

Integrating Lifestyle and Preventive Medicine into Undergraduate Medical Education

Pathway 1: What has to happen to realize change?

Medical School Administration and Leadership

- Encourage lifestyle medicine (LM) and preventive medicine (PM) content into undergraduate medical education (UME) curriculum.

- Deans hire or train faculty to be proficient in LM/PM content.

- Accreditation bodies require LM/PM content in UME curriculum.

- National Board of Medical Examiners (NBME) subject examinations and U.S. Medical Licensing Examinations (USMLE) include LM/PM content.

Medical School Faculty

- Assess curriculum to ensure LM/PM content is incorporated.

- Include LM/PM training and content on behavior change, nutrition, sleep, stress management, social connectedness and substance abuse to address preventable diseases.

- Seek available resources to fill gaps.

- Engage students to discern knowledge of LM/PM content in behavior.

**PHYSICIANS
EQUIPPED
TO MEET
POPULATION
HEALTH
NEEDS**

Pathway 2: What are the outcomes and measures of success?

Curriculum

- Medical school curriculum includes LM/PM content to address preventable diseases.

- UME offers training in LM/PM to address social determinants of health.

- Evidence-based content supports health equity and public health needs.

Medical Community and Physician Workforce

- Physicians have skills, knowledge and acumen required to amplify healthy patient outcomes.

- Medical community understands LM/PM elements to improve health.

- Physicians access evidence-based tools and resources to enhance LM/PM knowledge and skills.

Policy

- Medical societies, medical schools and students, government agencies, private and public health organizations embrace LM/PM integration in UME.

- Accreditation standards include LM/PM.

- Payment models reimburse LM/PM services.

