education Collaborative (LMEA) bested the 'Chambions of Charco Medical School Leaders assels bob at the 2017 American College of Liferale Medicine annual co extintions focused on the following (2) accelerating aduption and emblementation of lifestale medicina (LM) education in molical schools through cullaboration and action notaciely that trealises treation was (2) showcaving medical school champions and their work in LM inducation leadership, and CO helpin participants create a readmap for from to employ with LMFd and implement LM enfocution in their own medical Keywords: West-le medicine:

workshop was a follow-up to IMEd's 2016 inaugoral summit at the University

South Carolina School of Medicine curriculum; medical education; action George Ble in George Ble 90' Champions of Change' stakeholder engagement and presentations focused on (I) accelerating adoption and

Zach Anderson Converge for Impact Converge for Impact is a team of

and student self-care that includes r engage with LMEd and implement stress resiliency) throughout medical M education in their own medical the October 22: 2017, DME Choicell This article hashfullts the format of the the "Champions of Change" Medical and along by the facilitation Zach. School Leaden workshop at the Sedemon at Converge for Impact, 2 as American College of Lifestyle Medicis well as gives an update of challenges (MCIM) annual conference. This and secones of participant faculty LMEd "Champions of Change"

Medical School Leaders Workshop

strategists and designers who partners

education leadership, and 40 helping

participants circuic a roadman for how



medical practice.

#### A parallel curriculum in lifestyle medicine

Rachele Polednic and Elizabeth Frates

Institute of Lifestyle Medicine, Joslin Diabetes Center, Harvard Medical School, Boston. Massachusetts, USA

50 per cent of US primary care

ance to their patients on lifestyle ehaviours such as diet, physical activity or weight control. espite the prediction by the World Health Organization that y 2020, two-thirds of disease worldwide will be the result of poor lifestyle choices. This gap in patient-clinician dialogue is perhaps the result of a lack of

required course in nutrition. there are no requirements for the other components of lifestyle redcine, including physical activity, behaviour change and

Innevation: Since 2009 Harvard Medical School has addressed this absence in the curriculum by developing a student-lad, faculty member-advised, parallel curriculum in lifestyle medicine. Medical this knowledge and these skills student participants were invited was an important component of to take part in anonymous questionnaires between 2009 and participation is currently volu-

data on the curriculum contant. Less than 50 and applications to effective per cent of US have pointed to a lack of lifestyle eficine knowledge because of a gap in the traditional curriculum physical activity, nutrition and indicated that the inclusion of

Insiahts



#### Incorporating emerging fields in medical education

Jerry R Youkey and Jennifer L Trills 0

Biomedical Sciences, University of South Carolina School of Medicine Greenville. Greenville, South Carolina, USA

educate future doctors beword traditional basic and clinical crimous for expertise in execution fields, such as population health ing quality care while decreasing salth case system costs), is creating pressure in medical education to add new content in an almady concerned controlors.1 eaders are trying to include new in education, but this often faculty and administration staff. Although no easy solutions exist. implement this emerging field.

Greenville choor to pilot the a content expert to implement nesging clinical field of Lifestyle Lifestyle Medicine, Initial chal Medicine felo, a controlog in nutrition, physical activity/ morrise therapy health helyn lour change and doctor/patient because we believe that Lifestyle approach to prevent and treat the Colleges conference session about root cause of the most prevalent obesity, type 2 diabetes, hyper and some cancers." This puper (4) competition with students strategies that we used to

leanes at the school level during the formative years (2012-13) were similar to survey results that JLT later received from outside faculty members and administration staff during a 2015 Lifestyle Hedicine, Challenges instructional time: (2) lack of importance/coniculum priorities at the faculty member level; and

perception of textable content for

Leaders are trying to fields while excellence i education

## Lifestyle Medicine Considerations

DISPENSE AS WHITTEN

#### Sustainability

What are long-term funding sources?

Will you commit to reevaluation as best practices

can evolve?

#### **Partnerships**

- Are there community partners to enhance your program?
- Are there sports medicine (e.g., ACSM, AMSSM, etc.) or other partners who could help you?

## What is Lifestyle Medicine?

What aspects of Lifestyle Medicine work?

Knowledge

#### **Training**

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

#### **Implementation**

- Do your staff know how to implement your plan, step-by-step?
- Are the referral, testing, and lab processes coordinated?

Clinic and/or System Buy-in

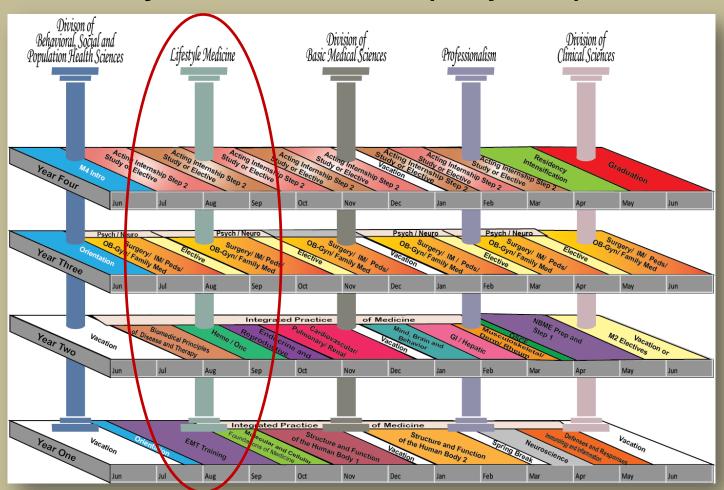
- Do you have adequate support to run your program?
- Who can/should be part of your multidisciplinary team?



- Opened in 1912
- 8 Campuses
- >1700 hospital beds
- >15,000 employees
- Academic Healthcare Center (Clemson, Furman, USC SOM Greenville)
- South Carolina's Largest Not-for-Profit Healthcare System



## **USCSOMG Lifestyle Medicine Core (Required) Curriculum**







## Obesity, BMI, and Body Composition

## Structure and Function II GMEDG635



Jennifer L. Trilk, PhD 1/21/14 9:00– 10:00am

### **Obesity-Chronic Inflammation-Disease Association**

#### **Accumulation of Body Fat Leads To:**

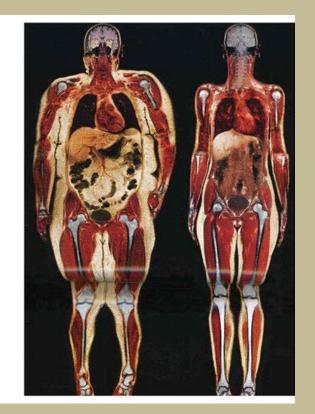
- Atherosclerosis, CVD
- Excessive production of fibrinogen (and clotting)
- Liver disease
- Development of insulin resistance and type 2 diabetes
- Other obesity-related research:
  - COPD, tumor cell growth and proliferation, cancer (colon, breast, and lung), neurodegeneration (Alzheimers, Parkinson's, Dementia)

All linked via cellular to organ pathogenesis that includes chronic inflammation

Full body MRI scans: 2 women-

- 5'6" and 250 lbs
- 5'5" and 120 lbs

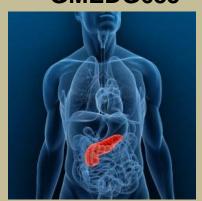
National Geographic Pictures of the Year 2004





## **Lifestyle and the Pancreas**

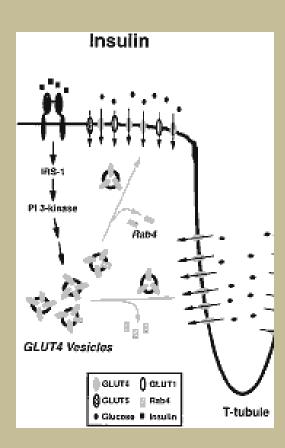
## GI and Hepatic Systems GMEDG685



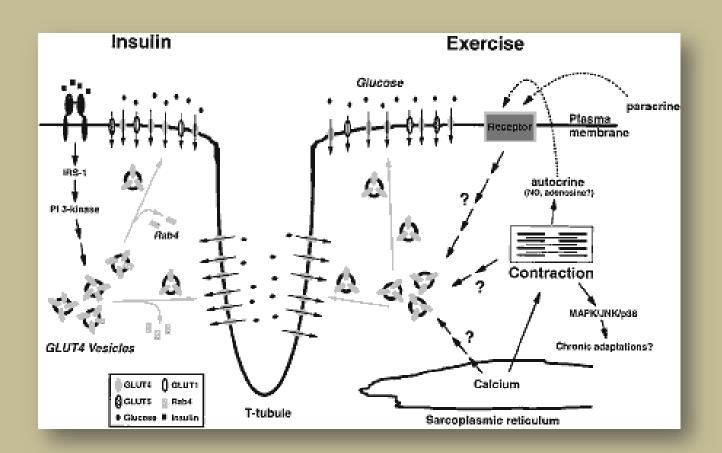
breakthroughs.cityofhope.org-250

Jennifer L. Trilk, PhD 12/10/14 1:00- 3:00pm

## **Exercise Improves Glucose Uptake**



## **Exercise Improves Glucose Uptake**





## Lifestyle Medicine and the Immune System

Defenses and Responses GMEDG650 16



Jennifer L. Trilk, PhD 5/10/18 8:00- 10:00am

#### Co-morbid case

A 44-year-old woman presents to you, her primary care physician, for her annual exam. She explains that she is feeling sluggish, not sleeping well, and having headaches. She has gained 19 pounds since last year's visit. You notice that she has gained a significant amount of weight around her midsection (visceral adipose tissue). The woman also had gestational diabetes during pregnancy with her daughter who is now 7 years old. You perform a H and P and order labs.

#### Vital signs:

Blood pressure 138/86 mmHg Pulse 76 bpm

Respirations 28

Exercise Vital Sign: 60 min/week

#### Social History:

Social drinker: Sometimes of one glass of wine on weeknights; 2-3 on Saturday nights.

No illicit drug use

Diet is fair to poor – eats fried foods, and foods high in saturated fat ("meat and potatoes") diet; few vegetables, very little fruit.

2 cups of coffee per day in the morning

Works full-time as an Administration Assistant at a mortgage firm

#### Height: 5 ft. 6 inches Weight: 210 lb

BMI = (calculate)

Personal Report of Associates

#### Fasting Labs:

HbA1c = 5.8% Blood glucose = 137 mg/dl

TC = 218 mg/dl

TRIGS = 159 mg/dl

HDL = 40 mg/dl

LDL = 178 mg/dl

CRP = 2.4 mg/L



www.huffingtonpost.com

#### Co-morbid case continued....

You counsel her on the importance of adopting a physically-active lifestyle with a goal of improving her nutrition and losing at least 10% of her body weight. You refer the woman to the YMCA for the Exercise is Medicine program. You continue to see her every 2 months over a 6 month period. The woman diligently sticks to her exercise and nutrition program for 6 months. At 6 months, you perform a physical and order labs.

#### Vital signs:

Blood pressure 118/72 mmHg

Pulse 68 bpm Respirations 28

Exercise Vital Sign: 300 min/week

Height: 5 ft. 6 inches

Weight: 160 lb

BMI = (calculate)

#### Fasting Labs:

HbA1c = 4.9%

Blood glucose = 75 mg/dl

TC = 196 mg/dl

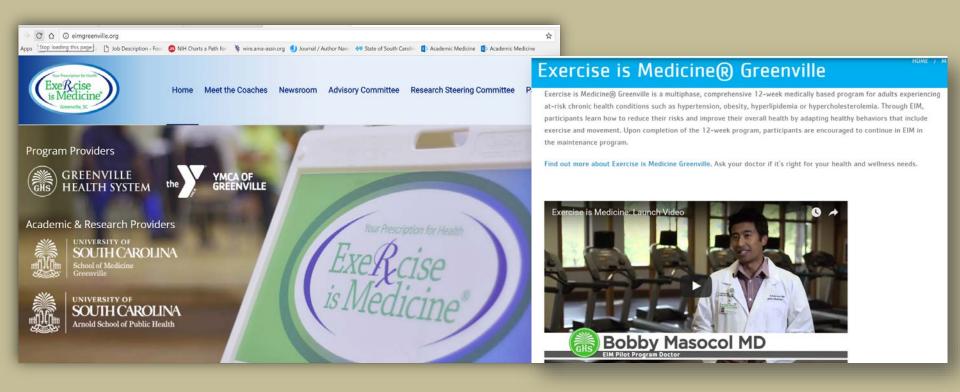
TRIGS = 124 mg/dl

HDL = 52 mg/dlLDL = 144 mg/dl

CRP = 1.2 mg/L



## Exercise is Medicine Greenville®



## **Buy-In: Hospital System and Community**



- Patients and HCPs reporting positive results; research data being collected
- GHS CEO, Spence Taylor, MD, speaks nationally about EIMG®
- EIMG® is recognized system-wide and throughout our community; enormous community support





## All USCSOMG Medical Students Trained to Use EVS and Referral in *Epic* EHR

















susan G.

## "Cura te ipsum."









Student-led organic garden, "Medical Roots: Harvesting Health and Hope"

### **USCSOMG Distinction Track Information**

#### Recognition

 Performance within the Distinction Tracks will be noted in the student's Dean's Letter and a certificate of completion will be awarded at graduation ceremonies.

#### **Criteria for Selection and Continuation**

This is a highly competitive process that requires the following:

- Successful completion and grade of 82 or above in every module for consideration of entry to the program. The student must remain in good standing.
- Acceptance will be contingent on alignment of the student's professional goals with those of the Distinction Track objectives. Students will not need previous experience/research in areas of the DTs.

**Lifestyle Medicine Distinction Track** 





EUROPEAN LIFESTYLE MEDICINE ORGANIZATION



American College of Preventive Medicine







M1: Begin Journey

Activities
Networking
Resources
Fellowship

MedEdPORTAL AAMO

Innovative content

Dean's Letter

Mapping and Assessment

Residency

**Training** 

Jerry Youkey, M.D. and Jennifer L. Trilk, PhD; contributions from Ann Blair Kennedy, DrPH



## **Lifestyle Medicine Distinction Track Mentors**



Jennifer L. Trilk, Ph.D

- LMDT Director
- Lifestyle Medicine



Irfan Asif, MD

- Lifestyle Medicine
- Sports Medicine



#### April Buchanan, M.D., F.A.A.P.

Medical Education and Pediatrics



John F. Emerson, M.D.

- Lifestyle Medicine
- Family Medicine Clinical Clerkship Director



Robert Masocol, MD, Board Certified Lifestyle Medicine

- Director, Lifestyle Medicine Clinic
- Family Medicine
- Sports Medicine



Elizabeth Morris, M.D. Board Certified Lifestyle Medicine

- Plant-based Nutrition
- Greenville Family Medicine



Thomas Nathaniel, Ph.D.

- Associate Professor
- Stroke Prevention



#### Matthew Tucker, PhD

- Assistant Professor
- Sleep Hygiene

## **Lifestyle Medicine Distinction Track Curriculum Overview**

- Culinary Medicine (summer)
- GHS Business Health
- Harvesting Health and Hope
- Plan Classroom to Community Research Project
- Journal Club (monthly)

M1
"Cura te ipsum"

#### M2

#### **Classroom-to-Community**

- Continue GHS Business Health
- Continue CM (monthly)
- Implement C2C Research Project
- Journal Club (monthly)

- Continue GHS Business Health
- 30-hour ACLM/ACPM Online LM Core Competency Program
- 1x Peer-to-Peer Teaching
- 2 week LM Elective (FM)
- Teach CM to NCD Patients
- Submit C2C Research project
- Journal Club (quarterly)

## M4 Scholarly Activity

- Final GHS Business Health
- Present the Research Project (C2C) Paper/ poster at regional/national conference

M3
Lifestyle Medicine
Best Practices



## Chef Alan Scheidhauer C.E.C Department Head Culinary Arts

Faculty: Chef Scott Roark
Chef Instructor

Staff: Christine Gerrard Hospitality Purchasing Instructor



## CULINARY MEDICINE PROGRAM SUMMER CALENDAR 2018: 9am – 1pm, T/Th

May 31—Safety & Sanitation Module

June 5—Module 1: Introduction to Culinary Medicine

June 7—Module 2: Weight Management & Portion Control

June 12—Module 3: Fats

June 14—Module 4: Food Allergy & Intolerance

June 19—Module 5: Protein, Amino Acids, Vegetarian Diets, Eating Disorders

June 21—Module 6: Sodium, Potassium, and Hypertension

June 26—Module 7: Carbohydrates

July 10—Module 8: The Pediatric Diet

July 12—Project Module



#### Fall Calendar 2018—1 Afternoon/Week; Dates TBD

**Module 9: Sports Nutrition** 

**Module 10: Cancer Nutrition** 

**Module 11: Nutrition in Pregnancy** 

Module 12: Diabetes & Hypertension in Pregnancy

Module 13: Celiac Disease

Module 14: Food Allergy

Module 15: Food & Neurocognition

Module 16: Anti-Inflammatory Diet

Module 17: IBS IBD GERD

## **Classroom to Community Project: Proposal Form**

- Tiimeline
  - Deadline for Proposal Form Submission
    - June 15<sup>th</sup>
  - Approval by June 22<sup>nd</sup>



#### LIFESTYLE MEDICINE DISTINCTION TRACK PROJECT PROPOSAL FORM

Date Created://			Date Approved://
1.	Ten	tative title:	
2.	Targ	get Journal:	
3.	Tim	eline: Completed by	
4.	Submission goal: Submit by		
5.	Student Group (names):		
6.	Specific Aim/Main Hypothesis:		
7.	Purpose:		
8.	IRB Needed (Expedited, Full, Exempt?) Approved		
9.	Outline:		
	I.	Introduction:	
	II.	Methods:	
	III.	Results	
	IV.	Discussion	

## **Journal Club/Learning Opportunities**

- M1 and M2: Monthly—Thursdays 12-12:50pm
- M3: Quarterly
- Lifestyle Medicine-relevant articles addressing legislation/policy, statistics, curriculum, etc.
- Learning Opportunities: United States National Physical Activity Plan, LiveWell Greenville, Lifestyle Medicine Experts, Master Gardeners, Conferences, etc.

## The Nation is Listening...





#### RELATED: TRENDING LIFE & STYLE NEWS THIS HOUR

Lifestyle medicine is the evidence-based practice of helping individuals and families adopt behavior that improves health and quality of life. It focuses on diet and nutrition, exercise, stress management and the elimination of tobacco and excessive alcohol use.

developed more and more ways to intervene, most doctors are still more comfortable

A prominent California physic Brandon Colby says that w

treating illnesses than addressing prevention.

Health » Exercise: It's what the doctor ordered

#### Writing the script

Other medical schools have taken the commitment to exercise even further.

Related Article: How workouts give your brain a boost

"Right from the beginning, we taught exercise physiology and exercise as medicine across all four years as a requirement for all medical students," said Jennifer Trilk, assistant professor, physiology and exercise science at the University of South Carolina School of Medicine Greenville, which opened its doors in 2012

code blue

Within the program Trilk pioneered at in South Carolina, medical students not only learn the mechanistic aspects of prescribing exercise -- such as how skeletal

muscle quality and quantity changes and improves health factors or how exercise effects each of the organ systems -- they're taught behavior change, as well. The lessons are based on wellknown standardized models and are adapted to increasing physical activity levels: moving patients from one stage to the next.

"We model it within the curriculum as a requirement from day one," said Trilk, who tells her students: "You are your first patient. You have to stay healthy in order to keep your patient healthy."



labs, as well as the uniting of patients, medical students, and doctors who walk and run races.

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Dean Ornish of the University of California. San Francisco, Dr. David Katz of of the Yele-Hospital, Dr. Neal Barnard of The Physicians Windington D.C., Dr. Caldwell Esselstyn. Source Hourt Disease Dr. Elizabeth Frates and Dr. Edward Phillips at The institute of Dr. David Sahoir of Well with a Cost program, and Dr. Jennifer Trills at University a lifestyle medicine core curriculum, code blue explores the question of how to reshape

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Lifestyle Medicine at the USC School of Medicine

Every medical school is different in terms of values, missions, goals, expectations of their students, and mic communications coordinator for the University of South Carolina (USC) School of Restyle medicine, into all four years of their carriculum, becoming the first in the country to do so. In 2018, Alestyle medicine will become a track of distinction at the medical school

It's 5.15 p.m. on a Wednesday, and since it's surrey out, students are trickling out to the Youkey Education Plaza. Wats begin to dot the countyard for weekly yoga. Around the corner sits the Medical Roots Garden, full of flowers and fresh produce such as squash, basil, tomatoes and cabbage, which students, faculty, and staff can harvest and

These are just some of the signs of health and wellness at the University of South Carolina (USC) School of Medicine Greenville, But really, it's the ntegration of lifestyle medicine (exercise, nutrition, health behavior change and self-care) in the classroom that is most important. The USC School of Medicine Greenville was the first in the country to fully incorporate exercise and lifestyle medicine into all four years of its medical school curriculum. The purpose of this integration is two-fold: to promote self-care and resiliency to students as they persevere through school, and to equip them with knowledge they can impart to future patients.

'I think (lifestyle medicine) is important in a clinical perspective, as it can help patients stay healthy and avoid the onset of chronic diseases," said first-year medical student Natalie Bikulege. "On a personal level, I have noticed that staying active and eating healthy while trying to deal with the stress of medical school has been extremely helpful. Even if it is the day before a lest. I find ime to work out and I think it helps me study more efficiently and let off some steam

In 2018, lifestyle medicine will also be offered as a track of distinction at the medical school, and will feature core graduating goals beyond the already existing education of self and patients. The objectives will include being able to evaluate and implement lifestyle medicine-related research, to develop welfness claims for patients that incorporate tyle medicine, and to capitalize on other lifestyle medicine-related resources in the community. Jennifer Trilk, PhD. FACSM is the school's resident champion of lifestyle medicine and has been instrumental in the core track creation and implementation, as well as fostering lifestyle medicine student interest groups and running the school's Human Performance Lab, a research arm of lifestyle medicine. Beyond the USC School of Medicine Greenville, she co-founded and currently co-directs the Lifestyle Medicine Education Collaborative, an initiative that provides ces and guidance to other schools that want to incorporate lifestyle medicine into their curricula

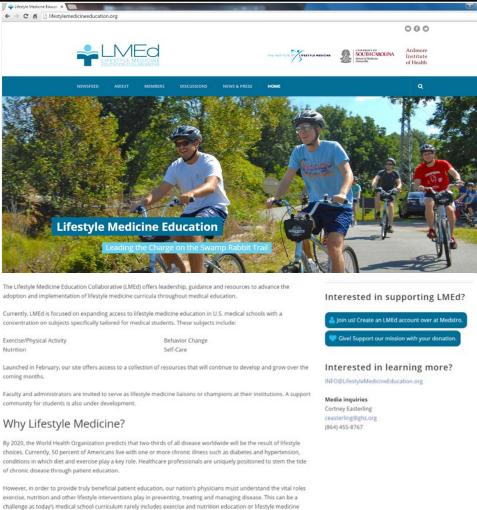


## Raising Awareness at the National Level

## www.LifestyleMedicineEducation.org

Jennifer L. Trilk, PhD, University of South Carolina School of Medicine Greenville Eddie Phillips, MD, Institute of Lifestyle Medicine, Harvard Medical School Dennis Muscato, MS, Western University of Health Sciences

The Lifestyle **Medicine Education** Collaborative (LMEd) offers leadership, guidance and resources to advance the adoption and implementation of lifestyle medicine curricula throughout the United States and internationally.





#### LEADERSHIP GUIDANCE & RESOURCES

ADVANCING THE ADOPTION
AND IMPLEMENTATION OF
LIFESTYLE MEDICINE CURRICULA
THROUGHOUT MEDICAL EDUCATION





LIFEST TLE MEDICINE







- Integrating Lifestyle Medicine into U.S. Medical School Curricula
- Representation from:































## Subscriber Map of U.S. Medical Schools Reached with LMEd



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More detail coming soon at www.LMconference.org.

## **Conclusions**

- Future physicians are positioned to stem the tide of chronic diseases
- Must be trained in Lifestyle Medicine components to make impact



### VI Congreso Internacional de Educación Médica



# Taller: Medicina de Estilo de Vida: una respuesta a la educación médica del futuro.

Como integrar la Medicina de Estilo de Vida en el currículo

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