Integrating Lifestyle Medicine Competencies into a M3 Family Medicine Clerkship: Student Perceptions and Health Habits

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INTRODUCTION

- Unhealthy lifestyle behaviors such as tobacco use and poor dietary habits are the leading cause of death in our country (Lianov & Johnson, 2010[4]), and yet most physicians report low self-efficacy in providing lifestyle behavior-related counseling to patients (Fogelman et al, 2002[1])
- Most medical schools and residency training do not adequately train to provide such counseling (Jay et al, 2008[3]). However, evidence suggests medical school is an ideal time for encouraging or maintaining personal provider health in order to serve as a role model for patients as well as other medical staff (Frank, Hedgecock, & Elon, 2004[2]).
- The goal of this project is to implement existing knowledge of healthy lifestyle habits and practices into clinical practice among these groups and therefore both improve patient outcomes as well as medical student, resident, and physician health habits.

METHODS

- **Participants:** M3 students at VTCSOM (N=42, 50% female)
- **Project Methods:** Seven-day self-monitoring of personal health habits, patient case study to apply the science of lifestyle prescriptions, and 3-hour didactic and experiential workshop on nutrition, physical activity, and sleep delivered by inter-professional faculty team
- **Data Collection:** Students receive online survey tool* at their 3rd year orientation and at the end of each Family Medicine block. Survey contains topics including obesity counseling practices, attitudes toward obese patients, personal health habits, and measuring self-efficacy regarding counseling and personal health habits as measure by Likert scale and qualitative responses.

RESULTS

- **Positive changes in attitudes:**
  "Most obese patients will not lose a significant amount of weight"
  Before: Mostly agree; After- mixed
  "Most obese patients could reach a normal weight if motivated to do so"
  Before: Most disagree; After- mixed
  "Physicians should be role models by maintaining a normal weight"
  Before: Most agree somewhat; After- Most strongly agree
- **Statistically-significant changes (p</= .05):**
  "I feel that I will be successful in treating patients for obesity." (p=.002)
  "I feel qualified to treat obese patients." (p=.005)
  "Obesity is a treatable condition." (p=.033)
  "In most cases, I believe obese patients' health will improve when physicians counsel them about weight management." (p=.05)
  "I feel competent in prescribing weight loss programs for obese patients." (p=0.33)
- **Qualitative feedback:**
  Workshop topics could and should have their own workshop day (nutrition, exercise, sleep)
  More information requested on exercise and counseling patients on exercise habits
  Modifying sleep habits, eating patterns, and being more physically active as result of participating in workshop

DISCUSSION/CONCLUSION

- Survey responses suggest meaningful influences on attitudes toward and self-efficacy on counseling obese patients on weight loss after workshop participation.
- Pilot offers a more comprehensive presentation of content and opportunities for personal reflection and discussion than previous clerkship activities.
- Additional curriculum design and assessment needed to fully integrate lifestyle medicine competencies.

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