

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

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

Medicine





Escuela de Medicina y Ciencias de la Salud TecSalud



17 de junio de 2018

l Congreso Internacional de Educación Médica, Taller: Medicina de Estilo de Vida en el currículo

Mazatlán, Sinaloa

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 NOT taught in medical school

About Education **Events & Awards** We're Global Partners Membership Join Today Newsworthy Items Lifestyle Medicine involves the therapeutic use of lifestyle, such as a predominately whole food, plant-based diet, exercise, stress management, tobacco and alcohol cessation, and other non-drug modalities, to prevent, treat, and, more importantly, reverse the lifestyle-related, chronic disease that's all too prevalent.

Home

What is

Lifestyle

Medicine?

What is Lifestyle Medicine?

Core Competencies

Clinical Discipline Scientific Evidence ACLM Standards

Board of Directors Board of Advisors ACLM Fellows

Student / Trainee **Executive Board**

> Why Join? Interest Groups

Staff Committees

PiT Events & News



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 diabetes¹; 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,"?; 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,², 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)¹; 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 physicians⁵; and

WHEREAS, Just 34% of U.S. adults reported exercise counseling at their last medical visit⁶; 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 techniques¹; 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,

BJSM Online First, published on December 5, 2013 as 10, 1136/bjsports 2013.093157

Incorporating 'Exercise is Medicine' into the University of South Carolina School of Medicine Greenville and Greenville Health System

Jennifer L Trilk,¹ Edward M Phillips²

LACK OF EXERCISE TRAINING IN MEDICAL Involve, Instruct Poliete Isoatnett of Bornedox Jornes, Utwerty of Such Jornes, Utwerty, of Such Jennies, Utwerty, Such Destina, USA Tuesties & Wedow Excel Commerce, Policy Educat Educating medical students and other health ED UC ATION ionals in training on the importance of healthy The lak of formal undergraduate medical educa-Westyles for preention and treatment of disease is tion about the medical benefits of exercise and cial to transforming healthcare. At the University of physical activity was tocogained as early as 1975 in South Carolina School of Medicine Germille USC SOM a server that revealed that only 16% of medical Geenville), we are incorporating the 'Eventhe & Medicine' Knowledge, Solik and Abilities into all 4 years schools offered a course geared towards exercise as part of Preventive Medicine,⁴ Subsequent surveys Scruttes, Physical Medicae ed Rehabilitation, Hanard Rebical Schull, Hittune of Jest/e Medicae, Hanard of the undergraduate medical carriculum to inflam future showed a little improvement, in 2002, while 64% physicians on the medical benefits of exercise and of Dram reported that it was the responsibility of sheird athin, & a name with the Councils North medical schools to educate malents about the physical activity, only 6th of medical school leaders sten (DHS), USC SOM Grienville is striving to transform bushcars for the benefit of the service and polled reported of having a core course or required brespondence to Jacobrid 110, De nmunities it users by healing compactionative ritulan addressing the extraint personiption. Etamedica Sciences teaching monociliarly and improved constantly. Inblowners, medical gudeers themselves seems to see addition, USC SDM Generalie and GHS are fosterin ognise the need for a formalized curriculum in infidentities with the local VMCA: to improve healthcar mention as well as the lack of training they conath Sciences All elvery in upstate South Carolina using the 'Exercise is. muly rearise. While 47% of medical students asseed with the importance of verting an exercise Ading 701 Group Mil envolle, 52 21625, USA Meticine' solution. The overarching goal is to demonstrate how physician-counselling and refemals for tion, only 10% of graduates felt capable of initial 2 Ottober 2018 Initial 8 Notember 2018 physical activity and exercise play a well-documented role doing so.10 Therefore, most of the US medical guin primary and secondary prevention for reducing mobility and mortality from non-communicable divorsio Camble Streetby 2013 diseases in convertion with the institute of Lifestyle Medicine (EM) at Harvard Medical School, USC SOM Geenville also strikes to spearhead a ripple effect in exercise carticulars by modelling for other medical school leaders throughout the country on how to adopt similar changes in curiculum and toining for medical school students. Physician education regarding the benefits of exective is utal for transforming healthcare. bebarred by several significant initiatives, includin

council patients on exercise after they graduate from medical acheod. THE CALL FOR REFORM OF MEDICAL EDUCATION The improve for reforming modeal education by ning physicians to effectively and efficiently address the preventible causes of chevraic disease in

the plasmed 200.5 revision of the Medical College Advances lies to include Psychological, Social and Biological Finandations of Bohavies," as one of Exercise answerling is part of healthcare delivery the true core sections¹⁰ and the call for medical would have summers evidence-based benefits for inducation reform in the June 2012 report from the pervention and meanment of multiple non-Repartitum Policy Center (RPC) in Washington, DC summable chronic doeson (NCDs) induding "Lots to Lose: How America's Health and Obesty type 2 dabetrs, hypertension, cardiovascular Orisa Theraton Our Economic Fature.' The BPC

ive. While 47% of medical maleen

CHEST AND ABNOMINAL CONDITIONS

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

Jennifer L. Trilk, PhD¹ and Ann Blair Kennedy, LMT, DrPH(c)²

Abstract

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 BSx 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 85x, providing state and federal resources for lifestyle behavior change programs could provide a key opportunity for the war against obesity.

Introduction

COACTION

Obesity is a significant public health concern for the nation (28,40), as more than one-third of Americans now are saified 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-

ORIGINAL

Research

Abstract: The Lifetule Medicine

Education Collaborative (LMEd)

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Medical School Leaders unrelabels

entations focused on the following

at the 2017 American College of

(1) acceleration aduption and

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(DI) education in medical schools

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(2) showcaving medical school

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participants create a madmat for boa

Lifestyle Medicine annual co

said that lifestyle intervention failed to

miologic evidence from 13,273 patients still suggests that

although BSs has become a safer procedure and postopera-

tive mortality has declined (18), risk of death (1 in 50 in the

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

and Jonnifor L. Trik, PhD, FACSM

rst 30 d) remains similicantly increased or

decrease weight and improve metabolic health (45). A greater number of B5x 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 great success observed, some failures, and, most notably, major adverse events (some necessitating reoperation) that include anastomosis leakage, pneumonia, pulmonary embolism, band slipmany, and hand empion (36). Early and long-term complications also occur. such as abdominal hernias, development of gallstones, dumping syndrome. and nutritional deficiencies that can porosis, and hair loss (12,21,46). The Cleveland Clinic Bariatric and Metabolic Institute publishes imprehensive list of risks and complications that highlight 42 risks that accompany gastric bypass and gastric banding surgery, with death listed as one of those risks (12). Epide

betract: Physicians are uniquely sitioned to stem the tide of the weld's top lifestshe related detenses. avery, must are not trained treasily offer this tastient care be Lifestyle Medicine Education allaborative (UMSA) has a telew the is a comprehensive and motainable atomach to tellerise toroname and itiatives to increase praduating US modical students' Incadodor and application of lifestyle medicine IMEd's strategic plan is to (1) provide high-quality curricidar material, (2) olicit support of medical school dean ritical administration, and faculty,

as lifestyle medicine champions

untilishments to date include

Jonnifor L. Trilk, PhD. Donnis Muscato, MS. and Rani Polak, MD

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

schools including 33 hospitalyclinics 1.1 mentoring sessions > 30 medical school faculty/administration; and (4) establishment of a relationship with the National Board of Medical Examiner's Castomized Assessment Services n create a subject and in lifestile modicine. National assureness is being increased threach webinary and beating the first annual LMEd Summit

() influence federal and state policy) develop and conduct assessmen and (5) support medical students

boahb of populations Keywords: undergraduate medical ducation, mentoring, chronic disease; Mestyle medicine

value-based care and affecting the

hy lifestyle modicine (LMP) The World Health Organization states that thronic decases,

. . . 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 the Josiah Macy Jr. Foundation and the Ardmore defined as the "evidence-based practice Institute of Health. of assisting individuals and their families Rachele M. Pojednic, EdM, PhD to adopt and sustain behaviors that can Research fellow, Institute of Lifestyle Medicine, Joslin improve health and quality of life." It is Diabetes Center, Harvard Medical School, Boston, estimated that 80% of chronic disease Massachusetts: Rachele pojednic@coslin harvard edu can be prevented by improving lifestyle behaviors, specifically smoking cessation, Jennifer Trilk, PhD weight management, physical activity, Clinical assistant professor, Department of and a healthy diet.2 Less than 50% of U.S. Biomedical Sciences, University of South Carolina School of Medicine, Greenville, South Carolina, primary care physicians provide specific guidance on nutrition, physical activity,

Edward M. Phillips, MD or weight control.9 This may be a direct Director, Institute of Lifestyle Medicine, Joslin result of insufficient training, as there is Diabetes Center, and assistant professor, Physical no curricular model for the discipline of Medicine and Rehabilitation, Harvard Medical School, Boston, Massachusetts lifestyle medicine in medical education. Only 27% of medical schools indicate that

References

disease.

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

these efforts will have important public

Disclosures: The authors received funding from

health implications by promoting the

prevention and treatment of chronic

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



Incorporating emerging fields in medical education

Jerry R Youkey and Jennifer L Trilk

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Leader

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they provide the 25 hours of nutrition

that addresses exercise prescription.5

of lifestyle medicine competencies,1

there are no curriculum guidelines,

education recommended,4 and only 6%

Despite the existence of a clear definition

report a core course or required curriculum

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

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Medical Education Online

SHORT COMMUNICATION Including lifestyle medicine in undergraduate medical curricula

Edward Phillips¹, Rachele Pojednic¹, Rani Polak¹, Jennifer Bush² and Jennifer Trilk³⁺

Institute of Lifestyle Medicine, Joslin Diabetes Center, Harvard Medical School, Boston, MA, USA; LevelSmart Consulting, Atlanta, GA, USA; ³Department of Biomedical Sciences, University of South Camina School of Madining Graenulle, Generulle, SC, USA

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

Background. 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. Maked: We are establishing a plan to integrate I M into motival school observing in collaboration with

the investing stakeholders, including medical school deans and students, medical curriculum developers and researchers, 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, 7) 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.

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

Keywords: helpetic charge: Electric medicine abratism education anderstraducts medical education: correlation

Responsible Editor: Terry 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, 201 Grove Rd., Greenville, SC 29605, USA, Email: TRILKit preenvillemed.sc.edu

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

evidence-based lifestyle medicine (LM) curricula (mstrition, carreise) relocation leadership, and CO helping. physical activity, behavior characnarticipants critate a roadinart for how

and student self-care that includes stress resiliency) throughout medical On October 22, 2017, 1MEd board the "Champions of Change" Medical School Leaders workshop at the American College of Lifestvic Medici-(MCIM) annual conference. This workshop was a follow-up to IMEd's 2016 inaugoral summit at the University



South Carolina School of Medicine Zach Anderson curriculum; medical education; action George in George ile M' Converge for Impact Champions of Change" stakeholder engagement and presentations focused Converge for Impact is a team of The Lifestele Medicine Education on (I) accelerating adoption and integets and designers who partnered

o engage with IMEd and implement M education in their own medical This satisfie highlights the format of the angladium had be facilitation Zachtedenon at Converge for Impact.² as well as gives in update of challenges and successes of participant faculty duranions in their endeavor to nucleonest 1M in their medical school

Rachele Pojednic and Elizabeth Frates Massachusetts, USA

SUMMARY Background: Less than S0 per cent of U2 primary care doctors routinely privide guid- doctors routinely privide guid- activity or weight costock, despite the guidection by the World Inselfs for guidection by y 2020, the Origination of Season poor lifetybe choices, this gap is prefets-christic Milliogue Is prediset-christing in medical	explained course in multition, there are no requirements of Birthyle modicine, including physical activity, bahaviour change and saff-care. Inservation: Since 2000 Manualt Medical School Kaned-Lad, Rocky Medical School Kaned-Lad, Rocky Medical School Kaned-Lad, Rocky School Responses and School Response advertaging a statework and advertaging a statework and advertaging a statework were kindle to take part is anonymous predictionarism butwers 2004 and to take part is anonymous	data on the antivolum contant and applications to effective medical partice. Implications Each year, chadens have pointed to a lock of thirtyle medicine involution backword of gap in the traditional canciculum surrounding topolics such as adjustical activity, nucleion and backword-change strategies, and this knowledge and these definitions that an important component of medicial education. Althrough pathlogistical education. Althrough	Less than 50 per cent of US primary care doctors routinely provide guidance to their patients on lifestyle behaviours

Original article	

A parallel curriculum in lifestyle medicine

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

Lifestyle Medicine Considerations

DISPENSE AS WRITTEN

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?

<u>Knowledge</u>

What is Lifestyle Medicine? What aspects of Lifestyle Medicine work?

Training

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

Clinic and/or System Buy-in

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

Implementation

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



- 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

Body Fat Measurement- Body Mass Index (BMI) or Body Composition

BMI Body Comparison

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





UNIVERSITY OF SOUTH CAROLINA School of Medicine Greenville



Lifestyle and the Pancreas

GI and Hepatic Systems GMEDG685



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

breakthroughs.cityofhope.org-250

Exercise Improves Glucose Uptake



Exercise Improves Glucose Uptake







Lifestyle Medicine and the Immune System

Defenses and Responses GMEDG650_16





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)

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/dl LDL = 144 mg/dl CRP = 1.2 mg/L



Exercise is Medicine Greenville®



http://eimgreenville.org

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.

komen cure

"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 Mentors



Greenville

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

-

Classroom-to-Community

M2

- GHS Business Health
 Contin
- Harvesting Health and Hope

Culinary Medicine (summer)

- Plan Classroom to Community Research Project
- Journal Club (monthly)

M1 "Cura te ipsum"

- 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)

M3

Lifestyle Medicine Best Practices

M4 Scholarly Activity

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



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

Faculty: Chef Scott Roark Chef Instructor

www.gvltec.edu/culinary institute

Staff: Christine Gerrard Hospitality Purchasing Instructor



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The Goldring Center for Culinary Medicine

THI ANE UNIVERSITY

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 15th
 - Approval by June 22nd



LIFESTYLE MEDICINE DISTINCTION TRACK PROJECT PROPOSAL FORM

Date Created: __/__/

Date Approved: ___/__/

- 1. Tentative title:
- 2. Target Journal:
- 3. Timeline: 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:
 - 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...



The Smart Way to Dick a Law School

USNews

NEW!

EXCLUSIVE

RANKINGS

2015

EDITION

Where the Jobs Are Now

BUSINESS

LOW

EDUCATION MEDICINI

SCHOOLS

The Must-Have

Guide to Over 1,300

Master's and

Ph.D. programs

The Preser of Dist and Exercise

AAMC houtest

Lifestyle Medicine at the USC School of Medicine Greenville

Every medical school is different in terms of values, missions, goals, expectations of their students, and fronment, as well as the unique elements or traditions that define the school. Jear mic communications coordinator for the University of South Carolina (USC) School of Medicine Greenville, discusses the school's emphasis on integrating health and wellness, also known a Restale medicine, into all four gears of their curriculum, becoming the first in the country to do so, In 2018, Afestyle 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. Mats begin to dot the courtyard 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 enioy.

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, subilion, 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 test. I find ime to work out and I think it helps me study more efficiently and let off some steam

In 2018. Mestyle 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 lifestrice medicine-related research, to develop wellness 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-tounded 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

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IPEANNS SPORTS TRENDING OPINION SUBURIS ENTERTAINMENT BUSINESS

Ily Barbara Sadiek

FREAT NOC 18, 2018

G ood diet and nutrition can put you on a path to health and wellness, but it's unusual to find doctors who are trained well enough and can spend the time required to have this conversation with patients.

In the United States, the traditional medical approach has been to focus on treatment rather than prevention of disease and illness. Jennifer Trilk, assistant professor in the department of biomedical science at the University of South Carolina School of Medicine at Greenville and a leader in the new lifestyle medicine movement, says that as we've developed more and more ways to intervene, most doctors are still more comfortable treating illnesses than addressing prevention.

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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.

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Writing the script

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



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"Right from the beginning, we taught exercise physiology and exercise as medicine across all four vears 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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the discipline. This will include leaders like Dr. Dean Ornish of the University of California. San Francisco, Dr. David Katz of of the Yole-Hospital, Dr. Neal Barnard of The Physician Winhington D.C., Dr. Caldwell Esselstyn. Interior Marriel Discour Dr. Elizabeth Frates and Dr. Edward Phillips at The institute of Dr. David Sahair of "Wells with a Crost" program, and Dr. Jennifer Trilk at University a lifestyle medicine com curriculum, code blue explores the questions of how to reshape



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.





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

Currently, LMEd is focused on expanding access to lifestyle medicine education in U.S. medical schools with a concentration on subjects specifically tailored for medical students. These subjects include:

Exercise/Physical Activity Nutrition Behavior Change Self-Care

Launched in February, our site offers access to a collection of resources that will continue to develop and grow over the coming months.

Faculty and administrators are invited to serve as lifestyle medicine liaisons or champions at their institutions. A support community for students is also under development.

Why Lifestyle Medicine?

By 2020, the World Health Organization predicts that two-thirds of all disease worldwide will be the result of lifestyle choices, Currently, 50 percent of Americans live with one or more chronic illness such as diabetes and hypertension, conditions in which diet and exercise play a key role. Healthcare professionals are uniquely positioned to stem the tide of chronic disease through patient education.

However, in order to provide truly beneficial patient education, our nation's physicians must understand the vital roles exercise, nutrition and other lifestyle interventions play in preventing, treating and managing disease. This can be a challenge as today's medical school curriculum rarely includes exercise and nutrition education or lifestyle medicine

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We are grateful to the Ardmore Foundation, American Council on Exercise, Physician's Committee for Responsible Medicine, and the Josiah Macy Jr. Foundation for their support and expertise.



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



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SAVE THE DATE! October 21-24, 2018 JW Marriott, Indianapolis, IN 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





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17 de junio de 2018

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