



## FREQUENTLY ASKED QUESTIONS

### WHAT IS LIFESTYLE MEDICINE?

#### Q: What is Lifestyle Medicine?

A: Lifestyle Medicine is the use of a whole food, plant-predominant dietary lifestyle, regular physical activity, restorative sleep, stress management, avoidance of risky substances and positive social connection as a primary therapeutic modality for treatment and reversal of chronic disease. It is the fastest growing field of medicine globally and holds the promise for true health reform as it addresses the root-cause of chronic illness. Board certification is now available through ACLM's partner, The American Board of Lifestyle Medicine (ABLM).

Learn more about lifestyle medicine via our FREE webinar titled: "[What is Lifestyle Medicine?](#)" by ACLM President (2018-2020), Dexter Shurney, MD, MBA, MPH, FACLM.

#### Q: Where does Lifestyle Medicine reside within the field of medicine?

A: The AAMC featured Lifestyle Medicine as one of the top emerging fields in an article published in July of 2018 titled: [Five emerging medical specialties you've never heard of – until now.](#)

### WHAT IS THE LIFESTYLE MEDICINE RESIDENCY CURRICULUM (LMRC)?

#### Q: Can you tell us more about the Lifestyle Medicine Residency Curriculum and the time commitment required for its implementation?

A: The LMRC consists of both Educational and Practicum components. The educational component is 100 hours with 40 hours of didactic units and 60 hours of independent application activities that can be delivered over a 2 to 3-year time frame. The practicum component includes 400 lifestyle medicine related patient encounters, 20 hours of intensive therapeutic lifestyle change (ITLC) program exposure and 20 hours of group facilitation exposure. Find out more details via the LMRC Flyer and Webinar recording available at [lifestylemedicine.org/residency-curriculum](http://lifestylemedicine.org/residency-curriculum).

#### Q: How many months will we need for the LMRC implementation?

A: We encourage a 2-year (24-month) or a 3-year (36-month) implementation time frame based on your residency program needs. If your site can ensure all program requirements are met within a 12 or 18-month time frame, we can work with you to make this timeframe feasible as well.

#### Q: Can you outline a typical 24 or 36-month LMRC implementation plan for the 40 didactic units?

Year	Module Numbers					
<b>24-Month Implementation Plan</b>						
Year 1 20 hrs	1	2	3 (1/2)	5	7	9
Year 2 20 hrs	3 (1/2)	4	6	8	10	
<b>36-Month Implementation Plan</b>						
Year 1 13 hrs	1	2	3 (1/2)	7		
Year 2 14 hrs	3 (1/2)	6	8	10		
Year 3 13 hrs	4	5	9			

#### Q: Can you explain how the 10 modules are covered in the 40 hours of required didactic time? How are the independent application hours allocated?

A: 10 Modules are split over 100 hours (40 hours of didactic units + 60 hours of independent application activity hours) based on the percent a topic is covered in the ABLM competencies - see [ablm.co/how-to-certify](http://ablm.co/how-to-certify)

Module	Module Title	Didactic Units	Application Hours	Total
1	Intro to LM	2	2	4
2	Role of Physician	2	2	4
3	Nutrition	10	16	26
4	Physical Activity	6	8	14
5	Sleep	3	5	8
6	Tobacco & Substances	3	5	8
7	Health Behavior Change	4	6	10
8	Key Clinical Processes	3	5	8
9	Emotional & Mental Wellbeing	4	6	10
10	Connection & Positive Psychology	3	5	8
<b>Total Hrs</b>		<b>40</b>	<b>60</b>	<b>100</b>

**Q: Do you have any curriculum samples for review, such as example PowerPoint presentations and independent application activities?**

A: Yes, materials available for review and download can be access at [lifestylemedicine.org/residency-curriculum](https://lifestylemedicine.org/residency-curriculum).

**Q: Is the LMRC specifically designed for certain types of medical specialties?**

A: The curriculum is designed to be implemented in ALL primary care specialties and surgical specialties. At present, it is largely focused on adult health considerations, but we hope to expand the curriculum to incorporate more pediatric content in the future. We are open to considering all specialty site applications.

**Q: Does the curriculum include other aspects of medicine, say from Integrative Medicine, Functional Medicine, and others?**

A: The LMRC has been designed to address the competencies of the ABLM certification exam found at [ablm.co/how-to-certify](https://ablm.co/how-to-certify).

**Q: Are all residents required to complete the entire LMRC?**

A: When a site adopts the LMRC, we request that all residents complete the 40 didactic units for the Educational requirements and the 400 lifestyle medicine patient encounters for the Practicum requirements. Then, residents who desire to qualify for the ABLM certification exam by completing ALL of the LMRC requirements can opt in to complete the following remaining requirements: 60 hours of independent application activities, 20 hours of intensive therapeutic lifestyle change program exposure and 20 hours of group facilitation exposure. The goal is for each LMRC site to require all incoming residents to complete the full LMRC within 3-5 years of site adoption.

**Q: We have several interested residency specialties and/or geographical sites all within the same institution. Does each specialty or site need to apply separately?**

A: If the interested residency specialties or sites have the same Designated Institutional Officer and are interested in working together in a coordinated effort, we will work with your site to create an infrastructure that allows for all residencies to appropriately implement the LMRC together under one contract. As such, we would appreciate inclusion of all possible residency specialties and sites on the application so we are aware of residency leadership, support and infrastructure in place for each specialty/site. On the other hand, if multiple residencies/sites under the same DIO will be implementing the LMRC separate from each other, without collaborative efforts, individual applications and contracts will need to be completed.

**Q: What residency sites and programs are currently implementing the LMRC?**

A: Current LMRC sites and programs are listed on our website, [lifestylemedicine.org/residency-curriculum](https://lifestylemedicine.org/residency-curriculum).

**Q: Can International Medical Graduate (IMG) physicians participate in the LMRC?**

A: The LMRC is not available for international implementation at this time. The Lifestyle Medicine Global Alliance (LMGA) will be working with each national society/organization to consider when infrastructure is in place to support adaptations and implementation globally.

## **LMRC IMPLEMENTATION QUESTIONS:**

**Q: Can you tell us more about the 40 didactic unit presentations, who generally delivers the presentations and what support is needed to prepare for the presentations?**

A: Each didactic unit is 60 minutes in length with approximately 30 minutes of knowledge delivery and 30 minutes of experiential audience engagement opportunities. The presentations have complete speaker notes and references so the presenter can deliver a successful didactic unit in an adult learning format. The didactic units were created so that residents can deliver the presentations to their resident colleagues (although faculty are also welcome to contribute). Resident delivery meets several of the following goals: 1) create resident ownership and expertise, 2) develop peer-to-peer support and buy-in from residents and faculty, and 3) facilitate up-front speakers that can become future leaders in the field of Lifestyle Medicine.

**Q: How do we manage missed didactic sessions as this will inherently happen in any residency program?**

A: Some programs video record the presentations and store them on a learning management system where they can be easily accessed by residents for asynchronous completion. Other sites have faculty supervised “make-up” time on a regular basis (monthly or quarterly) for the residents who missed the didactic units. Yet, other sites have a repetitive didactic curriculum of 18 months for a 36-month residency program, making it more likely that residents will catch most, if not all, of the didactic units at some point during training.

**Q: Regarding didactic time and material, can lectures be recorded and completed by video? What kind of parameters are there for discussions – like faculty or resident involvement?**

A: Ideally, the curriculum has been set up to be delivered in person, particularly with the “experiential activities” included in each didactic unit. That being said, many sites are recording them so that residents who miss the sessions can “watch” them later as a “make-up” plan. Yet, we know more and more virtual needs are present, so we are starting to problem solve how to make virtual adaptations more widely available. We are open to creative ways for your site to deliver the didactic units while maintaining the spirit of the curriculum to be a flipped classroom, participatory, engaging, and adult learning experience.



**Q: 400 Lifestyle Medicine patient encounters seems impossible given our clinical opportunities. How is this typically met and what exactly counts as a LM visit?**

A: LM patient encounters can be accomplished in both the inpatient or outpatient settings, although it is more common to complete them in the outpatient setting. Our hope is that LM will be another lens that each resident will use to assess and treat every patient they interact with in a clinical environment, when appropriate. Within the 400 encounters, there are subdivisions for the various LM pillars that also need to be met in order to provide broad base competency in all LM pillars. These subdivisions include: 1) nutrition, 2) physical activity, 3) emotional and mental wellbeing, sleep, and connectedness, and 4) tobacco and toxic substances. The great news is that many of these requirements can be met simultaneously with the same patient encounter. For example, if a resident sees a patient with diabetes, we hope the resident will address all the usual diabetes visit expectations and also have their LM lens on to address physical activity, nutrition, sleep and/or connectedness. If the resident takes a motivational interviewing or coach approach to counseling based on the stage of change in any of the 4 subdivisions, the resident can count the encounter as one of the 400 LM encounters and obtain credit for the specific subdivisions covered as well. Thus, one encounter can meet multiple requirements for patient encounters. At this time we do not have a hard and fast rule about what does and does not count as a qualifying LM visit, however, our general rule of thumb is the visit will count if the patient walks out of the room having been counseled and/or having set a SMART goal based on appropriate interventions for stages of change.

**Q: I see a requirement for 20 hours of an ITLC program experience and 20 hours of group facilitation exposure. What if our residency does not have ITLC and/or group opportunities for residents?**

A: The LMRC team will work independently with your site to problem solve how to meet the needed group or ITLC requirements. Options include creation of programs, establishment of relationships with existing programs within your institution/community, development of electives within or without the institution, or purchase of virtual options.

**Q: When we start implementing the LMRC, how do we manage the variety of PGY level residents the first 1-2 years?**

A: Depending on whether your site has a 24 or 36-month implementation plan, we can support highly engaged faculty and residents to “make-up” (at most) a year of the LMRC. For instance, a Family Medicine program that has decided on a 24-month implementation plan can, in theory, assist incoming PGY3s that are highly motivated to complete the curriculum in 12-months if they have oversight by highly engaged faculty dedicated to creating alternative methods for information delivery and completion.

**Q: We think that some residents and fellows outside our core residency program will want to participate in the LMRC. What allowances are there to involve other GME programs within our system? What obstacles arise in scaling and expanding LMRC implementation across programs?**

A: We would love to include as many residents/fellows as possible at your site. It is often easiest to start with one program and then scale to other programs, but we are open to multiple programs starting at the same site in the same year. Logistics is typically the biggest hurdle for integration across residencies at the same site as didactic education is usually scheduled at different times across programs. In addition, a formal commitment of the programs, specialties, and selection of residents is required before each academic year begins. The LMRC team is unable to process rolling enrollment throughout the year.

**Q: We are concerned that we do not have the Lifestyle Medicine skills and education as faculty to teach Lifestyle Medicine to our residents.**

A: This curriculum is designed for adoption by residents and faculty at any level of knowledge or background. Presentations have complete speaker notes and resources for additional learning. Although LM board certified faculty at LMRC sites are highly encouraged, we still consider sites who have strong faculty leadership in the field of LM who express interest in LM certification. In addition, our site contracts are designed to financially incentivize faculty to obtain certification within the first few years of the LMRC site implementation. Core residency faculty can be eligible for the certification exam by completing either the Educational Pathway through the LMRC along with residents or through the Experiential Pathway. Find out more about how to certify at [ablm.co/how-to-certify](http://ablm.co/how-to-certify).

**Q: We are concerned our residency program does not have enough time to integrate the LMRC into our already existent program. How have other residency programs navigated meeting the requirements?**

A: We understand that there are many competing priorities within residency programming. We have an administrative LMRC team available to assist with identifying barriers and finding solutions to implementation. Additionally, current LMRC sites have valuable insight into the adjustments and adaptations that made the LMRC adoption possible at each site. We are happy to connect you with the LMRC site leads for more information.

**Q: Our site currently implements several Lifestyle Medicine initiatives that overlap with the LMRC. Can we skip those modules within the LMRC?**

A: In order to adequately meet the ABLM requirements, all units and modules within the LMRC are required and may not be excluded from the program. We encourage your site to evaluate the current Lifestyle Medicine initiatives you are offering and replace them with the LMRC materials if you feel there is duplication. This allows for more availability to complete the LMRC on time and also allows your site to receive full credit for the LMRC.

**Q: I have questions about implementing the LMRC at our site and would like to speak to someone before applying.**

A: We understand you have questions and may not feel completely ready to apply. However, applying to become a site ensures that you are logged into our system and notifies our LMRC team to contact you. Even if you still have questions, we encourage you to go ahead and fill out the application form so that we have your residency contact and basic information that we will need to follow up and set a time to meet and answer your questions.

### **LMRC DOCUMENTATION REQUIREMENTS:**

**Q: How are the 60 hours of independent application activities tracked?**

A: We have an excel spreadsheet that sites can utilize for tracking purposes, if helpful. Usually, residents manage this with faculty oversight and check points. In addition, some academic sites have used learning management platforms such as Blackboard or Canvas to create assignments, due dates, and tracking of activity completion.

**Q: How are the practicum requirements including patient encounters, ITLC hours, and group program hours tracked?**

A: Most residency sites have a learning management system such as MedHub or New Innovations where patient procedures, etc... are tracked. These sites simply add the LM patient encounters, ITLC hours, and group hours to the system that is already in place. For those who don't have a system in place, the LMRC team will work with your site to create a reasonable solution.

### **LMRC SUPPORT:**

**Q: What support will we receive from the LMRC team to help us implement the curriculum at our site?**

A: You will be connected with a mentor site that is specialty specific (when possible) and has been implementing the LMRC for at least 1 year. In addition, you will take part in monthly support group meetings to help navigate through the LMRC implementation process.

**Q: Can you clarify what the LMRC support group meetings entail – who attends, how long they are, and what is on a typical agenda?**

A: The support group meetings are held virtually once a month for about one hour. We ask that at least one faculty leader from each site attend. The meetings are set up to group together all sites starting implementation the same academic year. Some sites have 2-3 people who rotate attending meetings based on availability and then keep each other updated between meetings. During the meetings, we have a reporting system for each site to discuss what is going well, potential concerns/barriers, and other relevant feedback. In addition, we ask for progress reports on didactic sessions delivered, pre/post didactic unit quiz completion, application activities, ITLC/group options and pre/post curriculum survey completion.

### **AMERICAN BOARD OF LIFESTYLE MEDICINE CERTIFICATION:**

**Q: Once the residents complete the LMRC, what certification body issues course competency?**

A: The LMRC support team will work with your residency team and the ABLM to determine compliance of requirements and eligibility for the certification exam. Then, the residency program director will attest to LMRC completion for each resident requesting exam eligibility. ABLM exam competencies can be found at [ablm.co/how-to-certify](http://ablm.co/how-to-certify).

**Q: Is the LM Board Review Manual part of the certification process for residents?**

A: Upon completion of the LMRC, residents and core faculty are eligible to sit for the ABLM exam. The LMRC is designed to prepare the resident and core faculty to sit for the exam without purchasing or participating in any other courses. Some residents and faculty still opt to complete the Foundations of Lifestyle Medicine Board Review. More information about the course is available at [lifestylemedicine.org/boardreview](http://lifestylemedicine.org/boardreview).

