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Title

Implementing a curriculum for Lifestyle Medicine application activities in a family medicine residency program

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Introduction

Lifestyle Medicine is a growing field in medicine that focuses on prevention and treatment of chronic disease through the six pillars of lifestyle medicine. To facilitate learner interest in the field, the American College of Lifestyle Medicine developed the Lifestyle Medicine Residency Curriculum (LMRC) in 2018, and residents who complete the LMRC are board-eligible in Lifestyle Medicine.¹ One component of the LMRC includes "application activities" that challenge the learner to embody the core tenants through activities such as recipe-making, exercise classes, and group reflections. These application activities are designed not only to better prepare learners for patient interactions, but also to improve the learners own relationship to the six pillars of Lifestyle Medicine. To facilitate completion of this portion of the LMRC, our residency program sought to implement a modified curriculum accessible to residents in the Lifestyle Medicine Area of Concentration (AOC).

Curriculum development (ie Data/Method): Our program implemented a modified application activities curriculum from the LMRC using the six steps of curriculum development.² We performed a brief needs assessment with enrollees of the Lifestyle Medicine AOC, which revealed broad interest in focusing sessions on group activities. We then created a modified curriculum by assessing which topics in the application activities were best suited to group work and created a schedule for nine separate sessions from February 2024 - June 2024. At least one attending physician involved in the AOC volunteered to facilitate each session. Sessions were held virtually in the evenings outside of traditional work hours. During implementation, we measured resident attendance at sessions as our primary endpoint and used completion of the LMRC as our secondary endpoint.

Outcomes (ie Results)

Eight of the nine planned sessions were held throughout the implementation of this curriculum. One session was cancelled as no residents were in attendance. Session topics were wide-ranging and based on information from a majority of the fundamental modules comprising the LMRC. While there were 16 residents enrolled in the LMRC, the majority of sessions had 2-3 residents and one attending physician in attendance. At the end of the 2023-2024 academic year, no residents had completed the LMRC.

Significance

We successfully implemented a modified LMRC application activities curriculum in our residency program. The curriculum provided a dedicated space for individuals interested in Lifestyle Medicine to connect with one another, share ideas, and discuss how the application activities may fit into their own lives and the lives of their patients. However, turnout in our sessions was low, which may be attributed to the timing of sessions (evening sessions instead of during work hours) or the virtual context of the sessions. In addition, despite implementation of the curriculum, no family medicine residents completed the LMRC. Future directions will involve redesigning the modified

curriculum to have a more learner-centered approach, in particular by obtaining resident feedback to improve turnout and to assess resident barriers for LMRC completion.