

# CHRISTIAN MEDICAL COLLEGE VELLORE

DEPARTMENT OF MEDICINE 4  
(LIFESTYLE MEDICINE)

&

DISTANCE EDUCATION UNIT



POST GRADUATE DIPLOMA IN  
LIFESTYLE MEDICINE  
(PGDLM)



PROSPECTUS 2025-26

# PROSPECTUS

2025-26



## **Post Graduate Diploma in Lifestyle Medicine (PGDLM)**

**One-Year Blended Learning Distance Education Course**  
For upskilling MBBS/MD/MS/DM/MCH Doctors and Associates

**ADMISSION TO THIS COURSE IS SUBJECT TO APPLICABLE  
REGULATIONS BY THE CMC ADMINISTRATION**

Admission to CMC VELLORE is through the process described in this prospectus. No fee or donation, or any other payments, are accepted in lieu of admission, other than what has been prescribed in this prospectus.

Therefore, the General Public is cautioned not to be lured by any person/persons offering admission to any of the courses conducted by CMC. Should any prospective candidate be approached by any person/persons, this may immediately be reported to the law enforcement agencies for suitable action and also brought to the notice of the College at the following address:

**Distance Education Unit,**  
Christian Medical College,  
No. 95, Balanilayam, Sanjeevipuram, Bagayam,  
Vellore - 632 002.

**Phone No:** 04162285590  
**Mobile No:** +91 9498749931  
**Email:** pgdlm@cmcdistedu.org

**WEBSITE**

<http://courses.cmcdistedu.org/#pgdlm>

**Please note**

We do not admit students through agents or agencies. The college will not be responsible for any dealings with such a person(s).

**IMPORTANT INFORMATION**

**The purpose of this course is to impart knowledge and provide skills upgradation in Lifestyle Medicine for doctors and associates at the primary, secondary and tertiary level. This is not equivalent to any postgraduate residential courses in internal medicine or other specialty such as MD / DNB. Currently, this course is not affiliated to any university nor recognized by the MCI / NMC. PGDLM certificate cannot be used as a post-nominal designation.**

## 1. PREAMBLE

Christian Medical College (CMC) was established to address critical health gaps by providing medical care to women with limited access to healthcare. Staying true to this legacy, CMC continues to play a vital role in bridging health disparities across the country—an ongoing commitment reflected in its mission and vision.

Today, one of the most pressing health challenges facing India and the world is the growing pandemic of chronic non-communicable diseases (NCDs), largely driven by unhealthy lifestyle practices. The death rate attributed to non-communicable diseases (NCDs) has nearly doubled over the past three decades, rising from 36% in 1990 to 65% in 2019. More than 15 million deaths attributed to NCDs occur between the ages of 30 and 70 years. Of these “premature” deaths, 85% occur in low- and middle-income countries. Current estimates reveal an alarming national prevalence of lifestyle-related risk factors, including diabetes and prediabetes (35%), hypertension and prehypertension (78%), dyslipidemia (81%), and abdominal obesity (40%). Based on data from the Global Burden of Disease (GBD) Study and the World Health Organization (WHO), the top 4 lifestyle-related risk factors contributing to cardiovascular disease (CVD) deaths globally are unhealthy diet, tobacco use, sedentary lifestyle, and obesity.

NCD are typically lifelong conditions that contribute substantially to the nation’s morbidity, mortality, and economic burden. The global strategy for addressing non-communicable diseases (NCDs) currently emphasizes early detection and timely treatment to prevent complications. However, lifestyle modification offers far-reaching benefits—not only in improving disease control but also in reversing disease progression and preventing complications—while remaining cost-effective for both individuals and governments. Despite its importance, adherence remains a challenge: medication compliance ranges from 42% to 51%, while adherence to lifestyle changes varies between 32.9% and 62.8%.

**The emerging specialty of Lifestyle Medicine offers a vital response to the growing crisis of non-communicable diseases (NCDs).** Rooted in evidence-based practice, Lifestyle Medicine is a discipline within modern medicine that addresses the root causes of disease through therapeutic lifestyle interventions. These include a whole-food, plant-predominant diet, regular physical activity, restorative sleep, effective stress management, avoidance of risky substances, and fostering positive social connections as foundational modalities.

Formally introduced by the American College of Lifestyle Medicine in 2004, the field has since gained global momentum. Today, more than 30 countries have established national Lifestyle Medicine organizations under the umbrella of the **Lifestyle Medicine Global Alliance**, including the **Indian Society of Lifestyle Medicine**. In support of standardizing this specialty, international certification pathways have also been developed.

The **Government of India (GOI)** has echoed this shift by placing health as a national priority. Initiatives such as *Eat Right India*, the *School Health Program*, and the transformation of primary health centers into *Health and Wellness Centers (HWCs)* reflect its commitment to a *Swasth Bharat (Healthy India)*.

In alignment with these developments, **Medicine Unit 4 at CMC Vellore** initiated a Lifestyle Medicine team in February 2013, in collaboration with the departments of Dietary Services, Physiotherapy, Mental Health, Social Work, Chaplaincy, and other clinical specialties. The team began with a dedicated **Wellness Clinic**, followed by a 5-day tobacco cessation program with the Department of Dentistry, a monthly **Breast Cancer Survivorship Program** with Radiation Oncology, Quarterly health camps and webinars for the public and an **8-week lifestyle training program** for postgraduate trainees and interns.

The department also supervises a growing number of research projects in Lifestyle Medicine involving undergraduate students, interns, postgraduates, and faculty members. Presently, **four faculty members** are

Diplomates of the **International Board of Lifestyle Medicine (IBLM)**, and four others have completed or are currently enrolled in the **Postgraduate Diploma in Lifestyle Medicine (PGDLM)**.

A needs assessment conducted among physicians enrolled in a CMC Distance Education course found that **49 out of 64 respondents** expressed interest in joining a PG Diploma in Lifestyle Medicine—highlighting a significant demand for structured training in this field.

This course is well aligned with **CMC’s vision and mission**. The PGDLM aims to equip doctors and healthcare associates to deliver clinical services, engage in teaching, and initiate research in Lifestyle Medicine. There is a pressing need to develop specialists whose clinical practice is rooted in Lifestyle Medicine, as well as to empower physicians and surgeons from all disciplines to integrate lifestyle-based approaches into their routine care.

**The proposed PGDLM seeks to meet this need.**

## **2. ELIGIBILITY CRITERIA**

*This course is open to Indian citizens residing in India and non-residential Indians (NRI)*

- a. **Doctor:** A minimum of MBBS degree.
  - b. **Associate:** Allied health professional (Nurse, Dietitian, Physiotherapist, Occupational therapist or Clinical Psychologist).
1. All candidates must possess a valid MBBS degree certificate or equivalent. (Provisional MBBS certificates shall not be considered/accepted). Candidates possessing higher degrees, diplomas, or fellowships may also apply.
  2. All candidates must possess a valid MCI / NMC / State Medical Council registration.
  3. The MBBS doctor is the primary applicant for this course. Application for this course must be as a team – doctor together with an Allied Health Professional (Nurse, Dietitian, Physiotherapist or Clinical Psychologist) who will be referred to as “Lifestyle Medicine Associate.” Neither the MBBS doctor nor the “Lifestyle Medicine Associate” can apply independently for this course.
  4. In case the MBBS Doctor or the “Lifestyle Medicine Associate” has previously enrolled for any of the other distance courses run by the Distance Education Unit, CMC Vellore, it is mandatory that the candidate have fulfilled all requirements and graduated from the previously enrolled course before applying for PGDLM. A candidate cannot be enrolled simultaneously in more than one course run by the Distance Education Unit, CMC Vellore.

*Applicants, please note that the above criteria are mandatory for admission to the course.*

## **3. MAXIMUM INTAKE OF STUDENTS ANNUALLY**

Total number seats for students - 60 (i.e. 30 pairs - Doctors: 30 and Associates: 30)

## **4. COURSE DURATION: One Year**

This is a one-year blended learning distance education course which is both self-paced self-learning and has in-person contact sessions.

## 5. COURSE OBJECTIVES

To equip the lifestyle team (Physician and Associate) with the...

1. Evidence-based knowledge regarding a healthy lifestyle.
2. Skills in behavior change, culinary arts, physical fitness, disease reversal and community wellness.
3. Team-based approach in providing holistic health care.
4. Skills in assessment, intervention and monitoring.

*Knowledge and skills to be acquired by the student on completion of the course*

### *A. Contents of the course*

1. Introduction to Lifestyle Medicine
2. Behavioral change
3. Nutrition Concepts
4. Nutritional and lifestyle assessment, prescription and monitoring
5. Reading food labels
6. Physical activity & exercise
7. Mental and emotional wellness
8. Social connectedness and wellness
9. Spiritual wellness
10. Digital health and lifestyle medicine
11. Community-based wellness programs
12. Disease-based lifestyle practice
13. Research Methods in Lifestyle Medicine

### *B. Skills*

1. To be able to use an evidence-based lifestyle approach as the first level or foundation of care for treating patients with chronic disease.
2. To involve a holistic approach to patient care, focusing on lifestyle factors that can impact health outcomes and using evidence-based interventions to prevent and manage chronic diseases.
3. To be able to conduct comprehensive assessment of their patients and identify areas for improvement in their lifestyle by addressing the physical, emotional and social factors that contribute to overall health and wellbeing.
4. To be able to counsel patients on behavior change techniques such as goal setting, motivational interviewing, self-monitoring and problem solving.
5. To be able to prescribe personalized lifestyle interventions including diet, physical activity, stress management and sleep tailored to their patients unique needs, preferences and goals.
6. To be able to help patients identify and overcome barriers to change and provide support and guidance throughout the change process.
7. To be able to provide education and support to clients to help them make sustainable lifestyle changes.
8. To be able to monitor and follow-up clients' progress and provide feedback on their progress towards achieving their goals. Various tools may be used such as questionnaires, tracking logs, or wearable devices, to monitor progress and identify areas for improvement.
9. To be able to begin advocating for a health-promoting lifestyle in the community.

### *C. Establishment of a lifestyle medicine care team*

One of the core objectives of this course is to create lifestyle medicine practice teams. It is for this reason that every doctor has been asked to enroll along with an Allied Health Professional. To achieve the goal of creating lifestyle medicine practice teams, the course has been specifically designed to foster team building. Course materials have been appropriately designed to meet the learning needs of both the doctors and the lifestyle medicine associate.

Lifestyle modification is very important in the prevention, management, and at times reversal of the lifestyle-related disease process. These are most effectively administered by a team whose members are appropriately trained and are role models. Therefore, an integrated management plan that involves a team, initially made up of a Doctor and Associate will greatly benefit patients and communities who are seeking to take more control of their health and reduce their chronic disease burden.

## **6. SELECTION PROCESS**

- Up to 40% of the seats in the course will be reserved for women
- Up to 50% of the seats will be reserved for sponsored candidates (*See Annexure-I*)
- There is no Entrance Test.
- The selection process is based on the above guidelines.

### **Weightage in selection will be given to those**

- In practice for over 5 years
- In Christian Mission Hospitals, rural practice, Medical College, and those working in areas of need (*See Annexure-II*)
- With a passion for setting up lifestyle medicine services in their work areas.

**Note: The final selection of all qualified candidates is at the discretion of the Selection Committee. Any attempt by the candidate or their relatives to influence the admission process can lead to the disqualification of the candidate.**

## **7. COURSE COMPONENTS**

- Self-paced self-learning interactive online modules
- Online assignments with each module including workbook activity and quizzes
- Two ‘Contact Programs’ - periods of intensive interactive onsite sessions using flipped classroom methodology
- Project Work

### **7.1 Self-paced self-learning components**

The content of the course is designed in the form of interactive online self-learning modules. These are released to facilitate self-paced learning at periodic intervals of approximately 3 to 4 weeks (except during the contact program periods). There will be workbook activities (WBA) and MCQ format quizzes released with each module to test learning.

**Self-learning modules will cover the following:**

<b>MODULE</b>	<b>TOPIC</b>	<b>SUB -TOPICS</b>
1.	Lifestyle Medicine - Introduction	<ol style="list-style-type: none"> <li>1. Importance of lifestyle medicine</li> <li>2. Epidemiology of lifestyle medicine</li> <li>3. Common pathophysiology of lifestyle diseases</li> <li>4. Role model &amp; advocate of the practitioner</li> </ol>
2.	Behavior Change	<ol style="list-style-type: none"> <li>1. Definition &amp; theoretical background</li> <li>2. Preparedness for behavior change</li> <li>3. Techniques of behavior change</li> <li>4. Sustaining behavior change</li> </ol>
3.	Nutrition -1	<ol style="list-style-type: none"> <li>1. Nutritional science</li> <li>2. Macronutrients - Carbohydrates</li> <li>3. Macronutrients - Proteins</li> <li>4. Macronutrients - Fats</li> </ol>
4.	Nutrition -2	<ol style="list-style-type: none"> <li>1. Micronutrients – Vitamins &amp; Minerals</li> <li>2. Phytonutrients</li> <li>3. Dietary fiber</li> <li>4. Water</li> </ol>
5.	Nutrition – 3	<ol style="list-style-type: none"> <li>1. Nutritional and lifestyle assessment</li> <li>2. Nutritional and lifestyle prescription</li> <li>3. Nutritional and lifestyle monitoring</li> <li>4. Nutrition Education</li> </ol>
6.	Physical Activity	<ol style="list-style-type: none"> <li>1. Introduction and definition</li> <li>2. Assessment and screening</li> <li>3. Prescription and guidelines</li> <li>4. Counseling, monitoring &amp; setting up a gym</li> </ol>
7.	Mental and Emotional Wellness	<ol style="list-style-type: none"> <li>1. Sleep - role in health &amp; disease</li> <li>2. Addictions - classification &amp; mechanism</li> <li>3. Positive psychology and resilience</li> <li>4. Counseling and coaching</li> </ol>
8.	Social Connectedness	<ol style="list-style-type: none"> <li>1. Introduction to social wellness</li> <li>2. Workplace wellness</li> <li>3. Family wellness</li> <li>4. Group dynamics</li> </ol>
9.	Spiritual Wellness	<ol style="list-style-type: none"> <li>1. Introduction and overview</li> <li>2. Physician as a spiritual caregiver</li> <li>3. Spiritual distress and assessment</li> <li>4. Spiritual care</li> </ol>
10.	Digital Health & Community-Based Program	<ol style="list-style-type: none"> <li>1. Introduction and scope</li> <li>2. Digital health assessment &amp; management</li> <li>3. Digital health &amp; its role in health</li> <li>4. Community-based programs</li> </ol>
11.	Disease-based Lifestyle Approach	<ol style="list-style-type: none"> <li>1. Cardiovascular diseases</li> <li>2. Metabolic diseases</li> <li>3. Kidney &amp; Neurological diseases</li> </ol>

		4. Inflammatory & Malignant diseases
12.	Lifestyle research and publications	<ol style="list-style-type: none"> <li>1. Introduction and study design</li> <li>2. Measure of disease frequency and risk</li> <li>3. Interpreting study results</li> <li>4. Introduction to systematic review</li> </ol>

## 7.2 Interactive sessions

There will be two onsite contact programs, which are described below.

### Onsite Contact Programs

The contact programs form a very important part of the course. Candidates will be required to attend two compulsory contact programs during the course period. These are full-day sessions using flipped classroom methodology.

<b>Contact session-1</b>	1 week	<b>Contact session-2</b>	1 week
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The first contact program will take place after the completion of the first five online modules. The second contact program will happen towards the end of the course. A wide range of teaching methods are employed by the teaching team, such as demonstrations, interactive discussions, drama, role-plays, debates, quizzes, and team-based learning strategies. The students will also have opportunities to interact with the faculty of the course, who will share their experiences in the practice of lifestyle medicine in their various contexts.

**Note: 100% attendance by both team members in the contact programs is mandatory for course completion.**

### In order to be eligible to attend

- Contact Program 1, both team members must successfully complete all the online assignments till module 5.
- Contact Program 2, both team members must successfully complete all the remaining assignments as well as the project. Contact programs should be attended sequentially. If a contact program is missed, the team will need to attend it with the next cohort in the following year.

### List of Skills taught during the contact programs:

#### Clinical skills

1)	Wholistic history taking in patients with lifestyle diseases (NCDs)
2)	Motivational interviewing
3)	Communication skills
4)	Coaching skills
5)	Physical assessment - anthropometric
6)	Behavior change techniques

7)	Culinary skills
8)	Physical exercise
9)	Community and Health Camps Education
10)	Digital health applications

## 8. ASSESSMENTS

The assessments are both formative and summative. These assessments are essential for course completion. Both doctors and associates are required to complete these assessments.

### 8.1 Formative Assessments:

1. **Assignments:** Every online module includes assignments consisting of workbook activities and MCQ quizzes. The Workbook is designed to demonstrate understanding and application of concepts presented in each unit that can be applied personally and to patients. These assignments are to be submitted periodically prior to the due dates.
2. **Team dynamics and participation** - Each team will be assessed based on their active participation in various course components.
3. **Review Tests** during the Contact Programs.

### 8.2 Summative Assessments:

1. **Project work:** The team of the doctor and associate are required to complete a project together in order to be eligible to graduate. The project work is designed to help the student team to apply their learning into real-world practical contexts that they will have to work together in.
2. **Final summative assessment:** This includes both a theoretical and a practical component and will be conducted at the end of the course period.

## 9. CRITERIA FOR THE AWARD OF PGDLM

A candidate should fulfill the following criteria for the successful completion of the course. Both members of the team, the doctor and the associate, need to pass in order to complete the course successfully. The criteria to pass in each component are as follows:

<b>50% IN FORMATIVE ASSESSMENT</b>	<b>100% ATTENDANCE DURING Contact Program</b>	<b>50% IN PROJECT WORK</b>	<b>50% IN SUMMATIVE ASSESSMENT (excluding project)</b>
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**Both the doctor and the associates should pass in order for the degree to be awarded. The doctor will be awarded PGDLM, and the associates will be awarded a certificate as a Lifestyle Medicine Educator.**

## 10. ALUMNI ENGAGEMENT

Student teams who graduate will have the opportunity to become part of the PGDLM alumni community with access to the modules and various opportunities to engage with the teaching team and other alumni.

## 11. COURSE FEES

Outlined below are the fees for the single application and course for both the doctor and associate combined.

S.No.	Description	Indian (INR)*	NRI (USD)**
1.	Application fees	Rs. 1,000	USD 60
2.	<b>Course Fees</b>		
	a. Study Material Cost (online material, videos, Contact program materials)	Rs. 45,000	USD 1300
	b. Tuition fees (Content delivery and training)	Rs. 30,000	USD 850
	c. Administrative cost	Rs. 15,000	USD 450
	Total Course Fees	<b>Rs. 90,000</b>	<b>USD 2600</b>

**\*INR is Indian National Rupee**

**\*\*USD is United States of America Dollars**

**\*NRI - Non-resident Indian**

**Application and Course fees, once paid, will not be refunded for any reason.**

**Note:**

**Scholarships:** Limited scholarships are available for those who need financial assistance. Further information can be obtained by sending an email to [pgdlm@cmcdistedu.org](mailto:pgdlm@cmcdistedu.org)

## 12. SUBMISSION OF APPLICATION

### Online Application Process

Applications for the PGDLM course are available online on the admissions webpage. The application has to be submitted with a **non-refundable application fee**.

To apply, click on the link <http://courses.cmcdistedu.org> and ensure that all fields are filled completely.

**The following are required to be uploaded along with the application form:**

#### 1. Soft Copy of Recent Photograph

- The photograph must be in colour and a plain background is recommended.
- Image should be in JPG, JPEG, or PNG format with specifications - width 3.5 x 4.5 cm and less than 250 KB.

#### 2. Soft Copy of Certificates

Scanned copy of the certificates that are to be uploaded includes the following:

- MBBS degree certificate
- MCI or State Medical Council Registration Certificate

- MCI Screening test certificate (if the candidate has completed MBBS abroad)
- Scan the certificates using a scanner at 200 pixels per inch (dpi).
- Ensure that the PDF file size is between 50 KB and 500 KB.
- **Only PDF files will be accepted.**

**Mode of Payment**

**Online payment: Use a credit card/debit card / net banking / UPI**

When using a credit/debit card, if the transaction is not successful, but the amount is debited from your account, please wait for two working days. The transaction is likely to be completed during this period. **If the transaction is not complete within this period, please contact us at [forms@cmcdistedu.org](mailto:forms@cmcdistedu.org)**

**Payment mode for NRI:** The payment can be made through the wire transfer mode. After submission of the application form, you will be redirected to the page where you can download the wire transfer documents. The currency exchange rate shall be the market rate as of the date of the payment

**FOR ANY CLARIFICATIONS, PLEASE CONTACT THE DISTANCE EDUCATION UNIT OFFICE.**

**Email:** [pgdlm@cmcdistedu.org](mailto:pgdlm@cmcdistedu.org)

**N.B.: THE INFORMATION PROVIDED ON THE APPLICATION FORM WILL BE TAKEN AS FINAL. NO CHANGES WILL BE PERMITTED.**