## 6 Steps to Embed Obesity in Local Learning Curricula

Multiple building blocks are required to improve obesity patient care, including clinical education and training, chronic care practices, improved reimbursement, public health initiatives, the buy-in of stakeholders, patient advocacy, and enduring treatment options.

Of these, clinician education and training are foundational to improvements in care. Embedding a patient-focused approach in curricula and training programmes supports the development of a competent and informed workforce to manage obesity, while low priority of obesity education leads to lack of preparedness and limited disease understanding. These are significant barriers

to effective clinical management, as they lead to misperceptions and bias towards people with obesity and leave clinicians illequipped to effectively communicate with patients and provide appropriate diagnosis and treatment.

This **Guidance** is based on US best practice developed by the Obesity Medicines Education Collaborative (OMEC) who have established and disseminated a set of competencies for obesity education. The guidance has been put in place to support the creation of local programmes to promote, disseminate, or improve obesity medicine education for physicians, nurse practitioners, and other healthcare professionals.

## To successfully implement obesity into training programmes the following criteria must be met:









Integration

## Steps to bolster clinical education locally and establish/expand obesity curriculum

Convene a Steering Group comprised of representatives from local associations in obesity and related fields, such as endocrinology, preventative medicine, general medicine, obstetrics and gynaecology, nutrition, oncology, diabetes, cardiovascular and behavioural medicine. The Steering Group should include a spectrum of roles, from nurse practitioners to obesity education experts and patient advocates.

**Conduct an initial assessment** of your area to identify **local needs, barriers, objectives**, and appropriate educational and professional obesity **initiatives**. Barriers to expanding obesity curricula locally which will need to be overcome can include a lack of room in the curriculum, lack of faculty expertise, financial hurdles, and lack of faculty or student interest.

**Educational and professional obesity initiatives** 

- Create a sub-speciality or focused practice
- Provide Continuing Medical Education
- Include obesity-related items on examinations
- Develop Educational Domain Competencies related to obesity for Undergraduate and Graduate training
- Develop educational curricula and learning objectives

**Establish a standardised set** of obesity competencies and benchmarks – specific and observable accomplishments in knowledge, skills and/or attitudes based on local needs and objectives – to assess individuals' knowledge of obesity patient care. Competencies should be based on local assessments, however examples for local adaptation are available in training modules provided by OMEC (US) and the World Obesity Federation's Strategic Centre for Obesity Professional Education (SCOPE, International).

**Develop a toolkit** outlining the benchmarks verbal and written competencies which educators and trainers should use to **anchor training** and **assess individuals** locally.

**Examples:** 

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- CORE COMPETENCY: Interpersonal and communication skills
- BENCHMARK: Uses appropriate language in verbal, non-verbal and written communication that is nonbiased, non-judgement, respectful and empathetic when communicating with patients with obesity
- **SCORE**: 1-5 (from consistently inappropriate to appropriate)

**Secure endorsement** of the toolkit from local organisations, medical societies, professional and patient associations in obesity and related fields. Endorsement is **crucial to ensure buy-in** of the toolkit, and its credibility for use to educate clinicians and improve obesity care in your country.

Disseminate and publicise the toolkit to drive uptake and embed obesity in local learning curricula. Avenues for distribution include publications, congress abstracts, white papers, consensus statements, and via educational partners such as local associations or networks of medical colleges, medical societies, and professional and patient organisations. Tailor communications to specific audiences to secure stakeholder interest.

## Core competencies could include:

- Practice-based learning and improvement
- Patient care and procedural skills
- Systems-based practice
- Medical knowledge
- Interpersonal and communications skills
- Professionalism

