BROOKFIELD MODEL OF DEVELOPING PHYSICIANS’ CAPACITY IN LIFESTYLE MEDICINE THROUGH BLENDED LEARNING

by

DR IFEOMA MONYE

FACG, DGANVIM

Founding President: SOCIETY OF LIFESTYLE MEDICINE OF NIGERIA

Chair, AFRICAN LIFESTYLE MEDICINE ASSOCIATION

Director BRITISH SOCIETY OF LIFESTYLE MEDICINE (BSLM)

BSLM 3rd Annual Lifestyle Medicine 2019

Science & Art of Healthy Longevity

Cardiff, UK

June 22, 2019

DISCLOSURE

• Founder of the Brookfield Centre for Lifestyle Medicine (BCLM), 2014.
• Consultant to NextGenU.org and involved with LSM curriculum development and implementation.
• The Brookfield Centre for Lifestyle Medicine is in collaboration with the NextGenU.org to deliver the Online Certification Course in Lifestyle Medicine.

OBJECTIVES

• To highlight the journey of LSM in Nigeria and Africa so far: Challenges and Successes
• To illustrate the five-way model adopted by BCLM to tackle the challenges
• To highlight the progress of the two cohorts of clinicians in training.
• To share lessons learnt from the cohorts so far and next steps.
• To invite further collaborations in LSM Education and training.
HEALTHY DOCTOR- HEALTHY PATIENT

- Physicians who practice healthy lifestyles are more likely to offer counseling and improve patient outcomes (1,2).
- Physicians have difficulty counseling on health behaviors they struggle with themselves (3).
- Patients perceive physicians who disclose their personal health practices as being more credible and motivating (4).
- The first step in fostering a healthy office culture is encouraging physicians to be fitness role models (5).

BROOKFIELD MODEL OF DEVELOPING PHYSICIANS’ CAPACITY IN LIFESTYLE MEDICINE

- The Brookfield Centre recognizes it is the first Centre for lifestyle medicine in Africa and as such appreciates the enormity of the issues involved.
- Broadly, the issues were identified at two levels:
  - The present strong traditional and orthodox beliefs in both phyto medicine and the so-called Big-pharma therapies, or orthodox medicine.
  - The absence of formal training and orientation of personnel in lifestyle medical practice.
  - The then absence of a Society of LSM.

BACKGROUND

- The Brookfield Centre recognizes it is the first Centre for lifestyle medicine in Africa and as such appreciates the enormity of the issues involved.
- Broadly, the issues were identified at two levels:
  - The present strong traditional and orthodox beliefs in both phyto medicine and the so-called Big-pharma therapies, or orthodox medicine.
  - The absence of formal training and orientation of personnel in lifestyle medical practice.
  - The then absence of a Society of LSM.
NCDs are a leading cause of mortality according to the WHO
LMIC are affected with the double burden of disease.
Poor lifestyle choices will account for 2/3 of global mortality by 2020.
The correlation between lifestyle choice and longevity is poorly known and undocumented in Africa
A widespread belief that medicines are the only solution to disease conditions.

Majority of the African populace rely on traditional healers
Many who depend on orthodox medicine use cheap generic knock offs
The strong belief of the African populace in spiritual aetiology of disease
Absence of formal institutions for the study of lifestyle medicine
Absence of a Society of LSM in Nigeria and in Africa as a continent
PLAN DEVELOPMENT and IMPLEMENTATION

• Started Society of LSM of Nigeria (SOLONG) in 2017; a member of LMGA
• We are re-educating medical personnel and the local populations.
• The pioneer trained personnel become trainers and mentors
• Population demographic mappings are being updated to aid evidence based research.
• Lifestyle disease patterns in Africa are being researched.
• Advocacy with key stakeholders and implementation of LM based programs have commenced in Nigeria.

AIMS

• To increase the critical mass of Clinicians trained and knowledgeable in LSM
• To enable participants within the Lifestyle Medicine course have an interactive forum to learn, share ideas on how to improve on their current knowledge of lifestyle medicine and lifestyle medicine practices.
• To create an environment to practice and participate in peer activities, course summaries and group discussions on the various course modules.
• To ensure adequate supervision and support for all students through mentorship.
• To prepare candidates for the Board Certification exams
• To prepare Clinicians to practice LSM in their daily medical practice

CRITERIA FOR PARTICIPATION

• Licensed Clinicians
• Have a minimum of 2 years of practice, post-graduation.
• Currently practising in a health establishment with regular patient contact.
• Have access to at least one of these Lifestyle Medicine Curriculum: NextGenU.org, Lifestyle Medicine Core Competencies, Lifestyle Medicine Foundation, Harvard Lifestyle Medicine Online Courses, etc.
• Be ready to fully participate in course group discussions and activities.
• Meet up with deadlines for submission of course assignments.
• Have a valid email address for registration.
• Have access to uninterrupted internet access and a computer or smart phone.
COHORT TRAINING

- First cohort 2018
- Second cohort started April 2019
- BCLM model; didactic, flipped class, mentorship, tutelage

CLASS OF 2018

- 23 course participants comprising of practicing Medical and Nursing Professionals across different Specialties in Medicine and Nursing.
  - Majority of the participants were within ages 25 – 44 years (65.2%), 21.7% were within ages 25 – 34 years, 6.7% were within ages 45 – 54 years and only 0.4% were aged less than 25 years.
  - 6 (26.1%) Males and 17 (73.9%) Females spread across various departments in Medicine and Nursing.
  - 21 (91.3%) Medical Doctors and 2 (8.7%) Nurses.
  - The specialties of the Medical Doctors include: Internal Medicine (30.4%), Family Medicine (21.7%), Behavioral Science (19.6%), Aesthetics (9.3%).
  - Spread across various states in Nigeria: FCT (65.2%), Lagos (26.1%), Kaduna (4.4%) and Cross River States (4.4%).

CLASS OF 2019

- Thirty-eight (38) registered participants comprising of practicing medical doctors, a nurse and a dietitian.
  - Majority of the participants are within ages 25 – 44 years (50%), 23.7% are within ages 45 – 54, 15.8% are above 55 years and only 10.8% are aged within 25 – 34 years.
  - 11 (29%) Males and 27 (71%) Females.
  - 36 (94.7%) Medical Doctors, 1 (2.6%) Nurse and 1 (2.6%) Dietitian.
  - The specialties of the Medical Doctors include: Family Medicine (58.3%), Public Health (21%), Behavioral Science (15.6%), Internal Medicine (5.6%), Radiology (2.8%) and Aesthetic Medicine (2.8%).
  - Spread across various states in Nigeria: FCT (46.8%), Rivers (18.4%), Lagos (7.8%), Benue (5.3%), Osun (5.3%), Kaduna (2.6%) among others.
### TABLE 1: Frequency distribution of Age of participants

<table>
<thead>
<tr>
<th>AGE IN YEARS</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;25 years</td>
<td>1</td>
<td>4.3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25 – 34 years</td>
<td>5</td>
<td>21.7</td>
<td>4</td>
<td>10.5</td>
</tr>
<tr>
<td>35 – 44 years</td>
<td>15</td>
<td>65.2</td>
<td>19</td>
<td>50.0</td>
</tr>
<tr>
<td>45 – 54 years</td>
<td>2</td>
<td>8.7</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>≥55 years</td>
<td>0</td>
<td>0</td>
<td>6</td>
<td>15.8</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>100</td>
<td>38</td>
<td>100</td>
</tr>
</tbody>
</table>

### TABLE 2: Frequency distribution of Sex of participants

<table>
<thead>
<tr>
<th>SEX</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6</td>
<td>26.1</td>
<td>11</td>
<td>29</td>
</tr>
<tr>
<td>Female</td>
<td>17</td>
<td>73.9</td>
<td>27</td>
<td>71</td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>100</td>
<td>38</td>
<td>100</td>
</tr>
</tbody>
</table>

### TABLE 3: Frequency distribution of Professions of participants

<table>
<thead>
<tr>
<th>PROFESSION</th>
<th>CLASS OF 2018</th>
<th>N</th>
<th>%</th>
<th>CLASS OF 2019</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Doctor</td>
<td>21</td>
<td>91.3</td>
<td>36</td>
<td>94.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>2</td>
<td>8.7</td>
<td>2</td>
<td>5.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dietitian</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>23</td>
<td>100</td>
<td>38</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TABLE 4: Frequency distribution of Specialties of Medical Doctors

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>CLASS OF 2018</th>
<th>N</th>
<th>%</th>
<th>CLASS OF 2019</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Science</td>
<td>8</td>
<td>34.8</td>
<td>2</td>
<td>5.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>7</td>
<td>30.4</td>
<td>2</td>
<td>5.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td>5</td>
<td>21.7</td>
<td>21</td>
<td>58.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aesthetics</td>
<td>1</td>
<td>4.3</td>
<td>1</td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>25</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 4: Frequency distribution of Location of participants

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>COHORT OF CLASS 2018</th>
<th>COHORT OF CLASS 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>FCT</td>
<td>15</td>
<td>65.2</td>
</tr>
<tr>
<td>Lagos</td>
<td>6</td>
<td>26.1</td>
</tr>
<tr>
<td>Cross River</td>
<td>1</td>
<td>4.4</td>
</tr>
<tr>
<td>Diaries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross River</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

METHOD OF LIFESTYLE MEDICINE EDUCATION DELIVERY FOR THE COHORT CLASS OF 2018

- Online
- Duration: 12 weeks
- Period: 15th September to 8th December 2018
- Curriculum from the NextGenU.org
- Flipped class model
- Group discussions held on the WhatsApp course group at the end of each week
- A participant is delegated each week to summarise a module and coordinate the discussion in the WhatsApp group
- Each session lasts for an hour
- Roll call done before and after each group discussion
- Faculty consisted of a course director, course mentor, course coordinator, course administrator, monitor

METHOD OF LIFESTYLE MEDICINE EDUCATION DELIVERY FOR THE COHORT CLASS OF 2019

- Online
- Duration: 35 weeks
- Period: 3rd April to 30th November 2019
- Course is directed by the designated Course Director
- Course Director is supported by two Course Administrators/Coordinators/Monitors
- There are two Course Mentors who are Board Certified in Lifestyle Medicine
- Cohort all members of the Society of LSM
METHOD OF LIFESTYLE MEDICINE EDUCATION DELIVERY FOR THE CLASS OF 2019 CONT’D

• Flipped class model
• Group discussions hold on the WhatsApp course group weekly with each session lasting for an hour
• Two members of the class are facilitators for each module
• Course schedule was published before commencement of the Program for class members to prepare presentations for each module in due time
• PowerPoint Presentations are posted on the group along with at least 10 – 15 research papers to support their presentation
• Roll call done before each group discussion
• Tutelage for 8 weeks at the end of the course

COURSE SCHEDULE FOR THE CLASS OF 2019

<table>
<thead>
<tr>
<th>WEEK</th>
<th>THEME</th>
<th>DURATION</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>INTRO COURSE ORIENTATION - Introduction of Members; Orientation of Mid buyers; CRM Improved Outcome; Introduction of Goals; Monitor &amp; Assessment; Member Satisfaction</td>
<td>1st Week</td>
<td>April 3, 2019</td>
</tr>
<tr>
<td>1</td>
<td>INTRODUCTION TO LIFESTYLE MEDICINE</td>
<td>4th Week</td>
<td>April 30, 2019</td>
</tr>
<tr>
<td>2</td>
<td>FUNDAMENTALS OF HEALTH BEHAVIOR CHANGE - Health Behavior Change Theories; Patient readiness assessment; Motivational interviewing; CBT; Positive Psychology</td>
<td>1st to 4th Week</td>
<td>April 1-4, 2019</td>
</tr>
<tr>
<td>3</td>
<td>HISTORY OF CLINICAL PROCESSES IN LM - Medical history, physical exam, lab and diagnostic tests relevant to LM</td>
<td>1st to 4th Week</td>
<td>May 1-4, 2019</td>
</tr>
<tr>
<td>4</td>
<td>ROLE OF PHYSICIAN HEALTH AND HEALTH IN THE WORKPLACE</td>
<td>1st Week</td>
<td>May 8, 2019</td>
</tr>
<tr>
<td>5</td>
<td>NUTRITION SCIENCE, ASSESSMENT AND PRESCRIPTION - Dietary Guidelines; Basic Nutrition assessment and Guidelines; Nutrition Studies and Evidence Base for Nutrition Recommendation; Nutritional Basis of Whole Food Plant Based Diet</td>
<td>1st to 4th Week</td>
<td>May 11-14, 2019</td>
</tr>
<tr>
<td>6</td>
<td>PHYSICAL ACTIVITY SCIENCE &amp; PRESCRIPTION - Introduction to Exercise Physiology; Exercise Prescription; MET in Assessing Fitness; Physical Activity Assessment Tool; Resources for Sustainable Behavior Change in Patients</td>
<td>1st to 4th Week</td>
<td>June 22-25, 2019</td>
</tr>
<tr>
<td>7</td>
<td>EMOTIONAL AND MENTAL WELLBEING ASSESSMENT AND INTERVENTIONS - Screening Tools for Stress, Depression and Anxiety; Indication for Referral To Mental Health Professional</td>
<td>1st to 4th Week</td>
<td>July 19-22, 2019</td>
</tr>
<tr>
<td>8</td>
<td>SLEEP HEALTH SCIENCE - Physiology of Sleep; Sleep in Health and Chronic Disease; Lifestyle Prescription to Sleep; Stanbrook Sleep Assessment and Rating</td>
<td>1st to 4th Week</td>
<td>August 05-08, 2019</td>
</tr>
<tr>
<td>9</td>
<td>FUNDAMENTALS OF TOBACCO CESSATION AND MANAGING RISKY ALCOHOL USE</td>
<td>1st Week</td>
<td>August 12, 2019</td>
</tr>
<tr>
<td>10</td>
<td>THE ROLE OF CONNECTEDNESS AND POSITIVE PSYCHOLOGY</td>
<td>1st Week</td>
<td>September 16, 2019</td>
</tr>
<tr>
<td>11</td>
<td>WEIGHT MANAGEMENT</td>
<td>1st Week</td>
<td>September 23, 2019</td>
</tr>
<tr>
<td>12</td>
<td>CONFESSIONS/THANKSGIVING</td>
<td>1st Week</td>
<td>November 27, 2019</td>
</tr>
<tr>
<td>13</td>
<td>BOARD CERTIFICATION EXAMS</td>
<td>2nd Week</td>
<td>December 17, 2019</td>
</tr>
</tbody>
</table>
SUCCESS STORIES

• Built capacity as conversations from the group show that Physicians are learning and practicing these principles in their primary medical establishments.

• From the success of the first cohort, more members of the Society of Lifestyle Medicine of Nigeria (SOLONg) are in the second cohort.

• Asian Society of Lifestyle Medicine has adopted this method of learning for training of their first cohort of Physicians for MPH in Lifestyle Medicine using the NextGenU curriculum. Training started June 2019. Course duration is 18 months.

• Local Faculties: On-going discussions with the West African College of Physicians (WACP) and the National College of Physicians of Nigeria for support in starting LSM training.

CHALLENGES & LESSONS LEARNT

• Lack of awareness and skepticism amongst clinicians
• Lack of interest and sometimes resistance from policy makers
• Lack of funds for training: BCLM provides all the administrative support for ongoing trainings: a voluntary service to all participants but comes at a huge cost to BCLM
• Clinicians need training and certification in LSM
• Training should be affordable and accessible to the clinicians

INTERNSHIPS AND SABBATICALS

Invitations are open to professionals in training, undergraduates, graduate students, doctors and all allied health professionals, to participate in the BCLM Internship or Sabbatical opportunities.

Please contact BCLM
REFERENCES


THANK YOU!

BrookfieldHealth

For further information please contact:

- Dr. Ifeoma Monye, Brookfield Health, 2nd floor, Brookfield Clinics, Plot 1167, Cadastral Zone B06, Mabushi District, Abuja, Off Ahmadu Bello Way, opposite Mobil fueling station. (Notable landmarks are the Grand View Estates and Hill Crest Gardens)

+234 (0) 9068305929 +234 (0) 8094266288 +234 (0) 8166430650

www.brookfieldhealth.org, brookfieldcentre4lifestylemed@gmail.com