Abstract: As new specialties emerge in medicine, certification pathways must be defined and formalized. The Lifestyle Medicine Physician certification, including both experiential and educational pathways, have been in place for several years. Although raising competence across all specialties through the Lifestyle Medicine Physician Diplomates to a foundational level is essential, additional expertise must be attained to be a true Lifestyle Medicine Specialist as outlined by the American Board of Lifestyle Medicine. This column will describe how Loma Linda University Health (LLUH) created a Lifestyle Medicine Specialist Fellowship that meets the educational pathway requirements for the Lifestyle Medicine Specialist certification and how it can be replicated and sustained at other training sites across the nation.

Keywords: lifestyle medicine specialist; education; fellowship

As new specialties emerge in medicine, certification pathways must be defined and formalized, both through educational and experiential pathways.

Creating a Lifestyle Medicine Specialist Fellowship: A Replicable and Sustainable Model

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Loma Linda University Health Background

LLUH has a historical background in LM and the faith-based approach of this medical community includes an emphasis on personal wellness and aligns with becoming one of the first Blue Zones and the only original Blue Zone in the United States. In addition, the Adventist Health Studies at LLUH have explored the links between nutrition and disease among Adventist for over 40 years. This LLUH background provided fertile ground for development of clinical and educational LM programs. Several of these parallel efforts have taken shape over the past few years, including (a) development of the LMRC in collaboration with American College of Lifestyle Medicine (ACLM), which enables residency graduates to become LM Physician Diplomates through an Educational Pathway (Table 1) and (b) implementation of inpatient and outpatient LM service lines for patient care experiences. As the national demand and interest in the emerging field of LM grew, the LLUH background and recent innovations led to unsolicited requests for higher level training, thus prompting the creation of a 12-month LM Specialist Fellowship as an Educational Pathway to this advanced level certification.

LM Specialist Fellowship Infrastructure

Our goal for the LM Specialist Fellowship was to create a training program that would meet the developing requirements for LM Specialists, including components proposed by Kelly and Shull, the ABLM and the LM Intensivist competencies as outlined by Kelly et al. Through conversations with national leadership in the ACLM and the ABLM, we designed a program that would be ABMS aligned and facilitate eventual American College of Graduate Medical Education (ACGME) accreditation of the 12-month fellowship. We utilized the ACGME Common Program Requirements (Fellowship) document as a framework and leveraged our resources that included a pool of faculty with expertise in LM, growing inpatient and outpatient LM consultation service lines, ongoing scholarly activity in LM, a robust GME program with potential internal candidates, and the opportunity for fellows to interact with other trainees (students and residents).

Creating a sustainable financial model for the fellowship and determining opportunities for intensive therapeutic lifestyle change (ITLC) training were our two biggest barriers to the LM Specialist Fellowship implementation. Funding was the largest practical challenge. Expenses included in our proforma were PGY-4 level fellow salary/benefits and external training at an ITLC. Program director (PD) and administrative time was an added expense, but we did not include this because our PD and faculty agreed to donate administrative time for the first year of the fellowship. There are institutional funding mechanisms for ACGME accredited fellowships, but these were not available to us as an emerging LM Specialist Fellowship. Instead, we proposed a
Lessons Learned

In the first 3 years of the program, we have learned many lessons, both positive experiences along with a few challenges. Each of our fellows has remained and worked as a faculty member after completing the fellowship. They are also national leaders: connecting, speaking and elevating prevention and lifestyle, representing us outside of our institution. However, when negotiating with other departments to create revenue generating time, we encountered strong hesitancy to empanel physicians as primary care providers during the 12-month fellowship. Instead we realized hospitalist, urgent care, student health, preprocedure, and coverage work to be preferable. We also found that revenue generating shiftwork was a challenge if it involved overnight schedules. We had to turn away one qualified candidate because there was insufficient demand in the primary specialty to create revenue for their fellow salary. This is a challenge we will continue to encounter as long as we use this financial model or until there is sufficient LM-related clinical activities to generate revenue.

The 3 fellows who have trained with us have created significant value for our institution from both a clinical and educational perspective. They have helped lead in our LMRC project and trained our residents and medical students in LM. We have provided them with a concentrated opportunity to develop competence in treating and reversing chronic disease with a spectrum of appropriate LM dosing in the ITLC, inpatient and outpatient settings. The ABLM has had an Experiential Pathway for LM Specialist certification in place for the past year and we are pleased to report that our PD and first fellowship graduate are 2 of the 4 first LM Specialists approved through...
this pathway. In addition, the LLUH LM Specialist Fellowship, is the first Educational Pathway to be approved by the ABLM for LM Specialists. Over the next 3 to 5 years, the ABLM hopes to encourage 30 residency and/or fellowship training programs to create similar Educational Pathways for the LM Specialist certification in order to facilitate ABMS recognition of the field of LM and to create ACGME support for such programs. Last, we believe the LM Specialist Fellowship model implemented at LLUH is replicable and sustainable, thus enabling additional sites to more easily implement similar LM Specialist Fellowship programs in the future.

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Trial Registration

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