

Weighting of focus for the IBLM/BSLM certification exam 2019

- Introduction to Lifestyle Medicine (4%)
- The Role of Physician Health and the Physician's Personal Health (4%)
- Key Clinical Processes in Lifestyle Medicine (8%)
- Fundamentals of Health Behavior Change (10%)
- Nutrition Science, Assessment and Prescription (26%)
- Physical Activity Science and Prescription (14%)
- Sleep Health Science and Interventions (8%)
- Emotional and Mental Well-Being, Assessment and Interventions (10%)
- The Role of Connectedness and Positive Psychology (8%) **NEW from 2019**
- Managing Tobacco Cessation and Other Toxic Exposures (8%) **NEW from 2019**

Board certification exam topics 2017

1. Introduction to Lifestyle Medicine

- Define Lifestyle Medicine (LM) and describe the unique role of LM
- Describe the LM core competencies as identified by a national consensus panel
- Understand the importance of LM in treating nation's lifestyle disease burden
- Understand the role of behavioural determinants of positive health outcomes
- Cite the scientific evidence that demonstrates the association of unhealthy behaviours as key to health outcomes.
- Compare and contrast to other fields of health and medicine
- Understand the place and priority of LM in the spectrum of treatment options for chronic (lifestyle-related) diseases.
- Understand the efficacy of LM and its impact on disease pathophysiology

2. Fundamentals of Health Behaviour Change

- Demonstrate key elements of conducting patient readiness assessment and stage-matched responses
- Describe the process of building effective relationships with patients
- Apply motivational interviewing, cognitive behavioural and positive psychology techniques.
- Develop a written action plan based on the treatment prescription adjusted for the appropriate stage of change
- Describe strategies for helping patients maintain healthy behaviours
- Cite at least three health behaviour change theories and their potential applications to practice
- Understand the 5 As and how to incorporate them into the office visit
- Identify two key constructs for effective, sustainable self-management
- Describe process of follow-up for ongoing lifestyle change progress, including building patient self-efficacy
- Demonstrate use of readiness, importance and confidence scales
- List components of relapse prevention planning
- Cite the evidence base for effective coaching that promotes health behaviour change and improves health outcomes.
- Describe how to create relationships with patients which foster their personal growth.
- Describe the role of self-motivation and self-confidence in effective coaching for health behaviour change
- Describe the main stages of the coaching process
- List the coaching questions for each stage of change

3. Key Clinical Processes in Lifestyle Medicine

- A. List components of the patient history and physical with emphasis on lifestyle risk factors
- B. Describe screening and diagnostic tests relevant to lifestyle-related diseases
- C. Describe how to interpret the tests using evidence based national guidelines
- D. Demonstrate how to screen, diagnose and monitor a lifestyle-related condition (case example)
- E. Describe strategies for a clinical practice to obtain information about local community resources
- F. Describe appropriate situations for referring and collaborating with other health professionals (dietitians, health educators, fitness trainers and psychologists)
- G. Describe key strategies for leveraging the interdisciplinary team to enhance health behaviour change interventions
- H. Describe how planned and group visits can optimise office visits to support lifestyle modification
- I. Cite strategies for office systems and office tools for tracking screening frequency, test results and proactively prompting follow-up
- J. List at least three resources available nationally that support health lifestyles/lifestyle change
- K. Describe how office flow can be designed to assure consistent and up-to-date referrals
- L. Cite evidence for collaborative and chronic care models on improved lifestyle outcomes using allied health professionals
- M. Cite examples of team implementation from demonstrated chronic care models
- N. Describe the chronic care model components and how they can be implemented to support lifestyle modification
- O. Describe successful primary care and office-based models for lifestyle modification, such as Prescription for Health
- P. Describe process for health care quality improvement with applications to lifestyle interventions, such as PDSA cycles

4. The Role of Physician Health and the Physician's Personal Health

- A. Cite scientific data supporting that physicians who practice healthy lifestyles are more likely to offer counselling and improve patient outcomes.
- B. Describe strategies for incorporating wellness into clinic, medical office or other health care settings (wellness programs for health providers)
- C. Conduct personal readiness assessment and develop personal action plan
- D. Describe how to conduct effective advocacy on behalf of LM directly with patients and their families, as well as policy makers and decision makers within the community.

5. Nutrition Science, Assessment and Prescription

- A. Understand the dietary guidelines (US) and why they are important, and the science-base that goes beyond guidelines.
- B. Understand the limitations of dietary guidelines
- C. List the food components most Americans get too much of and in which foods they're found
- D. List the shortfall nutrient that American are failing to sufficiently consume and in which foods they're found
- E. Use these criteria to determine which foods are healthiest and which least health-promoting.
- F. Summarise the major nutrition studies and evidence-base for nutrition prescriptions
- G. Understand the science behind making nutrition prescriptions
- H. Demonstrate ability to perform a basic nutrition assessment

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- I. Know how to prescribe nutrition for basic disease processes including inflammation: food patterns / macronutrients, food types / micronutrients, food preparation / oxidation
- J. Summarise nutrition prescriptions for the most common chronic diseases including hyperlipidaemia, diabetes, hypertension, and cancer
- K. Understand the role of nutrition in preventing and treating chronic diseases such as cardiovascular disease
- L. Describe the role of nutrition in preventing, treating and reversing diabetes
- M. Demonstrate ability to make nutrition prescriptions for health maintenance
- N. Describe practical strategies for assisting patients to achieve dietary changes
- O. Cite the prevalence of diabetes and pre-diabetes and the associated cost burden
- P. Describe consequences of intensive medication management
- Q. Describe the Diabetes Prevention Program and its applications
- R. Summarise the major nutrition studies and evidence base for nutrition prescriptions
- S. List at least five examples of nutrition interventions for diseases
- T. Describe the pathogenesis of diabetes
- U. List at least three key epigenetic influencers
- V. Describe the role of epigenetics
- W. Summarise key dietary research on the impact of diet on diabetes
- X. List the major physiologic impacts of plant based diet in the process of diabetes reversal

6. Physical Activity Science and Prescription

- A. Describe the relationship between physical activity (PA) and health
- B. Develop an exercise prescription
- C. Describe the major evidence for the physical activity components (aerobic, strength, flexibility, and balance)
- D. Define physical activity and exercise
- E. List the components of exercise
- F. Describe the US Physical Activity Guidelines for Americans (PAGA)
- G. Understand the role of personal behaviour and role modelling
- H. Understand the use of METS in assessing fitness
- I. Describe the impact of exercise on weight
- J. Identify the minimum and maximum levels of exercise
- K. List key physical activity assessment tools
- L. Describe how to collaborate with your patient to promote physical activity change
- M. Identify resources for sustainable behaviour change
- O. List the components of writing the Exercise Prescription.
- P. Describe the treatment of disease with exercise as compared with medication
- Q. List evidence-based PA recommendations for: healthy older adults, pregnancy, obesity, heart disease, diabetes, cancer, disability, and stroke.

7. Emotional and Mental Well-Being, Assessment and Interventions

- A. Use screening tools for stress, depression and anxiety
- B. Understand relationship between emotional distress and poor health
- C. Describe provider role in facilitating patients' emotional wellness
- D. Point indicators in lieu of indications, for referral to a mental health professional
- E. Understand depression as a comorbidity for diabetes and coronary artery disease
- F. Demonstrate ability to manage depression and anxiety in patients with comorbidities

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- G. Describe the components of emotional wellness self-management
- H. Understand the role of positive psychology and its use in lifestyle medicine
- I. Understand the nature of stress and identify manageable elements of pathogenic stress reactions
- J. Report how mindfulness-based stress reduction (MBSR) contributes to medicine and healthcare
- K. Report how skills of MBSR can help patients intervene in stress reaction and better care for themselves.
- L. Describe the integral and essential elements of MBSR
- M. List conclusions from salient research in MBSR
- N. Describe mindfulness skills that enable presence, clarity, and curiosity in the clinical encounter
- O. Identify the benefits of physician empathy, attunement and resonance in the clinical encounter

8. Sleep Health Science and Interventions

- A. Understand sleep's role in health and chronic disease
- B. Identify lifestyle-based activity, dietary, environmental, and coping behaviours that can improve sleep health
- C. Identify 2+ lifestyle adjustments related to light exposure and meal composition and timing that support improved sleep
- D. Identify key factors that differentiate patient subpopulations with insufficient or poor sleep quality
- E. Understand the role of light exposure and endogenous melatonin in sleep health

9. Fundamentals of Tobacco Cessation and Managing Risky Alcohol Use

- A. Summarise the evidence-based literature on tobacco cessation interventions
- B. Demonstrate ability to assist patients to develop and implement plans for tobacco cessation
- C. Understand the role of moderating alcohol use in preventing and treating chronic diseases
- D. Demonstrate ability to assist patients to develop and implement plans for avoiding risky alcohol use
- E. Describe the health effects of tobacco use
- F. List at least five recommendations on tobacco cessation by the US Public Health Service
- G. Understand the role of tobacco cessation in preventing and treating chronic disease
- H. Summarise the evidence-based literature on tobacco cessation interventions
- I. Demonstrate ability to assist patients to develop and implement plans for tobacco cessation
- J. Understand the role of moderating alcohol use in preventing and treating chronic diseases
- K. Describe the clinic process for screening for alcohol misuse
- L. Summarise the evidence-based literature on alcohol misuse interventions
- M. Demonstrate ability to assist patients to develop and implement plans for avoiding risky alcohol use

10. Weight Management

- A. Review medical risks associated with overweight and obesity
- B. Understand AHA/ACC/TOS 2013 Guidelines for clinical management of obesity with lifestyle therapy
- C. Focus on essential elements of successful program design
- D. Understand the complex aetiology of obesity and the resulting consequences on morbidity and mortality
- E. Describe practical outcomes of lifestyle interventions in preventing and treating obesity
- F. Implement four main components of weight management skills within clinical practice: behaviour change, nutrition, physical activity, and psychosocial support.