Integrating Lifestyle and Preventive Medicine into Undergraduate Medical Education

Pathway 1: What has to happen to realize change?
- Medical School Faculty
  - Assess curriculum to ensure LM/PM content is incorporated.
- 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 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.
- 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.

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.
- 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.

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