Syllabus
for the study
Of lifestyle medicine

The Society of Lifestyle Medicine
Israel Association of Family Physicians
The Israeli Medical Association

August 2014
Themes and topics for the study of lifestyle medicine

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Themes and topics for the study of lifestyle medicine

The Society of Lifestyle Medicine
Israel Association of Family Physicians

General Background:
Lifestyle medicine developed over the last decade in the setting of a dramatic increase in the prevalence of chronic diseases, which can be prevented or better managed by the adoption of a healthy lifestyle.
The World Health Organization estimates that in the year 2020, two-thirds of all diseases worldwide will be the result of lifestyle choices.
Lifestyle medicine has become a component of clinical medicine, and includes a series of scientifically proven interventions to promote the implementation of healthy lifestyles. The essence of lifestyle medicine is a focus on intervention in the cause of disease, and not on the disease itself, and in treatment of the source, both to prevent the appearance of disease and to partially or fully improve its symptoms.
Medical students, and physician residents and specialists invest many hours in studying the classical medical subjects; however, little time is invested in studying areas related to lifestyle medicine. Physical activity, coping with stressful emotional situations and smart nutrition, which are the foundations of health, are generally not studied in depth.
Physicians have the potential to greatly influence their patients' healthy behaviors. Numerous studies have demonstrated that the more that physicians counsel in the field, the chance for changes in health among their patients increases. In addition, physicians' lifestyle as a model for imitation was found to have considerable influence on the healthy behavior of their patients.
Many physicians do not tend to deal with lifestyle counseling and therapy for various reasons, among them lack of time and the belief that the patient does not expect it, but one of the main reasons for the low rates of counseling is lack of knowledge and skills in the field.
In recent years, we are witness to extensive interest in the introduction of these themes in the different stages of medical education.
In a commentary by Dr. Liana Lianov, President of the American College of Lifestyle Medicine (JAMA, 2010 – Vol 304, No 2), a number of suggestions
were proposed for promoting the competencies of physicians in prescribing lifestyle medicine, among them the promotion of leadership in the field, enriching knowledge and acquisition of tools for the management of healthy behavior change.

The Israeli Ministry of Health recommends, in its program initiative for a healthy future 2020 (Prof. Amnon Lahad and Dr. Eli Rosenberg), constructing a syllabus that instills knowledge, approaches and competencies required in the field of health promotion and preventive medicine, and its implementation in all clinical programs that are taught in health profession programs, in medical schools, and in most of the medical specialties.

To respond to this need, a team from The Society of Lifestyle Medicine constructed a syllabus for the study of the main subjects related to lifestyle, suited to different levels of students, residents and physician specialists. There is a high importance of introducing these topics in the framework of family physician education; however, many other specialists such as internists, pediatricians, ob/gyn, cardiologists, oncologists and public health specialists can benefit from the study of this field.

We hope that the program for lifestyle medicine teaching suggested here will facilitate integrating the topics into programs of study in universities, in specialization curriculums, and in professional continuing education programs for physicians, with the goal of expanding the use of lifestyle treatment for the prevention and management of diseases and for the improvement of our national health situation.

The aims of the course

- Implementation of the importance of lifestyle treatment and its implications on the individual and on the general healthcare system.
- Enrichment of evidence-based medicine in the various fields of lifestyle medicine related to the subjects of the course
- Acquisition of practical tools for healthcare providers to evaluate patients and to manage processes of change.
- Experiential learning and acquisition of knowledge and tools for personal application of healthy lifestyle for the course participants.

At the end of the course, the participants will:

1. Have in-depth knowledge of the field of lifestyle medicine and its importance to patients' health.
2. Adopt a positive attitude toward lifestyle intervention and will promote the application of this field, on a personal level and in daily medical treatment.
3. Acquire an overall view of the principles of nutrition and will know how to provide nutritional recommendations for health and for common diseases.

4. Be aware of the magnitude and the damage of the obesity epidemic, and will know how to support and manage overweight patients.

5. Acquire knowledge and skills in prescribing physical activity for situations of health and common illnesses; will know how to evaluate patients prior to physical activity and how to motivate them to action.

6. Will understand the relationship between stressful situations and illness, how they are expressed, and their causes; and will acquire tools for managing their own and their patients' stress.

7. Will be aware of the harms of smoking, and will receive tools to support patients in smoking cessation.

8. Will learn about the relationship between sleep and health, and will acquire tools to identify and to treat sleep problems.

9. Will learn about the relationship between sexuality and health, and about the means of managing a session, diagnosis and treatment, in the field of sexuality.

10. Will receive and will experience a variety of tools in the field of coaching, motivational interviewing and more, for the management of sessions with patients, aimed to support and guide health changes.

The structure of the course
1. The course was developed according to 2 levels of study – for medical students and for medical residents and specialists, with an emphasis on responding to particular needs of professional development.

2. The curriculum is suitable to a 20 hour course of study. We warmly recommend adding experiential activities and theoretical extensions, as detailed in the descriptions of the different subjects.

3. In recognition of the importance of personal experience and involvement, some of the sessions integrate activities that include personal and group experience.

The subjects of the course, as divided into units of study
(Details of the themes, specific aims and bibliographies are presented in each unit).

1. Introduction to lifestyle medicine, physicians' health and the health promoting clinic – H2
2. Principles of nutrition, prevention and treatment of obesity – H4
3. Physical activity – H4
4. Coping with stressful situations, and tools to manage personal stress and to support patients – H2
5. Smoking prevention and cessation – H2
6. Sleep and health – H1
7. Sexuality and health – H1
8. Tools that promote change processes – H4

Supplementary projects and means of evaluation
1. Practical clinical project in lifestyle medicine - accompanying and supporting a patient in the process of change.
2. Selection of personal goals for lifestyle change (great benefit) for the participants.
3. Written test on the material covered (for students and residents).

Suggestions for additional activities and for practical experience supplementary to the course
For the various units, specific suggestions are provided for expanding and extending study.
1. A healthy cooking workshop.
2. A yoga / tai chi workshop
3. A walking workshop
4. A workshop with actors to practice tools for promoting lifestyle change
5. Healing humor and laughter yoga
6. A session for experiencing mindfulness.

General bibliography
(For each unit, additional relevant articles are listed)
The team of writers and editors of the syllabus
The Israeli Society of Lifestyle Medicine

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Introduction to lifestyle medicine

Physician's health

Health promoting clinic

Written by: Dr. Lilach Malatskey
Reviewed: Prof. Chava Tabenkin

Core subjects

1. Definition of the field of lifestyle medicine
2. The epidemic of chronic illnesses – data from Israel and from the world
3. Definition of health and the foundations for good health
4. The contribution of healthy lifestyle to the prevention and treatment of diseases in general, and chronic diseases in particular
5. Physicians' health – self evaluation, personal goals, the importance of being a role model
6. Definition and tools for a health promoting clinic

At the end of this unit:

Students will:

- Know the content and scope of lifestyle medicine, the reasons for the development of this field, and the importance of lifestyle as a medical treatment
- Know the connection between lifestyle and health, and between lifestyle and the development of various chronic diseases
- Know the importance of his/ her personal choices of health behavior and the immense influence that his/her role model has on patients
- Have participated in a practical and experiential manner in the different components of lifestyle, as a stimulus to choosing a personal health plan to apply during medical school studies and in the future

Residents and specialists will:

- Know the content and scope of lifestyle medicine, the reasons for the development of this field, and the importance of lifestyle as a medical treatment
- Know the connection between lifestyle and health, and between lifestyle and the development of various chronic diseases
• Know the importance of his/her personal choices of health behavior and the immense influence that his/her role model has on patients
• Have tools for improving their health and for self-evaluation, and will set personal goals for promoting their own health
• Have tools for the process of gradually converting their clinics to health promoting clinics

The structure of the classes and the methods of instruction
The introductory class (H1): the class will be conducted as a participatory lecture
A. The definition of lifestyle medicine, the presentation of health data from Israel and the world, presentation of the need
B. Health advantages and disadvantages of lifestyle habits
C. Personal lifestyle habits and the importance for personal health and for patients' health
The class on the health promoting clinic (H1) will be presented near the end of the course, and will include:
A. What is a health promoting clinic – definition and the strategy for implementation
B. Methods of recruiting a team and of creating an environment that promotes health
C. Involving the patient in the process, follow-up and support

Background materials and sources of information
1. Morbidity data from the Israel Ministry of Health and the World Health Organization
4. The Institute of Lifestyle Medicine, Boston: http://www.instituteoflifestylemedicine.org
5. Israel Ministry of Health:
   http://www.health.gov.il/Services/Committee/NationalCouncils/health/Pages/default.aspx
6. The Canadian College of Family Physicians:
   http://www.cfp.ca/content/55/8/810.full

**Material to be distributed to patients**
Written material for distribution to patients can be ordered from the departments for health promotion of the health maintenance organizations and from the Israel Ministry of Health web site

http://www.health.gov.il/Services/Committee/NationalCouncils/health/Pages/default.aspx

**Recommendations for enrichment classes**
1. Lifestyle for children
2. Lifestyle in the golden age
3. Lifestyle changes in the family unit
Principles of Nutrition
Prevention and Treatment of Obesity – H4
Written by: Dr. Yael Ovadia Hareli, Dr. Lilach Malatskey
Review: Rakefet Arieli

Core subjects
1. Introduction to nutrition – energy requirements and energy balance, macronutrients: basic concepts, essential nutrients, my plate
   Types of diets: Mediterranean, DASH and others
4. Obesity – epidemiology, environmental and genetic factors, obesity in children, regulation of food consumption, complications, prevention and treatments

At the end of this unit:
Student will:
- Know basic concepts in human nutrition, and the connection between nutrition and illness
- Understand the metabolic effects of the different food components
- Have acquired an overall view of nutrition, in regard to food components, composing a diet and integrating foods; and gain knowledge in the emotional and behavioral aspects
- Understand the meaning of the obesity epidemic, the connection to morbidity, risk factors and the complications of obesity, and principles of therapy

Residents and specialists will:
- Know how to provide nutritional recommendations for the treatment of prevention of common diseases
- Know how to provide recommendations for nutritional supplements congruent with evidence-based medicine
- Have acquired an overall view of nutrition, in regard to food components, composing a diet and integrating foods; and in the emotional and behavioral aspects
Understand the risk factors for obesity, the complications and treatment principles
Have acquired the ability of providing nutritional and general treatment counselling to patients with overweight

The structure of the classes
First lesson – Introduction to nutrition
- Energy requirements and energy balance – energy intake and expenditure, regulation of energy consumption, energy reservoirs in the body, carbohydrates, glycemic index, metabolic implications of fructose, dietary fiber, protein
- The importance of nutrition in special populations
- Saturated fat, unsaturated fat, trans fat, omega 3
- My plate, nutritional preferences, the basics of a healthy meal

Second lesson – Micronutrients: vitamins, minerals and nutritional supplements
- Vitamins: vitamin D, B12, antioxidants – C, E, beta-carotene and others
- Minerals: iron and calcium
- The dilemma of nutritional supplements – omega 3, vitamin D, multi-vitamins, anti-oxidants, magnesium, etc. In which situations are they useful? What doses are appropriate? Safety – What are the possible adverse effects of supplement consumption when it is not indicated?

Third lesson – Nutritional recommendations for common diseases – treatment and prevention
- Heart disease, diabetes, hypertension, osteoporosis, malignancies. What are the important nutritional interventions for primary and secondary prevention of these diseases? What are the nutritional interventions that are capable of influencing risk factors for these diseases?
- Discussion of different types of diets: Mediterranean, DASH, and their metabolic effects on illness.

Fourth lesson – Obesity – Defining the problem, physiology, prevention and treatment
- Defining the problem, epidemiology in Israel and in the world, obesity in children, genetics of obesity and environmental risk factors for obesity
Regulation of food consumption – the factors that mediate the sensation of hunger and satiety on the level of the central nervous system. Central and peripheral mechanisms that are involved in the regulation of food consumption. The correlation between changes that have occurred over recent decades, such as increases in the consumption of fast food, snack foods, sugary beverages and fructose, and impairment in the regulation of food consumption.

Distribution of fat - the difference between visceral and subcutaneous fat, the metabolic role of adipokines (leptin, TNF and others), the complications of obesity, consideration of fat tissue as an active endocrine organ.

Body composition, body types, means of measurement and the health-related significance of body composition

Prevention and treatment – different diets (Atkins, Zone and others), bariatric surgery, behavioral therapy, emotional eating, family meals, maintaining body weight after weight loss

**Background material and information sources**

1. Modern nutrition in health and disease, 11th edition. Shils and Shike

**Materials to be distributed to patients**

Informational material, stickers, posters, etc. related to the different nutritional subjects can be ordered at no charge from:

1. The Ministry of Health web site
2. Health promotion departments in the health maintenance organizations.
Recommendations for enrichment classes

1. Nutrition facts labels and health declarations – workshop in practical shopping
2. The principles of healthy cooking
3. Food allergies and food intolerances
4. Principles of natural and integrative nutrition
5. Nutritional needs for physical activity, nutrition and athletic performance for competitors and for the recreational athlete
6. Emotional eating – interactions between emotions, stress and food consumption, and food as the key to change
7. Eating disturbances – anorexia, bulimia, etc.
8. Vegetarian and vegan diets - health advantages and possible deficiencies
Physical activity – 4H
Written by: Dr. Marina Segel, Dr. Lilach Malatskey
Review: Edna Bukstein

Core subjects
1. Basic concepts – sport, physical fitness, physical training and health
2. The physical activity pyramid
3. Prescribed healthy physical activity, according to age and different illness situations
4. Evaluating fitness, evaluating and approving physical activity
5. Activity motivational tools
6. Integrating a multi-disciplined team

At the end of this unit:
Students will know:
- The importance of participating in physical activity as a means of treatment and of primary and secondary prevention, and the current guidelines for physical activity for different populations
- Basic concepts that include the components of physical fitness, energy reserves during physical activity, self evaluation of activity, and different types of activity.
- The principles of prescribing physical activity to healthy people and general information related to prescribing physical activity in disease situations for special populations.
- The importance of a personal health plan for physical activity to be implemented during medical school and in general
- Principles of motivating patients to participate in physical activity
- The physical activity pyramid including practical experience.

Residents and specialists will know
- The importance of participating in physical activity as a means of treatment and of primary and secondary prevention, and the current guidelines for physical activity for different populations
Basic concepts that include the components of physical fitness, energy reserves during physical activity, self evaluation of activity, and different types of activity

The physical activity pyramid including practical experience

The principles of prescribing physical activity to healthy people and general information related to prescribing physical activity in disease situations for special populations.

How to evaluate a patient prior to initiation of physical activity (including approval for working out in a fitness center)

Principles of motivating patients to participate in physical activity

The importance of a personal health and physical activity plan to be implemented in daily life

How to work in a multi-disciplined team, in a primary care medical framework in the community, and to use this for promoting patient health and for motivating toward participation and adherence to physical activity

The structure of the classes:

Emphasis on experiential study and examples from clinical experience

First lesson – Introduction to physical activity, basic concepts

- Exercise is medicine - The effect of physical activity level on morbidity and mortality, the effect of physical activity on the prevention and treatment of chronic diseases (Data from the literature)
- The importance of integrating exercise in one's own life and of setting a personal example for role modeling
- The place of physical activity counseling in primary medicine
- Basic concepts: physical activity, physical training and physical fitness, and how they are related
- Basic concepts of exertion physiology
  a) Source of energy supply as related to the type of activity – aerobic and anaerobic metabolism
  b) Aerobic fitness and maximum oxygen consumption
  c) Self evaluation: by heart rate reserve, BORG scale, metabolic coefficient MET – ergometry
- Practical part: Demonstration of aerobic tests, experience of self practice
Second lesson – Physical activity pyramid, physical activity prescription for a healthy person

- The structure of the pyramid and the importance of integrating different activities
- Aerobic fitness – advantages, variables of training, measuring walking in steps
- Prescription for muscle strength training
- Improvement in neuromotor capacity – coordination, balance
- Flexibility training
- Advantages and means of increasing activity and energy expenditure at work and in daily life, short bouts of activity, demonstration and practice.

Third lesson – Physical activity for special populations and for disease conditions

- Physical activity for special populations – children, elderly, pregnancy, the amateur athlete
- Physical activity recommendations for common illnesses
  
  Residents and specialists – Suggestion for a group activity: each group selects a disease or condition that is common in the clinical setting, and examines the implications on physical activity counseling. End with sharing and discussion among all participants, for mutual learning.

  Students – Background material on the diseases listed below, and their connection to physical activity – advantages and risks
    - Coronary heart disease
    - Orthopedic problems, back, knees, shoulders
    - Diabetes
    - Obesity
    - Hypertension
    - Osteoporosis
    - COPD
    - Malignancies

Fourth lesson – Assessing risk and practical tools to promote physical activity

- Patient evaluation
  - PARQ
  - General and orthopedic examination for approval of physical activity
Approval for working out in a fitness center, and the required examinations

- Sport laws in Israel
- Motivation to physical activity – the 5A Model and the motivational interview approach
- The role of a multidisciplinary team in the recommendations and encouragement to physical activity – nurses, physiotherapists, social workers, health coaches, occupational therapists, etc.

**Background material and information sources**

1. Reduction in the Incidence of Type 2 Diabetes with Lifestyle Intervention or Metformin; NEJM 2002; 346:393-403
2. The examination required for noncompetitive physical activity in the adult population of Israel. Harefuah 2008 (Hebrew)
3. The examination required for noncompetitive physical activity in the adult population of Israel. Clinical guidelines of the Israeli Cardiology Association 2005 (Hebrew)
4. Personal prescription for physical training and health, Shachar Nice, Prof. Naama Constantini 2011 (Hebrew)

**Materials to be distributed to patients**

- Written materials can be ordered for distribution to patients from the departments of health promotion of the Israeli health maintenance organizations and in the site of the Israeli Ministry of Health – the department for health promotion
  
  http://www.health.gov.il/Services/Committee/NationalCouncils/health/Pages/default.aspx


**Recommendations for enrichment lessons**

1. Lecture and practice in bone building exercises
2. Physical activities for disease conditions – more in-depth material about the different illnesses
3. The amateur athlete – emphases, sport injuries and nutrition

**Appendix: Personal prescription for walking for healthy and active lifestyle:**

**Edna Bukstein**

<table>
<thead>
<tr>
<th><strong>Effects</strong></th>
<th>Improvement in quality of life and health measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dose</strong></td>
<td>30 minutes, almost every day</td>
</tr>
<tr>
<td><strong>Composition</strong></td>
<td>warm up, graded walking, relaxation, stretching</td>
</tr>
<tr>
<td><strong>Usage</strong></td>
<td>walking at a personal intensive pace</td>
</tr>
<tr>
<td><strong>Suitable for</strong></td>
<td>general population (included in the national healthcare package)</td>
</tr>
<tr>
<td></td>
<td>✓ Pay attention to safety, adequate drinking and protection from the sun</td>
</tr>
<tr>
<td></td>
<td>✓ Wear suitable clothes and shoes</td>
</tr>
<tr>
<td></td>
<td>✓ Use a pedometer - or a walking application</td>
</tr>
<tr>
<td></td>
<td>✓ Possible to walk at almost any place or time</td>
</tr>
<tr>
<td></td>
<td>✓ Do not set out to walk on an empty or full stomach</td>
</tr>
</tbody>
</table>

**Minimal side effects**

As appropriate, it is recommended to integrate with additional physical activities and smart nutrition.

Remember! The starting point is not important; rather how much you improve is what counts.

As David Ben Gurion said: "There is nothing healthier than walking", from the book "In His Faith He Will Live" by Yitzhak Navon.

**Walking for healthy and active lifestyle**

Accumulate daily steps and complete to 10,000 steps of planned and intensive walking.

Advantages: improvement in health measures, respiratory rate: steady and "talking pace", intensity: moderate to intense, frequency: almost every day: 30-60 minutes, target pulse: 50-60%, exertion grade (from 1 to 10): 3-5, number of daily steps (graduated increase): 8,000 – 10,000.

**Walking for weight reduction and maintenance:**

Eat healthy: Walk a lot and integrate slopes, to increase caloric expenditure.

Advantages: increased basal metabolism, respiratory rate: moderate to accelerated
talking, intensity: intense and slopes, frequency: 5-7 times weekly, duration: 45-60 minutes, target pulse: 60-75%, exertion grade (from 1 to 10): 4-6, number of daily steps (graduated increase): 12,000-15,000

**Commuting walking:**
Accumulate walking during your daily routine. Go up stairs and work on strength and energy.
Advantages: healthy means of mobility, respiratory rate: comfortable to moderate + talking, intensity: moderate to intense, frequency: recommended daily, duration: as needed, target pulse: 50-65%, exertion grade (from 1 to 10): 3-5, number of daily steps (graduated increase): 5000+

**Walking in a fitness room:**
Pay attention to intensity, according to target pulse. Start with warm up exercises and end with relaxation and stretching exercises.
Advantages: strengthen the cardiorespiratory system, respiratory rate: accelerated, intensity: fast + rests. Frequency: 3-5 times weekly, duration: 20-60 minutes, target pulse: 70-80%, exertion grade (from 1 to 10): 6-8, number of daily steps (graduated increase): 7,000+ (of them, 3,000 at intense pace).

**Meditative walking:**
Count steps of rhythmic walking. Compare the results to those on the pedometer.
Advantages: attenuate and release pressure, respiratory rate: constant + counting steps, intensity: moderate, frequency: according to feeling, duration: 10 minutes+, target pulse: according to personal choice; exertion grad (from 1 to 10): 1-5, number of daily steps (graduated increase): according to personal choice.
Coping with stress in a primary care clinic – H2
Dr. Lilach Malatskey and (PhD ) Shosh Kazaz

Core subjects
1. Background
   - The history and definition of "stress"
   - The anatomy and physiology of stress
2. A model to elucidate the phenomenon of stress
   - The characteristics of stressors
   - Expressions of stress in various realms of life's arena
   - Coping with stress – styles of coping, recruiting resources for coping
   - Acute and chronic stress damage
   - Positive aspects of stress
3. Stress and burnout in the medical world and specifically among family physicians
4. Stress self management
5. Tools to manage and treat stress in a primary care clinic

At the end of this unit:
Students will:
   - Know the anatomic and physiologic basis of stress response
   - Understand connections between stress, health and illness
   - Recognize symptoms of acute and chronic stress
   - Know stressors in general, and in students’ life in particular
   - Have tools to manage and treat personal stress

Residents and specialists will
   - Have a basic knowledge of the history, anatomy and physiology of stress phenomena
   - Have a broad understanding of connections between stress, health and illness
   - Be familiar with unique physician stressors and possible ways of coping, such as working as a team, consulting, participation in Balint groups, time management and more
• Be equipped with tools to manage and treat personal stress
• Be equipped with tools to support and manage patients who are suffering from stress

Class structure and methods
1. Lecture according to the core subjects
2. Practice tools to reduce stress, for example: guided imagery
3. Workshop in stress reduction, such as: yoga, Tai chi
4. Practical tools for supporting and consulting patients with acute and chronic stress
5. Practical advice for alleviating personal stress from a variety of fields, for example correct breathing, positive thinking – based on positive psychology and time planning
6. Completion of an occupational stress questionnaire at the beginning and the end of the course, so the comparison will reflect the practical added value of the lesson.

Background materials and information sources
   http://www.hebpsy.net/books/nDBOB1HkYIuHRTRospe7.pdf
2. The BASIC – Strategies for coping with stress and building personal resilience for physicians. OMA.
   http://www.tandfonline.com/doi/abs/10.1080/10410236.2011.606527#.U8JK9_I_vEq


Materials to be distributed to patients
1. Guidance in yoga exercises to be performed at home
2. Recommendations by the American Association of Family Physicians regarding methods of managing stress (in English)
3. Referral to examples of guided imagery that can be downloaded from the internet.

Recommendations for enrichment classes
1. Balint groups
2. Workshop in mindfulness
Smoking cessation – 2H
Written: Dr. Yael Bar-Ze’ev
Review: The Medical Association for Smoking Prevention and Cessation

Core subjects
1. The epidemiology of smoking in Israel and in the world, the harm of smoking
3. Evidence based possibilities for treatment in Israel (medical treatment, cognitive – behavioral therapy – workshop/ telephone/ individual) and those that are not evidence based
4. The role of the physician in smoking cessation, brief intervention for smoking cessation
5. Medical treatment for smoking cessation – prescription drugs
6. Medical treatment for smoking cessation – nicotine replacement therapy

At the end of the study unit:
Students will:
• Be able to describe the harms of smoking from first hand, second hand and third hand, and the rates of smoking in different populations in Israel and in the world.
• Be able to state the aspects of cigarette addiction (physiological, psychological – behavioral), and recommended measures and treatments for each aspect (Fagerstrom, smoking diary, psychological addiction)
• Understand the role of the physician in smoking cessation
• Know the possibilities for smoking cessation available in Israel – the various evidence based methods (medical treatments, cognitive behavioral therapy – workshop, telephone, individual), and those that are not evidence based.
• Know the available therapeutic treatments, the mechanisms of action, side effects, and absolute and relative contradictions

Residents and specialists will:
• Be able to state the aspects of cigarette addiction (physiological, psychological – behavioral), and the recommended measures and treatments for each aspect
• Know the possibilities for smoking cessation available in Israel – the various evidence based methods (medical treatments, cognitive behavioral therapy – workshop, telephone, individual) and methods that are not evidence based
• Know the available therapeutic treatments, the mechanisms of action, side effects, absolute and relative contradictions, reactions with other medications, and advantages and disadvantages of each treatment
• Know the possibilities of combining medications
• Know how to select or tailor treatment to specific smokers, and how to change and adjust treatment during the smoking cessation process, as needed
• Have practiced and acquired knowledge for interviewing smoking patients, including tailoring counseling and appropriate medical treatment, and the follow up required within the framework of the primary care clinic.

The structure of the class and the method of instruction
1. Frontal lecture according to the core subjects
2. Case stories – discussion and demonstration of a talk with a smoking patient
3. The approach to the smoking patient within the framework of the clinic – practice interviewing
4. Tailoring medical treatment to patients in the process of smoking cessation

Background materials and information sources
1. The Report of the Ministry of Health on Smoking in Israel, 2013, May 2014 (Hebrew)


Material for distribution to the patients

1. Written materials for distribution among patients can be ordered from the departments of health promotion of the health maintenance organizations.

2. Explanatory information can be ordered at no charge from the Israel Cancer Association, as detailed in: http://www.cancer.org.il/catalog. For additional information, contact: 1-800-599-995 and/or:

Suggestions for enrichment classes

For full coverage of the subject, 16 hours of instruction are required.

Below are suggested subjects

1. Epidemiology of smoking in Israel and around the world, including existing legislature in Israel, H1
2. Harm of smoking – active, passive, third hand, 2H
3. Aspects of smoking addiction – physiological and psychological behavioral, 2H
4. Medical treatment for smoking cessation – prescribed medications, 2H
5. Medical treatment for smoking cessation – nicotine replacement therapy, 2H
6. Brief intervention for smoking cessation, H2
7. Special populations – youth, pregnant women, people with mental health disorders, 2H
8. Tailoring treatment for smoking cessation, 2H
9. Treatment for smoking cessation within the framework of the primary care clinic, H1
Sleep Medicine – H1
Dr. Anat Zefoni, Dr. Michal Lustig

Core subjects
1. Acquaintance with basic concepts in sleep medicine, the structure and physiology of sleep
2. Sleep disturbances
3. Understanding the clinical implications of sleep disturbance
4. Tools for diagnosing and treating sleep disturbances

At the end of the unit:
Students will
- Know the importance of sleep and the relationship between disease and sleep disturbances
- Know the structure of sleep and the common types of sleep disturbance
- Know the clinical implications of sleep disturbances
- Have basic tools for conducting a medical evaluation of a person who complains about fatigue and / or sleepiness and / or sleep disturbance
- Know types of treatment for sleep disturbances

Residents and specialists
- Know the importance of sleep and the relationship between disease and sleep disturbances
- Know the structure of sleep and the common types of sleep disturbance
- Know how to conduct a medical evaluation of a person who complains about fatigue and / or sleepiness and / or sleep disturbance
- Know the tools for sleep evaluation and who and when to refer for diagnosis
- Know types of treatments and how and when to treat

Structure of the class
1. The importance of sleep (the functions of sleep, the different stages of sleep, etc)
2. Sleep deficiency
3. The structure of sleep
4. The physiology of sleep
5. Types of sleep disturbances: parasomnias, insomnias, hypersomnias, disturbances in sleep timing, obstructive sleep apnea
6. Tools for sleep evaluation
7. Behavioral and medical treatments

**Background materials and information sources**

2. Nights without rest – Prof. Peretz Lavie Yediot Aharonot Publishing. (Hebrew)
3. International classification of sleep disorders; American Academy of Sleep Medicine; 3rd edition 2014

**Suggestions of material for distribution to patients**

- Sleep questionnaire
- Tools for sleep hygiene

**Suggestions for extension and additional study**

- Internet school for continued medical study - eStudy, course in sleep medicine
- CBT as treatment for insomnia
Sexuality and health – H1
Dr. Igal Hekselman
Review: Dr. Tzachi Ben Tsion

Core subjects
1. Healthy sexuality, sexuality in health and various disease conditions
2. The importance of sexuality to health
3. The role of the family physician in diagnosing and treating disorders of sexuality
4. Tools for conducting a session on the subject of sexuality, recognizing limitations and identifying situations that require referral to specialists
5. Acceptance of differences, homosexuality, isolation of prejudices, cultural background, religious background, avoiding judgment

At the end of the unit:
Students will:
• Understand what is healthy sexuality, and the relationship between sexuality and health
• Understand gender differences, and differences by age and by personal inclination
• Understand the challenge and the possibilities of expression of sexuality in different disease situations
• Understand the role and the limitations of the physician in counseling and treating in the field of sexuality
• Be exposed to diagnosis, counseling and treatment in the field of sexual function

Residents and specialists will:
• Understand what is healthy sexuality, and the relationship between sexuality and health
• Understand gender differences, and differences by age and by personal inclination
• Understand the challenge and the possibilities of expression of sexuality in different disease situations
• Understand the role and the limitations of the physician in counseling and treating in the field of sexuality
• Understand situations, dilemmas, diagnoses and possible directions of action in the field of sexuality in the primary care clinic
• Be experienced in diagnostic processes, counseling and treatment in the field of sexuality
The structure of the class and methods of instruction

The class will be taught partly as a frontal lecture and partly by means of presentation and discussion of cases:

1. Intimacy, affection, sexual desire, love and sex – the sexual reaction circle
2. What is healthy sexuality
3. The relationship between healthy sex and health
4. The fields of gender differences and differences by age (women’s and men’s sexuality)
5. Mind and body health states, medications and hormones that affect sex, the importance of sex in chronic disease
6. Normative sexuality, anxiety around the structure of sexual organs and sexual capability – particular emphasis on adolescence and the elderly
7. Diagnostic process, counselling and medical treatment

Students will be taught

- How to initiate a discussion on the subject of sex
- How to instruct patients in the anatomy and physiology of sex and anatomical and functional "normativeness"
- How to diagnose disturbance in sexual function
- Approaches in different situations, such as decreased sexual desire, differences between partners, sex and pregnancy and more
- How to consult and when to refer? – The Permission, Limited information, Specific Suggestions and Intensive Therapy (PLISSIT) model
- Principles of sexual treatment - behavioral and medical. Situations that necessitate referral for professional consulting

Emphasis on practical tools for residents and specialists

- Acquisition of skills in conducting a medical interview on the subject of sexuality
- Ways to increase the openness of discussions on sexuality with patients
- Presentation of a work environment that will encourage patients to raise topics related to sex

Suggestions for enrichment classes

1. Sexual exploitation, abuse and violence
2. Family planning and birth control
3. Prevention of sexually transmitted disease
4. Couples therapy invention for sexual therapy disorder
5. Acquaintance with the LGBT (lesbian, gay, bisexual, transgender) world and the health challenges and lifestyle particular to this population
Tools for promoting health change – H4
Written by: (PhD) Shosh Kazaz and Dr. Anat Zefoni

Core subjects
Health is perceived as a value; however, our own health, as well as our patients', does not always reflect this value. Adoption of healthy lifestyle emerges – for most people – from change processes; a PERCEPTIONAL change and a change in habits. The changes arouse mixed feelings and inherently involve ambivalence and discomfort. Accompaniment of individuals adopting changes can facilitate the processes, and help to convert knowledge about what is beneficial to AN ACTUAL behavior that helps achieve goals.

Our goal is to expose participants to the following core subjects:
1. The structure of the change process.
2. The stages of a change process according to Prochaska and DiClemente, and practical tools derived from this model
3. Tools that facilitate changes from different realms
4. Ways to motivate patients to make lifestyle changes
5. The motivational interview, and its application in the clinic
6. Positive psychology and its implications on lifestyle medicine
7. Appreciative inquiry, its clinical aspect
8. Health coaching
9. Coaching psychology

At the end of this unit
Students, residents and specialists will
- Understand that lifestyle is the foundation of health. Guidance to healthy lifestyle is as important and effective as prescribing a medication, and we should perceive it as a meaningful tool.
- Learn theoretically and through personal experience, the complexities and challenges facing each person who aspires to make a lifestyle change
- Know to identify factors that impede the change process, stemming from its complexity – and know to provide a response in the clinical framework. This is in addition to the capability of identifying and making use of supporting factors that will assist patients in the process
Recognize the six stages of change and ways of identifying where patients are on the spiral, and the appropriate intervention for passage from stage to stage.

Know to recognize and use derived tools from theoretical approaches such as: the wellness circle, the decision balance sheet, the language of change, SMART

For residents and specialists – additional clinical applications

- How to apply approaches and behaviors that promote health, while dealing with the routine pressures of life
- Tools to be used in a clinical session, considering the limitations and challenges involved
- How to motivate patients in a brief session
- Practice skills to be used in a clinical setting

The structure of the unit of study

Three academic hours at the beginning of the course will cover the subjects of the course (Table below). One academic hour at the end of the course will be allocated to integration of the theoretical material with practical experience, including sharing of participant experiences from the clinical setting and reflections from the personal change processes. In addition, we will dedicate time to discuss the strengths attained during the study and experience. We will receive and provide feedback and will analyze the provisions for continuing processes initiated in the course.

Details of the content of the classes

The challenge of change

- What is a change, when and under what conditions do people undergo change?
- Factors that promote change and factors that impede processes of change
- The emotional aspects of change processes
- Fostering and materializing resources for change processes
- Creating a new balance in processes of change

The motivational interview

- The spirit of the motivational approach
- Readiness for a change
- Ambivalence as an integral part of the change process
- Flowing with resistance
- Tools for clinical use; exposure and practice

The trans-theoretical model / the theory of the 6 stages of change

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- The change as a multi-stage and spiral process
- The detailed six stages and ways to identify where patients are in the process
- Appropriate interventions to promote the passage from stage to stage, what you should and should not do
- Tools and applications in a clinical session, exposure and practice

Health coaching and coaching psychology
- The gap between clinical guidelines and the real world. The issue of compliance.
- What is health coaching and how does it bridge this gap?
- The theoretical foundations on which health coaching is based
- The assumptions and emphases of health coaching
- The training approach and tools for use in a clinical session, exposure and practice

TGROW/SMART, Methods for setting and achieving goals
- The TGROW model (Whitmore, 2003) exemplifies solutions to problems, and was originally used also to set goals. As such, it facilitates initiating change in an organization, clarification, definition and focus on the process
- SMART model (Doran, 1981) – a model that is used for defining objectives
  o The power of these two models is in their simple and wide range of application.
  o The participants will learn the models and practice them.

The subjects of the classes and their relative weights according to the background of participants (students vs. residents and specialists)

<table>
<thead>
<tr>
<th>Content of the session</th>
<th>Time (min) allocated for students (min)</th>
<th>Time (min) allocated for residents and specialists (min)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The challenge of change</td>
<td>40</td>
<td>30</td>
</tr>
<tr>
<td>The motivational interview: the spirit of the approach, practical tools</td>
<td>30</td>
<td>45</td>
</tr>
<tr>
<td>The trans theoretical theory and its practical tools</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Health coaching and coaching psychology</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>TGROW/SMART Models of setting goals, objectives and achieving them</td>
<td>25</td>
<td>25</td>
</tr>
</tbody>
</table>
Background materials and information sources

2. Marchevsky O (1991) Say and Do. Therapy according to the cognitive method and the implications on procrastination (Hebrew)

Materials to be distributed to patients

- The health circle
- Prescription for change
- Toolbar of security and capability

Evaluating learning
Submission of a short project based on personal experience in a health behavior change and experience in applying the clinical tools

Suggestions for expanding the scope of the material included in this unit of study
Since the field is broad, rich and basic, our preference is to focus and to deepen the study of the contents selected, to expand the component of practice in order to promote learning and assimilation of the process, and to increase the chance for personal and professional application.