




CME/CE/MOC Offering

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Lifestyle Medicine Core Competencies: 2022 Update

Abstract: *The lifestyle medicine core competencies were developed by a committee of physicians from several medical specialties to provide guidance on the knowledge and skills needed for physicians to provide high quality lifestyle interventions that optimize chronic disease outcomes. These competencies were published in the Journal of the American Medical Association (JAMA) in 2010 and used as the foundation for the first lifestyle medicine course and for the lifestyle medicine board certification examination. In the ensuing years, interest in the field and application has expanded to a variety of health professionals. With evolution of the lifestyle medicine evidence-base, the competencies have been updated. This article sums up the changes in their organization and content. Regular updates are anticipated to align with the ongoing scientific studies and evolution of the field.*



Keywords: lifestyle medicine; competencies; prevention; behavioral medicine; chronic disease treatment

Introduction

In 2010, a publication titled *Physician Competencies for Prescribing Lifestyle Medicine* was published as

a commentary in the Journal of the American Medical Association (JAMA).¹ This inaugural paper defined the original core competencies for lifestyle medicine physicians. The competencies were developed to provide guidance to physicians, defining lifestyle medicine, and outlining the knowledge and skills

and the practice of lifestyle medicine has been further defined by the variety of health practitioners, such as physician assistants, nurses, nutritionists, and medical fitness professionals, engaged in lifestyle interventions as treatment.^{2,3} The evolution of the field called for an update of the original competencies.

 “The revised lifestyle medicine competencies maintain the modality format of the original 2010 competencies.” 

needed for physicians to provide high quality lifestyle interventions that optimize chronic disease outcomes with effective, efficient, and accessible care. The first lifestyle medicine course based on these competencies for physicians, the Lifestyle Medicine Core Competencies course, soon followed, and later, it was used for training other health professionals. The American Board of Lifestyle Medicine (ABLM), the independent certification body, subsequently established the certification examination based on these competencies. The field of lifestyle medicine has grown rapidly

Objectives

The objective of the project was to update the scope and detail of the original lifestyle medicine core competencies outlined in 2010 as guidance for high quality lifestyle medicine practice and as the foundational content for the ABLM certification examination.

Methods

The update committee met virtually for 5 meetings of 1 hour each. The majority of discussion took place during the virtual

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meetings, with additional email communication between meetings. The chair of the panel provided the questions ahead of time and took notes during the meeting. A consensus-based discussion and group-editing process took place in real time based on expert opinion. The original set of competencies (15) was expanded and revised to include 20.

Summary of Updates

The revised lifestyle medicine competencies maintain the modality format of the original 2010 competencies. This format allows for efficiency in setting forth competencies that cut across the modalities, such as fundamentals of behavior change and key clinical processes. Where educational goals require a modality, organ-systems, or disease-based framework, the competencies can be expanded to align with those frameworks. The competencies were rephrased for clarity and to align with Bloom's taxonomy of action-oriented learning objectives.

The competencies focus on enduring clinical knowledge and skills and do not address evolving or globally/regionally divergent models of care and business administrative mechanisms of practice. The exception to the focus on clinical practice is the inclusion of leadership and advocacy skills, such as knowledge of the impact of lifestyles on planetary health. The review committee sets forth the latter as relevant and essential to our health and survival. The eight sections of the expanded competencies were condensed and reordered for more logical flow. A few areas were called out as separate competencies.

The original 2010 competencies were updated with the following changes:

The "Introduction to Lifestyle Medicine" section has a new

competency related to the prevalence and cost burden of lifestyle-related diseases. Several competencies regarding the therapeutic alliance were added to the section "Fundamentals of Health Behavior Change," and a few were relocated from other sections.

Under "Key Clinical Processes in Lifestyle Medicine," a competency was added regarding the comparison of lifestyle medicine with medication treatment. The section "The Role of the Practitioner's Personal Health and Community Advocacy" has competencies called out on the therapeutic alliance and the role of lifestyle medicine in promoting personal practitioner resiliency and reducing burnout.

The "Sleep Health Science and Interventions" section became a separate competency on sleep hygiene assessment. Under the "Role of Connectedness and Positive Psychology," a competency was added regarding the activities that increase physical, mental, and emotional flourishing. Although a consistent term has yet to be identified, the latter has also been referred to as positive health—a state of health beyond that achieved by addressing traditional risk factors such as eating patterns, physical activity, and sleep.

The core competency domain "Management Skills" was renamed as "Service Delivery." The domain "Office and Community Support" was renamed "Systems Support," and a new category of core competencies, "Therapeutic Alliance," was added. Some competencies were condensed and/or merged where overlap or duplication was found. Otherwise, the basic intent and content has been preserved.

Lifestyle Medicine Core Competencies

Note: Nine of the 88 competencies listed below may be outside the

scope of practice of non-provider healthcare practitioners. These competencies have been identified with an asterisk (*).

- A. Introduction to Lifestyle Medicine
 1. Discuss lifestyle medicine and its unique role in healthcare practice
 2. Describe the lifestyle medicine core competencies as identified by a national consensus panel
 3. Compare and contrast lifestyle medicine with other fields of health and medicine
 4. Summarize the scientific evidence that shows health behaviors are associated with key health outcomes
 5. Describe the evidence showing that lifestyle interventions effectively impact disease pathophysiology
 6. Describe the priority of lifestyle medicine in the spectrum of treatment algorithms for chronic, lifestyle-related diseases across the lifespan
 7. Discuss the prevalence and associated cost burden of lifestyle-related disease, such as hyperlipidemia, cardiovascular disease, prediabetes, diabetes, hypertension, obesity, and cancer
 8. Explain the impact of lifestyle choices on planetary health and sustainable living
- B. The Role of the Practitioner's Personal Health and Community Advocacy
 1. Examine scientific evidence that suggests practitioners who practice healthy lifestyles are more likely to offer counseling,

- serve as role models, and improve patient outcomes
2. Develop a culture of leadership by modeling personal health behaviors
 3. Describe strategies for incorporating personal wellness for practitioners into clinics, medical offices, or other healthcare settings, including wellness programs
 4. Examine essential practitioner characteristics and practices that increase the capacity and impact of the therapeutic alliance
 5. Integrate personal readiness assessments and lifestyle action plans into sustainable life patterns for practitioners
 6. Explore the role of lifestyle medicine in promoting personal practitioner resiliency and reducing burnout
 7. Advocate for lifestyle medicine directly with patients and their families, as well as policy and decision makers within the community
- C. Nutrition Science, Assessment, and Prescription
1. Assess food intake patterns and nutrients of deficit and excess
 2. Analyze food labels for the health impacts of ingredients
 3. Discuss commonalities and key messages of global dietary guidelines.
 4. Summarize the health impact of prominent dietary patterns, including plant predominant and non-plant predominant patterns
 5. Describe how the level of processing in a food affects health and discuss the evidence base for these effects
6. Describe the practice of culinary medicine and its role in sustainable healthy eating behavior
 7. Summarize the major studies of nutrition in the prevention, treatment, and reversal of hyperlipidemia, cardiovascular disease, prediabetes, diabetes, hypertension, obesity, and cancer
 8. Apply nutrition prescriptions based on science that shows how nutrition can address the pathophysiology of most chronic diseases, including inflammation, oxidation, glycosylation, epigenetic expression, and the microbiome*
 9. Demonstrate the ability to write evidence-based nutrition prescriptions*
 10. Describe indications for referral to a lifestyle medicine trained registered dietician to translate and further personalize nutrition prescriptions
- D. Physical Activity Science, Assessment, and Prescription
1. Discuss the aerobic, strength, flexibility, and balance components of physical activity
 2. Examine the evidence and pathophysiology between physical activity components and health outcomes
 3. Describe the benefits of physical activity in preventing or treating disease in special populations, such as healthy older adults, pregnant women, children and adolescents, persons with obesity or disability, cardiovascular disease, diabetes, cancer, disability, and stroke
4. Summarize the role of physical activity guidelines
 5. Integrate key physical activity assessment tools into clinical practice
 6. Define fitness terminology relevant to writing exercise prescriptions
 7. Integrate evidence from relevant physical activity literature into treatment protocols for management, remission, or reversal in patients with diabetes, cancer, cardiovascular, and cerebrovascular disease*
 8. Describe indications for referral to health fitness professionals
 9. Develop physical activity prescriptions appropriately modified for special populations, such as healthy older adults, pregnant women, children and adolescents, persons with obesity or disability, cardiovascular disease, diabetes, cancer, disability, and stroke*
- E. Sleep Health Science and Interventions
1. Describe sleep's role with health and chronic disease pathophysiology
 2. Perform sleep assessments to identify patients with insufficient or poor-quality sleep
 3. Summarize lifestyle-based interventions that can improve sleep health
 4. Assess the risk for common sleep disturbances, such as obstructive sleep apnea, chronic insomnia, and restless legs syndrome, and refer to sleep specialists when applicable
 5. Describe the indications for referral to a sleep

specialist or for a sleep study to assess for sleep apnea

6. Describe indications for referral to a program or specialist in cognitive behavior therapy for insomnia

F. Treating Tobacco Use Disorder and Managing Other Toxic Exposures (Including Vaping, Alcohol Use, and Other Illicit Substances)

1. Describe the health effects of tobacco, alcohol, and other frequently used substances and the benefits of cessation
2. Apply patient screening tools for substance use
3. Create patient-centered substance use treatment plans using practice guidelines and behavioral interventions*
4. Summarize the diagnostic criteria for common substance use disorders
5. Integrate behavior therapy with pharmacotherapy for tobacco and other substance use disorder plans, and refer to a substance use disorder specialist when indicated*
6. Apply the United States Preventive Services Task Force guidelines for patients with tobacco use disorder

G. Key Clinical Processes in Lifestyle Medicine

1. Integrate lifestyle vital signs into components of the patient history and physical exam
2. Analyze and implement evidence-based clinical practice guidelines relevant to lifestyle medicine for prevention, treatment, and reversal of chronic diseases*

3. Describe the treatment of disease with the lifestyle medicine pillars as compared with medication

4. Demonstrate how to screen, diagnose, treat, and monitor a lifestyle-related disease and provide lifestyle medicine-focused anticipatory guidance*

5. Discuss strategies for a clinical practice to access and implement use of local, national, and global resources

6. Describe the key strategies for leveraging inter-professional teams to enhance health behavior change interventions

7. Examine how group visits and telehealth can optimize lifestyle medicine treatment encounters

8. Create and utilize data from office systems, such as electronic health records with lifestyle medicine guidance, in clinical decisions and care, including tracking screening frequency, test results, referrals, and recommended follow-up

9. Analyze the evidence for collaborative and chronic care models on improved lifestyle outcomes

10. Discuss successful primary care and office-based models for lifestyle modification

11. Design a quality improvement project for lifestyle medicine clinical practice, using tools, such as Plan-Do-Study-Act (PDSA) cycles

12. Explain principles of evidence-based

medicine and their application to lifestyle medicine

13. Describe methods of assessing effectiveness of interventions, such as patient activation measures and the therapeutic alliance measures

H. Fundamentals of Health Behavior Change

1. Summarize health behavior change theories, such as the health belief model, the social learning theory, and the transtheoretical model (TTM), and their application to lifestyle medicine practice

2. Demonstrate key elements of conducting a patient assessment within the TTM and collaborate to develop stage-matched responses

3. Apply the process of building effective and therapeutic alliances with patients that foster their personal growth

4. Explain how to collaborate with your patients to promote health behavior changes

5. Apply motivational interviewing, cognitive behavioral, health coaching, and positive psychology techniques

6. Summarize the evidence to support the use of behavior change techniques in clinical practice

7. Use the skills of open inquiry, reflections, and empathy to develop and maintain a therapeutic alliance

8. Describe the impact of positive emotions on the success of health behavior change

9. Develop patient-centered, written action plans based on the appropriate stage of change of the TTM
 10. Summarize the process of follow-up for ongoing lifestyle change progress, including building patient self-efficacy and relapse prevention
 11. Describe the factors that support sustained behavior change
 12. Explain the role of family and other support to initiate and maintain health behavior change
 13. Manage disruptions to the therapeutic alliance
 14. Identify patient resources for sustainable behavior change in relation to the pillars of lifestyle medicine
- I. Emotional and Mental Health Assessment and Interventions
1. Apply screening tools for stress, depression, and anxiety in clinical practice
 2. Explain the relationship and pathophysiology between emotional and physical health
 3. Summarize the nature of stress, the role of stressors, such as adverse child experiences, and identify manageable elements of pathogenic stress reactions
4. Describe and utilize evidence-based and patient-centered mental and emotional health, including self-management and resilience-building techniques
5. Analyze the clinical relevance and evidence base for mindfulness-based stress reduction (MBSR) and related stress management strategies
 6. Manage treatment plans for lifestyle-related mental health diseases, such as depression and anxiety*
 7. Describe indications for referral to mental health professionals (versus when clinically indicated)
 8. Apply mindfulness skills to enable presence, clarity, and curiosity in the clinical encounter
- J. The Role of Connectedness and Positive Psychology
1. Apply positive psychology in health behavior change counseling
 2. Describe how positive psychology strategies support achieving and sustaining healthy behaviors
 3. Compare and contrast eudaimonia and hedonia, and explain their effect on physical health, including longevity
4. Describe how social connectedness and social networks effect emotional well-being, physical health, and longevity
 5. Summarize the deleterious and positive effects social media has on emotional well-being and flourishing
 6. Explain the relationship among the lifestyle pillars, positive emotions, and flourishing
 7. Describe positive psychology activities that can boost emotional well-being and flourishing

Application

The updated 2022 Lifestyle Medicine Core Competencies will be used by the American Board of Lifestyle Medicine as standards for the certification examination, as well as by the field of lifestyle medicine in general as guideposts for development of training and high quality clinical practice. This update advances the competencies to provide more detail and to add new areas of lifestyle medicine practice, offering more robust guidance. Future updates are anticipated to continue to align with the latest scientific literature and practice developments in the field globally.³

CME/CE Article Quiz

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Instructions.

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2. A Passing score of 80% or higher is required in order to be awarded the CME/CE credit.

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