

VI Congreso Internacional de Educación Médica



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

Robert Masocol MD

Assistant professor Dept of Family Medicine

Greenville Health System/University Of South Carolina Greenville School of
Medicine



UNIVERSIDAD DE
MONTEMORELOS



Escuela de Medicina y
Ciencias de la Salud
TecSalud



LMEd
LIFESTYLE MEDICINE
EDUCATION COLLABORATIVE



Latin American
Lifestyle Medicine
Association

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 Phillips MD

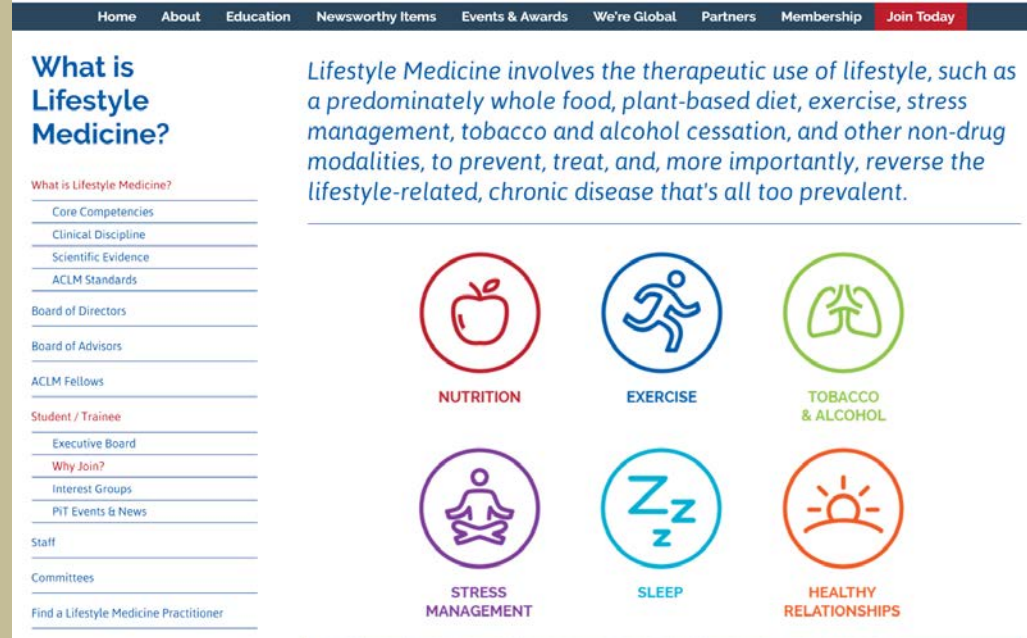
Dennis Muscato MS



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*




Home About Education Newsworthy Items Events & Awards We're Global Partners Membership **Join Today**

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
- PIT Events & News
- Staff
- Committees
- Find a Lifestyle Medicine Practitioner

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.



- NUTRITION
- EXERCISE
- TOBACCO & ALCOHOL
- STRESS MANAGEMENT
- SLEEP
- HEALTHY RELATIONSHIPS

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."²; 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,³; 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)⁴; 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 techniques⁷; 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,

Lifestyle Medicine Considerations

Sustainability

- What are long-term funding sources?
- Will you commit to reevaluation as best practices can evolve?

Knowledge

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

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?

Training

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

Implementation

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

Clinic and/or System Buy-in

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

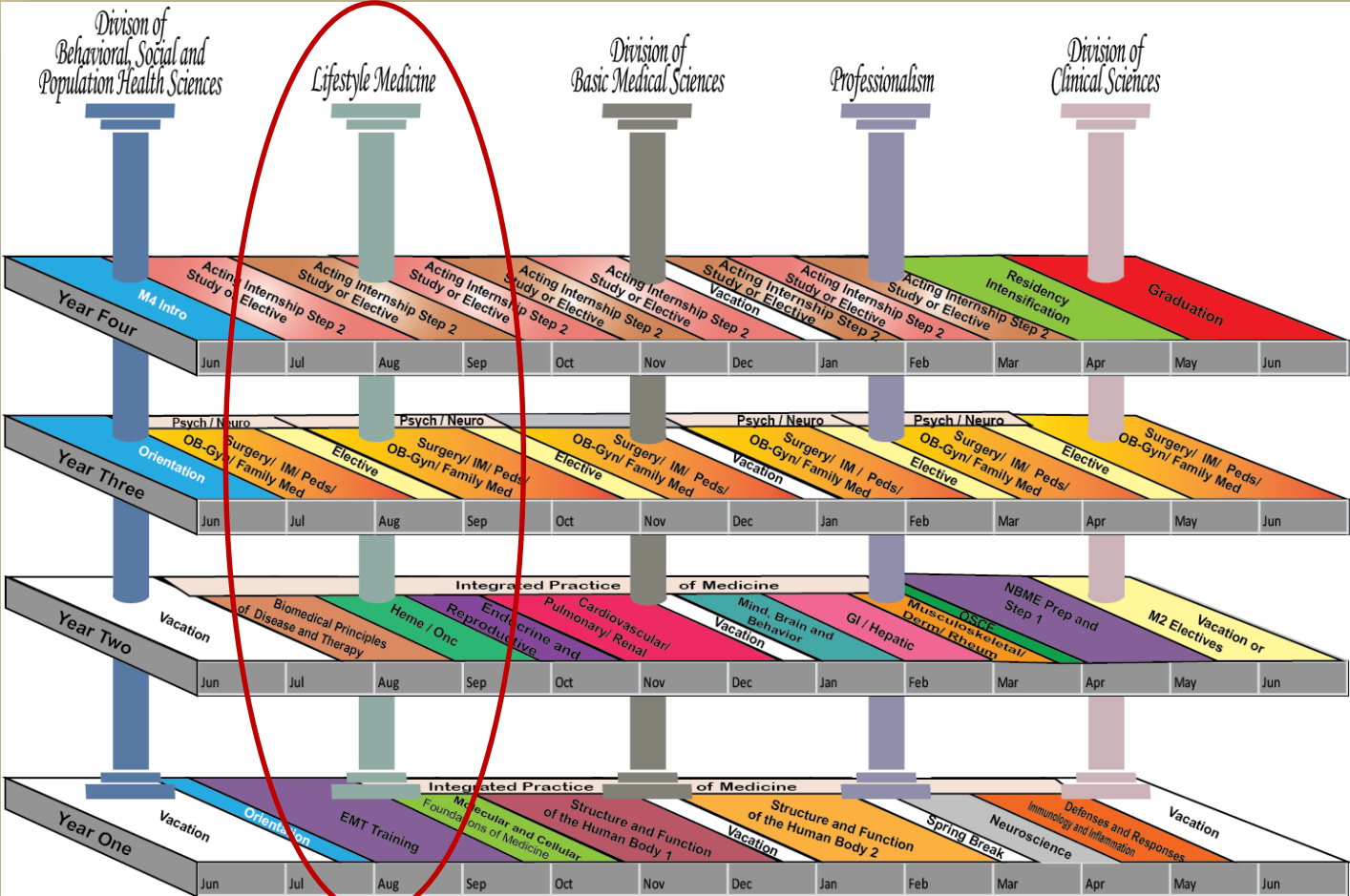




- Opened in 1912
- 8 Campuses
- >1700 hospital beds
- >15,000 employees
- Academic Healthcare Center (Clemson, Furman, USC SOM Greenville)
- South Carolina's Largest Not-for-Profit Healthcare System



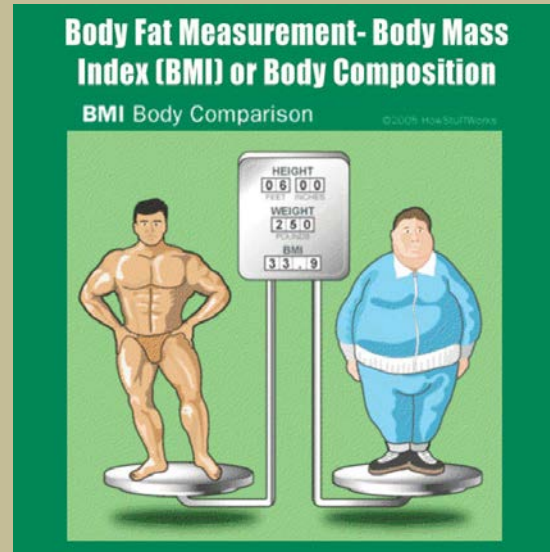
USCSOMG Lifestyle Medicine Core (Required) Curriculum





Obesity, BMI, and Body Composition

Structure and Function II GMEDG635



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



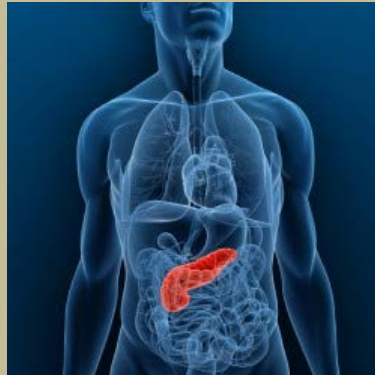


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Greenville

M2

Lifestyle and the Pancreas

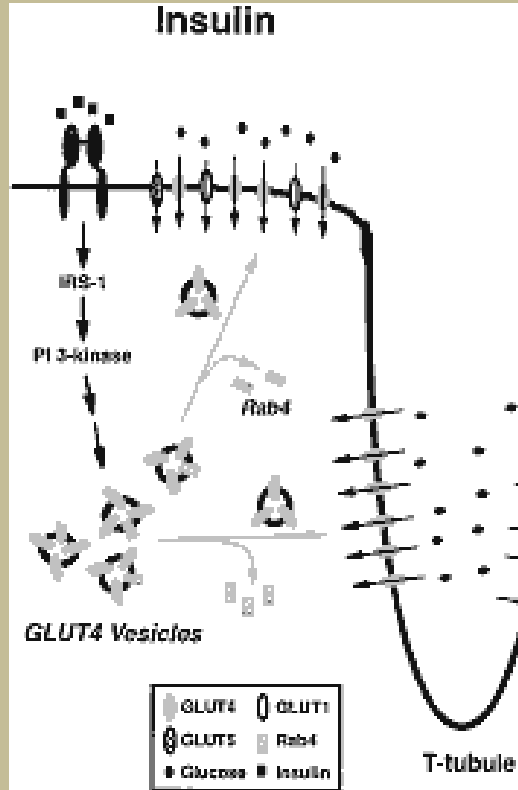
**GI and Hepatic Systems
GMEDG685**



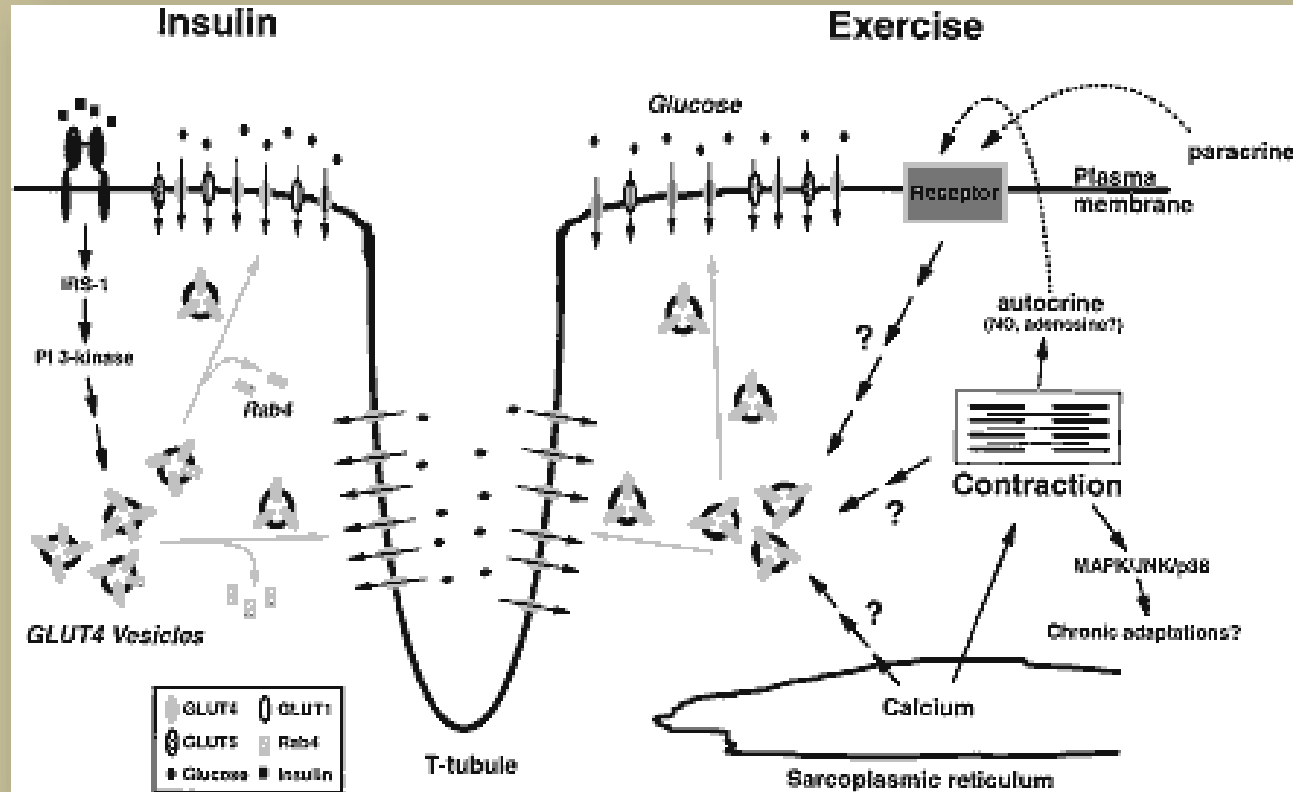
Jennifer L. Trilk, PhD
12/10/14
1:00– 3:00pm

breakthroughs.cityofhope.org-250

Exercise Improves Glucose Uptake



Exercise Improves Glucose Uptake





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Greenville

M1

Lifestyle Medicine and the Immune System

Defenses and Responses
GMEDG650_16



Jennifer L. Trilk, PhD
5/10/18
8:00– 10:00am

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®

The screenshot shows the website's header with the logo and navigation links: Home, Meet the Coaches, Newsroom, Advisory Committee, and Research Steering Committee. Below the header, there are sections for Program Providers (GHS and YMCA of Greenville) and Academic & Research Providers (University of South Carolina School of Medicine and Arnold School of Public Health). A large image of a sign with the logo is also visible.

Exercise is Medicine® Greenville

Exercise is Medicine® Greenville is a multiphase, comprehensive 12-week medically based program for adults experiencing at-risk chronic health conditions such as hypertension, obesity, hyperlipidemia or hypercholesterolemia. Through EIM, participants learn how to reduce their risks and improve their overall health by adapting healthy behaviors that include exercise and movement. Upon completion of the 12-week program, participants are encouraged to continue in EIM in the maintenance program.

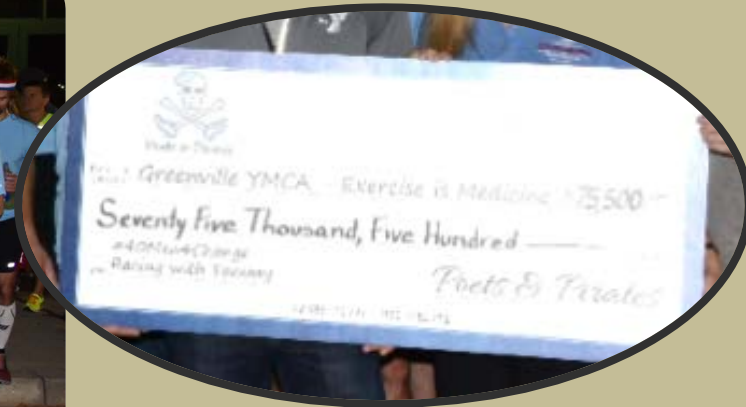
[Find out more about Exercise is Medicine Greenville.](#) Ask your doctor if it's right for your health and wellness needs.

The video thumbnail shows a man in a white lab coat, Bobby Masocol MD, standing in a gym. The text below the video reads: Bobby Masocol MD, EIM Pilot Program Doctor.

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



“Cura te ipsum.”



Student-led organic garden, “Medical Roots: Harvesting Health and Hope”

USCSOMG Distinction Track Information

Recognition

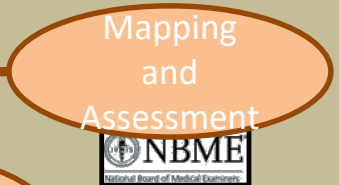
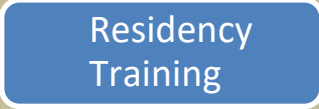
- Performance within the Distinction Tracks will be noted in the student's Dean's Letter and a certificate of completion will be awarded at graduation ceremonies.

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



Jerry Youkey, M.D. and Jennifer L. Trilk, PhD; contributions from Ann Blair Kennedy, DrPH

Lifestyle Medicine Distinction Track Mentors



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.

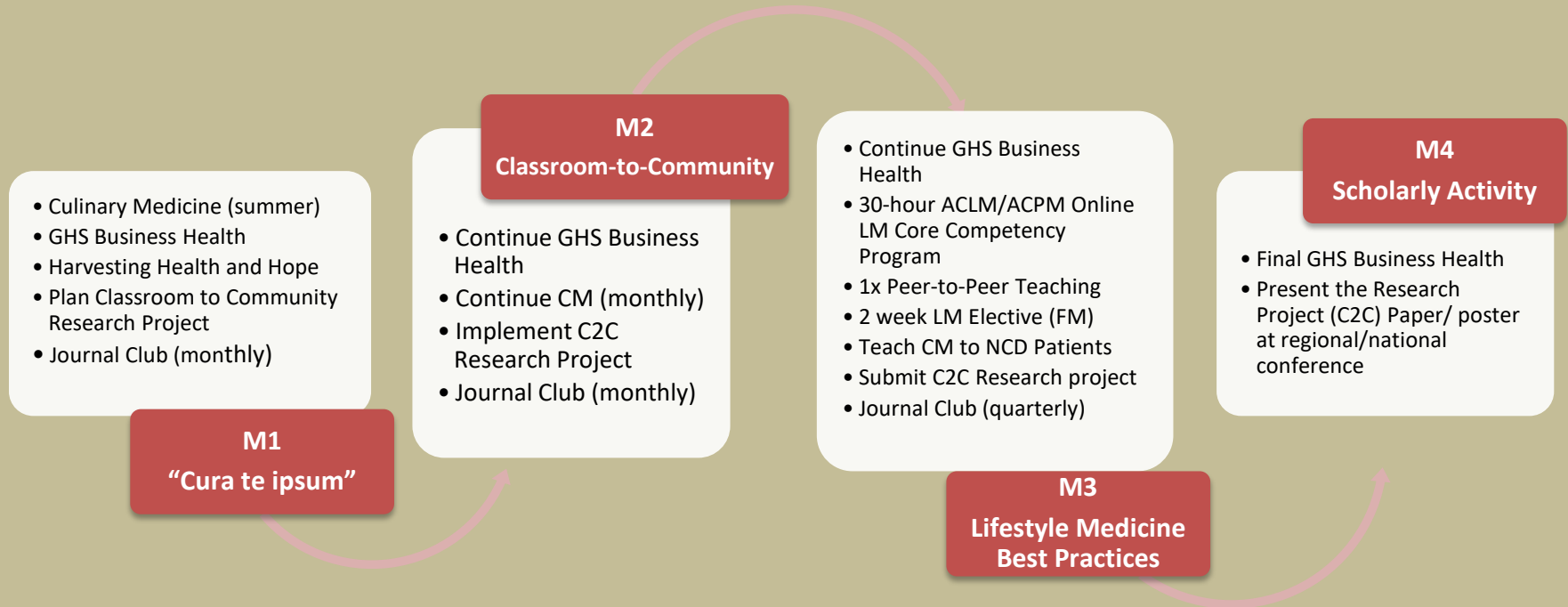
- Associate Professor
- Stroke Prevention



Matthew Tucker, PhD

- Assistant Professor
- Sleep Hygiene

Lifestyle Medicine Distinction Track Curriculum Overview





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



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

- Timeline
 - Deadline for Proposal Form Submission
 - June 15th
 - Approval by June 22nd



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Greenville

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:**
 - I. 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...

Hot New B-School Degrees | The Smart Way to Pick a Law School | Where the Jobs Are Now

US News & World Report

BEST GRAD SCHOOLS

NEW! EXCLUSIVE RANKINGS 2015 EDITION

The Must-Have Guide to Over 1,300 Master's and Ph.D. programs

Chicago Tribune

By Barbara Sadlik
Chicago Tribune

GOOD 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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code blue
redefining the practice of medicine

THE FILM | PRODUCTION TEAM & CREW | MEDIA | CONTRIBUTE | EVENT | JOIN US

Would you change your life to live a longer, healthier life?

code blue provides the prescription to do just that.

Coming 2015

game changers

The project includes footage of medical students learning culinary medicine and growing vegetable gardens, a hospital and a doctor using farms to promote healthy behaviors, a cardiologist walking with patients, a lifestyle medicine physician food shopping with her patients, scientists in research labs, as well as the cooking of patients, medical students, and doctors who walk and run races together to provide exercise.



Medical students in culinary.

We are following the efforts of those who are already implementing initiatives for change, and award-winning reports who are pioneers in the discipline. We will include faculty like **Dr. Dean Ornish** of the University of California, San Francisco, **Dr. David Katz** of the Yale-Griffin Prevention Research Center at Griffin Hospital, **Dr. Neal Barnard** of The Physicians Committee for Responsible Medicine in Washington D.C., **Dr. Caldwell Esselstyn**, formerly a surgeon at the Cleveland Clinic and author of the NY Times best seller *Prevent and Reverse Heart Disease*, **Dr. Elizabeth Frattino** and **Dr. Edward Phillips** at the Institute of Lifestyle Medicine at Harvard Medical School, **Dr. David Sabag** of "Walk with a Doc" program, and **Dr. Jennifer Trilk** at University of South Carolina School of Medicine at Greenville, where they have already integrated a **Lifestyle Medicine** core curriculum. **code blue** explores the questions of how to reshape the current practice of medicine in order to empower both physicians and patients to take control of their personal health outcomes by preventing preventions.

Hot New B-School Degrees | The Smart Way to Pick a Law School | Where the Jobs Are Now

US News & World Report

BEST GRAD SCHOOLS

NEW! EXCLUSIVE RANKINGS 2015 EDITION

The Must-Have Guide to Over 1,300 Master's and Ph.D. programs

Lifestyle Medicine at the USC School of Medicine Greenville

Every medical school is different in terms of values, missions, goals, expectations of its students, and learning environment, as well as the unique elements or traditions that define the school. *Academe* features academic 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 as lifestyle medicine, into all four years of their curriculum, becoming the first in the country to do so. In 2015, lifestyle medicine will become a track of distinction at the medical school.

It's 5:15 p.m. on a Wednesday, and since it's sunny out, students are flocking 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 enjoy.

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 integration of lifestyle medicine research, nutrition, 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 progress 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 Blakely. "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 time to work out and I think it helps me study more efficiently and test off some stress."

In 2015, lifestyle 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 lifestyle medicine-related research. To develop wellness plans for patients that incorporate lifestyle 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 one track creation and implementation, as well as fostering the 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-founded and currently co-directs the Lifestyle Medicine Education Collaborative, an initiative that provides resources and guidance to other schools that want to incorporate lifestyle medicine into their curricula.

Health » Exercise: It's what the doctor ordered

Writing the script

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

Related Article: How workouts give your brain a boost

"Right from the beginning, we taught exercise physiology and exercise as medicine across all four years 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.

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 well-known 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."



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EDUCATION COLLABORATIVE

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.

Lifestyle Medicine Education
Leading the Charge on the Swamp Rabbit Trail

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	Behavior Change
Nutrition	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

LMEd
LIFESTYLE MEDICINE
EDUCATION COLLABORATIVE

LEADERSHIP GUIDANCE & RESOURCES

ADVANCING THE ADOPTION
AND IMPLEMENTATION OF
LIFESTYLE MEDICINE CURRICULA
THROUGHOUT MEDICAL EDUCATION

lifestylemedicineeducation.org

- Integrating Lifestyle Medicine into U.S. Medical School Curricula
- Representation from:



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

HOME | ABOUT | CHAMPIONS OF CHANGE | CURRICULAR RESOURCES | **MENTORING MAP** | WEBINARS | NEWS | FAQ

LMEd Reach

Below you will find a map of all medical schools in the United States. LMEd has shared Lifestyle Medicine curricular information with the schools designated by a blue marker.

The screenshot shows a Google My Maps interface titled "LMEd Mentoring Map". The map displays the United States with numerous blue star markers indicating medical schools reached by LMEd. The markers are distributed across all states, with a higher density in the Northeast and Midwest. The map includes state names, major cities, and a search bar at the top. The bottom of the map shows the Google My Maps logo and map data information.

Dissemination, Networking and Advancing LMed Mission

2016

**Lifestyle
Medicine
Education
Summit**

Greenville, SC



October 7-9

Visit www.LifestyleMedicineEducation.org

Sign up for the Newsletter, Social Media, Mentoring
Toolbox, Webinars, and annual “Champions of
Change” Workshop

Text “LMed” to 444999 to join the mailing list

Email: INFO@LifestyleMedicineEducation.org

lifestylemedicine 2017
Transforming Health. Redefining Healthcare.

OCT 22

Champions of Change Workshop in Lifestyle Medicine
Lifestyle Medicine Education Collaborative "LMed"

DESCRIPTION	THE DATE
	On Sun, 22 Oct 2017 At 9:00AM - 5:00PM
<p>In association with the American College of Lifestyle Medicine 2017 Conference in Tucson, Arizona</p> <p>This professionally facilitated, hands-on workshop will be led by LMed directors, Edward Phillips, MD, Jennifer Trilk, PhD, and Dennis Muscato, MS.</p>	

**lifestyle
medicine**
Real Health
Care Reform **2018**

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



VI Congreso Internacional de Educación Médica



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

Presentation template by [SlidesCarnival](#)



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