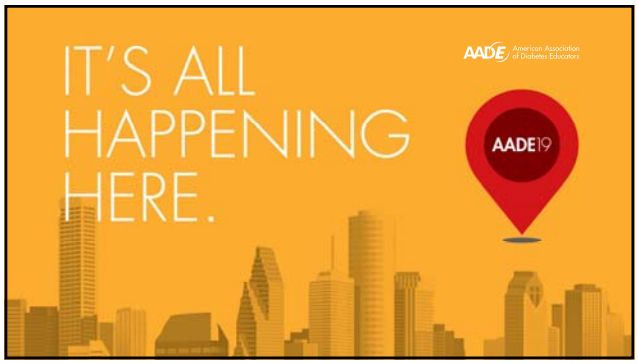

1

Interprofessional Core Competencies for Obesity Treatment and Conversations about Weight

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Disclosure to Participants

- Notice of Requirements For Successful Completion
  - Please refer to learning goals and objectives
  - Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours
- Conflict of Interest (COI) and Financial Relationship Disclosures:
  - Presenter: Jan Kavookjian, MBA, PhD, FAPhA, Merck Speaker's Bureau for non-product medical education; Consultant to Merck for patient-centered communication (motivational interviewing) content in education materials; Consultant to MediMergent, LLC for motivational interviewing interventionists training
- Non-Endorsement of Products:
  - Accredited status does not imply endorsement by AADE, ANCC, ACPE or CDR of any commercial products displayed in conjunction with this educational activity
- Off-Label Use:
  - Participants will be notified by speakers to any product used for a purpose other than for which it was approved by the Food and Drug Administration.

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Learning Objectives

At the end of this presentation, participants should be able to:

1. List the 10 interprofessional provider competencies for prevention and management of obesity.
2. Recognize ways the provider competencies can be incorporated into DSMES staff training.
3. Recognize ways the provider competencies can be incorporated with DSMES participants who carry extra weight.

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Overview

- Background
- Interprofessional panel for Obesity Care Competencies process
- Coming to consensus: 10 Core Competencies
- Competencies 6 and 7: Communication and bias
- Person-centered conversations about weight risks and weight loss

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Overweight and Obesity

- A growing and major health concern in the US and worldwide
- Considered a medical condition and contributes to several additional conditions or diseases
- Detriment to individual health and quality of life
- No standardized minimum level of obesity-related education/training for education and/or training for health professions students or practitioners

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The Provider Training & Education Stakeholder Collaborative

- Convening of health professions education and practice organizations to come to consensus on competencies
- Initiative funded by Robert Wood Johnson Foundation to George Washington University (GWU) School of Public Health (WH Dietz, MD, PhD, Co-PI)
- Supported by National Academies of Sciences, Engineering, and Medicine, Bipartisan Policy Center, Alliance for a Healthier Generation, American College of Sports Medicine, Duke University, STOP Obesity Alliance

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Organizations Engaged in Obesity Competencies Development

- Academy for Eating Disorders
- Academy of Nutrition and Dietetics
- Accreditation Council for Graduate Medical Education
- American Academy of Family Physicians
- American Academy of Pediatrics
- American Association of Colleges of Nursing
- American Association of Colleges of Osteopathic Medicine
- American Association of Colleges of Pharmacy
- American Board of Obesity Medicine
- American Council of Academic Physical Therapy
- American Dental Education Association
- American Kinesiology Association
- American Psychological Association
- Association for Prevention Teaching and Research
- Association of American Medical Colleges
- Association of Schools and Programs of Public Health
- Centers for Medicare and Medicaid Services
- Interprofessional Education Collaborative
- National Organization of Nurse Practitioner Faculties
- Physician Assistant Education Association
- Society for Public Health Education
- Society of Teachers of Family Medicine
- The Obesity Society
- YMCA of the USA

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The Competency Development Process

Step 1: Define terms, scope, applications
Step 2: Identify and engage diverse stakeholders
Step 3: Collect initial constituent impressions data
Step 4: Draft competencies, review, impelment reactor panel/survey
Step 5: Apply the competencies (curricular design, process improvement, program evaluation)
Step 6: Periodic review and updates

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Process

- **Development: Background drafts composed via support organizations and other scholars**
- **Development: panel met three times in Washington, DC between July 2016 and June 2017**
- **Dissemination: Champions informed constituents in 2017/2018**
- **Evaluation: Panel met again in Fall 2018 to explore status of implementation and strategize for further dissemination**

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Obesity Care Competencies

- 1.0: Framework of obesity as a medical condition
- 2.0: Epidemiology and key drivers of the epidemic
- 3.0: Disparities and inequities in obesity prevention care
- 4.0: Interprofessional obesity care
- 5.0: Apply skills necessary for integration of clinical and community care for obesity

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Obesity Care Competencies

- **6.0: Use patient-centered communication**
- **7.0: Recognition and mitigation of weight bias and stigma**
- **8.0: Implement accommodations specific to people with obesity**
- **9.0: Utilize evidence-based care/services for people with obesity**
- **10.0: Provide evidence-based care and services for people with obesity comorbidities**

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Expected Impact of the Obesity Care Competencies

- Provide support for the development and refinement of curricular materials and evaluation tools for the teaching and assessment of obesity care in health professions education
- Support the development and refinement of faculty development programs for the teaching and assessment of obesity care
- Provide a common language for clinical experiences and applications for practitioners

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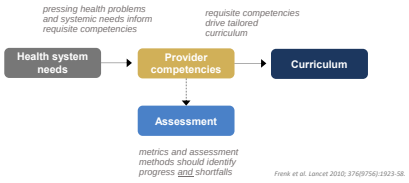
Competency-Based Education



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Training Continuum: *Where Are We (2018)?*

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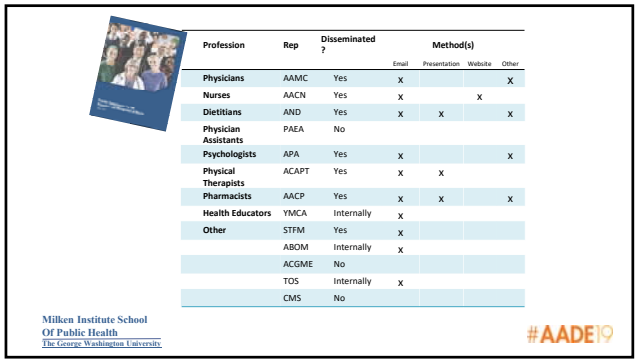

Profession	Rep	Disseminated?	Method(s)			
			Email	Presentation	Website	Other
Physicians	AAMC	Yes	x			x
Nurses	AACN	Yes	x		x	
Dietitians	AND	Yes	x	x		x
Physician Assistants	PAEA	No				
Psychologists	APA	Yes	x			x
Physical Therapists	ACAPT	Yes	x	x		
Pharmacists	AACP	Yes	x	x		x
Health Educators	YMCA	Internally	x			
Other	STFM	Yes	x			
	ABOM	Internally	x			
	ACGME	No				
	TOS	Internally	x			
	CMS	No				

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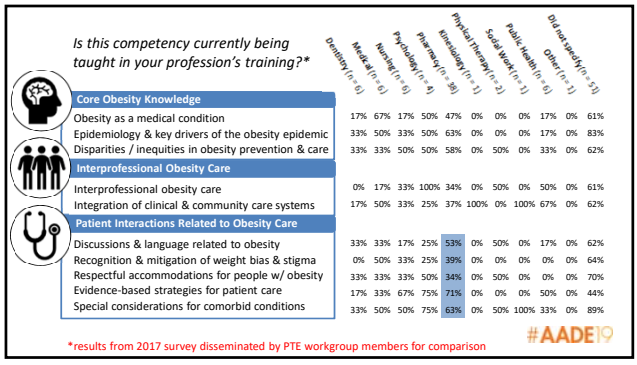

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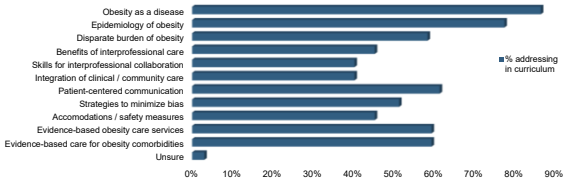
Q5. Competencies Covered

What obesity-specific topics are addressed in your program's curriculum?



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Q4. Barriers to Obesity Education

Why does your program *not* include education and/or training on caring for people with obesity? [n = 29]	Count	%
Not included in curriculum framework	15	52%
Not required for accreditation	10	34%
Lack of faculty expertise on topic	7	24%
Not tested on licensing exams	7	24%
Difficult to integrate into existing curriculum	5	17%
I'm unsure why my program does not include education / training on obesity	4	14%

Percentages based on respondents who indicated no current obesity PTE and no plans or unsure of plans to include.
Multiple selection allowed – responses will not sum to 100%; "other" option with free-response not included in table.

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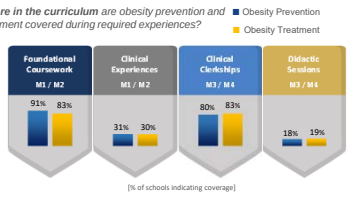
Obesity Prevention and Treatment Covered During Required Experiences

Where in the curriculum *are obesity prevention and treatment covered during required experiences?*



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UNC Chapel Hill
School of Nursing

Faculty members from the School of Nursing **developed a simulation that engages undergraduate public health nursing students and graduate advanced practice nursing students in assessing a patient with obesity in an ambulatory care setting**. Simulation highlights the need to better integrate community and primary care to support improvement in population health outcomes.

Additional Components

- view videos developed by the Rudd Center on weight bias and stigma
- watch *The Weight of the Nation*, a four-part series developed by HBO
- review the social epidemiologic, economic and population health data on obesity
- conduct a community-focused impact assessment of obesity on practice

Outcomes

Students evaluated the experience positively, noting that this was **one of the few times that obesity had been highlighted during their clinical education**. Suggested developments include incorporation of cross-disciplinary teams and more interaction between NP and undergraduate students before/after simulation.

See also: Integrating an Obesity Simulation into Baccalaureate Nursing Education (Mangold, 2014)

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University of Pittsburgh
School of Medicine

UPSOM integrates obesity and nutrition as a longitudinal curricular theme to help address the obesity epidemic. Topic is reinforced in all four years by **including obesity counseling and therapy as explicit items in experience logs** submitted during the 1st and 2nd year Clinical Experience Courses, and in the Clinical Clerkships.

YEAR 1

Basic science courses: obesity content is introduced in the context of other topics

Behavioral Medicine course: students learn about obesity and therapeutic approaches

- meet patients with obesity in small groups to foster empathy and practice interviewing techniques
- conduct a behavior modification project in own life to understand the challenges of weight loss

YEAR 2/3

Digestion & Nutrition course: students learn about clinical aspects of obesity and weight management

Surgery Clerkship: fractions of the class rotate on the bariatric surgery service

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Auburn University
Harrison School of Pharmacy

In Fall 2017, Auburn launched a **new, integrated curriculum that includes obesity as a specific condition to be addressed**. Through rotations in the school's two on-campus patient care clinics, PharmD students gain experience caring for individuals affected by overweight and obesity. Students provide individualized care for patients with a focus on maximizing the efficacy and safety of medication use, improving disease control, identifying health risks, and providing preventative care.

Auburn University Pharmaceutical Care Center

Healthy Habits Weight Management Program: Students deliver high-intensity counseling sessions.

State Wellness Center

Pharmacist-Driven Disease Management & Education: Students gain experience **counseling Alabama state employees on chronic disease and how to properly manage it with medication and lifestyle changes**. They also practice coordinating care with other primary care providers to optimize disease management.

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Certificate Programs

- Introductory Certificate of Obesity Management in Primary Care
- Essentials of Obesity Management Certificate
- Certificate of Advanced Education in Obesity Medicine
- Certificate of Training in Obesity Interventions for Adults
- Weight Management Specialist Program

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Competencies Website

https://www.obesitycompetencies.gwu.edu/

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Competencies 6 and 7

- **6.0: Use patient-centered communication**
- **7.0: Recognition and mitigation of weight bias and stigma**
- **"Language Matters"**
- **Conversations including person-first and strengths-based language to empower persons with extra weight to feel encouraged about self-management behaviors**

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Competencies 6.1, 6.2, and 6.3

- **6.1: Open discussions about obesity in a non-judgmental manner using person-first language**
- **6.2: Incorporate environmental, social, emotional, and cultural context of obesity in conversations with people with obesity**
- **6.3:Use person- and family-centered communication to engage the person and relevant others (e.g., caregivers, family, support persons)**

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Competencies 7.1, 7.2, and 7.3

- **7.1: Describe ways weight bias and stigma impact health and wellbeing**
- **7.2: Recognize and mitigate personal biases**
- **7.3: Recognize and mitigate the weight biases of others**

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Goals

- Practitioners:
  - discuss obesity openly, being direct
  - recognize environmental/cultural context
  - recognize the role that inappropriate language can play in shaming persons with obesity
  - trained to use person-first language (person with obesity rather than obese person
  - trained to use appropriate terms for physical activity and food intake/healthy eating

Puhl R. Motivating or stigmatizing? Public perceptions of weight-related language used by health providers. *Int J Obesity*. 2013; 37(4):612-619.

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Recommendations

- **Neutral, nonjudgmental language based on facts and biology**
- **Language free from stigma**
- **Strengths-based, inclusive, respectful**
- **Fostering collaboration with practitioner**
- **Person-centered**

Adapted from: Dickinson J, Guzman S, Maryniuk, et al. The use of language in diabetes care and education. Diabetes Care 2017; 40:1790-1799.

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Neutral and Unbiased

Language to Use	Language to Avoid
Overweight	Fat
Increased BMI	Obese
Unhealthy weight	Diet (or dieting)
Healthier weight	Exercise
Physical activity	Morbid obesity
Severe obesity	

Puhl R. Motivating or stigmatizing? Public perceptions of weight-related language used by health providers. *Int J Obesity*. 2013; 37(4):612-619.

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Use Person-Centered Communication

- **Motivational Interviewing and Shared Decision-Making**
- **Active listening, empathy, autonomy support, eliciting change talk, self-efficacy support, setting achievable small goals**

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Motivational Interviewing (MI): Interviewing the person in a caring, supportive, nonjudgmental way so that he/she ends up hearing him/herself make the argument for the change.

"We tend to believe what we hear ourselves say."

---Rollnick, Miller & Butler

(Rollnick, Miller & Butler (2008) Motivational Interviewing in Healthcare (p. 8). New York: Guilford Press.)

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Most interventions try to push or pull persons to temporary change when they are not ready (external motivation)

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The 'Righting Reflex'

--People in the Helping Professions have a Natural Tendency to want to FIX what's 'wrong' with patients.

--Does more harm than good because people get defensive when told what they *should* do and then *hear* themselves defend why not change….

…and we tend to believe what we hear ourselves say.

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People must have their <u>own</u> internal motivation for change to happen and to stick!

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KEY POINT: Interview to elicit internal motivation: helps facilitate the person's own decision-making process because *they hear themselves making the argument for change*

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Motivational Interviewing (MI)

- **<u>"Spirit of MI"</u> is critical**
  - **<u>Person-centered</u>, not practitioner-centered**
  - **Collaborating**
  - **Evoking, eliciting person's inputs first**
  - **Supporting person's autonomy**
  - **Caring, non-judgmental**
  - **Active listening and empathic responding**
  - **Requires an 'act of will' for most**

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MI Communication Skills

- *Expressing early empathy
- Developing discrepancy
- Rolling with resistance
- Avoiding argumentation
- Supporting self-efficacy

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Expressing Empathy Example

- Person carrying extra weight: "I don't get why you people keep talking to me about eating better!"
- Practitioner: "Ms. Smith, it sounds like you're upset about people talking about changing your eating. Tell me more about that."

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Expressing Empathy Example

- Person carrying extra weight: "I've been making all these changes and nothing seems to be working; I don't know what more I could do to lose weight."
- Practitioner: "Doris, it sounds like this has been very discouraging for you."

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Select Motivational Interviewing Micro-Skills

- Establishing patient understanding of risk susceptibility
- Maintaining patient autonomy
  - Agenda-setting
  - Open-ended questions
  - Asking permission to give information/advice
- Engaging change talk
- Incremental goals and language

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Establishing Risk/ Susceptibility

- Person has to tie WHY change is needed to health behavior goals relate to this
- Early in the conversation, ask
- Gets it out on the table as part of the conversation

"Mr. Morris, what have you been told about how carrying extra weight affects your diabetes?"

Or

"Mr. Morris, what do you remember from our conversation last time about how food choices at a lunch buffet can affect your weight and diabetes?"

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Autonomy Support: Agenda-Setting

- Maintains autonomy/choice
- Organizes the conversation structure
- Non-threatening way <u>to bring up difficult topics</u>

-'In reaching the goal you set for reducing your risks for diabetes complications, we can talk about taking medicine, weight loss, getting more activity into your routine, and monitoring your blood sugar levels. Which of these would you like to talk about first?'

' Now that we've talked about monitoring, which of the other topics would you like to talk about next?'

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Autonomy Support: Agenda-Setting Examples

- Since we only have about five minutes to talk today, we can probably cover one or two major topics about things that can help people lose weight; which would you like to talk about first?
- I have been asked by your doctor to talk with you today about potential health risks from carrying extra weight, but I want to be sure to address your concerns first. So, which topic would you like to talk about first?

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Autonomy Support: Asking Permission to Give Information

- Avoid advising and 'fixing'
- Ask permission if you perceive a "knowledge deficit":
  - "May I share with you some things you can do to lose weight to help reduce risk of diabetes complications?"
  - "I'd like to share some things other patients have said worked for them in losing weight, if that's okay with you."

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Eliciting Change Talk

("We tend to believe what we hear ourselves say.")

- IMPORTANT strategy: intention predicts action, is at the core of deciding to change (Miller, 2013)
  - "What do you see as the benefits (Pros) of changing the foods you eat?"
  - "What makes you want to change?"
  - "What would you like about your life if your weight was lower?"
  - "How has carrying extra weight gotten in the way of things you like to do?"
  - "What would you like to change in order to reach your long-term vision for your health and well-being?"
  - "How ready/confident are you to change?"
  - "How important is the change to you?"
- IMPORTANT: support self-efficacy of change talk when you hear it; also confirms you were listening
  - "That's great that you know you need to try to start cutting back on late night snacking."

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Eliciting DARN Change Talk

- Desire: "What would you wish to achieve if you were able to eat smaller portion sizes?"
- Ability: "What is possible? What can or could you do? What are you able to do?
- Reason: "Why would you make this change? What could be some specific benefits? What risks would you like to decrease?"
- Need: "How important is this change? How much do you need to do it?"

(DeLillo & West, 2013)

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Readiness Ruler
(OR, Importance, Confidence)

- "On a scale of 1 to 10, with 1 being not at all and 10 being completely, how ready are you to eat one less afternoon snack every day to help your weight come down?" [patient: 7]
- 1. "Okay, a 7, that's great! Why a 7 and not a 1?" (Identify motivators and support that it's a 7 and not a 1)
- 2. "What would have to happen for that 7 to go to an 8 or 9?"
  - Change Talk, motivators, incremental expectations

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Incremental Goals

- Self-efficacy building via small successes
  - Success in small things can progressively build confidence towards bigger change
- Avoiding use of discouraging BIG change words: "Diet" "Exercise" "Quit"
- Instead: "small changes in some of the foods you eat," "getting more activity into your routine," "cutting back on the number of cigarettes per day", "cutting one soda out of your daily routine for the next week and see how that goes"

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Conversation Starter Examples

- **"Sarah, it's great that you came to the diabetes class today; you seem like someone who is interested in your health. There is another topic that can impact health that I'd like to talk with you about, if that's okay with you."**
- **"James, you have mentioned your concerns about your weight getting in the way of being able to get active to help your diabetes and blood pressure. Would you mind if we spent a few minutes talking about some things that can be done to reduce weight and health risks?"**
- **Establishing risk/susceptibility, agenda-setting**

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Related Resources

- https://www.obesitycompetencies.gwu.edu/
- https://www.aacp.org/article/tipping-scales
- STOP Obesity Alliance Why Weight Guide (http://whyweightquide.org)
- UConn Rudd Center (http://www.uconnruddcenter.org/weight-bias-stigma)
- Obesity Action Coalition (http://www.obesityaction.org/weight-bias-and-stigma/understanding-obesity-stigma-brochure)

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