

Lifestyle Medicine Competencies

Online Course Modules

Syllabus



American College of Preventive Medicine
physicians dedicated to prevention



**American College of
Lifestyle Medicine**

Course Title: Lifestyle Medicine Competencies

Brief Course Description: This course provides the knowledge and skills that a physician needs in order to offer quality lifestyle medicine services for the prevention and treatment of lifestyle-related (chronic) diseases.

Detailed Course Description: This course offers the knowledge and skills that were recommended by a national consensus panel of representatives from several physician and health professional organizations as the basis for providing quality lifestyle medicine services. Topics covered include the fifteen core competencies identified by the panel which focus on clinical processes, as well as a review of key modalities in lifestyle medicine: nutrition, physical activity, sleep, coaching behavior change, tobacco cessation, managing risky alcohol use, and stress management/emotional wellness.

The course provides basic grounding in the field of lifestyle medicine and focuses on practical skills for primary care clinicians. This version of the curriculum is designed for MDs and DOs. Because the course targets key learning objectives in a variety of topics, it is not intended to cover any single topic in depth, nor the business of practicing lifestyle medicine. Participants who complete the 30 hours of CME will have a well-rounded training on the major topics in the field, including clinic processes.

KEY LEARNING OBJECTIVES

Introduction to Lifestyle Medicine

- (1) Define Lifestyle Medicine (LM) and describe the unique role of LM
- (2) Describe the LM core competencies as identified by a national consensus panel
- (3) Understand the importance of LM in treating the nation's lifestyle disease burden
- (4) Understand the role of behavioral determinants of positive health outcomes
- (5) Cite the scientific evidence that demonstrates the association of risk conditions (from unhealthy behaviors) as key to health outcomes

Fundamentals of Health Behavior Change

- (6) Demonstrate key elements of conducting patient readiness assessment and stage matched responses
- (7) Describe the process of building effective relationships with patients
- (8) Apply motivational interviewing, cognitive behavioral and positive psychology techniques
- (9) Develop a written action plan based on the treatment prescription adjusted for the appropriate stage of change
- (10) Describe strategies for helping patients maintain healthy behaviors

Key Clinical Processes in Lifestyle Medicine

- (11) List components of the patient history and physical with emphasis on lifestyle risk factors
- (12) Describe screening and diagnostic tests relevant to lifestyle-related diseases
- (13) Describe how to interpret the tests using evidence based national guidelines
- (14) Demonstrate how to screen, diagnose and monitor a lifestyle-related condition (case example)
- (15) Describe strategies for a clinical practice to obtain information about local community resources

- (16) Describe appropriate situations for referring and collaborating with other health professionals, such as dietitians, health educators, fitness trainers, and psychologists
- (17) Describe the key strategies for leveraging the interdisciplinary team to enhance health behavior change interventions
- (18) Describe how planned and group visits can optimize office visits to support lifestyle modification
- (19) Cite strategies for effective office systems and office tools for tracking screening frequency and test results, and proactively prompting follow-up

The Role of Physician Health

- (20) Cite scientific data supporting that physicians who practice healthy lifestyles are more likely to offer counseling and improve patient outcomes
- (21) Describe strategies for incorporating wellness into clinic, medical office or other health care settings (wellness programs for health providers)

Nutrition Science, Assessment and Prescription

- (22) Demonstrate ability to perform a basic nutrition assessment
- (23) Know how to prescribe nutrition for basic disease processes including inflammation: food patterns / macronutrients, food types / micronutrients, food preparation / oxidation
- (24) Summarize nutrition prescriptions for the most common chronic diseases including hyperlipidemia, diabetes, hypertension, and cancer
- (25) Understand the role of nutrition in preventing and treating chronic diseases, such as cardiovascular disease
- (26) Summarize the major nutrition studies and evidence-base for nutrition prescriptions
- (27) Describe the role of nutrition in preventing, treating and reversing diabetes

Physical Activity Science and Prescription

- (28) Describe the relationship between physical activity (PA) and health
- (29) Develop an exercise prescription
- (30) Describe the major evidence for the physical activity components (aerobic, strength, flexibility, and balance)

Emotional and Mental Well-Being Assessment and Interventions

- (31) Use screening tools for stress, depression and anxiety
- (32) Demonstrate ability to manage depression and anxiety in patients with comorbidities
- (33) Describe the components of emotional wellness self-management
- (34) Understand how skills of mindfulness-based stress reduction (MBSR) can help patients intervene in stress reactions and better care for themselves.

Sleep Health Science and Interventions

- (35) Understand sleep's role in health and chronic disease
- (36) Identify lifestyle-based activity, dietary, environmental and coping behaviors that can improve sleep health
- (37) Identify at least two lifestyle adjustments related to light exposure and meal composition and timing that support improved sleep

Fundamentals of Tobacco Cessation and Managing Risky Alcohol Use

- (38) Summarize the evidence-based literature on tobacco cessation interventions

- (39) Demonstrate ability to assist patients to develop and implement plans for tobacco cessation
- (40) Understand the role of moderating alcohol use in preventing and treating chronic diseases
- (41) Demonstrate ability to assist patients to develop and implement plans for avoiding risky alcohol use

Module and Presentation Titles and Presentation Descriptions

Full Curriculum: Total 30 hours CME = 15 BASIC + 15 ADVANCED

Module 1: LM Core Competencies

1A Introduction to Lifestyle Medicine, Liana Lianov--0.5 hours CME BASIC

Core Competencies: Introduction to Lifestyle Medicine (Basic Curriculum)

This presentation defines lifestyle medicine, compare and contrasts lifestyle medicine to other fields of health and medicine, describes the unique role of lifestyle medicine, and introduces the physician core competencies in lifestyle medicine, as identified by a national consensus panel.

Learning Objectives

- (1) Define Lifestyle Medicine (LM)
- (2) Compare and contrast to other fields of health and medicine
- (3) Describe the unique role of LM
- (4) List the LM core competencies as identified by a national consensus panel

1B Foundation/Background/Evidence Base for Lifestyle Medicine, Marc Braman--2.0 hours CME BASIC

Core Competencies: Foundation, Background and Evidence of Lifestyle Medicine (Basic Curriculum)

This presentation describes the importance of lifestyle medicine in treating the nation's lifestyle disease burden and the role of behavioral determinants of positive health outcomes. The session also cites the scientific evidence that demonstrates the association of health behaviors and health outcomes and identifies the place and priority of lifestyle medicine in the spectrum of treatment options for chronic (lifestyle-related) diseases.

Learning Objectives:

- (1) Understand the importance of LM in treating the nation's lifestyle disease burden
- (2) Understand the role of behavioral determinants of positive health outcomes
- (3) Cite the scientific evidence that demonstrates the association of risk conditions (from unhealthy behaviors) as key to health outcomes
- (4) Understand the place and priority of LM in the spectrum of treatment options for chronic (lifestyle-related) diseases

1C Health Behavior Change Basics, Liana Lianov--1.5 hours CME BASIC

Core Competencies: Health Behavior Change Basics (Basic Curriculum)

This presentation reviews major health behavior change theories and their potential application to clinical practice and the key elements of conducting patient readiness assessment and stage matched responses. The process of building effective relationships with patients, motivational interviewing, cognitive behavioral and positive psychology techniques are summarized. The session also provides strategies for supporting patients' behavior change, developing action plans, building patient self-efficacy, maintaining healthy behaviors and relapse prevention planning.

Learning Objectives:

- (1) Cite at least three health behavior change theories and their potential application to practice

- (2) Demonstrate key elements of conducting patient readiness assessment and stage matched responses
- (3) Describe the process of building effective relationships with patients
- (4) Apply motivational interviewing, cognitive behavioral and positive psychology techniques
- (5) Understand the 5 A's and how to incorporate them into the office visit
- (6) Describe strategies for patient support in behavior change
- (7) Identify two key constructs for effective, sustainable self-management
- (8) Develop a written action plan based on the treatment prescription adjusted for the appropriate stage of change
- (9) Describe process of follow-up for ongoing lifestyle change progress, including building patient self-efficacy
- (10) Demonstrate use of readiness, importance and confidence scales
- (11) Describe strategies for helping patients maintain healthy behaviors
- (12) List components of relapse prevention planning

1D Clinical Processes in Lifestyle Medicine, Ingrid Edshteyn--1.5 hours CME BASIC

Core Competencies: Clinical Processes in Lifestyle Medicine (Basic Curriculum)

This presentation reviews the components of the patient history and physical with emphasis on lifestyle risk factors, screening and diagnostic tests relevant to lifestyle-related diseases, and interpreting the tests using evidence based national guidelines. The session provides strategies for a clinical practice to obtain information about local community resources and identify appropriate situations for referring and collaborating with other health professionals, such as dietitians, health educators, fitness trainers, and psychologists. Methods for leveraging the interdisciplinary team and the chronic care model to support lifestyle modification are reviewed.

This segment also presents the benefits and steps for implementing planned and group visits to optimize office visits in support of lifestyle modification. Tools for effective office systems to track screening frequency and results and proactively prompt follow-up, as well as applications of health care service quality improvement to support lifestyle interventions (such as Plan-Do-Study-Act cycles) are introduced.

Learning Objectives:

- (1) List components of the patient history and physical with emphasis on lifestyle risk factors
- (2) Describe screening and diagnostic tests relevant to lifestyle-related diseases
- (3) Describe how to interpret the tests using evidence based national guidelines
- (4) Demonstrate how to screen, diagnose and monitor a lifestyle-related condition (case example)
- (5) List at least three resources available nationally that support healthy lifestyles/lifestyle change
- (6) Describe strategies for a clinical practice to obtain information about local community resources
- (7) Describe how office flow can be designed to assure consistent and up-to-date referrals
- (8) Cite the evidence for collaborative and chronic care models on improved lifestyle outcomes by use of allied health professionals
- (9) Describe appropriate situations for referring and collaborating with other health professionals, such as dietitians, health educators, fitness trainers, and psychologists
- (10) Describe the key strategies for leveraging the interdisciplinary team to enhance health behavior change interventions
- (11) Cite examples of team implementation from demonstrated chronic care models

- (12) Describe the chronic care model components and how they can be implemented to support lifestyle modification
- (13) Describe how planned and group visits can optimize office visits to support lifestyle modification
- (14) Describe successful primary care and office-based models for lifestyle modification, such as Prescription for Health
- (15) Cite strategies for effective office systems and office tools for tracking screening frequency and test results, and proactively prompting follow-up
- (16) Describe the process for health care service quality improvement with applications for lifestyle interventions, such as Plan-Do-Study-Act (PDSA) cycles

1E Personal Health and Advocacy for Policies That Support Healthy Lifestyles, Liana Lianov--0.5 hour CME BASIC

Core Competencies: Physician Health and Physician Advocacy to Support Healthy Lifestyles (Basic Curriculum)

This presentation cites the data supporting that physicians who practice healthy lifestyles are more likely to offer counseling and improve patient outcomes, reviews strategies for incorporating wellness into clinic, medical office or other health care settings, and guides the participant to develop personal action plan. The key components of how to conduct effective advocacy on behalf of lifestyle medicine with policy makers and community decision makers are introduced.

Learning Objectives:

- (1) Cite scientific data supporting that physicians who practice healthy lifestyles are more likely to offer counseling and improve patient outcomes
- (2) Describe strategies for incorporating wellness into clinic, medical office or other health care settings (wellness programs for health providers)
- (3) Conduct personal readiness assessment and develop personal action plan
- (4) Describe how to conduct effective advocacy on behalf of LM directly with patients and their families, as well as policy makers and decision makers within the community

Module 2: Nutrition

2A Nutrition Introduction and Working with Nutrition Team Members, Rosanne Rust—1.0 hour CME BASIC

Nutrition Introduction and Working with the Nutrition Member of the Team (Basic Curriculum)

This presentation provides an overview of a basic nutrition assessment, how to make nutrition prescriptions for health maintenance and practical strategies for assisting patients to achieve dietary changes.

Learning Objectives:

- (1) Demonstrate ability to perform a basic nutrition assessment
- (2) Demonstrate ability to make nutrition prescriptions for health maintenance
- (3) Describe practical strategies for assisting patients to achieve dietary changes

2B Nutrition Prescriptions, Wayne Dysinger—2.0 hours CME BASIC

Nutrition Prescriptions (Basic Curriculum)

This presentation reviews the science behind making nutrition prescriptions and how to prescribe nutrition for basic disease processes including inflammation. Subtopics include food patterns / macronutrients, food types / micronutrients and food preparation / oxidation. The session also provides a summary of nutrition prescriptions for the most common chronic diseases including hyperlipidemia, diabetes, hypertension, and cancer.

Learning Objectives:

- (1) Understand the science behind making nutrition prescriptions
- (2) Know how to prescribe nutrition for basic disease processes including inflammation: food patterns / macronutrients, food types / Micronutrients, food preparation / oxidation
- (3) Summarize nutrition prescriptions for the most common chronic diseases including hyperlipidemia, diabetes, hypertension, and cancer

2C Nutrition: Foods Overconsumed and Underconsumed, Michael Greger—0.5 hour CME BASIC

Nutrition, Foods Overconsumed and Underconsumed (Basic Curriculum)

This presentation summarizes the food components most Americans get too much of and in which foods they're found. The speaker also summarizes shortfall nutrients that Americans are failing to sufficiently consume and in which foods they're found.

Learning Objectives

- (1) Understand what the Dietary Guidelines for Americans are and why they are important.
- (2) List the food components most Americans get too much of and in which foods they're found.
- (3) List the shortfall nutrients of that Americans are failing to sufficiently consume and in which foods they're found.
- (4) Use these criteria to determine which foods are healthiest and which least health-promoting.

2D Nutrition and Diabetes, Part 1, Scott Stoll —0.5 hour CME BASIC

Diabetes: Lifestyle Intervention for Prevention and Reversal

This presentation reviews the prevalence and burden of diabetes in the US, the potential consequences of intensive management with medication and benefits of emphasis on lifestyle change in treating and reversing the disease. The evidence-based Diabetes Prevention Program is summarized as a clinical intervention for patients with risk factors for the disease, often seen in primary and lifestyle medicine practices.

Learning Objectives:

- (1) Cite the prevalence of diabetes and pre-diabetes and the associated cost burden
- (2) Describe consequences of intensive medication management
- (3) Describe the Diabetes Prevention Program and its applications

2E Nutrition Evidence Base, Michael Greger--1.0 hour CME ADVANCED

Nutrition Evidence Base (Advanced Curriculum)

This presentation reviews the role of nutrition in preventing and treating chronic diseases, and summarizes major nutrition studies and evidence-base for nutrition prescriptions.

Learning Objectives:

- (1) Understand the role of nutrition in preventing and treating chronic diseases, such as cardiovascular disease
- (2) Summarize the major nutrition studies and evidence-base for nutrition prescriptions
- (3) List at least five examples of nutrition interventions for diseases

2F Nutrition and Diabetes, Part 2, Scott Stoll 1.0 hour CME ADVANCED

Solving Diabetes: The Sweet Spot of Plant Based Nutrition

This presentation provides an overview of the pathogenesis of diabetes and epigenetic changes associated with it. Key studies on the impact of dietary change on disease are reviewed, with an

emphasis on the physiologic impacts of plant based nutrition in not only treating, but reversing diabetes.

Learning Objectives:

- (1) Describe the pathogenesis of diabetes
- (2) List at least three key epigenetic influencers
- (3) Describe the role of epigenetics
- (4) Summarize key dietary research on the impact of diet on diabetes
- (5) List the major physiologic impacts of plant based diet in the process of diabetes reversal

Module 3: Physical Activity

3A Physical Activity Introduction, Eddie Phillips—1.0 hour CME BASIC

Physical Activity Introduction (Basic Curriculum)

This presentation reviews the relationship between physical activity and health, defines physical activity and exercise, identifies the components of exercise, and summarizes the US Physical Activity Guidelines for Americans. The physicians' role in physical activity counseling is discussed, the physical Activity "vital sign" is introduced, and the steps for developing an exercise prescription are reviewed. The key role of personal behavior and role modeling is also emphasized.

Learning Objectives:

- (1) Describe the relationship between physical activity (PA) and health
- (2) Define physical activity and exercise
- (3) List the components of exercise
- (4) Describe the US Physical Activity Guidelines for Americans (PAGA)
- (5) Develop an exercise prescription
- (6) Understand the role of personal behavior and role modeling

3B Physical Activity Science, Eddie Phillips-- 1.0 hours CME ADVANCED

Physical Activity Science (Advanced Curriculum)

This presentation reviews the use of METS in assessing fitness, the minimum and maximum levels of exercise, the major evidence for the physical activity components (aerobic, strength, flexibility, and balance) and the key physical activity assessment tools.

Learning Objectives:

- (1) Understand the use of METS in assessing fitness
- (2) Describe the impact of exercise on Weight
- (3) Identify the minimum and maximum levels of exercise
- (4) Describe the major evidence for the physical activity components (Aerobic, strength, flexibility, and balance)
- (5) List key physical activity assessment tools

3C Physical Activity Counseling, Eddie Phillips-- 1.0 hours CME ADVANCED

Physical Activity Counseling (Advanced Curriculum)

This presentation describes how to collaborate with your patients to promote physical activity change, identifies resources for sustainable behavior change, and reviews the components of writing the exercise prescription.

Learning Objectives:

- (1) Describe how to collaborate with your patients to promote physical activity change
- (2) Identify resources for sustainable behavior change
- (3) List the components of writing the Exercise Prescription

3D Physical Activity for Specific Conditions, Eddie Phillips-- 1.0 hours CME ADVANCED

Physical Activity for Specific Conditions (Advanced Curriculum)

This presentation provides a review of the treatment of disease with exercise as compared with medication and evidence-based physical activity recommendations for a variety of patient groups and conditions, including healthy older adults, pregnancy, obesity, heart disease, diabetes, cancer, stroke and disability.

Learning Objectives:

- (1) Describe the treatment of disease with exercise as compared with medication
- (2) List evidence-based PA recommendations for: healthy older adults, pregnancy, obesity, heart disease, diabetes, cancer, disability, and stroke

Module 4: Coaching

4A Coaching Health Behavior Change, Part 1, Margaret Moore—1.0 hour CME BASIC

Coaching, Part 1 (Basic Curriculum)

This presentation cites the theoretical and evidence base for effective health and wellness coaching that promotes health behavior change and improves health outcomes. Strategies for organizing one's mind for coaching are discussed and compared with the cognitive agility of multitasking and the main brain states used by primary care physicians.

Learning Objectives

- (1) Cite the theoretical base for health and wellness coaching competencies
- (2) Cite the evidence base for effective coaching that promotes health behavior change and improves health outcomes
- (3) Describe the main tools for organizing one's mind.
- (4) Compare cognitive agility to multitasking.
- (5) Describe the main brain states used by primary care physicians.

4B Coaching Health Behavior Change, Part 2, Margaret Moore--2.5 hour CME ADVANCED

Coaching, Part 2 (Advanced Curriculum)

This presentation describes how to create relationships with patients to foster their personal growth and how to apply effective coaching techniques for relationship-building. The role of self-motivation and self-confidence in effective coaching for health behavior change, the main stages of the coaching process and the coaching questions for each stage are reviewed.

Learning Objectives

- (1) Describe how to create relationships with patients which foster their personal growth
- (2) Apply effective coaching techniques for relationship-building
- (3) Describe the role of self-motivation and self-confidence in effective coaching for health behavior change
- (4) Describe the main stages of the coaching process.
- (5) Learn coaching questions for each stage.

Module 5: Sleep Health

5A Sleep Health: Part 1, Virginia Gurley—1.0 hour CME BASIC

Sleep Health, Part 1 (Basic Curriculum)

This presentation provides an overview of sleep's role in health and chronic disease, identifies key factors that differentiate patient subpopulations with insufficient or poor quality sleep and reviews physical activity, dietary, environmental and coping behaviors that can improve sleep health.

Learning Objectives

- (1) Understand sleep's role in health & chronic disease
- (2) Identify key factors that differentiate patient subpopulations with insufficient or poor quality sleep
- (3) Identify lifestyle-based activity, dietary, environmental & coping behaviors that can improve sleep health

5B Sleep Health: Part 2, Virginia Gurley-- 1.0 hour CME ADVANCED

Sleep Health, Part 2 (Advanced Curriculum)

This presentation describes the role of light exposure and endogenous melatonin in sleep health and identifies lifestyle adjustments related to light exposure and meal composition and timing that support improved sleep.

Learning Objectives

- (1) Understand the role of light exposure and endogenous melatonin in sleep health
- (2) Identify 2-3 lifestyle adjustments related to light exposure that support improved sleep
- (3) Identify 1-2 lifestyle adjustments related to meal composition and timing that support improved sleep

Module 6: Tobacco Cessation

6A Tobacco Cessation, Part 1, Stephen Michael--0.5 hours CME BASIC

Tobacco Cessation, Part 1 (Basic Curriculum)

This presentation discusses the health effects of tobacco use and summarizes the ten key recommendations on tobacco cessation by the US Public Health Services

Learning Objectives

- (1) Describe the health effects of tobacco use
- (2) List at least five recommendations on tobacco cessation by the US Public Health Service

6B Tobacco Cessation, Part 2, Stephen Michael—01.0 hours CME BASIC

Tobacco Cessation, Part 2 (Basic Curriculum)

This presentation provides an overview of the role of tobacco cessation in preventing and treating chronic disease, summarizes the evidence-based literature on tobacco cessation intervention and provides strategies for assisting patients to develop and implement plans for tobacco cessation.

Learning Objectives

- (1) Understand the role of tobacco cessation in preventing and treating chronic disease
- (2) Summarize the evidence-based literature on tobacco cessation interventions
- (3) Demonstrate ability to assist patients to develop and implement plans for tobacco cessation

Module 7: Alcohol Use Risk Reduction

7A Alcohol Use Risk Reduction, Mark Willenbring—1.0 hour CME ADVANCED

Alcohol Use Risk Reduction (Advanced Curriculum)

This presentation reviews the role of moderating alcohol use in preventing and treating chronic diseases, describes the clinical process for screening for alcohol misuse, summarizes the evidence-based literature on alcohol misuse interventions, and provides strategies for assisting patients to develop and implement plans for avoiding risky alcohol use.

Learning Objectives

- (1) Understand the role of moderating alcohol use in preventing and treating chronic diseases
- (2) Describe the clinical process for screening for alcohol misuse
- (3) Summarize the evidence-based literature on alcohol misuse interventions
- (4) Demonstrate ability to assist patients to develop and implement plans for avoiding risky alcohol use

Module 8: Emotional Wellness

8A Emotional Wellness: Part 1, Liana Lianov--0.5 hour CME BASIC

Emotional Wellness, Part 1 (Basic Curriculum)

This presentation discusses the relationship between emotional distress and poor health and introduces screening tools for stress, depression and anxiety. The provider role in facilitating patients' emotional wellness and the indications for referral to mental health professionals are also reviewed.

Learning Objectives

- (1) Understand relationship between emotional distress and poor health
- (2) Use screening tools for stress, depression and anxiety
- (3) Describe provider role in facilitating patients' emotional wellness
- (4) List indications for referral to a mental health professional

8B Emotional Wellness: Part 2, Liana Lianov--1.0 hour CME ADVANCED

Emotional Wellness, Part 2 (Advanced Curriculum)

This presentation reviews depression as a comorbidity for diabetes and coronary artery disease, and summarizes key management / treatment approaches for depression and anxiety in patients with comorbidities. The components of emotional wellness self-management and the role of positive psychology in lifestyle medicine are also discussed.

Learning Objectives

- (1) Understand depression as a comorbidity for diabetes and coronary artery disease
- (2) Demonstrate ability to manage depression and anxiety in patients with comorbidities
- (3) Describe the components of emotional wellness self-management
- (4) Understand the role of positive psychology and its use in lifestyle medicine

8C Mindfulness-Based Stress Reduction, Steve Flowers---1.5 hours CME ADVANCED

Mindfulness Based Stress Reduction (Advanced Curriculum)

This presentation provides an understanding of the nature of stress, identifies manageable elements of pathogenic stress reactions and discusses how mindfulness-based stress reduction (MBSR) contributes to medicine. The essential elements and salient research of MBSR and how MBSR can assist patients in self-management are reviewed. The program introduces mindfulness skills that enable presence, clarity and curiosity and emphasizes the benefits of physician empathy, attunement and resonance in the clinical encounter. The session concludes with an MBSR exercise to provide a first-hand experience with this technique.

Learning Objectives

- (1) Understand the nature of stress and identify manageable elements of pathogenic stress reactions
- (2) Report how mindfulness-based stress reduction contributes to medicine and healthcare
- (3) Report how skills of mindfulness-based stress reduction (MBSR) can help patients intervene in stress reactions and better care for themselves.
- (4) Describe the integral and essential elements of MBSR
- (5) List conclusions from salient research in MBSR
- (6) Describe mindfulness skills that enable presence, clarity and curiosity in the clinical encounter
- (7) Identify the benefits of physician empathy, attunement and resonance in the clinical encounter

Module 9: Electives—ADVANCED.

9A Weight Management, Part 1, Ingrid Edshteyn (1.0 CME)

Weight Management, Part 1 (Advanced Curriculum)

This presentation provides a review of medical risks associated with overweight and obesity, guidelines for clinical management of obesity with lifestyle therapy, and essential elements of successful program design.

Learning Objectives

- (1) Review medical risks associated with overweight and obesity
- (2) Understand AHA/ACC/TOS 2013 Guidelines for clinical management of obesity with lifestyle therapy
- (3) Focus on essential elements of successful program design

9B Weight Management Part 2, Ingrid Edshteyn (1.0 CME)

Weight Management, Part 2 (Advanced Curriculum)

This presentation reviews the etiology and impact of obesity, the practical outcomes of lifestyle interventions in preventing and treating obesity and the four main components of weight management skills within clinical practice: behavior change, nutrition, physical activity, and psychosocial support.

Learning Objectives

- (1) Understand the complex etiology of obesity and the resulting consequences on morbidity and mortality
- (2) Describe practical outcomes of lifestyle interventions in preventing and treating obesity
- (3) Implement four main components of weight management skills within clinical practice: Behavior change, nutrition, physical activity, and psychosocial support.

9C Should I Eat That? Jeff Novick DVD (1.0 CME)

Should I Eat That? (Advanced Curriculum)

In this DVD aimed at a general audience, Jeff Novick uses his fun and informative style to reveal the truth behind "health" foods and shows a simple system for insuring you make wise food choices.

9D Forks Over Knives, Colin T Campbell DVD (1.5 CME)

Forks Over Knives (Advanced Curriculum)

This documentary film advocates a low-fat whole food, plant-based diet as a means for combating a number of diseases. It provides an overview of the China-Cornell-Oxford Project that led to T. Colin Campbell's book *The China Study*.

9E Self Study Article Group A (0.5 CME)

- de Lorgeril, et al. Mediterranean diet, traditional risk factors, and the rate of cardiovascular complications after myocardial infarction: final report of the Lyon Diet Heart Study. *Circulation* 1999 Feb;99(6):779-85 AND

- Ornish D. et al. "Intensive lifestyle changes for reversal of coronary heart disease." *JAMA* 280.23 (1998): 2001-2007. <http://JAMA.jamanetwork.com/article.aspx?articleid=188274>

9F Self Study Article Group B (0.5 CME)

- Dysinger W. "Lifestyle Medicine: An Overview." *Primary Care Reports* 2010; 16(5): 1-11. AND

- Lianov L, Johnson M. "Physician Competencies for Prescribing Lifestyle Medicine." *JAMA*. 2010;304(2):202-203.

9G Self Study Article Group C (0.5 CME)

- Wadden TA. et al. "Efficacy of Lifestyle Modification for Long-Term Weight Control." 2004 Obesity Research 2004; 12 (supplement):151S-162S. AND

- Schwingshackl L, Hoffman G. "Long-term effects of low-fat diets either low or high in protein on cardiovascular and metabolic risk factors: a systematic review and meta-analysis." *Nutr J*. 2013 Apr 15;12:48. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3636027/>

To review previous pilot webinars on the curriculum, click [here](#)

Background on the Curriculum Development

In 2009, the American College of Preventive Medicine (ACPM) and American College of Lifestyle Medicine (ACLM) collaborated with funding from the Ardmore Institute and Procter and Gamble to convene a blue ribbon panel of representatives from several major physician/health professional organizations: the American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Sports Medicine, the American Medical Association, and the American Osteopathic Association. The resulting consensus statement outlining 15 competencies for physicians offering lifestyle medicine was published in *JAMA* (July 14, 2010).

Since the publication, members of the Lifestyle Medicine (LM) Task Force of ACPM and the ACLM leadership have been working to promote awareness of the LM competencies among physicians and other clinicians, including publications in *Medscape* and *Military Medicine* and in presentations to a variety of clinical audiences. Interest was consistently expressed in a curriculum to train physicians in this knowledge and skills. In February 2013, a follow-up group called the Lifestyle Medicine Competencies Steering Committee was convened, again with funds from the Ardmore Institute, to discuss next steps.

The group recommended the development of a broad plan for developing LM training and implementing the LM competencies within the current health care environment through collaborative strategies, partnerships and a recognition process. The aim of the plan is to assure the demand for and integration of LM competence by the health care system and consumers / patients. The plan and identification of funding sources was completed by a newly constituted Lifestyle Medicine Competencies Working Group (LMCWG).

Cummins, Inc. is one of the first funders to spearhead curriculum development, with a goal of promoting lifestyle medicine competence among physicians working in the Cummins clinics—direct care providers, as well as physicians in an external provider network. Cummins has provided generous funding to ACPM to work in coordination with ACLM in developing a lifestyle medicine curriculum.